

# Angola

12 July 2017

Approximately **53% of the Congolese refugees in Lunda Norte are children**. Many are unaccompanied or separated from their families.

Continuous registration in Mussungue reception centre led to the **reunification of 18 families**.

**A joint mass communication plan on the relocation to Lóvuá** is being developed to support informed decision-making of the refugees.

## KEY FIGURES

**75 %**

of Congolese refugees are women and children.

**31,348**

Biometrically registered Congolese refugees in Dundo area (12 July 2017) (5 July 2017). **June**

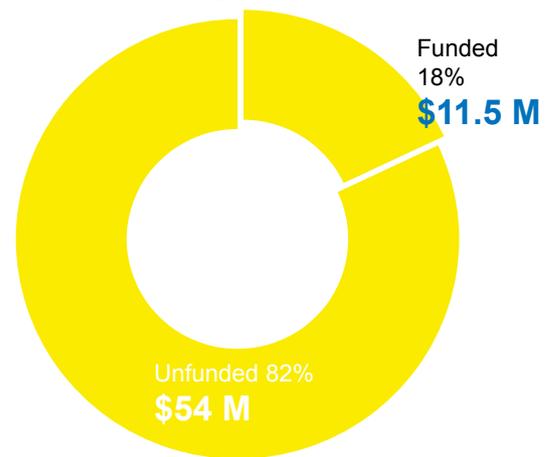
**50,000**

Inter-agency planning figure for Congolese refugees from the Kasai region in northern Angola by the end of the year figure)

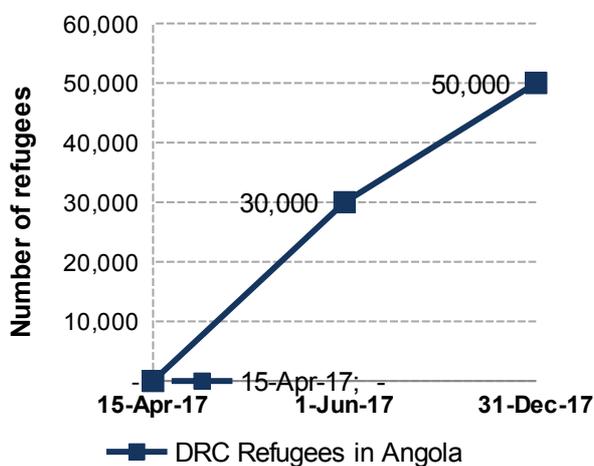
## FUNDING (AS OF 12 JULY)

**USD 65,507,610**

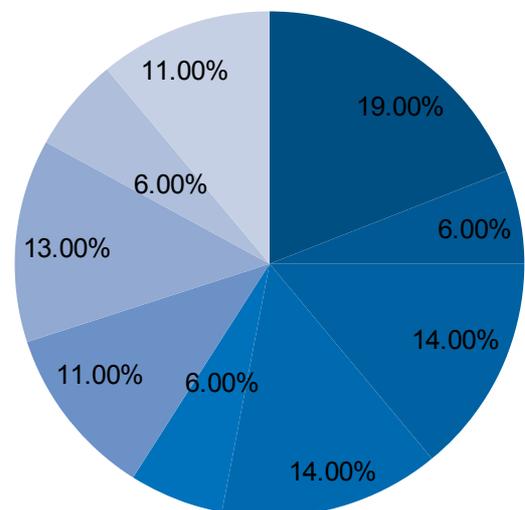
requested for Angola Inter-agency Refugee Response

