

Angola: Drought

Office of the Resident Coordinator Situation Report No. 5

(as of 13 August 2016)



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

Highlights

- Rural communities of Cunene and Huila have food stocks less than 3 months.
- 400,000 people are in need of food and in-kind assistance;
- Water availability is diminishing rapidly, especially in the 4 municipalities of Cunene province and Gambos municipality.
- In Huila, it is estimated that less than 20% of communities have access to safe water and adequate sanitation facilities.

1 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 droughts since 2013. In late 2015, 1.4m people in 7 provinces were affected by El Niño. About 78% live in three provinces of southern Angola, namely Cunene, Huila and Namibe. Agricultural and livestock losses were estimated to be about \$242.5m in 2015 and 360,000 head of livestock have died during this period. This year, the National Institute of Cereals in the Ministry of Agriculture estimates a national production deficit of In May-June 2016, FAO had assessed that 1 million people are still affected; and 400,000 are in need of food and in-kind assistance in the coming months.

To date, more than 8,000 people of a district of Cunene have requested for water and food aid, representing 14% of the district population. The Civil Protection department is updating the number of people in need.

Lack of food is starting to be visible in all municipalities of Cunene, where grain stocks are almost empty and people are selling livestock to get staple food. At the same time, communities on the boarder to Namibia, are selling their crops, to get advantage of the favourable rate exchange, diminishing their chance of saving foods for the next crucial months and ending seed stocks. In some communities, repatriated migrants represent the most vulnerable people, as they have no assets. Quick worsening of water availability and quality makes women and children walk greater distances to get cleaner water, and school drop-outs are increasing. People are digging very deep wells to try to find water. Women are reported to be experiencing hygiene problems due to water scarcity.

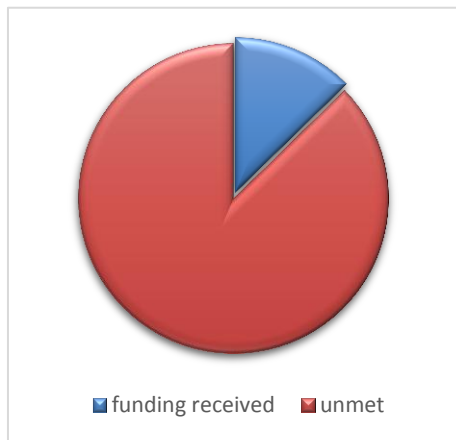
Community mobilizers have been trained to screen children and report malnutrition cases to health centres; and the performance indicators of admissions to out-patient treatment (OPT) are improving; however, cure rates remain about 70%, defaulters of 59 % and death rates of 0%. The scenario is different for the in-patient treatment, where cure rates are above 75%, defaulter rates below 15% and, on the other hand, the death rates are still above 10%.

The Yellow Fever outbreak response campaign is now ongoing in Lubango and Namacunde municipalities in Huila and Cunene provinces respectively. A total of 6 vaccination campaigns have been conducted in Huila and Cunene provinces, reaching 900,662 people, since late May up to date.

