



This report is produced by Office of the UN Resident Coordinator in collaboration with humanitarian partners. It covers the period from 13 May to 13 June 2016. The next report will be issued on or around 13 July.

Highlights

- In the southern provinces the current harvest will not cover more than three to four months of food needs. Food insecurity is predicted to worsen from August.
- Severe acute malnutrition (SAM) and global acute malnutrition (GAM) rates are still critical. Caseloads of SAM with complications are increasing in Huila Province.
- In the southern provinces, 30% of the existing boreholes are non-functional, less than 20% of communities have access to safe water and adequate sanitation facilities. Water availability is diminishing fast again.

1.4 m

People affected,
90% from rural
areas

585,000

People targeted for
assistance



Source: UNCS, Europa Technologies, ESRI
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Situation Overview

Southern Angola has been affected by recurrent cycles of droughts and floods since 2008. In 2015, 1.4m people in 7 provinces were affected by El Niño. About 78% live in three provinces of southern Angola, namely Cunene (with 56% people affected), Huila and Namibe. Agricultural and livestock losses were estimated to be about \$242.5m in 2015.

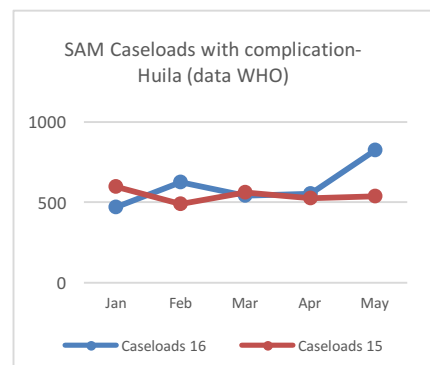
This year, the National Institute of Cereals in the Ministry of Agriculture estimates a production deficit of 40%. The traditional bread basket comprising of northeast Cunene and the eastern part of Huila received insufficient rains to cater for the food needs of the rest of the region. According to the Provincial Directorates of Agriculture, food insecurity is predicted to worsen from August, possibly to be exacerbated by la Niña effects that could include flooding. Furthermore, due to the lack of food, grains were harvested before they were ripe enough and cannot be used as seeds for next season in addition to the, yields being insufficient to cover the food needs of the population. The market is experiencing severe price increases, for example, prices of bread, millet flour and tomatoes have doubled in the last three weeks.

After multiple Foot and Mouth (FMD) outbreaks in 2015 and 2016 livestock market reopened on 3rd June after a one-year closure. However, livestock markets remain closed in Cuangar municipality, Cuando Cubango province (Southern-East of Angola). Water for livestock remains a challenge. Short and irregular rains did not sufficiently recharge the underground water table resulting in water shortages for both humans and livestock. The precarious situation is manifesting itself in the early start of the Transhumance which started in early June about two months in advance of its normal cycle.

Malnutrition decreased during April. However, WHO data on 9th June 2016 on SAM caseloads associated with complications, shows that it is raising again in Huila (graphic).

Malaria outbreaks started to decrease, with the end of rain season; however, strengthening prevention activities and addressing shortages in treatment remain a priority.

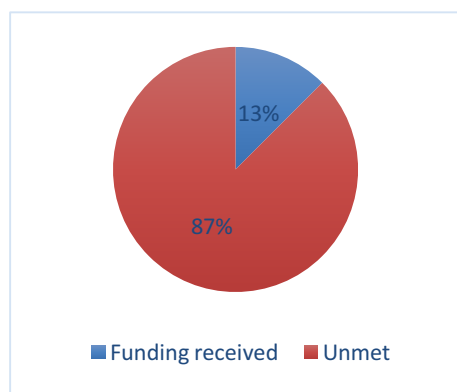
As per 7th June, a total of 3,023 yellow fever suspected cases has been recorded in 18/18 provinces of Angola, including 337 deaths (case fatality rate 11.1%), 4 deaths were reported in Cunene, 22 in Huila and 1 in Namibe. In Huila, the vaccination campaign was done in the three affected municipalities.



