

Angola

5 July 2017

The Government of Angola is working towards **granting formal refugee status** to individuals who arrive to Angola from the Kasai region.

Some **newly arrived women and children** were sheltered in new hangars built at the Cacanda reception centre.

Registered refugees are screened for malnutrition and receive **vaccinations, as well as food and relief items**, upon their arrival.

KEY FIGURES

31,242

Newly arrived Congolese refugees (Government of Angola)

28,138

Biometrically registered Congolese refugees in Dundo area (5 July 2017)

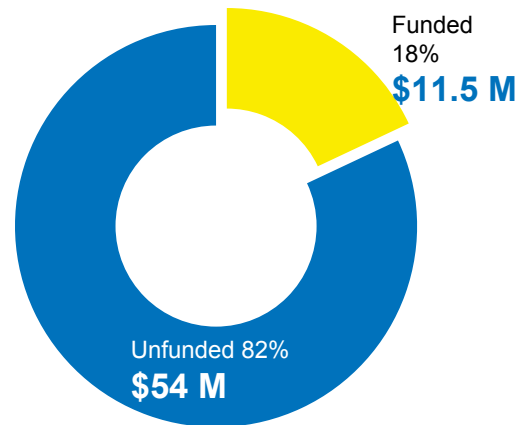
50,000

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

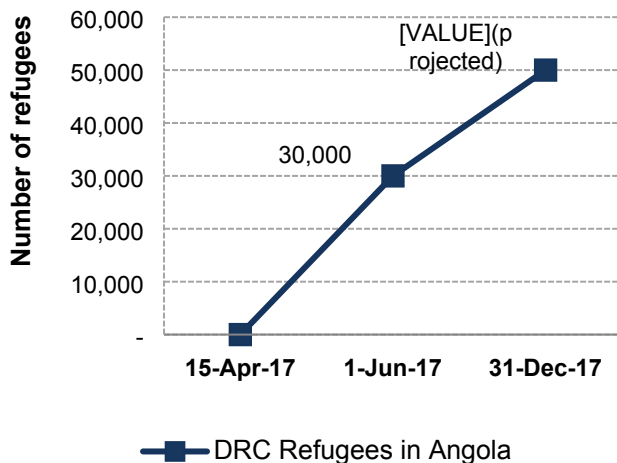
FUNDING (AS OF 3 JULY)

USD 65,507,610

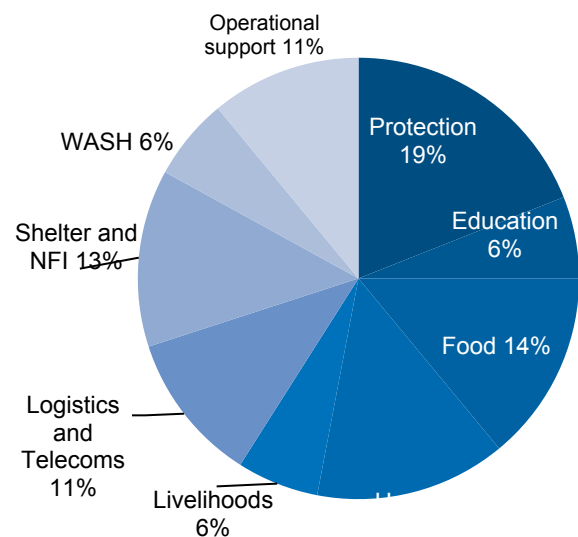
requested for Angola Inter-agency Refugee Response

