

ANGOLA

CONSOLIDATED EMERGENCY REPORT

January - December 2016



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Prepared by
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1. EXECUTIVE SUMMARY

Due to the compounded impact of “El Nino” and four seasons of lower than average rainfall, 1.4 million people, of which 756,000 are children, were affected by drought in Angola in 2016. The ongoing decline in the price of oil has resulted in an economic crisis increasing the rate of inflation and giving rise to higher food prices. In the most affected Provinces of Cunene, Namibe and Huila, over 800,000 people were food insecure along 2016. Water reserves have been depleted, with 80% of boreholes in Cunene not functioning. People and livestock continue sharing the same water sources furthering the risk of communicable disease. The drought was exacerbating migratory movement of whole communities, including cross border movements which raised child protection concerns. An estimated 95,538 children under-five were in need of treatment for severe acute malnutrition (SAM). Health risks also spiked including an outbreak of Yellow Fever which led to the death of 198 people between January and March 2016, with concerns that the entire population was at risk. There was also a need to strengthen health systems to mitigate the risk of the spread of the Zika Virus given Angola’s close links with Brazil.

UNICEF’s humanitarian strategy included responses to both the drought, preparing for possible flooding during rainy season, and response to the Yellow Fever outbreak. UNICEF’s primary partner in humanitarian response in the country is the Government of Angola; and in the absence of a cluster system, UNICEF relied on sector response and coordination working groups such as: Health and Nutrition (vaccinations, management of severe acute malnourished cases through community-based management of acute malnutrition (CMAM) centres, social mobilization and HIV testing); Child Protection, Education and WASH.

UNICEF’s strategy incorporated assessments, analyses, planning, monitoring, reporting and coordination (including through chairing the UN Disaster Management Team). UNICEF also co-led with Government Ministries the WASH, Health and Nutrition sector partnerships. UNICEF’s humanitarian strategy included coordination, technical assistance, the provision of life-saving supplies, logistics, communication for development and social mobilization, as well as advocacy with policy makers and administrators.

2. HUMANITARIAN CONTEXT

- *Humanitarian situation in the country and impact on children and women*

Severe droughts were affecting 7 provinces (Cunene, Huila, Namibe, Benguela, Cuando Cubango, Cuanza Sul and Huambo). Most affected were the three border provinces of Cunene, Namibe and Huila where UNICEF focused its interventions. The cycle drought in this three provinces in southern of Angola is caused by the scarcity of rains, followed by prolonged cycles of dry spell, particularly in months of January and February, resulting in successive poor performance of crops including poor water availability both for humans and cattle. The communities, particularly the most vulnerable families in affected areas tend to lose their capacity to cope with recurrent losses of crops and the consequently limited food reserves over the years, coupled with limited sustainable interventions available in place. Cunene in particular, has been affected consecutively by drought and floods in just a single year. Failure of long term rains, followed by flash floods in some zones of the region, has been prompting a medium to large scale food insecurity, nutrition and WASH emergencies in affected communities, with high incidence among children.

In 2015, the global acute malnutrition (GAM) rate was recorded at 20% in the province of Huila, with some of the municipalities, like Lubango, Humpata recording GAM rates of 30% and 24% respectively¹. The capacity of Local authorities seemed very limited to prompt an effective response to the situation, with an

¹ Source: Direção Provincial de Saude – Huila: 2015

eminent risk of closing the outpatient nutritional program in 180 health units throughout the province, particularly due to absence of nutritional therapeutic feeding products, limited financial resources to maintain the operationalization of the program including limited staff skilled on management of acute malnutrition.

In Cunene, the health system was also grappling with an overload of severe malnutrition and there were no medications and therapeutically supplies for treatment of these cases and 30 per cent of children with SAM were dying according to reports from provincial Director of Health's office. A number of staff who had been trained in the past to manage cases of severe malnutrition were either transferred or had left and the national guidelines for treatment were not being followed in the management of these cases. At the same time, around 80% of the population in the province was struggling to access clean water supply and were liable to all kinds of infections and illnesses like skin diseases, diarrhea and malnutrition.

In 2016 El Nino effects resulted in food production losses of nearly 90% and left 800,000 people food insecure. Severe Acute Malnutrition (SAM) rates doubled from 2.8% SAM cases in June 2015 to between 5%-7% in 2016, while Global Acute Malnutrition rates (GAM) ranged between 15%-21%.