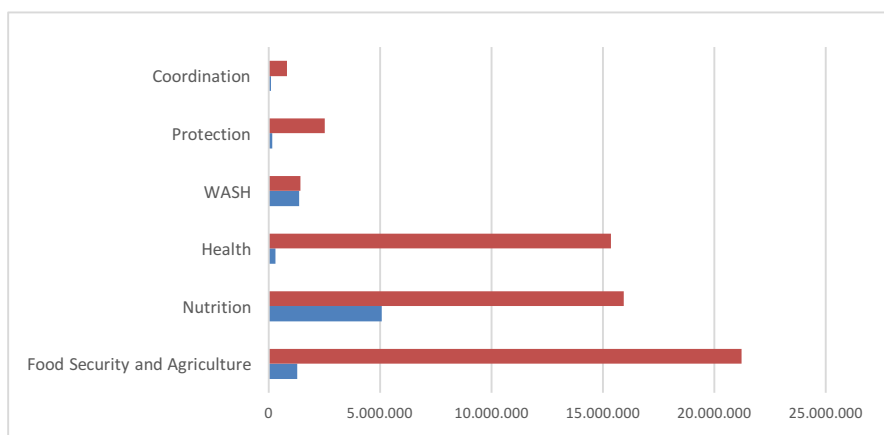
Funding

Angola UN and NGO EI Nino response

US\$ 65.5 million requested



Funding by sector (in million US\$)



The diagrams above show the funding status for different sectors/clusters. The agriculture and nutrition sectors are particularly underfunded. However, data is often not available or comparable and real needs for other sectors is likely to be higher than reported.

In April 2016, FAO estimated an extra \$40m to assist 1.4 m people with food aid, seed and poultry restocking, veterinary treatment and hydraulic works, due to the anticipated increasing food insecurity from August 2016. However, in May a downward revision of this figure was made to exclude provision of resilience activities (hydraulic works). The agriculture and food security is now estimated at \$22.5m.

Humanitarian Response

UN agencies and NGOs are working closely with the Government of Angola to address the situation. From March to May 2016, World Vision International undertook an assessment of nutrition status of children under the age of five in Cunene and Huila provinces. UNICEF together with Provincial Directorates of Energy and Water (DPEA) are about to complete an assessment of manual water pumps; and FAO jointly with the Food Security Directorate (GSA), Provincial Directorate of Agriculture (DPA) and Veterinary Services (ISV) assessed the needs in terms of food, seeds, veterinary treatment and vaccines.

Multiple national and international NGOs and Red Cross have set emergency programs to respond to rural community needs in terms of water point rehabilitation, seeds, small livestock distribution and good practices trainings in health, nutrition and agriculture/veterinary in the three provinces.



Food Security and Agriculture

Needs:

- Restocking of drought resistant seed, tools and training on nutrition and family gardens for 290.000 households. Recover livelihood and food production capabilities among rural communities
- 500,000 livestock vaccinated for foot and mouth disease (FDM), Contagious Bovine Pleuropneumonia (CBPP), and treated for dermatitis.
- 150,000 people reached with good livestock health practices and mineral salt licks.
- Improve food security, beneficiary groups information management and analysis.
- Rehabilitation of at least 100 water points for 2.5 m livestock and agriculture

\$22.5m

required to support
Food Security and
Agriculture

Response:

- Distributed 14 tons of millet and 7 tons of maize to 3,500 households among seven most affected municipalities in the three provinces (through CERF and FAO Emergency funds).
- Trained 34 of 84 trainers of farmers in three municipalities of Cunene.
- 410 kg of vegetable seeds were distributed, as well as tools for 1000 families. Simple irrigation systems acquired: 39 diesel water pumps, 9200 m of PEAD pipes of 3" (92 x 100m), 48 water tanks of 10,000 l, 30 tons of salt and multivitamin complex are in place, and four basic machineries for mineral licks production.
- Agreement signed with the ISV to train 342 CAHWs (Community Animal Health Worker) in all municipalities of Cunene, Gambos municipality in Huila and in Virei, Namibe province. Training of 22 CAHW foreseen to start on 20th June.

Gaps & Constraints:

- Lack of vaccines for livestock and of rabies monitoring.
- 2016 Cereal production will not be enough to have food and seed stocks.
- Low availability of drought resistant varieties of maize, millet and sorghum in Angola.



