



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

## Highlights

- Food insecurity is predicted to worsen from August onward; 400,000 people will be in need of food and non-food assistance.
- Severe acute malnutrition (SAM) and global acute malnutrition (GAM) rates are still critical and expected to worsen in the coming months.
- Transhumance has started two months early. Lack of vaccinations has led to 140,000 livestock deaths since January 2016.
- Water availability is diminishing rapidly. Less than 20% of communities have access to safe water and adequate sanitation facilities.

**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, of which about 78% resided in three provinces of southern Angola, namely Cunene (56% of the total people affected), Huila and Namibe. Agricultural and livestock losses were estimated to be about \$242.5m in 2015 and 500,000 heads of livestock have died in 2015 and 2016.

This year, the National Institute of Cereals in the Ministry of Agriculture estimates a production deficit of 40%. According to the Provincial Directorates of Agriculture, food insecurity is predicted to worsen from August onward in Cunene and Huila provinces, possibly to be exacerbated by forecasted La Niña that could bring flooding. The market is experiencing severe price increases and fluctuations as a result of the increasing food scarcity. According to FAO, from May to June 2016 an estimated 1 million people remain affected and 400,000 will need food and non-food assistance in the coming months.



Tchimpaca in Evale, Ombandja Municipality, Cunene Province. Pastoralists are digging wells to water livestock.

Short and irregular rains did not sufficiently recharge the underground water table resulting in water shortages for both household and livestock uses. The precarious situation is manifesting itself in the early start of the transhumance migrations which have started in early June, about two months in advance of its normal cycle.

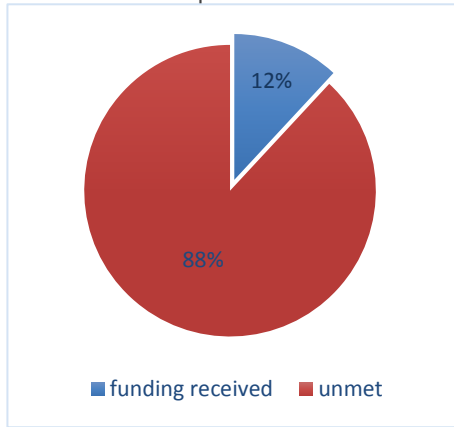
Between the start of the outbreak in late December 2015 and 13 July 2016, a total of 3,641 suspected yellow fever cases have been recorded, of which 872 have been confirmed. The total number of reported deaths stands at 359, of which 117 were among the confirmed cases. Suspected cases have been reported in all 18 provinces and confirmed cases in 16 of 18 provinces and in 80 of 125 reporting districts. Recently a

vaccination campaign took place in three municipalities of Huila and in two municipalities of Cunene.

