

Angola

8 June 2017

Some **30,000** refugees have fled intercommunal tensions and violence in the Kasai region of the Democratic Republic of the Congo (DRC) to northern Angola.

Refugees arrive with **immediate humanitarian needs and vulnerabilities**, and require protection and life-saving assistance.

The conflict in Kasai is expected to generate further displacement across the border to Angola. At present, **safe and dignified return to the DRC is not possible**.

KEY FIGURES

30,000

Newly arrived Congolese refugees, with some 300-500 new arrivals per day (Government of Angola)

25,427

Pre-registered Congolese refugees in Dundo area (8 June 2017) of which 6,747 people have been individually registered

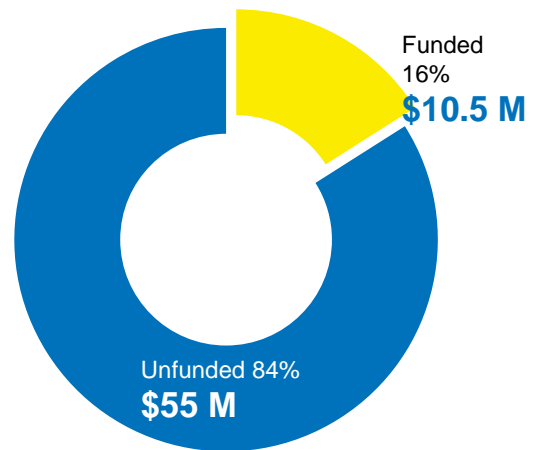
50,000

Are **expected** by the end of the year (inter-agency planning figure)

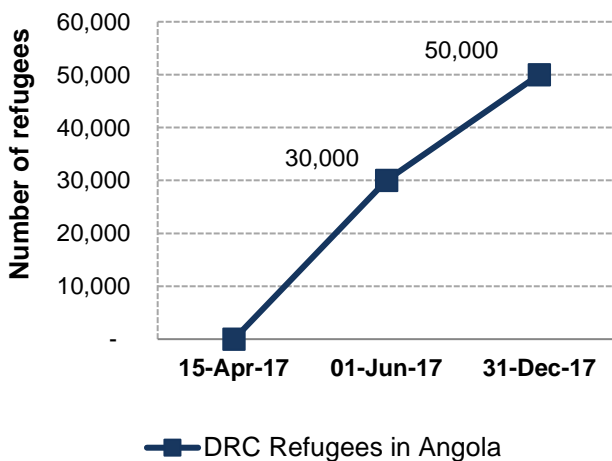
FUNDING (AS OF 8 JUNE)

USD 65,507,610

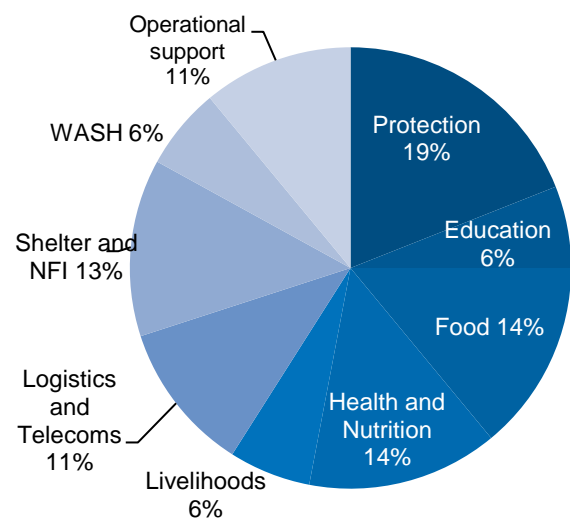
requested for Angola Inter-agency Refugee Response



