



This report is produced by Office of the UN Resident Coordinator in collaboration with humanitarian partners. It covers the period from 13 April to 13 May 2016. The next report will be issued on or around 15 June.

## Highlights

- Expected losses of 40% in cereal production, representing a deficit of 900,000 tons
- In the southern provinces the harvest will not cover more than 3 to 4 months of food needs. A worsening of food insecurity is expected from July-August.
- Severe acute malnutrition (SAM) and global acute malnutrition (GAM) rates are still critical. More than 120,000 malnourished children reside in the 4 southern provinces.
- In the southern provinces, where 30% of the existing boreholes are non-functional, less than 20% of communities have access to safe water and adequate sanitation facilities.

**1.4 m**

People affected,  
90% from rural  
areas

**580,000**

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.

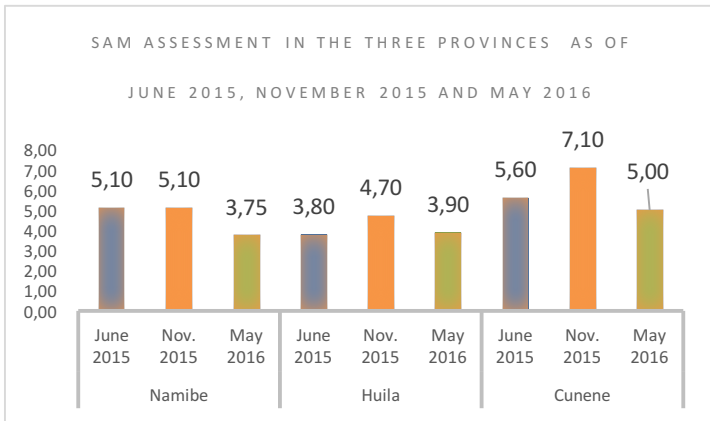
## Situation Overview

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% of these live in 3 provinces of southern Angola, namely Cunene (with 56% of the people affected), Huila and Namibe. Agricultural and livestock losses were estimated at \$242.5m in 2015.

The National Institute of Cereals in the Ministry of Agriculture estimated a production deficit for 2016 of 900,000 tons, representing the 40% of expected production (TPA - 4/5/16). In the southern provinces, food insecurity seems to have recently decreased due to the initial harvests and increased availability of milk and wild fruits. However, Civil Protection reported that 43% affected people of the three provinces are still food insecure. According to the Provincial Directorate of Agriculture in Cunene, crop production is unlikely to be reestablished following the short and irregular rains received; and food insecurity is expected to worsen from August month, possibly to be exacerbated by la Nina effects that will include flooding. In Cunene, Civil Protection has started to stock food aid of 100 tons of maize and 70 tons of rice.

Livestock deaths have increased to 500,000 head of cattle due to the spread of water-borne disease outbreaks (such as dermatitis) and the lack of vaccinations and treatment. Also, low rains and lack of pasture affected livestock reproduction, with reports of calves' abortion and lack of milk production. A further outbreak of foot and mouth disease (FMD) was registered in late April 2016 in Cuando Cubango and livestock sales remain forbidden in Cunene and Cuando Cubango, affecting pastoralist households and their access to means of livelihood.

+ For more information, see "background on the crisis" at the end of the report

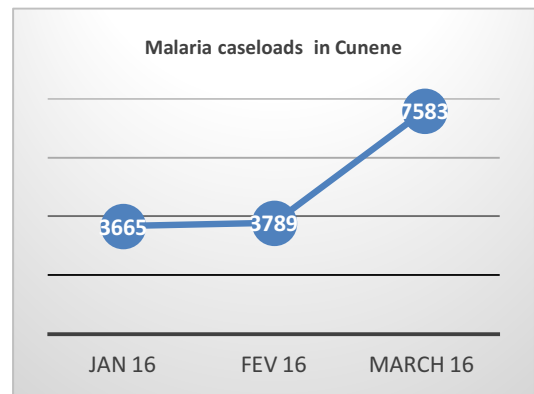


Due to worsening inflation of the Kwanza, basic basket prices are expected to increase again, decreasing access to food and goods by vulnerable people. So far imported products such as veterinary medical supplies have registered price increases of as much as 530%.