People were using unclean water for drinking, washing and cooking; including sharing untreated contaminated water with animals, giving rise to diarrhoea and other diseases. Approximately 30% of existing boreholes in the most affected provinces were non-functional. The drought increased migration, including the movement of entire communities, some of whom were crossing international borders. The drought increased protection risks and violations of children such as rape, transactional sex and exploitative child labour, among others.

In the province of Zaire a number of suspected cholera cases were reported in December. The Ministry of Health stepped up surveillance of the cases and is closely coordinating with the provincial health authorities, where UNICEF has been supporting with technical assistance and assets the humanitarian operation ongoing.

A Yellow Fever outbreak was declared in January 2016, until today 4,436 suspected cases, 884 confirmed cases and 381 deaths were registered. Yellow Fever has been laboratory confirmed in 16 out of 18 provinces in the country. The last confirmed cases were recorded on the 23rd of June 2016 in Cunene and Cuanza Norte provinces. The Ministry of Health therefore declared the end of the Yellow Fever epidemic on 23rd of December 2016 and assured continuous surveillance and provision of vaccines for the remaining unvaccinated population.

- *Main purpose and expected outcomes of the response*

Along with intensive WASH interventions, nutrition interventions, including Integrated Management of Acute Malnutrition, Vitamin A and Albendazol supplementation and the promotion and support of Infant and Young Child Feeding practices, have implemented in the four most affected provinces.

Expected outcomes were as follows:

Health and Nutrition

- 672,377 children 6 months to 59 months vaccinated for measles
- 3,639,933 people vaccinated for Yellow Fever
- 6.7 million people reached with preventive messages and information on Yellow Fever²
- 37,835 children with SAM 6 – 59 months old to be admitted into therapeutic treatment programmes
- 707,765 caregivers of children 0-23 months with access to infant young child feeding (IYCF) counselling
- 2,940,000 people reached with key nutrition messages

WASH

- 120,000 people access safe water (7.5-15L per person per day)
- 45,000 people provided access to appropriately designed toilets and reached with hygiene and sanitation messages
- 45,000 people provided with emergency sanitation and hygiene items
- *Coordination with other implementing agencies and partners.*

The Government of Angola led the national response to the 2016 Yellow Fever outbreak. The Yellow Fever vaccination and social mobilization campaign was coordinated through the Government, led by the Ministry of Health and the Provincial Health Directives, with support from WHO, UNICEF, Médecins Sans Frontières, CDC and Cuban Cooperation through an Incident management system (IMS) hosted by WHO.

The national emergency and disaster management group, under the leadership of the national civil protection department, continues to coordinate partners support and long term emergency response planning. A Drought Emergency Team has been created to support the Government's coordination of humanitarian partners from the UN and NGOs. The UN's Disaster Management Team also supports the Government's response to urgent lifesaving needs, while provincial coordination mechanisms were established for Cunene and Huila and Namibe in order to ensure joint coordinated emergency response in the most affected areas. The provincial coordination mechanisms include UN agencies, government institutions, national and international NGOs and the Red Cross. An interagency El Nino humanitarian response plan was developed with interventions requiring \$40 million in 2016 in the following sectors: Food/Agriculture; Water, Sanitation and Hygiene (WASH), Health and Nutrition. To date, the interagency response plan has only received 16% of the funds required in 2016, including 1.4 million Euros from the EU ECHO.

At the field, UNICEF sub-offices, have been playing a critical role in the coordination of the emergency response with all partners at provincial level to ensure that there is no overlapping and duplications of Nutrition and WASH interventions in the affected areas. In addition, office was and other authorities were kept abreast with the evolving situation at the field level. In addition, technical support was provided to provincial government in all three provinces to develop their emergency response plans; support assessments and supervision exercises, as well as to ensure that the provinces had sufficient storage space for the supplies and medicines for both nutrition and WASH programs.

3. RESULTS

² The 1.4 million people affected by drought are also included in the 6.7 million number of people at risk of Yellow Fever outbreak.