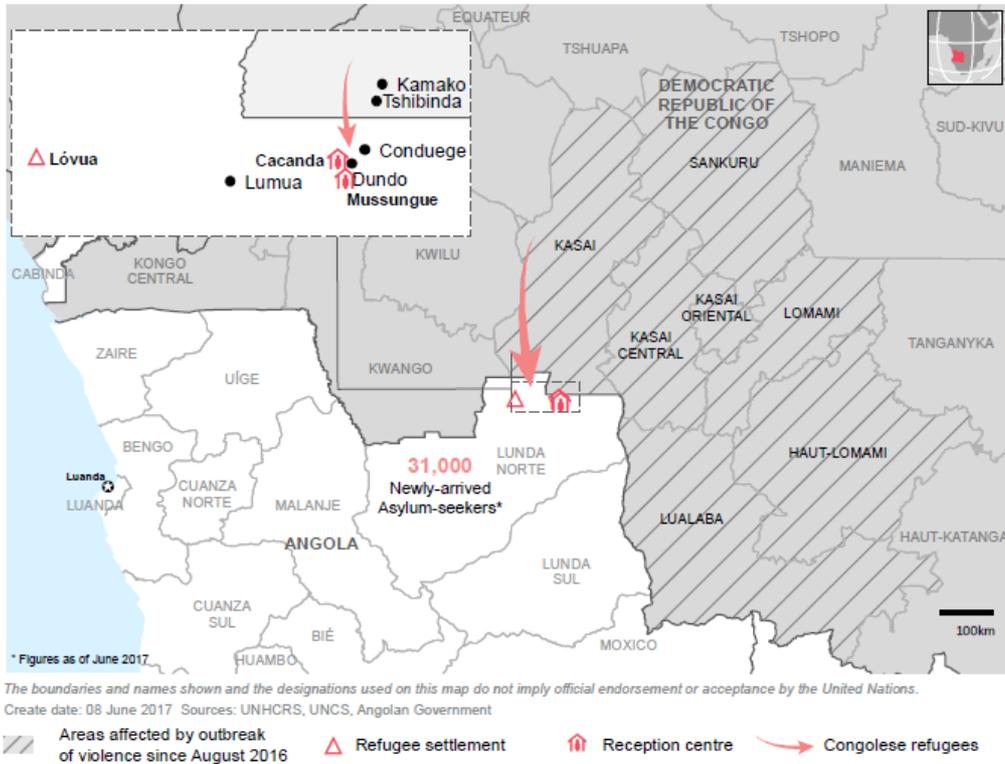


## POPULATION TRENDS



## FINANCIAL REQUIREMENTS





# Update On Key Achievements

## Operational Context

Violence in the Kasai Province, the Democratic Republic of the Congo (DRC), continues to force Congolese to seek security in Angola’s Lunda Norte. Clashes, disorder and a shortage of basic items spark sporadic arrivals along the northern border. Some 75% of the more than 31,000 biometrically registered refugees are women and children. Persons with specific needs include many unaccompanied and separated children and single-headed households. Recent arrivals flee violence mainly from the Kasadi-Sadi area, while over 80% of the refugee population registered in Lunda Norte comes from Kasai-Longatshimo in the Kamako area.

Many of those who have fled report harassment, killings and generalized violence. All are in urgent need of protection, medical and psychosocial assistance, shelter, food and basic relief items. Refugees are currently sheltered in two reception centres, which are currently operating at their maximum capacity. The conditions do not allow for adequate protection and assistance. The development of a site in Lóvua, allocated by the Government of Angola to host the refugees, is ongoing in coordination with the Ministry of Welfare and Social Reintegration (MINARS) and key humanitarian and development partners.

MINARS, on behalf of the inter-ministerial committee set up by the Government of Angola, is coordinating the response to the unfolding crisis with support from UNHCR. UN Agencies and international and national NGOs also actively support the refugee response in Angola.



*World Refugee*  
Road clearing ongoing in Lóvua where Government of Angola has allocated a vast area of land to accommodate Congolese refugees. H. Van Den Berg / UNHCR

## Achievements



### PROTECTION

#### Achievements and Impact

- As of 10 July, **31,348** Congolese refugees have been biometrically registered. Children continue to represent 53% of the total population while women represent 22%.
- Continuous registration in Mussungue reception centre on 7 July led to the family reunification of 32 individuals in 18 families. Altogether 1,158 individuals were registered in Cacanda on 10 July where continuous registration started in parallel with the biometric registration of new arrivals. The protection screening of persons with specific needs and/or profiles continues.