As shown in the graph below malnutrition has decreased due to recent harvests and milk availability. The situation is apparently better than in December 2015, and similar to the one of June 2015, when malnutrition data for children under age 5 showed lower (but still very high) malnutrition levels. Nevertheless, levels of malnutrition in May

2016 show critical trends, especially as 2016 had rains and harvest, albeit poor, whereas in 2015 rains and harvest were almost non-existent.

According to health data from an in-patient treatment (IPT) facility run by the NGO Medici Con l' Africa (CUAMM – Doctors with Africa), in Cunene 58% of patients admitted into the paediatrics and intense care unit are children with SAM; of these 36% have complications requiring hospitalization. This is placing an extreme burden on the health system as the community management centres for acute malnutrition (CMAM) are not operational. The IPT is expected to accommodate about 20% of the patients but due to the situation in these three provinces this capacity is exceeded.



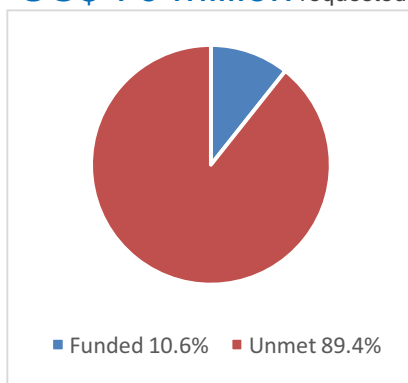
Increasing water-borne diseases have also been reported, including malaria caseloads which have increased by as much as 76% since 2015. Strengthening prevention activities and addressing shortages in treatment remain a priority.

Increasing caseloads of yellow fever (YF) outbreak are reported in 14 provinces of Angola including southern Provinces. 123 caseloads and 21 deaths reported in Huila, 32 caseloads and 1 death in Cunene and 4 caseloads and 1 death in Namibe as per 9<sup>th</sup> May 2016 (WHO). Actually Luanda, Benguela and Huambo are the worse hit provinces.

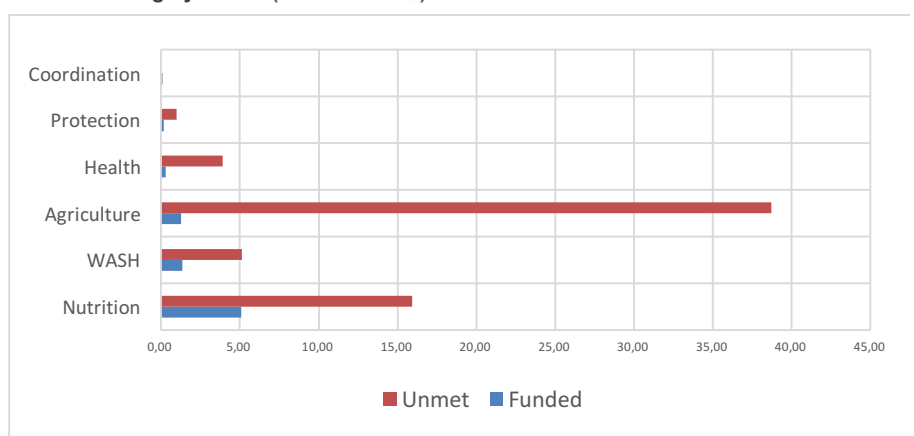
## Funding

### Angola UN and NGO EI Nino response

**US\$ 76 million** requested



### Funding by sector (in million US\$)



The diagrams above show the sectors/clusters that require funding. The agriculture and nutrition sectors are in greater need, however data are often not available or comparable, and funding needs for other sectors are likely much higher than reported.

In October 2015, the Government of Angola set up an interagency commission to assess the situation and provide recommendations for response. In November 2015 a food and nutrition rapid assessment by FAO and the Provincial Directorates of Health (DPS) and of Agriculture (DPA) was undertaken in the four most affected provinces (Cunene, Cuando Cubango, Huila and Namibe). Results were discussed and shared in March 2016 in a roundtable with national and provincial governments and partners.

In January 2016, a UN team comprising OCHA, RCO, WHO, UNICEF and FAO representatives visited the province of Cunene to assess the situation and confirm humanitarian interventions in support of the efforts of the Government of Angola.

From February to early May 2016 the Department of Nutrition of DPS and World Vision International (WVI) (funded by EU-ECHO) carried on a joint nutrition assessment in the four southern provinces, highlighting SAM and GAM very critical rates, especially in Cunene.

