

Angola

29 June 2017

Influx of refugees from the Democratic Republic of Congo continues with some **100 arrivals per day**.

Construction work at the new Lóvuá site began on 22 June. Over 3 kilometres of road has been constructed and arrival centre area has been cleared.

16 refugee children born in Angola have received **birth certificates**.

KEY FIGURES

31,242

Newly arrived Congolese refugees (Government of Angola)

27,193

Pre-registered Congolese refugees in Dundo area of which 24,391 people have been individually registered

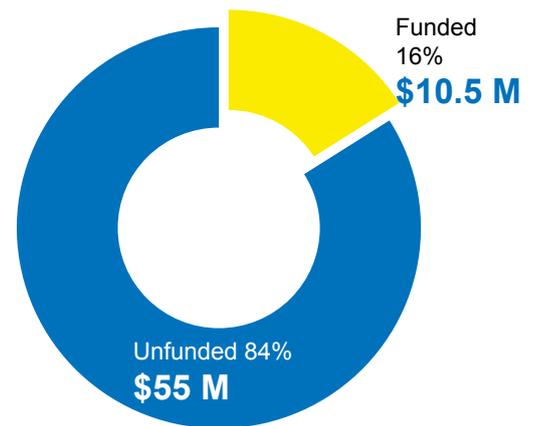
50,000

Congolese refugees are **expected** by the end of the year (inter-agency planning figure)

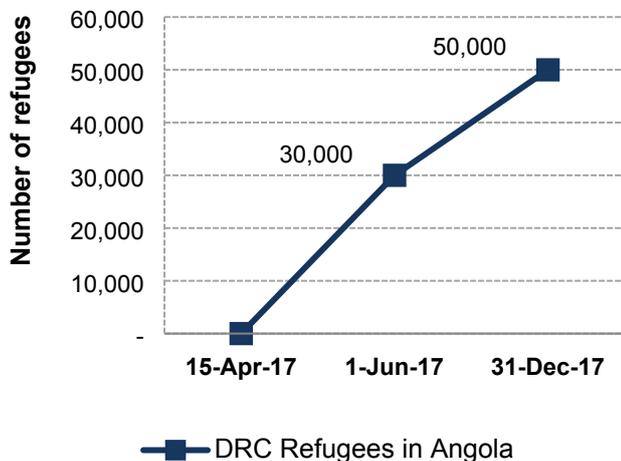
FUNDING (AS OF 28 JUNE)

USD 65,507,610

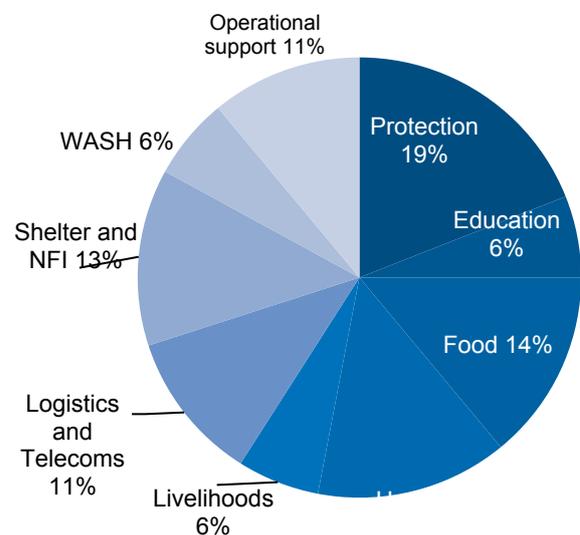
requested for Angola Inter-agency Refugee Response