- An assessment has been undertaken to ascertain the will expressed by some refugees (not from the Kasai area) to be repatriated to their region of origin within the Democratic Republic of the Congo and to be reunited with their families.
- Several cases of domestic violence and child labour/abuse arose during the week. Care for the victims and measures against the perpetrators are ensured in coordination with the Angolan authorities.
- Focus group discussions were continued at the Cacanda reception centre on 8 July to consult the refugee community on the relocation plan to Lóvua and the related shelter package. Feedback on both was largely positive with some further recommendations received. The focus group discussions found that the refugee community were concerned about security; the extent of freedom of movement; livelihoods opportunities; formal education opportunities; return to Democratic Republic of Congo; and presence of international organizations to provide protection and health services at the new site.
- **Child protection:** Reunification of unaccompanied and separated children with their families continues. Child-friendly spaces are operating in both reception centres, focusing on the social and play activities for children up to 12 years. Altogether 1,042 children in Cacanda and 979 children in Mussungue participated these activities during the week. Furthermore, with the support of partners, the provincial mobile registration team of the Ministry of Justice formally registered the births of 17 refugee children born in Angola on 10 July, which allows them to apply for a birth certificate.
- **Sexual and gender-based violence (SGBV):** Medical, legal and psychosocial services are available for identified survivors of SGBV in the reception centres. A gender-based violence safety audit was undertaken to inform SGBV programming. Focus group discussions with male and female groups were also undertaken in order to better understand the safety and health concerns of women and girls living in reception centres and in urban areas. SGBV sensitization through community health workers has been strengthened.
- **Communication with communities:** A communicating with communities (CwC) task force was formally established at Dundo level on 6 July to implement a common comprehensive communication plan for the relocation of refugees to Lóvua to address rumours, manage expectations and assist refugees in informed decision-making. More broadly, building on synergies, the working group consisting of all operational partners and the Government, aims to ensure coordinated, reliable, effective and timely two-way communication with people of concern and to provide formal feedback mechanisms.
- Community mobilizers disseminate key messages on good hygiene practices, protection, and health and nutrition to between 6,000 and 7,000 refugees a day. Two community radios work in support of community mobilization, while theatre is also being used as a medium.

### Identified Needs and Remaining Gaps

- In spite of advances made, lack of adequate shelter, as well as issues related to prevention of and response to SGBV, remain significant protection concerns in both sites.
- Additional programmes to strengthen community-based protection are needed.
- Lack of space and increased number of children restricts activities at the child-friendly spaces.



## EDUCATION

### Achievements and Impact

- Child-friendly spaces continue to provide Portuguese language lessons to both children and adults. Currently language classes are the only form of education taking place in the two reception centres.



## HEALTH

### Achievements and Impact

- **Primary health care and medical consultations** are provided in both reception centres. In Cacanda, malaria continues to be the main cause of morbidity, increasing again this week to represent 52.2% of all detected sicknesses (61.3% in under 5 age group), but maintaining an overall downward trend detected last week considering all refugee population. Malaria is followed by acute respiratory tract infections (ARTI) at 15% (mostly upper respiratory tract infections), and non-bloody diarrhea at 9.2%, which continues to increase slowly considering all refugee population, but without immediate cause for alarm. Consultations in Mussungue continue at a usual rate (333 consultations) with main morbidities being acute respiratory tract infections (ARTI) at 20.6%, followed by parasitic infestations 16.9%, non-bloody diarrhea at 14.8% and malaria at 11.2%. Mortality rates are stable. Altogether 27 cases of hypertension and 4 cases of diabetes were also identified. Refugees can access health care assistance during night hours through telephone consultation with doctors who come onsite for care as needed.
- The partial analysis of the control map of deaths recorded at the two reception centres during the past four months suggest benefits, especially for children under 5 years of age, of strengthening feeding practices, including breastfeeding, as well as giving greater attention to sanitary and health education.
- **Sexual reproductive health:** Antenatal and postnatal care services continued at both reception centres, and family planning activities started in Mussungue. In Cacanda and Mussungue, a total of 87 pregnant women were seen for antenatal care and follow-up,

and 4 for postnatal care. Three women who screened positive for HIV were integrated into the national antiretroviral treatment programme. Operational capacity for reproductive health interventions is being scaled up with first minimum initial service packages for women of reproductive age, including safe delivery kits, having arrived in Angola.