In April 2016 FAO has estimated a further need of \$40m was required to assist 1.4 m people with food aid, seed and poultry restocking and veterinary treatment, in view of the increasing food insecurity rates expected from august 2016.

## Humanitarian Response

UN agencies and NGOs are closely working with the Government of Angola to address the situation. From March to May 2016, World Vision International undertook an assessment of the nutrition status of children under age 5 in Cunene and Huila provinces. UNICEF together with Provincial Directorates of Energy and Water (DPEA) are assessing the state of manual water pumps; and FAO jointly with the Food Security Directorate (GSA), Provincial Directorate of Agriculture (DPA) and Veterinary Services (ISV) are assessing food, seeds stock needs.

Provincial Governments and Civil Protection are supporting vulnerable population through punctual actions and promoting synergies and pilot experience between emergency and regular programs, as well as public and private sector. Food aid is being stocked ahead of the coming leaning season.

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

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



### Food Security and Agriculture

#### Needs:

- Improve food production and stocks through distribution of selected seeds and tools
- Improve food access: vulnerable groups have almost no access to markets.
- Strengthening veterinary extension services, outbreaks surveillance and vaccination campaign; strengthen the role of Community Animal Health Workers (CAHW) and promoting the dissemination of good animal health and feeding practices.
- FMD outbreak registered in Cuando Cubango, vaccination campaign needed for 500,000 livestock head.
- Improve water availability and strengthen participatory management and community ownership of water points.
- Strengthen social protection safety net. Indigenous population needs are unmet by programs.
- Promote initiatives of seed breeding and selection, through synergies with Universities of Agriculture of Huila and Huambo, as well as pilot experience of local production of nutritive tablets (locally called Premix), as per Caritas experience.
- Improve food security and beneficiary groups information management and analysis.

**\$40m**

required to support  
Food Security and  
Agriculture

#### Response:

- Distributed 14 tons of millet and 7 tons of maize to 3500 households among 7 most affected municipalities in the three provinces (through CERF and FAO Emergency funds). Beside this, the Agrarian Development Institution (IDA) was entrusted for duplication of 10 further tons of millet in northern municipalities of Huila,

where the rainy season has not yet ended. A doubled quantity is expected to be provided for next seedling season and will be distributed to affected communities of Cunene.

- Identified 75% of 3,500 targeted beneficiary families, trained 34 of 84 trainers of farmers in 3 municipalities of Cunene.
- 350 kg of vegetable seeds were acquired and 250 kg distributed, remaining seeds and tools for 3500 agro-pastoralist are also ready to be distributed. Simple irrigation systems acquired: 30 diesel water pumps, 260 of 920 m of pipes, 25 water tanks of 10.000 l, 30 tons of salt and multivitamin complex are in place, and 4 basic machineries for mineral licks production. Training started in May.
- An agreement was signed with the NGO “Ajuda ao Desenvolvimento de Povo para Povo” (ADPP) to follow up family gardens of 3000 families in 4 municipalities of Cunene, together with DPAs focal points.
- FAO is carrying on a survey of needs at municipality level, beside the monthly data collection of food security access, market prices, rains, and pest/livestock outbreaks together with the Food Security Directorate (GSA)

#### Gaps & Constraints:

- Financial constraints to cover the needs of this sector both at governmental and humanitarian level.
- Low availability of drought resistant varieties of maize, millet and sorghum in Angola
- Lack of vaccines for Contagious Bovine Pleuropneumonia (CBPP), anthrax, symptomatic carbuncle and dermatitis; and for rabies monitoring, beside urgent need of FMD vaccination and logistic.



## Health

#### Needs:

- Drugs and vaccines of Penta3, measles, rotavirus and yellow fever for 202.219 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 and Community Management of Acute malnutrition (CMAM).
- Restocking of BCG vaccine in Namibe Province
- Strengthen public awareness on the health and nutrition related aspects of the crisis, on TB, HIV and AIDS prevention care and treatment as well as water-borne illnesses. Strengthen disease surveillance system.
- Mosquito nets and malaria prevention campaign, 250.000 mosquito nets required only in Cunene province. Lack of rapid test and treatments.
- Wide vaccination of YF in the three provinces, Huila province is the worst hit (123 caseloads and 21 deaths in Huila, 32 caseloads and 1 death in Cunene and 4 caseloads and 1 death in Namibe as per mid May 2016)

**\$3.9m**

required to support health sector

#### Response:

- Ongoing procurement of basic and essential IMNCI drugs
- 400 health workers to be trained on CMAM, training already started. Synergies are being created between WVI and WHO on training of health workers and community mobilizers.

