Angola

17 October 2017

80 per cent of the identified SGBV survivors are under the age of 18. Out of the 29 SGBV incidents identified this week, 11 were of forced marriage.

Final heavy machinery has arrived in Lóvua to open primary and secondary roads. The slowness of site development and relocation poses challenges to the protection response

In Cacanda health consultations raised 45 per cent when compared to last week. The main morbidity factor for children under five was malaria (53,3 percent).

KEY FIGURES

75%

of Congolese refugees from Kasai in Angola are women and children

34,153

Biometrically registered Congolese refugees in Lunda Norte Province

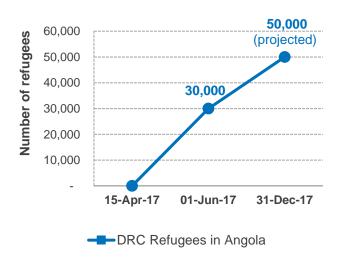
27,296

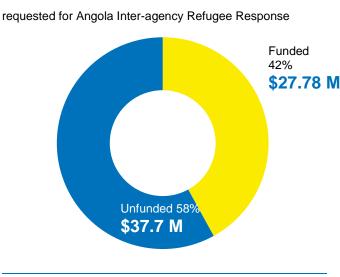
Active refugee population expected during GFD

50,000

POPULATION TRENDS

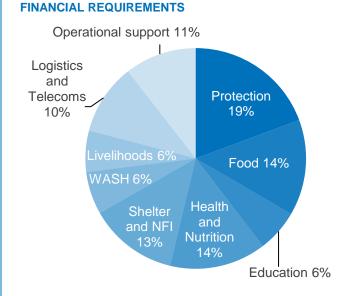
Inter-agency planning figure for Congolese refugees from the Kasai region in northern Angola by the end of the year

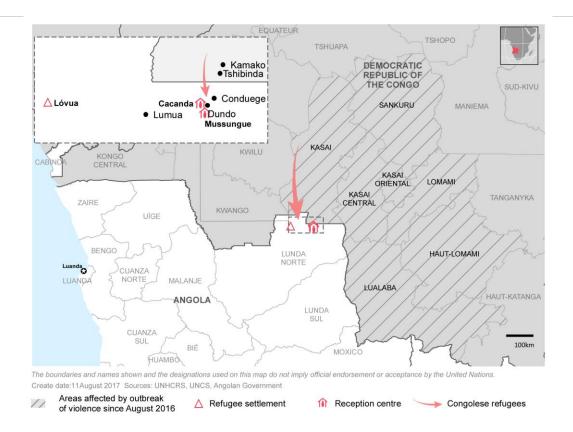




FUNDING AS OF 20 OCTOBER

SD 65,507,610





Operational Context

The outbreak of violence in the Kasai region of the Democratic Republic of the Congo (DRC) in March 2017 triggered the internal displacement of some 1.4 million persons and the flight of over 33,000 refugees into Lunda Norte Province, Angola. Refugees have reported generalized violence, mass killings, mutilations, burning of property, destruction of villages, schools and churches, rape of women and girls and human rights abuses, as well as food shortage and the lack of access to basic services and goods.

The DRC-Angola border is a main artery for trade between the two countries. While the border is currently closed to trade and commerce, the Government of Angola (GoA) has kept an open door policy to welcome Congolese nationals fleeing as a result of the conflict. As the situation remains volatile in the Kasai region, humanitarian agencies in Angola have developed a response plan to assist an influx of 50,000 refugees by end December 2017. The interagency humanitarian response for the Congolese refugees covers the areas of protection, emergency shelter, food security and nutrition, non-food items, water, sanitation, hygiene, health and education until the end of 2017.

The voluntary relocation of refugees started on 8 August. Since then 3,462 Congolese refugees (965 households) have been relocated from Mussungue and Cacanda reception centres to the settlement in Lóvua, which has a total planned capacity for approximately 30,000 refugees. This settlement is expected to respond to the needs of all refugees living in Lunda Norte Province, and, if required, it has the capacity to accommodate the 2017 year-end planning figure of 50,000 people.