- *Overall results (January – December 2016)*

UNICEF Angola Results Table 2016	2016 UNICEF Response	
	Target	Total Results
WATER, SANITATION & HYGIENE		
# of people provided with access to safe water (7.5-15L per person per day)	120,000	118,000
# of people provided access to appropriately designed toilets	45,000	56,456
# of people reached with hygiene and sanitation messages	45,000	108,790
# of people provided with emergency sanitation and hygiene items	45,000	70,770
HEALTH		
# of children 6 months to 59 months vaccinated for measles	672,377	242,972
# of people vaccinated for Yellow Fever	3,639,933	1,722,499 ³
# of people reached with preventive messages and information on Yellow Fever	6,700,000	6,910,231
NUTRITION		
# of children with SAM 6 – 59 months old to be admitted into therapeutic treatment programmes	37,835	17,762
# of caregivers of children 0-23 months with access to infant young child feeding (IYCF) counselling	707,765	148,640
# of health providers trained on severe acute malnutrition (SAM)	1,200	721
# of CMAM or OTP centres to be revitalized	310	285
# of people reached with key nutrition messages	2,940,000	2,028,315

³ Data from Huila and Cunene provinces

UNICEF's Response to the Yellow Fever Outbreak

The last phase of the Yellow Fever vaccination campaign started on 10 October targeting 12 priority districts in 10 provinces. UNICEF supported the social mobilization for the campaign in partnership with the Red Cross Angola, reaching more than 320,000 people. More than 900 social mobilizers, teachers and journalists were trained on yellow fever in 12 provinces. The training focused on prevention of yellow fever, promotion of positive practices as well as vector control.

UNICEF supported the mobilization of partners and local leadership such as sobas (traditional chiefs), block coordinators, community and religious leaders. Advocacy meetings were held at community level in order to promote preventive practices related to prevention of yellow fever and on promotion of yellow fever vaccine. House to house visits in partnership with Red Cross Volunteers helped to encourage families to go for vaccination. Radio and TV spots helped to sensitize the population about yellow fever and the importance of vaccination and UNICEF supported the Ministry of Health using SMS messages and Social Media platforms to disseminate key messages. Yellow fever messages disseminated through Facebook and the Internet of Good Things got 1.2 million views.

The campaign resulted in a 96 per cent vaccination coverage rate, reaching 2 million out of 2.1 million people targeted in densely populated urban or remote border areas with high risk of local transmission. Since the beginning of the outbreak over 18 million people (6 months and older) have been vaccinated, the last confirmed cases recorded on the 23rd of June 2016 in Cunene and Cuanza Norte. The Ministry of Health declared the end of the Yellow Fever epidemic on 23rd of December 2016 and assured continuous surveillance and provision of vaccines for the remaining unvaccinated population. UNICEF secured additional 3.4 million doses of vaccines for prevention through an agreement with the Russian Federation in December 2016.

Water, Sanitation and Hygiene (WASH)

UNICEF's Community-Led Total Sanitation intervention has reached 56,456 people including 30,240 children, enabling them to build, maintain and appropriately use designed toilets, and providing emergency water and sanitation items to families with malnourished children. Items included buckets/water containers, water purification tablets and family hygiene and dignity kits, benefiting 70,770 people. 108,790 people have been reached with hygiene and sanitation messages since the beginning of the emergency response, primarily through community leaders, and also through community workers (ADECOs). Approximately 118,000 people have been provided with safe water and are now more resilient to dry conditions, through the rehabilitation of 236 water hand pumps. Technical support was also provided for the rehabilitation of civil works and repair of the hand pumps (Volanta pump model), with the deployment of an Emergency WASH specialist (consultant) covering the emergency operation in the three most affected provinces. UNICEF continues to

assist the provincial governments in Namibe, Cunene and Huila with the distribution of WASH supplies to people who are severely affected by water shortages and are in poor sanitation conditions.

Nutrition and Health

Nutritional supplies and equipment (i.e. weight-for-height chart, basic medicine, arm bands to measure mid upper arm circumference, etc.) have been delivered to health facilities in the most affected areas. A training programme on Management of Acute Malnutrition has been expanded to 721 health technicians that completed the training in the three affected provinces of Namibe, Cunene and Huila. Monitoring of children presenting at health facilities continues and in 2016, over 17,000 children under five with SAM were admitted and successfully treated and discharged from therapeutic treatment programmes with UNICEF support.