#### Gaps & Constraints:

- Lack of cars and transport of Health Provincial Departments (DPS) to attend rural population in need.
- Lack of infrastructure and trained personnel. For example, in Cunene there is 1 hospital and 3 large health centers for a population of 965,000 people (Census 2014) in a 77 km<sup>2</sup> area.
- Lack of emergency aid personnel, infrastructures and transport.



## Nutrition

#### Needs:

- Provision of nutrition therapeutic food to undernourished children under 5 and treatment of undernourished children 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;

**\$18,2m**

required to support Nutrition

- Restoring Community Management of Acute Malnutrition (CMAM) Service centers and re-train and/or engage service providers.
- Strengthen nutrition surveillance systems at all levels.
- Strengthen supervision of ITP programs in three provinces, as the Provincial Health Department (DPS) have no means to ensure that supervisions are conducted.
- Support at national level to standardize the training materials and national protocol.

#### Response:

- Clear division of labor between WVI and UNICEF in terms of geographic nutrition response in Cunene (3 municipalities each), Huila (WVI 5 municipalities; and UNICEF 9 municipalities) and Namibe (UNICEF all municipalities)
- UNICEF:
  - All required nutrition supplies (RUTF, RUSF, F75 and F100) already received in Luanda and more than 40% transferred to the affected provinces; completed distribution plan of nutrition products: Cunene 6162 RUTF and 2000 RUSF, Huila 10.000 RUTF and 4.000 RUSF, Namibe 3.838 RUTF. In total 20.000 RUTF and 6000 RUSF (respectively for 22.058 and 12.000 children). 606 boxes of RUTF distributed in Cunene (668 children benefitting for 8 weeks treatment) and 1230 being distributing in Huila (1356 children).
  - More than 3,700 children with SAM treated between March and the end of April 2016 of the 37,835 targeted (10% coverage)
  - Trained 45 trainers and 169 health professionals, training planned for 129 health professionals in Cunene and 110 in Namibe. Trained 18 of 110 community health workers in Cunene, and 20 of 110 in Namibe.
  - Over 226 CMAM centers of the planned 300 reactivated and operational.
  - Ongoing field monitoring visits by the technical and logistics units in Cunene. UNICEF is working on the disbursement of funds to conduct the supervisions in the three provinces.
  - A PCAs have been signed with CUAMM NGO to improve access of children with SAM to quality community management of acute malnutrition (OPT and IPT) in Ombandja Municipality, Cunene.
- WVI:
  - A rapid assessment on nutrition situation in Cunene and Huila demonstrated a declining SAM and GAM rates.
  - Trained 150 health professionals

#### Gaps & Constraints:

- Financial and logistic constraints of the sector.
- Synergies and joint meetings of UNICEF and WVI needed at provincial governments in order to strengthen synergies and GoA support in all actions.

## Protection

#### Needs:

- Training on GBV at community and health services level.

#### Response:

- UNFPA and Red Cross intends carrying out a training of trainers on Sex and reproductive Health (SRH) and Gender Based Violence (GBV) including HIV and civil protection issues, involving 30 volunteers
- Planned distribution of hygiene kits in 2 municipalities of Huila and 3 municipalities of Cunene province for a total of 4,800 beneficiaries.

#### Gaps & Constraints:

- Lack of financial means to have a major impact.

**\$1m**

required to support protection



## Water, Sanitation and Hygiene

### Needs:

- Provision of safe water to meet the daily needs of 640.000 people and their animals with at least 15 l/day.
- Promotion on Community-Led Total Sanitation (CLTS) approaches and public and personal hygiene practices to reducing open defecation and prevention of water borne diseases especially in children under 5.
- Strengthen synergies between provincial directorates in order to improve efficiency of national/provincial programs, for example providing safe water to health centers, schools and open markets. The situation differs between the three provinces.
- Need for cross-checking the initial diagnostic (not reliable) done by Provincial Governments to assessing failures and needs for rehabilitation in non-operational hand pumps selected by local governments. Need for cross-checking with ongoing CLTS regular projects in order to avoid duplication of activities.