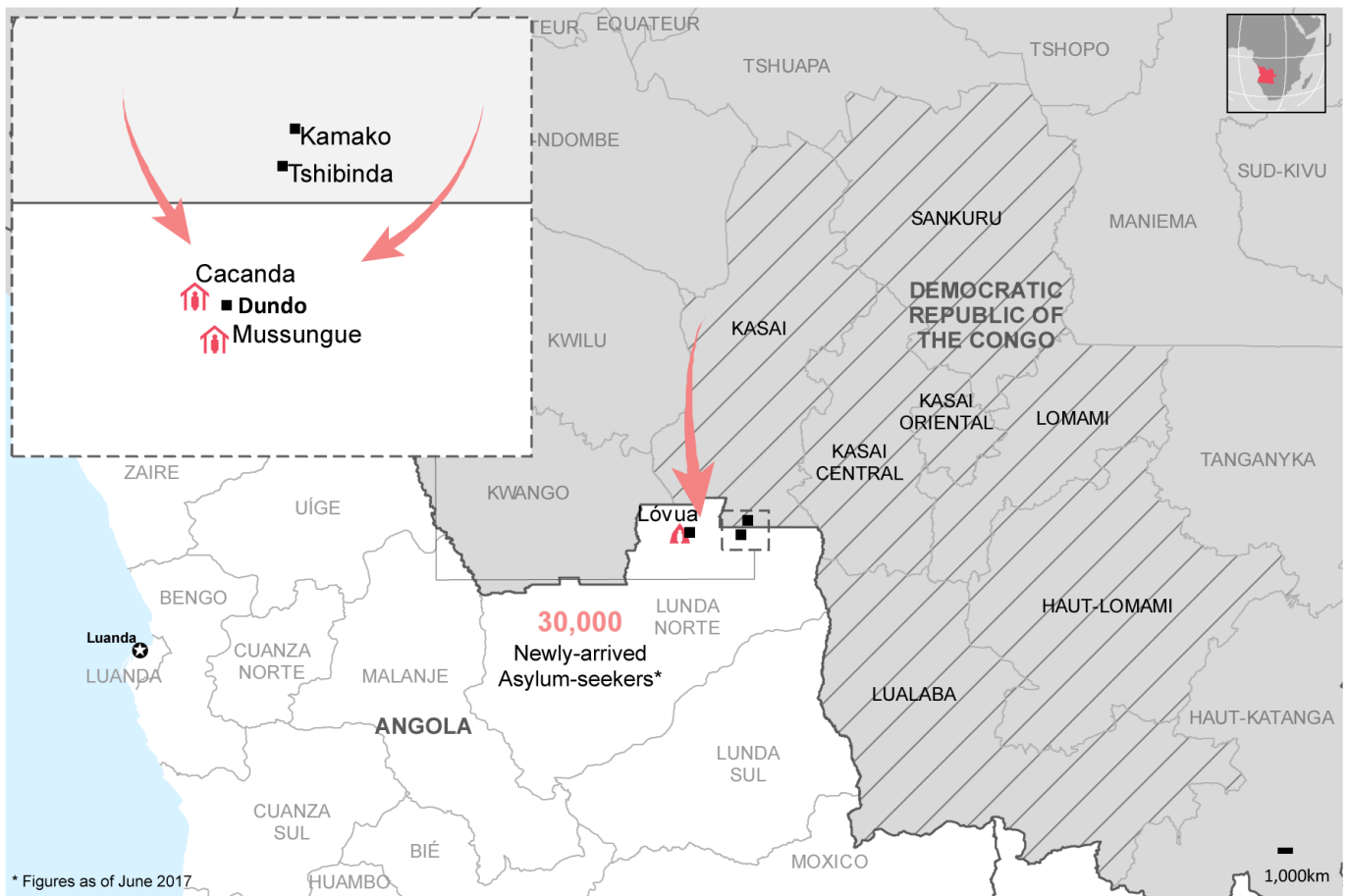
POPULATION TRENDS



FINANCIAL REQUIREMENTS



Update On Achievements



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Create date: 08 June 2017 Sources: UNHCRS, UNCS, Angolan Government

- Areas affected by outbreak of violence since August 2016
- Planned refugee camp
- Reception centre
- Congolese refugees

Operational Context

As the security conditions in the Kasai Province deteriorate, hundreds of Congolese asylum-seekers, mostly children and women, continue to flee to northern Angola every day. Continued clashes, a shortage of basic items, including food, as well as disorder and hunger will likely continue to spark refugee influx with dire protection and life-saving needs. Refugees, including many unaccompanied and separated children and single-headed households, arrived mainly from Lupemba, Kandjaji, Chitatu and Mudjiadjia, with a few families from Kananga (Kasai region).