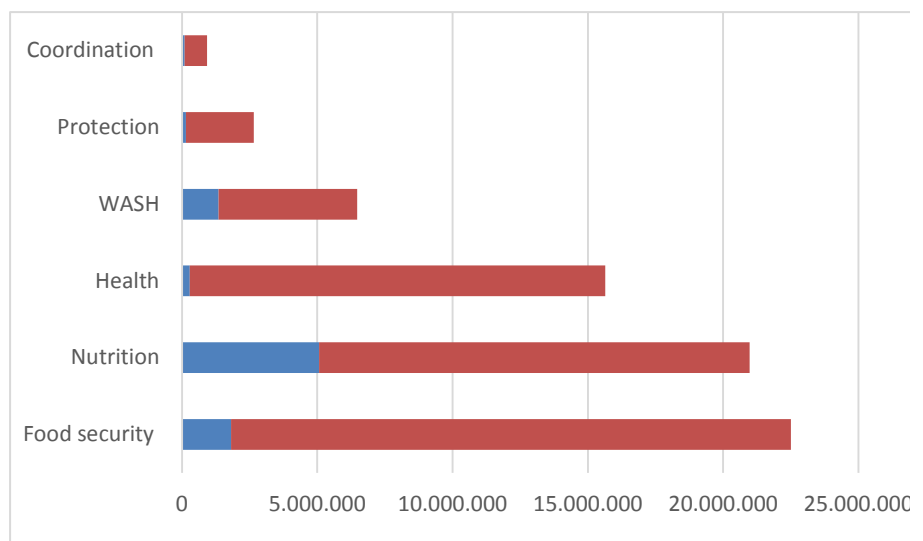
Funding

Angola UN and NGO El Nino response

US\$ 69 million overall requirement



Funding by sector (in million US\$)



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

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 (WVI) conducted a SMART assessment of nutrition status of children under the age of 5 in Cunene and Huila provinces. From May to June, FAO and the Ministry of Agriculture (MINAGRI) jointly assessed the needs in terms of food, seeds, veterinary treatment and livestock vaccines.

The civil protection department of Cunene is also carrying out a need assessment on nutrition and food security in the six municipalities with UNICEF support.

Multiple national and international NGOs and the Red Cross have developed emergency programmes to respond to multi-sector rural community needs in the three provinces.



Food Security and Agriculture

Needs:

- Procurement of drought-resistant short-cycle varieties of maize, millet and sorghum is urgently needed, before scarcity becomes a factor.
- Recover livelihood and food production capabilities of 86.000 rural families.
- 150,000 semi-nomadic herders reached with good livestock health practices.
- Improve food security, beneficiary groups information management and analysis.

\$22.5m

required to support Food Security and Agriculture

Response:

- FAO and the Veterinary Service (ISV) inaugurated the first factory of mineral licks in Angola, on 6th August in Cahama, province of Cunene. 4 ISV technicians and 88 CAHW (Community Animal Health Worker) were trained, being the 28% of the 342 targeted.
- Rehabilitation works of 3 water reservoirs in Cunene and 2 boreholes in Huila are almost starting, as late August is the most appropriate time for hydraulic works.
- FAO and the Agriculture department installed and are weekly monitoring of a total of 1.172 plant nurseries and 37 family gardens in Cunene, 8 in Huila and 12 in Namibe province, benefitting a total of 2900 families of the 3.500 targeted. The first production is expected in mid-September.

Gaps & Constraints:

- Lack of vaccines for livestock and lack of rabies monitoring.



Health

Needs:

- Drugs and vaccines of Penta3, measles, rotavirus and Yellow Fever for 15,134 children 0-59 months (DPS-WHO data) in three provinces.
- Basic essential obstetric care kits for more than 202,000 pregnant women.
- Strengthen disease surveillance systems.

\$15.6m

required to support health sector

Response:

- Department of health carried out the Yellow Fever vaccination campaign in the municipality of Cahama and Cuanhama in Cunene and of Chibia and Caconda in Huila, reaching 432,229 and 468,433 respectively. This was technically supported and monitored by WHO and UNICEF.

Gaps & Constraints:

- Availability of Yellow Fever vaccines
- High turnover of health and nutrition personnel.



Nutrition

Needs:

- 37,835 children under-five are targeted by UNICEF for the treatment for severe acute malnutrition (SAM) with and without complications.
- Restoring all 370 Community Management of Acute Malnutrition (CMAM) centers.
- Strengthen the integrated disease and nutrition surveillance systems at all levels.
- Improve supervision of in-patient treatment (IPT) programs in three provinces.