**\$5.4m**  
required to support  
WASH

### Response:

- UNICEF and the Provincial Directorate of Energy and Water (DPEA) selected 295 hand pumps to be rehabilitated, 115 out of 162 (57,500 beneficiaries) in Namibe province, 120 out of 220 (60,000 beneficiaries) in Huila province and 60 boreholes to be rehabilitated with hand-pumps out of 410 (30,000 beneficiaries) in Cunene province. Supply order already submitted to UNICEF Supply Division (Copenhagen).
- Cross-checking of rapid assessment is being conducted, as well as refresher training to technical staff in the provinces and municipalities on installing/uninstalling and repairing hand pumps (Volanta and Afridev models).
- 17 tons of family and hygiene kits procured and being distributed to more than 4,000 most vulnerable families with malnourished children in the three provinces.
- CLTS program in Huila and Cunene was expanded to meet the needs of 65,000 people, of 30,000 previously targeted. Discussions are ongoing with Namibe Province also to engage them in the CLTS program

### Gaps & Constraints:

- Financial and logistic constraints of provincial directorates
- Low responsiveness from the only international supplier for Volant pumps and spare parts, together with the fact of not having stocks in country.

## 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 led by Civil Protection with a similar focus, involving provincial government directorates, UN agencies, NGOs and Red Cross. Provinces have demonstrated different approaches and strategies, creating sectorial subgroups in Cunene and geographical subgroups in Huila. An interprovincial response coordination meeting, also led by Civil Protection, will be held in June and September to coordinate actions between provinces and establish a Southern Provinces Emergency Commission.

The UN has established a Response Coordination Team as the strategic mechanism for coordinated action, synergies between UN and NGOs interventions and optimization of efforts. UNDP is supporting Civil Protection's efforts to concretize provincial contingency plans and resilience contingency plans. To strengthen the humanitarian coordination, the UN has established an Emergency Country Team with a humanitarian field officer based in Ondjiva, Cunene to coordinate efforts, create synergies and update UN and the Government on ongoing response.

A UNICEF emergency coordinator has been recruited; two emergency WASH specialists have already been deployed and are working from the city of Lubango, to implement the intervention in Huila and Namibe provinces, and Ondjiva covering operations in Cunene Province; three nutrition technical staffs in place in Cunene, Huila and Namibe supported by an International Emergency Nutrition Specialist; a community communication specialist has



been recruited and covering the three provinces for nutrition and WASH as well. A FAO National coordinator and a food security specialist has also deployed to Ondjiva.

Provincial coordination meetings were held in each of the three provinces between 28 April and 10 May in order to: show what has been done, seek synergies and jointly coordinate the emergency response, strengthen synergies between government programs through UN interventions. Coordination meetings are led by Civil Protection and involve government institutions (namely Vice-Governor, Provincial Directorates of Agriculture, Energy and Water, Health and Social Welfare), UN agencies, national and international NGOs and the Red Cross. The frequency of meetings was decided at provincial level as fortnightly in Cunene, monthly in Huila and bimonthly in Namibe.

An interprovincial coordination meeting will be established in order to coordinate, share strategies and experiences between neighboring municipalities with similar conditions and located in different provinces. This was suggested by the vice Governor of Huila. The first meeting will be held in late June and a second one in August-September.

#### Background on the crisis

During 2015 El Nino affected Angola, were recurrent droughts already weakened people's capacity to cope with environmental disasters. 78% of 1.4 m food insecure people live in 3 provinces of southern Angola, characterized by nomadic pastoralist communities. Non-functional boreholes and shared water with livestock, livestock outbreaks and high agricultural and livestock losses, the low purchasing power of rural people, affected overall vulnerable groups. In November were reported critical level of under-nutrition rates, above 7% of SAM rates and doubling GAM rates compared to January-June 2015 data, 58% of child morbidity and 38% of child mortality. In May 2016 the situation apparently gets better due to rains, dairy products and first harvest, however production losses were estimated up to 40% and it will not be enough to reestablish food and seed stocks. Food insecurity is expected again from August. SAM and GAM rates show a situation similar to June 2015. Angola is facing a wide outbreak of malaria. FMD livestock caseloads were registered again.

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