UNICEF continues to provide logistics support at the municipal level to ensure that therapeutic foods (iRUTFs, F-75, F-100) and medicines (including antibiotics, ReSoMal, Vitamin A, Albendazole and ORS with Zinc tablets) reach health centres in a timely manner.

UNICEF scaled up training for 30 trainers who will in turn train and manage 394 community agents for social mobilization activities. In addition, UNICEF supported the Ministry of Health reaching 145,000 people with combined preventive health messages in the provinces Huila, Namibe, Benguela and Cunene. 494 additional community health workers and 48 community supervisors trained on nutritional screening and are currently performing intensive screening and referral to the nutrition program in provinces of Huila and Cunene.

As part of the emergency response in the drought affected provinces, the Ministry of Health in collaboration with UNICEF and other partners are implementing an integrated Measles vaccination, Vitamin A supplementation and de-worming campaign which commenced on the 15 December. A total of 242,972 children of 6-59 months were immunized against measles and final coverage rates are expected to be released in January.

Education

UNICEF is working in close collaboration with the Ministry of Education and the National Commission for Civil Protection to support the sector response to drought, floods and diseases (cholera and mosquitos transmitted diseases such as Yellow Fever, Malaria, Dengue and Zika). 520 school-aged children including adolescents were provided with temporary learning spaces equipped with education and recreation kit. In Luanda, 204 teachers have already been trained to integrate emergency prevention and disaster risk reduction in the education curricula and promote emergency preparedness actions through school clubs activities within the school and surrounding communities. Another 430 teachers in the provinces of Cunene, Huila and Namibe were also trained by the programme. A rapid assessment of the impact of emergencies and the preparedness, response and recovery (PRR) in the education sector was concluded and will be the basis to plan the EIE prevention, response and recovery plan as well as to prepare the 2017 school year for the affected population.

- *Factors for Success and Constraints*

The situation started to be dire since June 2015, when the agricultural production reported losses up to 75 per cent and increasing livestock deaths, and the health sector reported doubling malnutrition rates and increasing child morbidity and mortality rates.

In mid-2015, the United Nations DMT (Disaster Management Team) in Angola started discussing the drought's effects on southern provinces and supporting the UNCT's advocacy with the government in order to recognise the level of crisis and request/allow an intervention by the UN. Due to the government's

positioning on humanitarian crisis, formal field assessments were not allowed or recognized. Funding appeals were elaborated and proposed. Cluster meetings were regularly held on food and nutritional security, with I/N-NGOs working in the affected areas, as the Lutheran World Federation, World Vision International, CUAMM-Doctors for Africa, ADRA, and Red Cross, and Doctors without Borders.

Most of the UN agencies already had ongoing programs in the targeted provinces, with a regular contact with provincial sector departments, partner NGOs and benefitting communities that allowed to regularly update the situation and to prioritize vulnerable groups. Projects were elaborated establishing agreements and/or synergies with NGOs in the area.

Gender issues were mainstreamed throughout the design of each intervention. The nutrition intervention focused on children under five and care givers, including monitoring of gender and desegregation of data in the project proposal. The health intervention specifically focused on vulnerable pregnant and new-born children, also considering gender monitoring and disaggregation of data since the project proposal. The WASH sector targeted children under five, care givers and families with malnourished children through the distribution of hygiene and sanitation kits at health centres.

4. MONITORING AND EVALUATION

The coordination was strengthened through the deployment of an OCHA' Humanitarian Field Officer, co-funded by UNICEF and the Office of the UN Resident Coordinator, who supported the civil protection of the three provinces (leading the drought response commission) in strengthening the coordination between all actors involved in the el Niño induced drought, namely GoA (Government of Angola) departments of agriculture, health, nutrition, water and energy, UN agencies UNICEF, FAO; UNFPA and UNDP; INGOs as World Vision, World Lutheran Foundation, CUAMM- Doctors For Africa, and NGOs as ADPP, ADRA and Red Cross of Angola. These coordination meetings have strengthened communication between sectors, shared progresses and constraints in project implementations and created thematic and geographical synergies as the one between UNICEF and World Vision (EU-ECHO funded nutrition project), and UNICEF and Red Cross.