Health

Needs:

- Drugs and vaccines of Penta3, measles, rotavirus and YF for 15.134 children 0-59 months (DPS-WHO data) in three provinces.
- Well-equipped health centers and hospitals, with basic essential obstetric care kits for more than 202,000 pregnant women.
- Training of 400 personnel on Community Management of Acute malnutrition (CMAM).
- Strengthen disease surveillance system.
- Mosquito nets, rapid test and malaria prevention campaign, especially in Cunene province.
- Wide vaccination of YF in the three provinces.

\$15.6m

required to support
health sector

Response:

- WHO is now finalizing the training manual and will start training 400 health personnel in early July.
- WHO and UNICEF carried out YF vaccination campaign in three municipalities of Huila.
- UNICEF provides support in reception of the last 4,334,900 doses of YF vaccine and vaccination materials batch of supplies; this brings the total doses of YF vaccines received in Angola to 11,662,500 doses.
- UNICEF provided cold chain to complement additional teams in 16 municipalities with local cases of YF, UNICEF donated 100 cold boxes, 1,000 vaccine carriers and 4,000 ice packs.

Gaps & Constraints:

- High turnover of health and nutrition personnel



Nutrition

Needs:

- 44,511 children under-five are in need of treatment for severe acute malnutrition (SAM) with and without complications.
- Provision of Anthropometric Instruments to conduct nutritional assessment and register forms to ensure a good follow-up of program implementation;
- Improve infant and young child feeding (IYCF) practices and community behavior. Reinforce community activities, to ensure a timely referral of children to health centers;
- Restoring Community Management of Acute Malnutrition (CMAM) Service centers and re-train and/or engage service providers.
- Strengthen the nutrition surveillance systems at all levels.
- Strengthen supervision of in-patient treatment (IPT) programs in three provinces.
- Support at national level to standardize the training materials and national protocol.

\$21m
required to support
Nutrition

Response:

- Clear division of labor between WVi and UNICEF in terms of geographic nutrition response in Cunene (three municipalities each), Huila (WVi five municipalities; and UNICEF nine municipalities) and Namibe (UNICEF all municipalities)
- UNICEF:
 - Delivery of 11,000 cartons of RUTF, 528 Cartons of F75 and 235 Cartons of F100 OTPs in the three most drought affected Provinces for the treatment of SAM among children, reaching 6,800 children of 37,835 targeted with SAM treatment in 2016 (17% coverage)
 - A total of 169 health professionals were trained in Huila province.
 - A total of 79 health workers were trained in Cunene province on the Management of Acute Malnutrition during the two-week training sessions.
 - Distributed 12,780 copies of communication material on nutrition, bringing awareness to people in the Province of Namibe.
 - Continue the reactivation of CMAM centers in the 3 affected provinces. Close supervision of community health workers and ongoing advocacy for more quality screening, registration and reporting with regards to child malnutrition.
- WVi:
 - Conducted a SMART survey in Cunene and Huila showing very high levels of GAM (above 20%).
 - Trained 100 health professionals in outpatient nutrition centers in Cunene and 100 in Huila. In addition, 14 civil protection personnel and 100 Community Health Workers were trained in Huila on identification of SAM caseloads in remote areas, in May month. Training of Community Health Workers in Cunene starts on 19th June.
 - Distributed of 900 boxes of Plumpy nut in Huila and 900 in Cunene. Additional therapeutic supplies are on the way.

Gaps & Constraints:

- Financial and logistic constraints of the sector. Lack of trained health personnel.



Protection

Needs:

- Training on GBV at community and health services level for 756.000 people.

Response:

- UNFPA trained 35 social mobilizers from Red Cross, civil protection and volunteers from governmental departments of Huila and Cunene on SRH and GBV, STDs including HIV and AIDS. Social mobilizers will attend to 5,600 adolescents and youth from the two provinces. 6,000 leaflets on SRH, GBV and HIV & AIDS were distributed in both provinces
- 1,500 sanitary kits were distributed in Namacunde, Ombadja and Cahama, Cunene Province.

\$2.7m
required to support
protection

Gaps & Constraints:

- Lack of financial means to have a major impact.



