

Angola

18 July 2017

Approximately **54% of the Congolese refugees in Lunda Norte are children**, of which 226 are unaccompanied or separated from their families.

The Government of Angola **registered the birth of 33 refugee children born in Angola.**

General food distribution is ongoing in Cacanda reception centre since 17 July. **All children between 6 and 23 months** receive **nutritious supplementary food.**

KEY FIGURES

77 %

of Congolese refugees are women and children.

32,473

Biometrically registered Congolese refugees in Dundo area (17 July 2017)

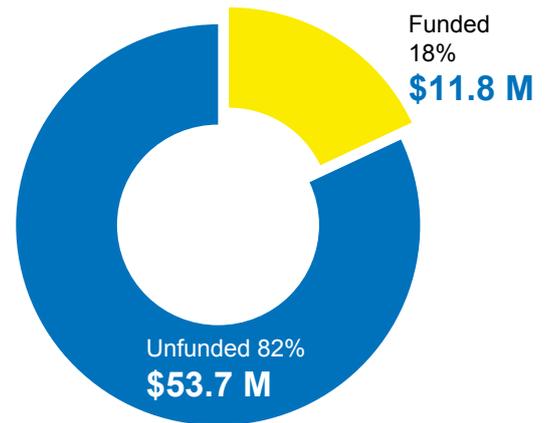
50,000

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

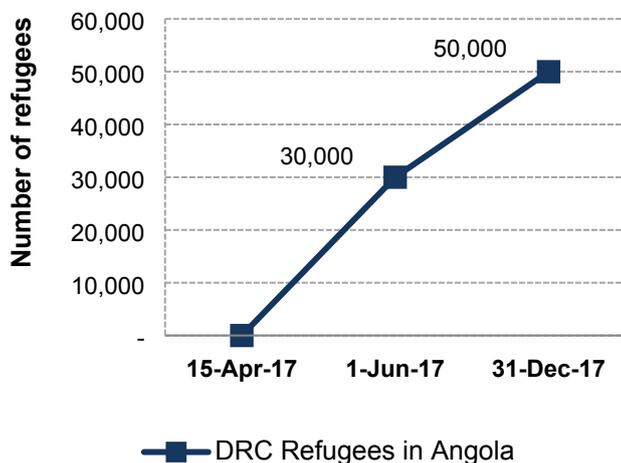
FUNDING (AS OF 12 JULY)

USD 65,507,610

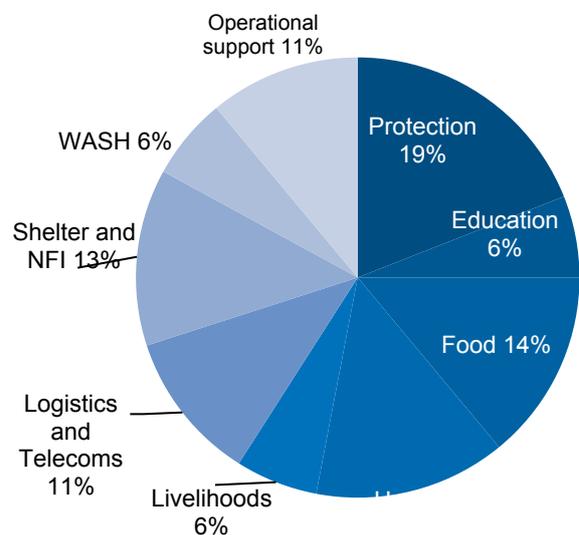
requested for Angola Inter-agency Refugee Response



POPULATION TRENDS



FINANCIAL REQUIREMENTS



live with the host community. 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 refugee response with support from UNHCR. UN Agencies and international and national NGOs also actively support the response in Angola.



Refugee children from the DRC in Mussungue reception centre, Dundo, Angola, July 2017. Photo: UNHCR/ M. Farman-Farmaian

Achievements



PROTECTION

Achievements and Impact

- As of today, a total of **32,473 Congolese refugees** have been registered on individual basis with biometrics, of which 7,186 stay in Cacanda and 1,588 in Mussungue receptions centres. Around 70% of the refugees live in host communities.
- Children represent 54% of the total population while women represent 23.5%.
- Based on protection gap analysis, key protection priorities until the end of the year relate to fair protection environment: registration/refugee status determination and individual documentation; freedom of movement; access to legal services; security from violence and exploitation; basic needs and essential services; community participation; self-reliance; and peaceful coexistence.
- Consultations with refugees on community-based complaints mechanisms have begun in Mussungue reception centre. The preliminary results reveal that refugees

wish to have a central role in the reporting of cases relating to sexual exploitation and abuse. Consultations will continue in Cacanda reception centre.