Heavy machinery has arrived in Lóvua to open primary and secondary roads. The site development, the installation of basic facilities to receive refugees and the slow pace of relocation to Lóvua, poses challenges to the protection response, both in Cacanda and

Lóvua, by stretching the existing capacity of protection actors and preventing optimal use of resources for more durable response mechanisms.

Achievements



Achievements and Impact

- **Registration:** Continuous registration has been carried out at Cacanda registration centre. 23 individuals were registered: five new births and 18 family reunifications. Three individuals were re-activated for family reunification reasons.
- Border monitoring: Provincial authorities including migration services and border guards agreed to harmonize the population statistics among all stakeholders. Consequently, as of 6th of October the total active population was of 27,296 individuals from the 34,153 individuals who have been biometrically registered, including increases due to registration of new-borns, as well as family reunification. In addition, a joint plan to register returnees in DRC in BIIMS and share it with ANG for more effective de-registration on return to DRC is under consideration
- Age, Gender and Diversity Mainstreaming (AGDM): For two days humanitarian actors involved in the emergency response conducted a participatory assessment in and around Dundo. Discussions evolved around security/safety, health, education, energy and environment, shelter, food and nutrition, livelihoods and WASH and involved over 250 men, women, boys and girls enabling the mapping of several protection risks faced by refugees namely exposure to forced marriage, denial of work opportunities, exposure to physical assault, exposure to rape and survival sex. The findings will be reflected in the 2018/2019 COP.
- Child Protection: The child friendly space continues operating with an average of 1,464 children in Cacanda and 613 children in Lóvua. 33 children born recently and pending registration have been registered by the Justice delegation in Dundo.
- **SGBV** During the reporting period there was an increase in SGBV incidents. In total, 29 SGBV incidents were identified and addressed. This included incidents of rape (4), sexual assault (4), physical assault (7), forced marriage (11) and psychological violence (3). 80 per cent of the identified survivors are children.

Identified Needs and Remaining Gaps

The access to multi-sectorial response for the survivors of SGBV continues to be challenged by the poor response of the judiciary and the security sectors; an institutional challenge which UNHCR and partners intend to remedy through advocacy.



Achievements and Impact

- Nutrition: A total of 2,477 children were screened for malnutrition in Cacanda and in Lóvua. 0,34 per cent were found to be GAM and 0,13 per cent were found to be SAM. 11 children were referred to MSF for treatment.
- General Food Distribution (GFD): GFD, SuperCereal and SuperCereal Plus distribution to pregnant women, lactating mothers and children was completed in Lóvua on 14 October. Arrangements are in place to start GFD in Cacanda on 19 October.



Achievements and Impact

- Primary health care and medical consultations: General consultations continue to increase (1,455 cases vs. 1,133 cases last week). In Cacanda consultations increased by 45 per cent when compared to last week. The main cause of morbidity was malaria (35 per cent), followed by upper respiratory tract infections (13,9 per cent) and osteomuscular pain (11,5 per cent). The main morbidity factor for children under five was malaria (53,3 percent). In Lóvua, the main morbidity was linked to musculoskeletal pain syndrome (31,2 per cent), followed by URTI (14,5 per cent) and intestinal parasitose.
- Sexual & reproductive health (SRH): Antenatal (ANC) and postnatal (PNC) care services continue as usual. In Cacanda, 48 women received ANC consultations, 25 first consultations and 23 follow-up. One woman received a PNC consultation and one new SGBV case was treated at the centre clinic. In Lóvua, 18 ANC consultations took place: 13 new visits and five follow up visits. One pregnant woman on in her 3rd trimester was referred to Dundo's maternity to follow up PMTCT control.
- Vaccination: Child vaccination continues in Cacanda reception centre. A total of 31 children have been vaccinated against measles, 25 against yellow fever, 24 for pentavalent, 16 against pneumonia, 42 for polio and 21 for BCG.