Protection assessments confirm brutal violence, with women and children arriving with severe wounds and reporting harassment, rape and killings. Survivors of indiscriminate violence are in urgent need of medical and psychosocial treatment, protection, shelter, food and basic items to live in safety and dignity. Refugees are currently sheltered in two reception centres which are already overcrowded, while a site allocated by the Government of Angola to host refugees is being prepared in coordination with the Ministry of Welfare and Social Reintegration (MINARS) and key humanitarian and development partners to allow for adequate protection and quality assistance.

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 are also actively support the refugee response in Angola.



Cacanda reception centre near Dundo town, Lunda Norte. UNHCR / Katja Rytkonen

Achievements



PROTECTION

Achievements and Impact

- To date, 6,747 people have been individually registered and provided with a certificate of registration by UNHCR and the Angolan authorities, and briefed on their rights and obligations in Angola.
- Immediate protection needs identified include single parents/caregiver households, unaccompanied and separated children and other children at risk, persons with disabilities, and elderly persons. Community awareness sessions are carried out, and psychosocial as well as legal support are available for people in need of assistance.
- **Child protection:** Eight recreational kits are provided in both reception centres and, in collaboration with refugee volunteers, recreational activities for children are ongoing. More than 1,700 children have been accessing a safe space for mothers and children created at the Cacanda and Mussungue reception centres. Best Interests Assessments are undertaken for unaccompanied and separated children placed in host families and a strategy is being developed to facilitate the transition of the unaccompanied children currently living in a collective shelter into family-based care.
- National/local authorities and partners were briefed on procedures related to family tracing and reunification, while community leaders and volunteers were trained on registration of unaccompanied and separated children to build the response capacity.
- **Sexual and gender-based violence (SGBV):** Medical, safety, legal and psychosocial services are being established for identified survivors of SGBV in the sites, while efforts are ongoing to meet adequate protection and assistance standards and bring quality service provision to scale, particularly in terms of prevention and psychosocial support.

Identified Needs and Remaining Gaps

- Additional programmes to strengthen community-based psychosocial support and referral pathways are needed.
- Given the extreme vulnerability of the refugees and the limitations of the current sites, issues related to SGBV are of great concern. Efforts are underway to ensure safety of affected population and to scale up SGBV prevention and response mechanisms on sites.



EDUCATION

Achievements and Impact

- Six Early Childhood Development (ECD) Kits have been delivered to the province.

Identified Needs and Remaining Gaps

- Education services, including ECD and formal education, will commence in the second phase of the humanitarian response. The ECD programmes will be established in tandem with capacity building of caregivers and quality assurance of services, which will involve technical support for the establishment of formal primary and secondary education services.



HEALTH

Achievements and Impact

- **Primary health care:** Medical assistance and general health care as well as antenatal and postnatal care services are accessible at out-patient clinics in both reception centres, while mobile teams also undertake consultations. Refugees are referred to secondary health care for further treatment as and when necessary. Medical teams actively search for and analyse epidemiological signs for early warning on possible epidemics.
- **Secondary health care:** Pediatric in-patient department in Municipal Pediatric Hospital, with reinforced medical team and provision of drugs, is established on site to ensure care and necessary referrals and follow up with local hospitals. A special unit for malnutrition treatment was also established to ensure intensive care for malnourished children for refugee community and host population.
- **Immunization:** Multi-antigene mass vaccination campaign including Measles, Yellow Fever, PCV13, Pentavalent, Rotavirus and Polio for 5,028 children, with 4,340 assured >95% vaccination coverage for all children under 15 years living in the reception centres. The campaign included also deworming and vitamin A supplement to all children, as well as mass nutritional screening.
- **Morbidity:** Malaria represents the biggest proportion of morbidity, followed by non-bloody diarrhea, Acute Respiratory Tract Infections and trauma (dressings). Mosquito nets will be distributed at both reception centres during the next food distribution as a genuine malaria prevention measure.