- **Child protection:** Child Friendly Spaces are operating regularly in the reception centres, focusing on the social and play activities for children of 0 to 5 and 6 to 12 years. Altogether 1,611 children in Cacanda and 743 in Mussungue attended the activities during the past week. Several child trafficking attempts have occurred in the reception centres in the past weeks. Together with INAC, protection partners are extending efforts to prevent further attempts of abduction and ensuring judicial follow-up by the authorities.
- The births of a total of 33 refugee children born in Angola were formally registered. UNICEF is planning to provide support to the provincial birth registration mobile team to start registering refugee children born to parents residing outside of reception centres.
- **Sexual and gender-based violence (SGBV):** Medical, safety, legal and psychosocial services are available for identified survivors of SGBV in the sites. Community health workers continue with SGBV sensitization of the refugee population and active case finding. Sensitization at community level was strengthened to encourage survivors to seek medical and psychosocial help. Capacity building activities to prevent and manage SGBV targeting authorities, police forces and partner organization staff have begun with a training on basic concepts relating to SGBV.
- **Communication with communities:** From 11 to 17 July, an average of 4,533 people were reached every day on both reception centres by a total of 40 social mobilizer with messages on prevention of family separation and human trafficking; hygiene, including use of new handwashing stations; as well as prevention of malnutrition and promotion of routine vaccination activities. Hygiene education and communication on family separation is also given through community theatre skits.
- Communicating with Communities Task Force is conducting a Rapid Communication Needs Assessment for an effective communication strategy and feedback mechanism for both reception centres and rural/urban persons of concern.
- **Education:** Informal Portuguese language classes are provided to refugees in the Child-friendly spaces in Cacanda and Mussungue reception centres. Discussions are ongoing with the Government of Angola at the national and local levels to ensure refugee access to primary education in Lovua as well as in Dundo. The education sector will also explore options for post-primary education of refugees and their hosting communities.

Identified Needs and Remaining Gaps

- Lack of adequate shelter, as well as issues related to prevention of and response to SGBV, still remain significant protection concerns in both sites.
- Additional programmes to strengthen community-based protection are needed.

**HEALTH****Achievements and Impact**

- **Primary health care** is provided in both reception centres. General medical consultations decreased in both reception centres (to 2,106 consultations from 2,301, representing a 9% decrease) with an observed decrease in consultations for children under 5 years of age (28%). In Cacanda, 45% of refugees consulted live outside the reception centre, while in Mussungue urban refugees represented some 20% of total consultations.
- In Cacanda, malaria continues as the main cause of morbidity at some 49% (59% in under 5 age group), followed by acute respiratory tract infections (ARTI) 22% (mostly lower respiratory tract infections this week) and non-bloody diarrhea 7.5%, which stopped increasing this week. Monitoring of diarrheal cases on children under 5 years revealed 54 cases with diarrhea of which 56% were children under 2 years.
- Dressings represent 33.4% of the total consultations. Main morbidities in Mussungue are acute respiratory tract infections (ARTI) at some 31%, followed by non-bloody diarrhea at 15%, malaria 14.5% and parasitosis at 10%.
- **Sexual reproductive health:** Antenatal (ANC) and postnatal care (PNC) services continued at both reception centres with three cases of family planning offered in Mussungue. In Cacanda and Mussungue, a total of 82 pregnant women were seen for ANC and follow-up.
- Focus group discussions were undertaken with women to assess the specific needs for the composition of dignity kits for women and girls living in the reception centres. The most challenging aspect in terms of personal hygiene reported was to find a private place in the reception centres where to wash and safely hang personal clothes.
- **Immunization:** No signs of epidemics have been detected in the reception centres or in the surrounding host communities. Routine vaccination has been made available at both reception centres through support to provincial mobile health care team (DPS) to vaccinate refugees twice a week. Altogether 420 refugees were vaccinated of which 23% were women who were vaccinated against BCG, Polio, measles, yellow fever and other diseases.
- **Referral care:** Referrals have decreased by 82% with only 17 referrals conducted last week. Almost all referrals were from Cacanda reception centre. Altogether 10 children were interned at pediatric hospital out of which four are not refugees. Three children were interned to receive oxygen therapy and one to accompany a brother who is in the ITFC due to malnourishment.
- **Secondary health care:** Bed occupancy rate at the end of the week at the inpatient unit at local hospitals was 118%. Two more nurses were recruited in order to cover the day shift. Altogether 22 children were hospitalized with SAM of which 68% (15) were refugees.