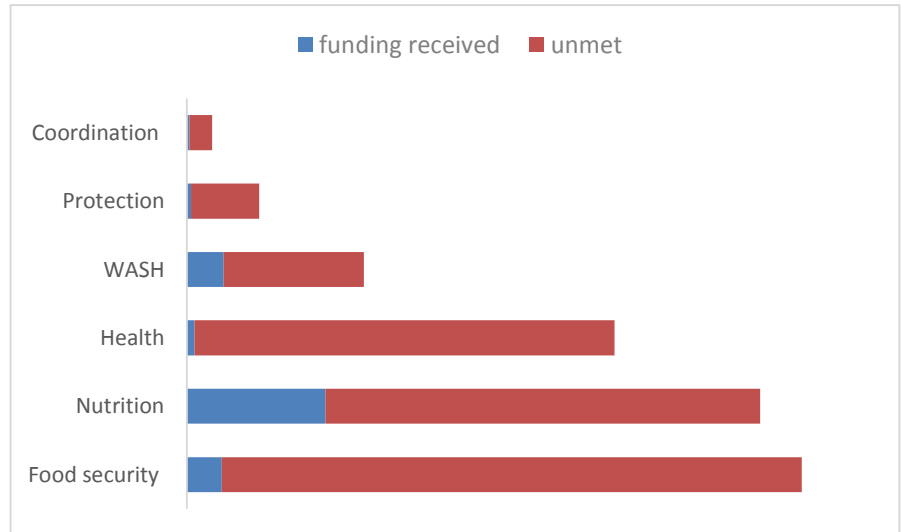
## Funding

### Angola UN and NGO EI Nino response

**US\$ 69 million** overall requirement



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



The diagrams above show the funding status for different sectors/clusters. The agriculture, nutrition and health sectors are particularly underfunded. However, data is often not available or comparable and the real needs for other sectors are 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) undertook 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 needs in terms of food, seeds, veterinary treatment and vaccines. UNICEF together with the Provincial Directorates of Energy and Water (DPEA) almost completed a field assessment of manual water pumps. Civil Protection of Cunene Province is carrying out a needs assessment in six municipalities with funds from UNICEF. National and international NGOs and the Red Cross have established emergency programs to respond to multi-sector rural community needs in three provinces.



### Food Security and Agriculture

#### Needs:

- As seed stocks have not yet been refilled, the procurement of drought-resistant short-cycle varieties of maize, millet and sorghum in neighboring countries is urgently needed before scarcity becomes a factor.
- Recovering livelihoods and food production capabilities among rural communities through the provision of seeds, tools and training on family gardens for 170,000 families.
- Training on good livestock health practices and mineral salt licks for 150,000 herders.
- Improving overall food security.
- Strengthening information management and analysis.

**\$22.5m**

required to support food security and agriculture

#### Response:

- FAO has trained a total of 84 farmers in family gardening techniques in the three most affected provinces.

- FAO directly trained and provided seeds and tools to 1,577 families of the 3,000 targeted in the three provinces, reaching the 53% of targeted beneficiaries and installing a total of 41 plant nurseries.
- FAO and the veterinary services (ISV) have trained 22 CAHWs (Community Animal Health Workers) of the 342 foreseen. Multivitamin complexes were purchased for the participatory production of livestock mineral licks.
- Three water reservoirs in Cunene and two boreholes in Huila were selected for rehabilitation; documentation has been completed and the tender launched.

#### Gaps & Constraints:

- Lack of vaccines for livestock.
- Rabies monitoring.



## Health

#### Needs:

- Drugs and vaccines covering Penta3, measles, rotavirus and yellow fever for 15,134 children between 0-59 months (DPS-WHO data) in three provinces.
- Health centers and hospitals equipped with basic essential obstetric care kits for more than 202,000 pregnant women.
- Training of 400 personnel on Community Management of Acute Malnutrition (CMAM).
- Strengthening disease surveillance systems.
- Supporting the standardization of training materials and national protocols at national level.

**\$15.6m**

required to support the health sector

#### Response:

- WHO finalized the CMAM training manual and will start training 400 health personnel in mid-July.
- The provincial departments of Health of Huila and Cunene carried out a yellow fever vaccination campaign in three municipalities in Huila and two municipalities in Cunene respectively, with close support from WHO.
- The total doses of yellow fever vaccines that have been received and dispatched in Angola since the start of the outbreak are 11,300,000. WHO and UNICEF continues to provide support in the procurement and distribution of vaccines.
- UNICEF has developed a training of trainer's program for national staff members of the Minister of Education on yellow fever and vector control. UNICEF is also building rapid response teams to support ongoing scaling-up of social mobilization in high priority districts in 16 provinces targeted for vaccination, including Huila and Cunene.
- In support of the yellow fever campaigns in Huila and Cunene, WVi has donated 1,000 liters of diesel (500 liters in each province).

#### Gaps & Constraints:

- High turnover of health and nutrition personnel.



## Nutrition

#### Needs:

- 44,511 children under age 5 are in need of treatment for severe acute malnutrition (SAM), with and without complications.
- Provision of anthropometric instruments to conduct nutritional assessment and registration forms to ensure correct follow-up.
- Reinforcing community activities to ensure a timely referral of children to health centers;
- Restoring Community Management of Acute Malnutrition (CMAM) Service centers
- Strengthening the nutrition surveillance systems at all levels.
- Strengthening the supervision of in-patient treatment (IPT) programs in three provinces.