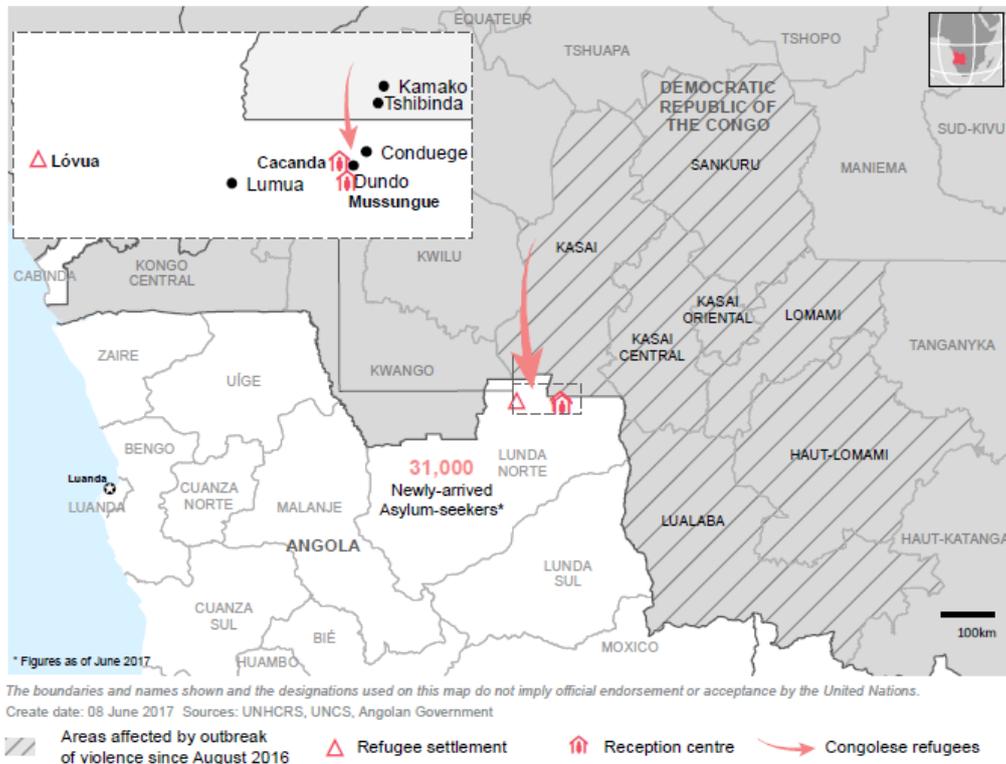


POPULATION TRENDS



FINANCIAL REQUIREMENTS





Update On Key Achievements

Operational Context

Violence in the Kasai Province continues with a regular flow of Congolese asylum-seekers to Lunda Norte. Clashes, disorder and an ensuing shortage of basic items spark sporadic arrivals along the northern border. Some 78 per cent of the over 24,000 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 per cent of the refugee population registered in Lunda Norte comes from Kasai-Longatshimo in the Kamako area.

Many flee the brutal violence. Those who escaped from the midst of clashes confirm harassment, killings and generalized violence. All are in urgent need of medical and psycho-social treatment, protection, shelter, food and basic items. Refugees are currently sheltered in two reception centres, which operate at their maximum capacity. The conditions do not allow for adequate protection and quality assistance. The development of a site 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 the support from UNHCR. UN Agencies, partners, and international and national NGOs also actively support the refugee response in Angola.



Refugee workers building hangars to shelter the expected arrivals at Cacanda reception centre. UNHCR / Katja Rytkonen.

Achievements



PROTECTION

Achievements and Impact

- By 28 June, UNHCR had pre-registered 27,193 Congolese refugees in Lunda Norte. Biometrically registration continues with a total of 24,391 persons registered individually so far. All persons were provided with a proof of registration jointly by UNHCR and the Angolan authorities, and briefed on their rights and obligations in Angola.
- Currently the rate of arrivals stands around 100 individuals per day. Partners are preparing to move some 500 arrivals that have settled in Nzagi during the past week and 300 Congolese settled in Lumua. The individuals will be registered upon arrival to Cacanda reception centre and receive health care, vaccinations, as well as food and core relief items.
- General protection activities continue at both Cacanda and Mussungue reception centres, including assessing the specific needs of persons.
- **Child protection:** The births of a total of 16 refugee children born in Angola have been formally registered. Partners are providing support to the provincial mobile team which is expected to register over 70 children.
- Reunification of unaccompanied and separated children with their families continues. The Child Friendly Spaces are operating regularly in both reception centres, focusing on the social and play activities for children of 0 to 5 and 6 to 12 years.
- **Sexual and gender based violence (SGBV):** Medical, safety, legal and psychosocial services are available for identified survivors of SGBV in the reception centres, while efforts are ongoing to meet adequate protection and assistance standards. The psychological care in parallel with medical consultation has been reinforced in tandem with the identification of cases in the community.
- **Communication with communities:** Key messages to refugees on hygiene practices, protection and health prevention are passed through 38 community mobilizers. Two community radios work in support of social mobilisation. Three more animators were recruited to train the mobilizers to pass key messages through a community theater.