\$21m

required to support Nutrition

Response:

- A cumulative total of 8845 children with SAM treated (2870 in Huila, 2747 in Cunene and 3228 in Namibe) of 37,835 targeted, representing the 23% of program coverage. 912 children with SAM (with and without complications) were admitted and treated during the reporting period;
- A cumulative total of 310 CMAM centers in the 3 provinces (Huila – 177; Cunene – 61 and Namibe – 72) of the 370 planned. 39 new out-patient treatment (OPT) centers were reactivated in Huila during the reporting period;
- 54 health workers (29 in Namibe and 25 in Cunene) were trained on Management of Acute Malnutrition without complications, completing a total of 415 in the three provinces (189 in Cunene, 151 in Huila and 75 in Namibe).
- 96 community workers (CW) trained in Namibe and Cunene, of a total of 186 CW trained (123 in Cunene and 63 in Namibe).
- 40 volunteers of the Red Cross Angola (CVA) trained on identification of malnutrition and breastfeeding, Yellow Fever and sanitation (16 in Huila, 14 in Cunene and 10 in Namibe).
- Support supervisions were conducted in the 3 provinces and municipalities
- The first Nutrition coordination meeting was held in Huila for all 14 municipalities on 22 of July 2016, with the participation of WVi.

Gaps & Constraints:

- Lack of transport or fuel of municipalities to collect the products from the provincial store.
- Lack of community screening activities due to few available community workers and lack the sensitization of treatment availability in health facilities. The prolonged stock out of treatments up to March 2016 represented a barrier for mothers to attend consultation. This has been addressed by extending the training to the community workers (ADECOS) and CVA.



Protection

Needs:

- Training on GBV at community and health services levels for 756,000 people.

\$2.7m

required to support protection

Response:

- After the UNFPA' training, 35 social mobilizers of Red Cross-Angola and civil protection of Huila and Cunene, attended 5,622 adolescent's girls and women and 4,641 adolescent's boys of the two provinces with information on SRH, GBV and HIV & AIDS.
- In late July UNFPA distributed 2,460 sanitary kits to women and adolescent girls in three municipalities of Cunene.

Gaps & Constraints:

- Inadequate funding to have a major impact on adolescent's protection.



Water, Sanitation and Hygiene

Needs:

- Provision of safe water to meet the daily needs of 120.000 people with at least 15 l/day.
- Promotion of Community-Led Total Sanitation (CLTS) approaches to reduce open air defecation and prevent water borne diseases especially among children under five.

\$6.5m

required to support WASH

Response:

- UNICEF CLTS funded activity has reached 56,456 people, providing them with access to appropriately designed toilets. A number of 108,790 people were reached with hygiene and sanitation messages.
- A combined approach WASH and Nutrition has facilitated the provision of WASH emergency items through health centers to 70,770 people.
- First 12 water pumps have been repaired benefiting approximately 6,000 people.
- UNICEF continues assisting the three provincial governments with the distribution of 35 tonnes of WASH supplies (water treatment pills, 20L jerry cans and collapsible containers, family hygiene kits and WASH IEC materials) to the end users (families with malnourished children being treated in health centers).
- A local supplier in Angola has been identified through which the procurement of water pumps and spare parts will be accelerated.

Gaps & Constraints:

- Difficulty in procuring sufficient volanta handpumps on time due to limited specific suppliers has delayed the rehabilitation process.

General Coordination

An inter-ministerial Drought Emergency Commission led by the Ministry of Planning has been established to support the emergency efforts. The UN Emergency Country Team and the Response Coordination Team are coordinating actions and optimizing efforts between UN agencies interventions and those between UN and NGOs.

Monthly coordination groups are in place in the three provinces strengthening coordination and synergies between provincial government, the UN agencies, NGOs and the Red Cross. An interprovincial coordination meeting, led by the

Government of Huila, will be held in the coming weeks to discuss resilience and long term scenarios together with all partners involved.

In late June the OCHA's Global Director of Operational Division, visited Angola to follow up on the OCHA support to Yellow Fever response and to the drought in the south. The mission also visited Cunene province.

On the request of the Ministry of Interior of 17th May, UNDP is supporting the National Civil Protection's efforts to carry out a Post Disaster Need Assessment (PDNA) in affected provinces, in partnership with EU and WB. The PDNA joint mission visited the three provinces between 2nd and 12th August.

Background on the crisis

During 2015 El Nino affected Angola, causing droughts, which had already weakened people's capacity to cope with environmental disasters. The 78% of 1 m food-insecure 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 July 2016, 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, Huila and Cunene carried out YF vaccination campaign in three and two municipalities, respectively.

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