**\$21m**

required to support Nutrition

#### Response:

- Clear division of labor between WVi and UNICEF in terms of geographic response in Cunene (three municipalities each), Huila (WVi five and UNICEF nine municipalities) and Namibe (UNICEF all municipalities):

#### UNICEF:

- All the required 33,476 cartons of ready-to-use therapeutic foods. (RUTF), 6000 cartons of ready-to use supplementary food (RUSF), 528 of F75 and 235 of F100 (the two are latter both therapeutic milk products designed to treat severe malnutrition) have arrived in Angola and most of these supplies have already been delivered to the 3 most affected provinces.

- SAM treatments were distributed to 7,933 children with SAM, representing the 21% of the 37,835 children targeted.
- A total of 361 health workers, 72 community health workers and 18 trainers have been trained on CMAM without complications in Huila and Cunene provinces.
- UNICEF, together with the Provincial Department of Health of Namibe, is training 26 trainers of community health workers.
- UNICEF is preparing an agreement with the local Red Cross to strengthen social mobilization in the three most affected provinces
- UNICEF continues to hold weekly coordination meetings with the provincial and municipal departments of Health in the three most affected provinces.

#### WVi:

- In Cunene, a total of 457 children suffering SAM have been admitted to the program and 1,456 in Huila.
- 38 Community Health Agents were trained in the municipality of Cuvelai in Cunene Province.
- 700 children were screened in Cunene and 2,500 in Huila.
- 10 supervision visits were conducted to in- and outpatient nutrition centers with health department' staff in Cunene and 15 in Huila.

#### Gaps & Constraints:

- Lack of trained health personnel and reporting skills.

## Protection

#### Needs:

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

**\$2.7m**

required to support protection

#### Response:

- Through UNFPA, 35 social mobilizers from the Red Cross Angola and Civil Protection attended 4,000 adolescents and youth with leaflets on SRH, GBV and HIV & AIDS in the provinces of Huila and Cunene.
- 960 more sanitary kits were distributed in 3 municipalities of Cunene Province.

#### 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 for 147,500 people and their animals with at least 15 L per day.
- Promotion of Community-led Total Sanitation (CLTS) approaches to reduce open air defecation and prevent water-borne diseases especially among children under age five.

**\$6.5m**

required to support WASH

#### Response:

- At the municipality level, the verification of 295 rehabilitated hand-pumps and the collection of information on boreholes continue.
- Activities related to CLTS implementation in the Provinces of Huila and Cunene are ongoing through UNICEF partners, LWF and ADRA. Over 38,000 people out of the 45,000 targeted have been reached with appropriately designed toilets to date.
- UNICEF has delivered 23,860 water containers; more than 1.9 million water purification tablets; 1,738 family hygiene and dignity kits; 500 latrine slabs and over 4,640 WASH communication materials to vulnerable families in the three most affected provinces. An estimated 31,000 of the 45,000 people targeted have been reached with hygiene items and 92,000 of the 45,000 targeted with WASH messages.
- WVi has received private funding for the rehabilitation of 40 water points in Huila and Cunene.

#### Gaps & Constraints:

- Financial and logistic constraints on provincial directorates to enable 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.

The UN Emergency Country Team and the Response Coordination Team are coordinating the actions and optimizing the efforts of the international humanitarian community.

Monthly coordination groups are in place in three provinces to strengthen coordination and synergies among provincial government, UN agencies, NGOs and the Red Cross. An interprovincial coordination meeting, led by the Government of Huila, will be held in mid-August to discuss resilience and long-term scenarios, together with all partners involved.

Following to a request from the Ministry of Interior on 17 May, UNDP is supporting the National Civil Protection's efforts to carry out a Post-Disaster Needs Assessment in the affected provinces in partnership with the European Union and the World Bank.

In late June 2016, the Director of OCHA's Operational Division visited Angola to follow up on OCHA's support to the yellow fever response and to the drought in the south. He met with key government entities at the central and provincial levels as well as with other key partners. The mission also visited Cunene Province.

### 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.

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