Identified Needs and Remaining Gaps

- In spite of advances made, lack of adequate shelter remains a significant protection concern in both reception centres, as well as issues related to SGBV.
- Additional programmes to strengthen community-based psychosocial support and referral pathways are needed.

**EDUCATION****Achievements and Impact**

- Twenty teachers attended methodology training to enhance the teaching methods in use. Since 20 June, over 600 children between age 5 and 12 in Cacanda and 880 children in Mussungue have attended informal lessons in Portuguese language and mathematics.
- Two refugee mothers have joined the classes with their children. Ways to support literacy classes for adults in the afternoon are being explored.

Identified Needs and Remaining Gaps

- Formal education is planned through support to the provincial and local educational institutions.

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

- Public health care and medical assistance is provided in both reception centres. Out of the 1,999 consultations undertaken last week in Cacanda reception centre, which represents an increase of 4%, little over 48% were for children under 14. Malaria continues as the main cause of morbidity (63%), followed by trauma (dressings) (14%) and acute respiratory tract infections (ARTI) (5%) with two cases of SGBV (one of which was followed-up). Altogether 106 women came for anti-natal care. The mortality rate for children under 5 has lowered to 0.9, with one 2-year-old child with Severe Acute Malnutrition (SAM) and severe malaria dying less than 48 hours after the referral.
- In Mussungue, 395 consultations were undertaken (19% increase), with reasons remaining stable: dressings (mostly for trauma) (34.7%), followed by malaria (24.3%) and ARTI (10.1%). The main reasons for morbidity remain dressings and malaria.
- **Immunization:** Routine vaccination has been made available through support to provincial mobile health care team, which ensures vaccination at both reception centres 2-3 times a week. Children aged 0 to 14 years are vaccinated with all antigens from the national vaccination programme (BCG, polio, Pentavalent, Measles, Yellow Fever, Rotavirus and Tetanus) with emphasis on the vaccine against measles.
- **Reproductive health:** Antenatal and postnatal care services continued at both reception centres. The reproductive health response, as well as response to HIV and SGBV will be strengthened in the coming weeks.
- **Referral care:** Altogether, two children were interned at the pediatric in-patient department in Municipal Pediatric Hospital during the week. While the intake capacity

of Chitato hospital has been strengthened, increased referrals have resulted in continued high bed occupancy rate. Access to anti-retroviral treatment is being coordinated with provincial health care providers.

- Community health workers (CHWs) continue sensitization of the refugee population and active case finding, while an emergency response system for both reception centres during night time has been put in place. Refugees can access assistance during night hours through CHWs who can arrange an instant telephone consultation with a team of doctors abroad.

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:** Distribution of SuperCereal Plus to 73 refugee children between 6 and 23 months took place in Mussungue reception centre on 24 June as a preventive measure against malnutrition. The blanket feeding distribution will be repeated to reach refugee children who did not come for the distribution in Mussungue. The reasons of absence are being studied to revise the communication strategy used in view of the repeating the exercise.
- Ambulatory therapeutic feeding centre (ATFC) continues to treat Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). Slight increase in malnutrition has been observed this week in both reception centres. MSF is analyzing the cause as this is taking place right after the food distribution in Cacanda. Out of 1,457 children screened in Cacanda, SAM was found at 1% and Global Acute Malnutrition (GAM) at 3.9%. Altogether 190 children are in specialized programme (110 SAM_PB<120_ and 80 MAM). In Mussungue, 313 children were screened with 0.6% SAM and 1.9% GAM. Altogether 19 children are in specialized programme (8 SAM and 11 MAM).
- A total of 17 children were admitted on the inpatient therapeutic feeding centre by the end of week of which 76% were refugee children.
- Some 210 tons of maize meal (MML) are available at country level to support the food response to the refugees. As the warehouse capacity in Dundo is limited, partners are coordinating to ensure just-in-time deliveries ahead of the next round of food distributions.
- Partners are working on arrangement that would ensure maximizing synergies and cost efficiencies to deliver food assistance to affected populations in line with the

outcomes of the Sustainable Development Agenda 2030 and the World Humanitarian Summit. This includes a comprehensive food distribution plan for an efficient food supply chain management. The operational presence of partners working on strengthening food security of refugees is being increased.