- **Immunization:** No signs of epidemics have been detected in the reception centres or in the surrounding host communities. Routine vaccination is available at both reception centres through a provincial mobile health care team (DPS). During the week, 70 children between nine months and 14 years were vaccinated against measles. Health partners are taking steps to develop a massive vaccination micro-plan for the host communities that have a strong refugee presence.
- **Referral care:** Referrals have increased with 43 referrals conducted last week of which 13 were for children under 5 of age with severe acute malnutrition and 30 children with other complications. Some 84% of the referrals were from Cacanda reception centre. Altogether, nine children were interned at paediatric hospital out of which only one is not a refugee.
- **Mental health:** Mental health consultations started this week with eight consultations and three follow-up cases after the arrival of the new psychologist to MSF team.

#### Identified Needs and Remaining Gaps

- While psychosocial support has been strengthened in the reception centres, access to mental health services remains limited.



#### FOOD SECURITY AND NUTRITION

##### Achievements and Impact

- **Nutrition:** The ambulatory therapeutic feeding centre continues to treat Severe Acute Malnutrition (SAM) and refugees continue to receive care for Moderate Acute Malnutrition (MAM). The nutritional situation appears stable at both reception centres. Altogether 15 children were admitted for inpatient therapeutic feeding centre of which some 54% are refugees.
- Altogether 532 children were screened for malnutrition using the Mid-Upper Arm Circumference (MUAC) methodology revealing 2.4% of children with SAM and 6.4% with MAM. In addition to nutritional education given to mothers, health partners are planning to support the development of health and nutrition activities in the communities and outpatient follow-up of children with SAM.
- Partners joined forces to distribute SuperCereal Plus for all Congolese refugee children aged from six months to two years at the Cacanda reception centre on 7 and 8 July. This distribution follows a blanket monthly distribution of the nutritious

supplementary foods to children aged 6-23 months at Mussungue reception centre late June to prevent malnutrition of refugee children both in reception centres and in urban settings. Nutrition surveillance continues to observe if improvement in acute malnutrition prevalence rates will follow the blanket distributions.

- Food security support has been strengthened by replenishment of food stocks in Dundo (below), in addition to 92 tons of maize meal available at Luanda level.

	Contracted (mt)	Received in Dundo (as of 10 July) (mt)
Maize Meal (MML)	810	718
Veg oil	43	43
SC+	43	43
Salt	9	9
Pulses	108	108
Total	1,013	921

#### Identified Needs and Remaining Gaps

- The storage capacity in Dundo hampers effective and timely deliveries of relief items. Efforts are ongoing to scale up the capacity to store items at the reception centres.



#### WATER AND SANITATION

##### Achievements and Impact

- **Coordination:** WASH actors are reinforcing vector control in the reception centres and will conduct focus group discussions on defecation and other hygiene-related practices.
- **Water supply:** Despite recent mechanic issues with water trucks, efforts continue to ensure daily water supply of 138,000 litres of potable water in Cacanda and 30,000 litres in Mussungue. In terms of access during the week, 14 litres of potable water per person per day in average was available in Cacanda and 19 litres per person per day in Mussungue (against Sphere emergency standard of 7,5-15 liters/day/p).
- **Sanitation and hygiene:** Rehabilitation of latrines continues in Cacanda, as well as installation of latrine doors. As children have been found not to use the current latrines, six blocks of latrines specifically adapted for children are being built. Access to sanitation facilities stands at 33 persons per latrine in Cacanda and 34 persons per latrine in Mussungue (against Sphere standards of 50 people per latrine). Currently one shower is available per 43 people in Cacanda and 48 people in Mussungue (against UNHCR standard of 50 people per shower). Hand washing facilities were installed at child-friendly spaces in Cacanda (6) and Mussungue (4), with teachers and children trained on how to use and maintain these new facilities. Partners continued to ensure management of solid waste in Cacanda and Mussungue, focusing on site

cleaning, and digging and fencing refuse pits. Through the local radio and daily hygiene promotion sessions, refugees are encouraged to ensure proper disposal of their garbage, use the sanitation facilities and wash their hands.