Identified Needs and Remaining Gaps

- An overall shortage of emergency health kits continues.
- Health care services will need to be extended to the host community, as the local population also lacks basic services and education to demonstrate a healthy behaviour.



FOOD SECURITY AND NUTRITION

Achievements and Impact

- **Nutrition:** In Cacanda, screening of 1,703 children revealed 2.1% of Severe Acute Malnutrition (SAM) and 6.6% of Global Acute Malnutrition (GAM), while the screening of 324 children showed level of SAM at 0.3% and GAM at 3.7% in Mussungue. Nutritional monitoring and surveillance is ongoing while treatment of all children with SAM and moderate acute malnutrition (MAM) is ensured in ambulatory therapeutic feeding centres in both sites. In-patient therapeutic feeding centres established in the on-site pediatric hospital ensure care for all children with SAM and in case of complications.
- Training was conducted on prevention and management of MAM and SAM for both health professionals of the Provincial Health Department and refugee mobilizers.
- Communication for development activities to improve social behaviour of refugee population on nutrition-related practices is ongoing.
- **Food security:** Food distribution took place on 25-28 May. Oil, beans, salt and Supercereal Plus, as well as part of maize meal, were delivered to Dundo to cover the needs of 30,000 refugees for the next two months. Distribution to refugees is scheduled to take place in the coming days in both reception centres.

Identified Needs and Remaining Gaps

- Further procurement and delivery of ready-to-use supplementary food (RUTF), including Plumpy nuts is required.



WATER AND SANITATION

Achievements and Impact

- **Water:** Refugees in Cacanda have access to 11 liters/p/d of water, while in Mussungue they have access to 20 liters/p/d.

- **Sanitation:** In Cacanda, 85% of the planned 201 communal latrines have been completed with current access standing at 44 persons/latrine, while 66 showers provide for 42% of the needs, with more showers on the way. In Mussungue, all required WASH infrastructure is in place with access standing at 32 persons/latrine.
- **Hygiene:** A second distribution round of soap and buckets is foreseen. Maintenance of WASH facilities and hygiene promotion is censured by refugee volunteers through a cash for work scheme, while Information, Education and Communication (IEC) materials on cholera prevention and water treatment in French and Lingala have reached 15,731 people in Cacanda and Mussungue reception centres.

Identified Needs and Remaining Gaps

- Drilling of a borehole and establishment of a basic water system will ensure a more reliable and less costly water supply for refugees in Cacanda.
- Planning of WASH-related activities at the new refugee site in Lóvua is ongoing in coordination with the Provincial Government.



SHELTER AND NFIS

Achievements and Impact

- Planning to set up the new site in Lóvua for 30,000 refugees is ongoing in collaboration with MINARS, using a village-based design, allocating a 625 m2 plot per family, agricultural land, and providing 2 education facilities for primary schools, 2 health clinics, a distribution centre and a welcome centre with further service facilities.
- On 25-28 May, food items and blankets, kitchen sets and sleeping mats were provided to refugees in Cacanda reception centre.
- In order to alleviate lighting challenges and mitigate SGBV incidents, refugees at the reception centre in Mussungue received solar lamps on 20 May.

Identified Needs and Remaining Gaps

- With on average 300-500 new arrivals every day, conditions at the two congested reception centres remain difficult in terms of space, adequate accommodation and service provision.



LIVELIHOOD

Achievements and Impact

- A joint food security and livelihoods assessment for the Congolese refugees in Lunda Norte and the host communities was conducted on 14-21 May, in order to ensure that the choice of relocation site for refugees also takes into consideration possibility for agriculture and crop production.
- An initial market assessment examining the capacity of banking and retail services in Dundo area among other parameters has been undertaken in view of possible service delivery through cash-based interventions.

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, and health and nutrition are organized weekly in Dundo.

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
- 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

Financial Information

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 \$10.5 million to the refugee response in Angola to support protection, food, health, WASH, transportation, shelter and non-food items assistance.

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](#)