Achievements and Impact

- Coordination: Hygiene promotion in Cacanda will be stepped up as refugees still practice open defecation outside the side gate. Community leaders of the nearby neighbourhood were contacted and proposed to close this gate and to construct extra latrines next to it, inside and outside the walls.
- The borehole drilling is expected to start in November and finish before end December.
- Cacanda: The water trucking in Cacanda delivers 20 lpcd on average. Extra latrines are being constructed where possible as space is getting scarce. A new waste

- management system was put in place. The last open waste dumps have been removed. There are several hygiene promotion boards in strategic locations in Cacanda.
- Lóvua: WASH Committees will be organised in the coming weeks. Water trucking brings 22 lpcd on average to the refugees. The Soba of Naringa has been contacted for the construction of a water tank with taps in the host community village at the southwestern side of the settlement (as already done at the north-western end).



Achievements and Impact

Lóvua: This week, 30 households were relocated and accommodated in Village 3C. A new distribution centre is under construction in Village 2B.

Identified Needs and Remaining Gaps

■ Lóvua: The lack of tents and shelter materials continues has now halted the relocation to new and completed villages in the settlement.



Livelihoods. A clothing shop in Lóvua settlement, Angola. © UNHCR / Margarida Loureiro



World Food Day (WFD): WFD was celebrated in Angola with a ceremony held by the Government in Lóvua municipality. During the ceremonies, the Ministry of Agriculture donated 140 hectares of agricultural land, allocated seeds and tools which are now in the care of the administrator of Lóvua for distribution to refugees



TELECOMMUNICATIONS

- The Refugee Emergency Telecommunications Sector (RETS) has installed a satellite terminal to provide shared internet connectivity to all humanitarian partners in Dundo.
- RETS services are intended to fill critical communications gaps only, with national commercial operators always being the preferred provider. RETS continues to liaise with national internet service provider for extension of their commercial network to Dundo and Base Camp in Lóvua to provide shared connectivity. Letters were sent to the Governor of Lunda Norte and service provider to try to accelerate this process.

Working in partnership

- The US Bureau of Population, Refugees and Migration (PRM), USAID and the US Embassy in Luanda held a three-day mission to Lunda Norte province from 17th to 19th October. The mission met with the Office of the Provincial Governor, the Border Guards and the provincial Migration Office, as well as with humanitarian partners and refugees in Lóvua and Cacanda. Meetings with members of the Inter-Agency Coordination group served to analyse various sectorial issues, including Protection, SGBV, WASH, Health, Education and Livelihoods.
- Humanitarian and development partners, working on the ground and in the country on various projects, are actively supporting the Government of Angola to ensure adequate and effective response to the needs of the Congolese refugees. A weekly inter-agency coordination meeting is held in Luanda. In Dundo, weekly inter-agency meetings ensure a comprehensive and integrated operational response to the refugee situation. Sectorial working group coordination meetings on Protection, WASH and Health/Nutrition are also organized weekly in Dundo.

Partners in the response:

- Angolan Red Cross Society
- CARITAS
- CICAJ Centro de Investigação Científica e Assessoria Jurídica
- FAO Food and Agriculture Organization of the United Nations
- IOM International Organization for Migration
- JRS Jesuit Refugee Service
- LWF Lutheran World Federation
- MAG Mine Advisory Group
- MdM Médicos del Mundo

- 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
- WVI World Vision International

The Angola Inter-Agency Refugee Appeal (April – December 2017) is available on the Angola Operational Data Portal. Agencies are very grateful for the financial support provided by donors, who have contributed to their activities with un-earmarked 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 their contributions to the inter-agency refugee response in Angola.

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

Special thanks to the United States of America for their contribution to WFP's operation 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 Advisory Group	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

CONTACTS

Margarida Loureiro, External Relations/Reporting Officer loureiro@unhcr.org, Tel: +224 945 416 383

Markku Aikomus, Senior Regional External Relations Officer aikomus@unhcr.org, Tel: +27 81 797 7456

LINKS

Angola Operational Data Portal