Sectoral coordination meetings were also organized, for example with the nutrition teams at provincial level, to analyse the implementation of activities at the different municipalities and to plan the next steps. Meetings with municipalities were held regularly, to support them on implementation of nutrition activities, work with them on data management and ensure that the work to achieve the expected results is being conducted.

In September 2016 the Government of Huila and the CNPC organized the first inter-provincial meeting on El Niño-induced drought; which main recommendations were to scale up the coordination structure to a Southern Angola's provincial coordination platform, which is supported by the increased capacities of information management; and to invest in the long-term strategies in order to progressively reduce vulnerability and poverty in the southern region.

The improved coordination between UN, government and the (little) humanitarian community, resulted in a successful implementation of emergency funds and in a significant improved willingness of the Government in recognizing the humanitarian context. The request of the Ministry of Interior of the implementation of a post disaster need assessment (PDNA) in Angola is an important achievement for this process.

Advocate for more involvement of the National Health Authorities, for monitoring and follow-up the implementation of the emergency response at the field level.

5. RESOURCES

UNICEF Angola is grateful to the donors of the Emergency Thematic Fund and those who fund UNICEF's global core resources for the contributions that have been received in Nutrition, WASH, Education, C4D and Communication. UNICEF Angola required US \$21,528,328 to meet the humanitarian needs of women and children in the country in 2016, and where there was a funding gap of 76% along 2016.

[Table 1: Funding received and available in 2016 by Donor and funding type \(in USD\):](#)

Funding Received and Available in 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Programmable Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
Japan Committee for UNICEF	SM1499101272	1,020,639.15
United Kingdom Committee for UNICEF	SM1499101129	131,947.00
b) Non-Thematic Humanitarian Funds		
Japan	SM150064	19,066.33
Total Non-Thematic Humanitarian Funds		
c) Pooled Funding		
(i) CERF grants		
(ii) Other Pooled funds		
UNOCHA UN Office for the Coordination of Humanitarian Action	SM160060	2,612,152.33
UNOCHA UN Office for the Coordination of Humanitarian Action	SM160061	991,726.51
d) Other types of humanitarian funds		
Emergency Programme Funds (UNICEF RR)	GE160015	1,489,166.34
Total humanitarian funds received in 2016 (a+b+c+d)		6,264,697.66
II. Carry-over of humanitarian funds available in 2017		
e) Carry over Thematic Humanitarian Funds	SM1499101272	909,312.00
f) Carry-over of non-thematic humanitarian funds		
Total carry-over non-thematic humanitarian funds		
Total carry-over humanitarian funds (e + f)		909,312.00
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Total other resources		

* Programmable amounts of donor contributions, **excluding recovery cost**.

[Table 2: Thematic Humanitarian Contributions Received in 2016 \(in USD\)](#)

Donor	Programmable Amount	Total Contribution Amount
Japan Committee for UNICEF	1,020,639.15	1,074,357.00
United Kingdom Committee for UNICEF	131,947.00	138,889.00
Total	1,152,586.15	1,213,246.00

6. FUTURE WORK PLAN

Following the 2015-16 drought associated with El Nino, which follows four previous years of consecutive drought, the government requested the technical assistance of the United Nations (UN) in May 2016 to undertake a Post-Disaster Needs Assessment (PDNA) in the priority provinces of Cunene, Huila and Namibe, and to subsequently develop a resilience-building recovery programme. The approach is expected to contribute to the implementation of the government's Least Developed Country (LDC) graduation strategy and Sustainable Development Goals, as well as Sendai Framework for Disaster Risk Reduction (DRR) 2015-2030.

The PDNA was conducted between 11 July and 19 August 2016, by an expert team consisting of government officials from sector ministries and the National and Provincial Civil Protection with the support of the United Nations, the World Bank and the European Union. The PDNA focused on the three southern provinces of Namibe, Cunene and Huila which were prioritized by the government as the most affected by the 2015-2016 rainfall deficits.

According to the latest figures provided by the GoA for the PDNA, there are 1,213,551 people currently affected by drought in six provinces in the country, of which the vast majority are in the three provinces: 755,930 are in Cunene, 205,507 in Huila, and 177,627 in Namibe.

The PDNA and the proposed recovery strategy should be used as a reference to guide the formulation of a Disaster Recovery Framework (DRF) for the three most affected provinces, Cunene, Huila and Namibe.

