

ANGOLA

HEALTH

SECTORAL AND OR+ (THEMATIC) 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. 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.

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 Fever¹
- 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

- *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.

¹ 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.

3. RESULTS

- Overall results (January – December 2016)

UNICEF Angola Results Table 2016	2016 UNICEF Response	
	Target	Total Results
HEALTH		
# of children 6 months to 59 months vaccinated for measles	672,377	538,265
# of people vaccinated for Yellow Fever	3,639,933	1,722,499 ²
# 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

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. 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. The next vaccination campaign is scheduled for end of January 2017.

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.

² Data from Huila and Cunene provinces

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.

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.

UNICEF procurement and distribution of 677,004 doses of measles vaccines, autodisable and mixing syringes; safety boxes; scissors and plastic bags, printed and distributed 700,000 measles vaccination cards.

A total of 538,265 (80%) of the children 6 – 59 months were vaccinated for measles, thus improving their immunity status. The integrated campaign with Vitamin A supplementation and mass distribution of Albendazol gave the opportunity to reach 595,928 (88%) of the children 6 -59months with Vitamin A and 454,216 (71%) of children 12 – 59 months with Albendazol to help improve their growth, immunity, nutritional status and development. The integrated interventions will help to reduce the risk of potential measles outbreaks in a drought affected populations of Huila, Namibe and Cunene. A total of 538,265 Children 6 – 59months (>80%) were protected (with one dose) against measles infection irrespective of their previous vaccination status.

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 Nino-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.

5. RESOURCES

UNICEF Angola is grateful to the donors of the 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 2: 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 Funds		
Thematic MTSP 2014-2017 Outcome 1: Health	SC149901	15,000.00
b) Non-Thematic Funds		
Danish Committee for UNICEF	SC130909	214,552.75
Danish Committee for UNICEF	SC130152	139,326.63
Angola: Support the implementation of the Graduation Plan	SC150403	268,552.44
GAVI IMG BP	SC150017	313,275.09
The GAVI Fund	SC140165	57,658.84
GAVI Business Plan, Supply Chain	SC150016	100,000.00
GAVI Business Plan, Regular	SC150015	55,000.00
Targeted Country Assistance for Tier 3 countries of PEF	SC160168	252,300.00
Support to 2016 GAVI SFA - Supply Chain	SC160111	180,000.00
UNICEF Polio Transition planning tech assistance at regional and country lvls-PD	SC160470	20,000.00
Support to UNICEF's Programmes for Elimination of Measles & Rubella -Alwaleed-PD	SC160396	490,000.00
Total Non-Thematic Humanitarian Funds		1,366,113.00
c) Pooled Funding	SC141017	389,880.00
(i) CERF grants	SM160060	2,572,013.81
(ii) Other Pooled funds	SC130666	380,000.00

d) Other types of humanitarian funds		
The Micronutrient Initiative	KC150004	259,562.16
Total funds received in 2016 (a+b+c+d)		4,982,568.97
II. Carry-over of thematic funds available in 2016		
e) Carry over Thematic Funds		15,000.00
f) Carry-over of non-thematic humanitarian funds		1,366.113.00
Total carry-over non-thematic humanitarian funds		1,366,113.00
Total carry-over humanitarian funds (e + f)		1,381,113.00
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Expanding Community-based Management of Common Child Killer Diseases-7% -Angola	SC160364	217,457.15
Regular Resources (GC)	Non-Grant	1,586,972.28
Total other resources		1,804,429.43

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

[Table 3: Thematic Contributions Received in 2016 \(in USD\)](#)

Donor	Programmable Amount	Total Contribution Amount
Global - Health THEMATIC FUND		
Polish National Committee for UNICEF	15,000.00	15,000.00
Total	15,000.00	15,000.00

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

UNICEF Angola wishes to express its most sincere appreciation for the thematic funding to the Polish National Committee for UNICEF. The outstanding amount of US\$ 15,000 will be utilised to supplement regular activities in support of immunization interventions in 2017. On behalf of the Angolan children UNICEF would like to extend its gratitude to the Polish National Committee for UNICEF which supported generously the health outcome area and will contribute to the continuous achievement of the results described in this report.

How an Angolan community leader fight measles

By Paulo Helio Mendes, Field Programme Officer

Lubango, capital of Huíla province, was heavily affected by the drought caused by El Niño last year. As part of the response, UNICEF Angola supported an integrated vaccination program to prevent measles outbreaks in three southern provinces (Cunene, Huíla, and Namibe).

In the tiny village of Luyovo, about 30 km from Lubango, we found the small vaccination centre where Francisco Tyilumbe works as a technician involved in the integrated campaign for immunization against measles, deworming, and administration of vitamin A.



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Francisco Tyilumbe in front of the vaccination centre in the village of Luyovo.

Francisco has run the health centre in Luyovo village for 18 years, serving as the nutrition focal point. He also has another important role – as community leader and coordinator of community agents. “It is my responsibility to ensure that the entire community has been vaccinated, especially the children,” he said.

After his day at the vaccination centre, Francisco joins other community agents to raise awareness among families, and encourage them to go to vaccination centres to receive measles immunizations. “We begin by looking for families whose children have not yet been vaccinated. We speak to them about the importance of vaccinations, albendazole (anti-parasitic medication) and vitamin A for the well-being of their children, and we encourage them to join the campaign,” explained Francisco.

While supervising the vaccination services at the health centre, Francisco takes the opportunity to perform nutritional screening by measuring mid-upper arm circumference. Many children suffering from malnutrition remain in their communities, as their families do not seek treatment in health centres in a timely manner.

“This is also an opportunity to enhance nutritional screening and identify cases of severe and moderate malnutrition that are hidden within the community. All children found in these situations are quickly admitted into the nutrition programme to initiate treatment and follow-up,” concluded Francisco. He expressed his satisfaction in being part of the campaign and disseminating vaccines to prevent epidemics in the community.



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Francisco measures a child's mid-upper-arm circumference, which in this case indicates acute malnutrition..

The impact in the community

Francisco's work has a great impact on families like Joaquina Novilu's. Joaquina lives in Luyovo with her husband and five children, including twins aged 2. She recognizes the impact of Francisco's work in the community; he told her about the campaign.

“Mr. Francisco spoke of the campaign taking place in the community and asked me to bring my children to be vaccinated, as I was too busy working as a salesperson in the market when the campaign began. But on Sunday I took the opportunity to bring my twins and my 4-year-old granddaughter who lives with me,” said Joaquina.

When we asked about the services available as part of the campaign, Joaquina replied without hesitation that “the service is vaccines against measles, vitamin A and albendazole for deworming, and I know that it will protect my children against some diseases.

“I like the way that the children were treated in the vaccination centre, especially as Mr. Francisco was there to assist us. He is a good community leader and helped us by passing on good messages about health and sanitation, and he helps us whenever someone is sick,” she added.



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Joaquina Novilu with her daughters and granddaughter, who were just vaccinated against measles at the health centre run by Francisco Tyilumbe in Luyovo, Angola.

Support from UNICEF

The vaccination campaign against measles helped prevent outbreaks in the three Angolan provinces most affected by drought, which also have an elevated number of cases of severe malnutrition. About 677,000 children aged 6 months to 5 years were vaccinated against measles.

UNICEF provided technical and financial support, as well as help in acquiring vaccines. Beyond this, and through an agreement with the Red Cross, UNICEF works with approximately 220 social mobilizers and community leaders, making available key information about the importance of the campaign and of vaccination centres.