## **SHELTER AND NFIS**

### **Achievements and Impact**

- The rehabilitation work undertaken to establish a distribution centre in Mussungue, in view of the food distribution to start on 12 July, was completed.
- Opening of primary roads in Lóvua continues with some seven kilometres of roads cleared, representing approximately 15% of the primary roads on the site. The arrival centre and the proposed base camp areas have been cleared and are ready for construction to commence.
- A forest fire consumed a small part of the Lóvua settlement on 5 July, including the arrival centre area. Except for trees and shrubs, no major damage occurred as active construction is yet to commence.

### **Identified Needs and Remaining Gaps**

- The two reception centres are at their maximum capacity without a possibility to extend the area, resulting in sub-standard shelter conditions for many new arrivals.

## **Working in partnership**

- Humanitarian and development partners working on the ground and in the country on various projects are actively supporting the Government of Angola to ensure an adequate response to the needs of the Congolese refugees. A weekly inter-agency coordination meeting takes place in Luanda, as well as in Dundo, in order to ensure a comprehensive and integrated operational response. Sectorial working group coordination meetings on protection, WASH, health/nutrition are organized weekly in Dundo. A security management system as well as logistics working group will be established.

### **Partners in the response:**

- Angolan Red Cross Society
- FAO - Food and Agriculture Organization of the United Nations
- IOM - International Organization for Migration
- JRS - Jesuit Refugee Service
- LWF - Lutheran World Federation
- MAG - Mine Action International
- MSF - Médecins Sans Frontières
- NCA – Norwegian Church Aid
- PIN - People in Need

- UNAIDS - The Joint United Nations Programme on HIV/AIDS
- UNDP - United Nations Development Programme
- UNDSS - United Nations Department for Safety and Security
- UNFPA - United Nations Population Fund
- UNHCR - United Nations High Commissioner for Refugees
- UNICEF - United Nations' Children's Fund
- UNRCO - United Nations Resident Coordinator's Office
- WFP - World Food Programme
- WHO - World Health Organization
- World Vision

The [Angola Inter-Agency Refugee Appeal \(April – December 2017\)](#) is available on [Angola Operational Data Portal](#). Agencies are very grateful for the financial support provided by donors who have contributed to their activities with unearmarked and broadly earmarked funds, as well as for those who have contributed directly to the operations in Angola.

**Special thanks to Denmark and the Central Emergency Response Fund** for their contributions to the inter-agency refugee response in Angola.

**Special thanks to the United States of America and private donors in Italy** for their contributions to UNHCR's operations in Angola.

#### Financial requirements by agency

Organization	Total (USD)
FAO Food and Agriculture Organization of the United Nations	1,030,000
IOM International Organization for Migration	1,869,438
JRS Jesuit Refugee Service	1,574,790
MAG Mine Action International	585,000
UNAIDS The Joint United Nations Programme on HIV/AIDS	400,000
UNDP United Nations Development Programme	2,550,000
UNDSS United Nations Department for Safety and Security	830,000
UNFPA United Nations Population Fund	1,367,414
UNHCR United Nations High Commissioner for Refugees	36,705,352
UNICEF United Nations' Children's Fund	8,499,703
UNRCO United Nations Resident Coordinator's Office	100,000
WFP World Food Programme	9,100,000
WHO World Health Organization	895,913
<b>Total</b>	<b>65,507,610</b>

#### CONTACTS

**Markku Aikonus**, Senior Regional External Relations Officer  
[aikonus@unhcr.org](mailto:aikonus@unhcr.org), Tel: +27 81 797 7456

**Katja Rytkoenen**, External Relations/Communications Officer  
[rytkoene@unhcr.org](mailto:rytkoene@unhcr.org), Tel: +244 9268 11 553

#### LINKS

Angola Operational Data Portal