Prepared under the leadership of the GoA, in consultation with key stakeholders, DRF would provide a systematic, structured and prioritized framework for implementing recovery and reconstruction. DRF is expected to be a common framework meant to serve all of government, as well as national and international partners and other recovery stakeholders, including the affected population. The DRF would support the GoA to approach in an integrated manner the policy decisions, institutional arrangements, financing and financial management strategies, as well as implementation and monitoring systems to plan and manage drought recovery.

A detailed recovery planning exercise should take place as an immediate follow-up to the PDNA, as an inclusive process, with the participation of the national and local government authorities, including sector line ministries, civil society and community-level organizations.

The PDNA partners, EU, UN and WB remain committed to supporting the GoA to undertake this planning exercise that could include other relevant/interested partners.

7. EXPRESSION OF THANKS

On behalf of the children of Angola, UNICEF seizes this opportunity to express its sincere appreciation to the Japan Committee for UNICEF and the United Kingdom Committee for UNICEF for their contributions that significantly supported UNICEF Angola in its emergency response.

Your generous support has enabled us to support the Government of Angola's efforts towards the realization of our joint commitment to protecting the rights and improving the well-being of Angolan children and women.

Contribution Summary

- Donor name: Japan Committee for UNICEF
- Assisted country: Angola
- PBA reference: SM1499101272
- Total contribution: US\$ 1,074,357
- Programmable amount: US\$ 1,020,639.15
- Funds utilised*: US\$ 462,000
- Period covered by the report: January 2016 – December 2016

a) Purpose of the Contribution

Support UNICEF Angola humanitarian intervention in the context of El Nino / La Nina climate crisis.

b) Results

The contribution significantly helped to reach UNICEF humanitarian target results in the areas of Health and Nutrition, WASH and C4D. In the southern drought affected province more than 118,000 people have been provided with access to safe water, more than 17,000 children were admitted to specialised centres and received treatment for severe acute malnutrition. UNICEF supported the drought effected provinces Cunene, Huila and Namibe immunizing more than 240,000 children against measles. UNICEF significantly contributed to the Government's efforts to end the Yellow Fever outbreak, providing technical assistance with immunization specialists as well as leading social mobilization and community engagement reaching close to 7 million people with key messages about vector control, protective behaviour as well as benefits and safety of vaccines. The mass vaccination campaigns in Angola reached more the 18 million people and the Government declared the end of the Yellow Fever epidemic in December 2016.

c) Future plans for utilizing PBA balance

In line with the Government of Angola's Cholera Response and Control Plan finalised in January 2017, the principal objective is to: "Arrest the further transmission of Cholera in the three affected Provinces and prevent its spread to the rest of the country".

In Cunene, according to the provincial plan to respond to the floods, urgent actions are being planned prevent outbreak of diseases and issues that can affect children through, C4D, WASH, Child protection, Education, Health and nutrition interventions

- Increase epidemiological vigilance and case search/identification.
- Improves access to potable water and solid waste collection.
- Monitor drinking water quality.
- Assure treatment of suspected and confirmed Cholera cases.
- Inform and educate individuals, families and communities regarding their participation in preventative methods (social communication).
- Assure training of staff, organize health centre clinical services and provide the medical means to manage cases, prevent contact and ways to biologically secure health units.
- Improved coordination and preparedness at provincial and national level.
- Disseminate WASH items to the affected populations.
- Provide first line medicine to prevent and respond to diarrhoeal disease.

Contribution Summary

- Donor name: United Kingdom Committee for UNICEF
- Assisted country: Angola
- PBA reference: SM1499101129
- Total contribution: US\$ 138,889
- Programmable amount: US\$ 131,947.00
- Funds utilised*: US\$ 131,947.00
- Period covered by the report: January 2016 – December 2016

a) Purpose of the Contribution

Support UNICEF Angola humanitarian intervention in the context of El Nino / La Nina climate crisis

b) Results

The contribution significantly helped to reach UNICEF humanitarian target results in the areas of Health and Nutrition, WASH and C4D. In the southern drought affected province more than 118,000 people have been provided with access to safe water, more than 17,000 children were admitted to specialised centres and received treatment for severe acute malnutrition. UNICEF supported the drought effected provinces Cunene, Huila and Namibe immunizing more than 240,000 children against measles. UNICEF significantly contributed to the Government's efforts to end the Yellow Fever outbreak, providing technical assistance with immunization specialists as well as leading social mobilization and community engagement reaching close to 7 million people with key messages about vector control, protective behaviour as well as benefits and safety of vaccines. The mass vaccination campaigns in Angola reached more the 18 million people and the Government declared the end of the Yellow Fever epidemic in December 2016.