Water, Sanitation and Hygiene

Needs:

- Provision of safe water to meet the daily needs of 147,500 people and their animals with at least 15 l/day.
- Promotion of Community-Led Total Sanitation (CLTS) approaches and public and personal hygiene practices to reduce open defecation and prevent water borne diseases especially among children under five.

\$2.8m
required to support
WASH

Response:

- The verification of targeted hand-pumps is ongoing: 120/120 in Huila and 115/115 in Namibe, 20/60 in Cunene. Complete new pumps and spare parts for the rehabilitation of hand-pumps have been ordered and will arrive shortly. Beneficiaries expected are 147,500 (40% are in Huila, 40% in Namibe and 20% in Cunene).
- Activities related to Community-led Total Sanitation (CLTS) implementation in the Provinces of Huila and Cunene are ongoing through UNICEF partners LWF and ADRA.
- UNICEF is working with the directorate of health of Namibe to implement a joint emergency intervention on hygiene promotion throughout Namibe Province.
- 18 tons of UNICEF emergency WASH material (mainly water treatment tablets, collapsible containers 20L, and dignity/hygiene kits) have arrived in Luanda and will be distributed to Provincial Directorates of Health shortly.

Gaps & Constraints:

- Financial and logistic constraints of provincial directorates to cater for operations in the field.

General Coordination

An inter-ministerial Drought Emergency Commission led by the Ministry of Planning has been established to support the emergency efforts.

At provincial level, three provincial response coordination groups are in place, and led by Civil Protection with a similar focus, involving the provincial government directorates, the UN agencies, NGOs and the Red Cross. An interprovincial response coordination meeting, led by the Government of Huila, will be held in mid-August to discuss resilience and long term scenarios together with NGOs, UN and development partners.

The UN has established a Response Coordination Team as the strategic mechanism for coordinated action, between UN and NGOs interventions and optimization of efforts. UNDP is supporting the National Civil Protection's efforts to carry out a Post Disaster Need Assessment in affected provinces. UN has established an Emergency Country Team and sent a humanitarian field officer based in Ondjiva, Cunene to coordinate efforts. OCHA has deployed staff on a 3-week surge mission to support the Angola UN Country Team to contribute to the elaboration of the RIASGO action plan and SADC appeal.

UNICEF recruited an emergency coordinator, two emergency WASH specialists and three nutrition technical staff to cover operations in the three provinces. In an International Emergency Nutrition Specialist and a community communication specialist for nutrition and WASH have been deployed as well. An FAO National coordinator and a food security specialist have also been deployed to Ondjiva, Cunene Province.

The main donors, such as EU-ECHO, AfDB, WB have constituted drought response teams in order to support needs assessments, promote integrated emergency and post emergency interventions.

Background on the crisis

During 2015 El Nino affected Angola, causing droughts, which had already weakened people's capacity to cope with environmental disasters. 78% of 1.4 m food-insecured people live in three provinces of southern Angola, characterized by nomadic pastoralist communities. Non-functional boreholes, sharing water with livestock, livestock disease outbreaks, high agricultural and livestock losses, and low purchasing power of rural people are quite common. In November critical under-nutrition rates were reported, above 7% of SAM rates and doubled GAM rates compared to January-June 2015 data account for 58% of child morbidity and 38% of child mortality. In June 2016 the situation was expected get better due to the rains. However, production losses are estimated to be up to 40% and food insecurity is expected to rise again from August. SAM and GAM rates show a situation similar to June 2015, and caseloads are increasing again. Angola is facing a wide outbreak of YF, Cunene registered four new deaths in May-June. Huila carried out YF vaccination campaign in three municipalities.

For further information, please contact:

Lisa Angeli, Humanitarian Field Officer, lisa.angeli@undp.org,

Fatima Santos, Coordination Specialist, Fatima.santos@one.un.org,

Adrian Pintos, ACO Emergency coordinator, UNICEF focal point, apintos@unicef.org,

Maria José Costa, WHO Nutrition focal point, costam@who.int,

Luis Guillermo Cuellar FAO focal point, luis.cuellar@fao.org

For more information, please visit www.unocha.org www.reliefweb.int