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:** Ambulatory therapeutic feeding centre (ATFC) continues to treat Severe Acute Malnutrition (SAM) and refugees continue to receive care for Moderate Acute Malnutrition (MAM). Altogether 16 children were admitted for inpatient therapeutic feeding centre (ITFC), with 3 of them for SAM. In Cacanda, 181 refugees are in a nutrition programme with 12 new admissions (12 for SAM and 12 pregnant women for MAM). In Mussungue, there are 7 patients in the program (6 SAM and 1 MAM) and no new admissions this week. 582 children under 5 years of age were screened during the week for malnutrition with the Mid-Upper Arm Circumference (MUAC) methodology, revealing 42 children with MAM and 13 with SAM.
- **Food security:** A general food distribution for refugees in Mussungue reception centre took place on 12 July 2017. General food distribution to refugees in Cacanda reception centre started on 17 July.
- SuperCerealPlus was distributed in Mussungue in parallel to the general food distribution for some 107 children aged 6-23 months on 12 July 2017. According to the UNHCR database, the parents of 232 children did not come to receive the nutritious supplementary food that time.
- SuperCerealPlus is being distributed in Cacanda to children aged 6-23 months during the ongoing general food distribution. The previous SuperCereal Plus distribution for Congolese refugee children at the Cacanda reception centre on 7 and 8 July reached approximately 600 children.
- In the absence of temporary storage space in Lóvua to accommodate food items, these are currently being stored in Dundo to guarantee the safe custody and quality of the commodities. Future food consignments will be delivered to Lóvua on just-in-time basis for food distributions. The timing of food distributions in August is subject to the start of the relocation of refugees to Lóvua.

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 reviewing the ongoing activities and preparations for Lóvua. WASH sector, Health/Nutrition sector and an Environment/Energy expert are coordinating for better complementarity of sectoral activities, particularly with regards to the planning for Lóvua.
- **Water Supply:** WASH actors are providing an average of 107,000 litres of potable water in Cacanda and 30,000 litres in Mussungue. Sixteen litres per person per day are available in Cacanda and 19 litres per person per day in Mussungue in line with Sphere standards (at least 15 litres per person per day).
- **Sanitation and Hygiene:** Daily maintenance and cleaning of latrines continue in the both reception centres as does solid waste management. A thorough site cleaning was undertaken in Cacanda, as well as focus group discussions to address proper use of latrines and prevention of open defecation. Further soaps were distributed to the refugee population in Mussungue during last general distribution. Altogether 60 new hand-washing facilities were installed to replace the tip tap facilities in Cacanda and Mussungue.



SHELTER AND NFIS

Achievements and Impact

- Communal shelter (hangars) construction was completed at Cacanda for 12 vulnerable families. Further shelter improvements are foreseen.
- Opening of primary roads in Lóvua continues with some 9,5 km of roads cleared, representing approximately 24% of the primary roads on the site. In parallel to the site clearing in Lóvua, refugee workers will be deployed on the new site to undertake the construction of temporary structures, e.g. the Arrival Centre.

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 refugees.



ACCESS TO ENERGY

Achievements and Impact

- First focus group discussion on energy access with women was held in Cacanda on 17 July to discuss fuel access, cooking habits, community and household lighting needs, as well as difficulties encountered in accessing energy sources. These focus groups are the first step of a comprehensive energy needs assessment of the Congolese refugees that is carried out for planning appropriate and safe solutions for energy needs in the future settlement in Lóvua.

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. Sectoral working group coordination meetings on protection, WASH, health/nutrition and Communication with Communities Task Force 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.

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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
Total	65,507,610

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LINKS

[Angola Operational Data Portal](#)