c) Future plans for utilizing PBA balance

In Angola, keeping yellow fever cases at zero

By Marcos Gonzalez, Heitor Lourenço and Manuel Francisco

After living through the worst outbreak of yellow fever in decades, Angola is celebrating the absence of any confirmed cases since late June. But the battle is far from over. As the rainy season brings the mosquito that transmits the virus, UNICEF and partners continue to support vaccination and prevention initiatives.



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Children and women being vaccinated against yellow fever in the Caculuvale community, Cuanhama municipality, province of Cunene, Angola. The country has had zero confirmed cases of yellow fever since June.

At the Lombe health centre in the town of Cacusso, Isabel, 10, sits slightly removed from a group of people who are waiting to be vaccinated for yellow fever. Shy and alone, she looks at the team of vaccinators not knowing what to do.

When one of the staff approaches her, Isabel explains that she had come to get her vaccine, but had not been accepted because she was unaccompanied. “My dad is working and my mom went to the square to sell food,” she says. “She told me to come here because my five brothers already have the vaccine.”

A short time later, a social mobilization team travels to Isabel’s house where they meet her family, who confirm her story. Isabel’s mother authorizes her vaccination, and also promises

to go to the health centre herself the next day. Neither she nor Isabel’s father have had the vaccine.

While many children cry when they receive the vaccine, Isabel grins from ear to ear. She returns home happy, with the yellow card that certifies she is vaccinated, as well as some informational brochures to share in her neighbourhood.



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Isabel with Sônia, a volunteer and social mobilizer, proudly showing the yellow card that proves she was vaccinated against yellow fever.

The worst outbreak in decades

Isabel is one of the millions of people who have lived through Angola’s worst yellow fever outbreak in decades. From 5 December 2015 – when the first cases appeared – until 13 October 2016, at least 376 people have died as a result of suspected cases of yellow fever.

This year, a combination of rising levels of standing water in the rainy season, the El Niño climate phenomenon, and the concentration of waste from lack of street cleaning has increased the presence of *Aedes aegypti* mosquitoes. This type of mosquito not only transmits yellow fever, but also dengue, Zika and chikungunya. As a result, yellow fever quickly spread from Luanda to almost the entire country.

International alarms went off when the outbreak spread beyond Angolan borders and other countries began reporting cases. The disease was especially prevalent in the neighbouring Democratic Republic of Congo (DRC), with 77 confirmed cases and 16 deaths.

Health authorities in both countries immediately launched mass vaccination campaigns. The International Coordinating Group on Vaccine Provision for Yellow Fever Control – with representatives from WHO, UNICEF, Médecins Sans Frontières and the International Federation of Red Cross and Red Crescent (IFRC) – approved sending 20 million vaccine doses to Angola and 9.4 million to DRC.



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Girls in the Caculuvale community prepared to receive their vaccines against yellow fever.

By the end of September, 16 million people over the age of six months had been vaccinated in Angola, which has a total population of 25 million. UNICEF assisted with the procurement and distribution of vaccines, and provided support to the cold chain, including cold boxes, vaccine carriers and ice packs donations.

Zero cases since June

There have been no confirmed cases of yellow fever in Angola since the end of June. This milestone was achieved through the hard work of epidemiological surveillance, laboratory testing, eradication of mosquito breeding sites and social mobilization at the national and provincial levels.

Despite this considerable progress, the outbreak remains a public health issue that warrants continued action and international support. The threat of new cases is especially great now that the rainy season has started, which can increase the presence of the *Aedes aegypti* mosquito. Vaccine funding therefore remains critical.

WHO, UNICEF and partners continue to provide support to the Angolan Government, and about 2 million people living in densely populated urban or remote border areas are expected to be vaccinated in October.