- Efforts to improve the nutrition-related practices of refugees through community sensitization in local languages is ongoing.

Identified Needs and Remaining Gaps

- The limited storage capacity in Dundo hampers effective and timely deliveries of relief items.
- The distribution of SuperCereal Plus to children between 6 and 23 months in Cacanda is planned to start after the settling of new arrivals to include them in the distribution.



WATER AND SANITATION

Achievements and Impact

- **Water:** The WASH situation has been stabilized in both reception centres. The number of water trucking rotations has been increased to ensure all families are able to access sufficient quantities of clean water which is tested and chlorinated prior to distribution. Refugees in Cacanda currently have access to 13 liters/person/day of water and to 20 liters/person/day in Mussungue. An average of 103,000 liters of water is being supplied daily to Cacanda and 36,000 liters in Mussungue through water trucking.
- **Sanitation:** As of 26 June, all planned sanitation facilities have been constructed in both reception centres. In Cacanda, latrine access stands at 38 persons/latrine and at 32 persons/latrine in Mussungue. The WASH actors maintain the efforts to improve the water and sanitation access, including by commencing vector control activities. Efforts will be focusing on maintaining the access to these facilities and encouraging their utilization. Latrine cleaning, solid waste management and hygiene promotion activities are ongoing.
- **Hygiene:** Management of solid waste in Cacanda and Mussungue focuses on site cleaning, and digging and fencing refuse pits. Refugees are encouraged to ensure proper disposal of their garbage, use the sanitation facilities and wash their hands through the local radio and daily hygiene promotion sessions. Two women were recruited to increase the gender-balance of the sanitation team. The team has visited all families in Cacanda reception centre at least once.

Identified Needs and Remaining Gaps

- The pre-disposal of WASH equipment to Lóvua site will begin shortly. The conclusive hydrogeological assessment to inform the borehole drilling in Lóvua will start on 3 July.

- The number of tip-taps in the Child Friendly Spaces will be increased to an average of 15 children per tip-tap to further encourage hand-washing practice.



SHELTER AND NFIS

Achievements and Impact

- The work at the Lóvua began on 22 June with 3.3 kilometres of site roads and arrival centre area cleared.
- New hangars are being built in Cacanda reception centre in view of accommodating some 800 arrivals expected over the weekend.
- Partners conducted focus group discussions with refugee adolescents, adults and elderly on 23-24 June in Mussungue reception centre in view of finalizing the draft relocation plan and the shelter package for Lóvua. The suggested relocation scheme for Lóvua and the planned shelter/latrine package received preliminary clearance from the refugee community. Further focus group discussions are planned at the Cacanda reception centre, as well as with the host community in Lóvua.
- 94 metric tons of relief items, including shelter and core relief items, such as kitchen sets, blankets, sleeping mats, solar lamps and plastic sheeting were delivered to Dundo from the global stockpile in Dubai.

Identified Needs and Remaining Gaps

- With on average 100 new arrivals every day, the reception centres are at their maximum capacity. Conditions remain difficult in terms of space, adequate accommodation and service provision. The extension of the Cacanda reception center was not approved due to previous urban planning projects.

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. 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
- Lutheran World Federation (LWF)
- MAG Mine Action International
- MSF *Médecins Sans Frontières*
- 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

The [Angola Inter-Agency Refugee Appeal \(April – December 2017\)](#) is available online. 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 the Central Emergency Response Fund for its contribution of US\$10.5 million to the refugee response in Angola to support protection, food, health, WASH, transportation, shelter and non-food items assistance.

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](#)