Another key to prevention is communication and social mobilization among the population. IFRC and UNICEF Angola recruited and trained nearly 3,000 mobilizers to reach thousands of people with messaging on yellow fever prevention and health education at houses, schools or local markets. This direct contact brings reliable information to the population, and helps resolve any doubts or questions about the vaccine.

“At the start of campaigns in Luanda, a large number of men were not being vaccinated. They believed the vaccine could cause infertility, or they could have serious problems to get the vaccine and drink alcohol,” says Camilla Sá Freire, UNICEF communication for development in emergencies consultant. With the help of mass media campaigns and traditional leaders’ support in rural areas, these false beliefs were eventually changed.

Now, in anticipation of the effects of La Niña phenomenon, mobilizers are spreading messages in communities about sanitation, vector control, breastfeeding and handwashing to further prevent yellow fever.

Social mobilization in action

In the province of Cunene in the south of the country, a familiar scene unfolds. Dozens of people wait to be vaccinated at the jango in the Caculuvale neighbourhood, in the municipality of Cuanhama. The jango is a space traditionally used as a forum for debate and discussion in the community. Today it hosts the teams working on the yellow fever vaccination campaign.



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Marta and her son, first in the queue to be vaccinated against yellow fever.

In the front of one of the queues, Marta Lobias, 27, is looking forward to receiving the vaccine along with her three-year-old child. She heard about this campaign at her church and did not hesitate to come. She sells chickens in the market, but today she left her business to come to the post. "This is to prevent disease, it is more important," she says with satisfaction.

After 30 minutes of waiting, Marta and her son receive their immunization, along with 1,000 other people who came to the post today. Now, she returns home with a mission to tell her colleagues in the market and neighbours about the importance of getting vaccinated.

Abel, 'the President'

By Mary Linn Lalonde

The nurses here call him "The President". His real name is Abel, but this tiny seven month old has been here longer than any of the other children. He's spent nearly two months of his short life in the malnutrition ward at the Chiulo health post struggling to recover from severe acute malnutrition.

The President's journey to recovery hasn't been an easy one. Born to a mother who was ill and unable to nurse, he weighed just 4 kilos when he arrived at the clinic – barely more than a weight of a newborn. Despite early progress steadily gaining weight with UNICEF-supplied F-75 and F-100 therapeutic milk, there were setbacks. The President's tiny body has been wracked first with fever and then with pneumonia.



Complications are nothing new to experts in treating severe acute malnutrition in children. Malnutrition weakens a child's immune system and can leave them vulnerable to other diseases. But today there's hope.

The President's weight, which peaked at 5.1 kilos before he was diagnosed with pneumonia, is now 4.8. He's making progress.

His worried mother, Anna Luisa, is celebrating the fact that her son has passed the appetite test. He is ready to transition from therapeutic milk to Ready-to-Use therapeutic Food. This high protein peanut paste looks like peanut butter and is packed with the nutrients this future leader will need to continue on the path to growing up healthy and strong.

Providing there are no complications, the President will soon be ready to leave the clinic and return home.

The President lives in an area of Angola that has been particularly hard hit by the recurrent cycles of droughts and floods that characterize El Niño. This has seriously affected food supply and rates of malnutrition have doubled over the last six months.

The President is just one of 95,877 children with severe acute malnutrition in the country's most affected provinces.

The ongoing decline in the price of oil combined with lower crop yields have contributed to an economic crisis in Angola. The increasing rates of inflation have meant a sharp rise in the cost of food.

All indicators suggest the situation is only going to get worse if we don't mobilize all available resources and act quickly and decisively. This is why UNICEF needs the support of all our donors and partners to save children's lives.

What UNICEF is doing for children like The President in Angola.

UNICEF supports the Government of Angola to focus on providing life-saving support to children like The President affected by El Niño.



This includes:

- Ensuring that centres for the Community Management of Acute Malnutrition are fully operational in the most affected areas, so children at risk are identified and treated locally before it's too late.
- The training of additional care providers in the screening, referral and treatment of children like The President with severe acute malnutrition.
- The provision of Ready-to-Use therapeutic food for 37,835 children.
- The counselling of 707,765 caregivers of children under two in good nutrition and health

practices to reinforce positive community actives and ensure the timely referral of children at risk to health centres.