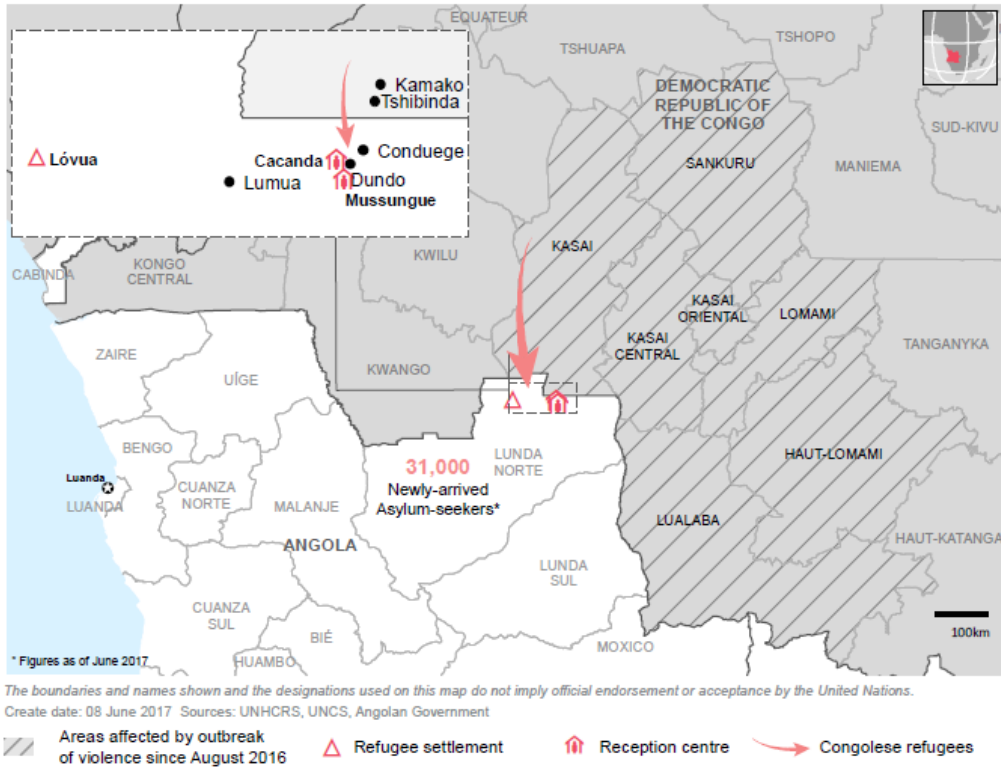


POPULATION TRENDS



FINANCIAL REQUIREMENTS





Update On Key Achievements

Operational Context

Violence in the Kasai Province, the Democratic Republic of the Congo (DRC), continues to force Congolese asylum-seekers to flee to 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 28,000 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.



Congolese refugees on their way to Cacanda reception centre from the border. UNHCR / A. Telo

Achievements



PROTECTION

Achievements and Impact

- By 5 July 2017, **28,138** Congolese refugees had been biometrically registered, including the remaining 820 individuals who had been brought to Cacanda reception centre from Fucauma, Kasangani and Nzagi border areas. This number includes all those who had been previously pre-registered and returned for individual registration. 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.
- The Government of Angola is working towards concluding the legal framework required for the **formal attribution of refugee status** to individuals fleeing violence from the Kasai region to Angola.

- The rate of arrivals is currently difficult to estimate due to the irregularity. All refugees, including spontaneous arrivals, are registered biometrically upon arrival to Cacanda reception centre and receive health care, vaccinations, as well as food and core relief items. Continuous registration will start in Mussungue reception centre.
- Protection activities continue at both reception centres. Protection actors continue to assess specific needs and legal protection needs, and refer the most urgent cases, such as children and elderly people at risk, and sexual and gender-based violence (SGBV) survivors, for immediate assistance.
- The Government of Angola and protection actors work closely together to address and advocate for refugees facing serious protection risks identified through protection monitoring and referrals, including cases of detention, confiscation of documents and belongings, and physical protection needs.
- Some 25 Angolan border police attended a sensitization workshop to discuss protection, human trafficking, legal framework and refugees' rights and obligations in Angola to prevent arbitrary arrests and detention.
- **Child protection:** An additional 4 unaccompanied and separated children arrived to Cacanda reception centre on 29 and 30 June. Child-friendly spaces continue to provide leisure and socialization activities for children up to 12 years of age. The attendance in Cacanda increased by some 11% and by 6% in Mussungue. Birth registration services were launched at the Cacanda centre and have been expanded to Mussungue centre. Plans are underway to increase the capacity to provide birth registration services in the reception centres, as well as in certain areas of Dundo. An initial group of 35 refugee children born in Angola received official birth registration certificates at the reception centres.
- **SGBV:** Medical, 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.
- **Communication with communities:** Altogether 45 community mobilizers disseminate key messages to refugees on good hygiene practices and protection and health measures. Two community radios work in support of social mobilisation while theatre is also being used as a medium. Since the beginning of the response, 18,293 people have been reached with the key messages.

Identified Needs and Remaining Gaps

- In spite of advances made, lack of adequate shelter, as well as issues related to SGBV, remain significant protection concerns in both sites.
- Additional programmes to strengthen community-based protection are needed.
- Coordinated communication with communities is strengthened in view of the upcoming relocation of refugees to Lóvua.
- 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

- Public health care and medical assistance is provided in both reception centres. The number of consultations decreased slightly for the first time in several weeks (-11%) in Cacanda. Malaria continues to be the main cause of morbidity, but decreased to 45% from 63% last week, possibly as a result of mosquito net distribution. Malaria is followed by trauma (18.6%), acute respiratory tract infections (10.2%) and non-bloody diarrhea (6.7%). Health partners are analysing the reasons for the increased occurrence of non-bloody diarrhea in the last weeks from 36 cases three weeks ago to 108 cases last week. Consultations in Mussungue also decreased (-13%) with 342 consultations undertaken for trauma (35.3%), followed by malaria (21.4%) and acute respiratory tract infections (11.8%). The under-5 mortality rate however slightly increased during the week from 0.9 to 1.3%, remaining within acceptable levels.
- Two survivors of SGBV received medical and psychological support in Cacanda.
- **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) which focuses on vaccinating refugees at the crowded Cacanda reception centre twice a week. An emergency immunization team provide jabs to children under five-years of age arriving at the reception centre with antigens for yellow fever, measles and polio. Mothers and women of reproductive age are given Tetanus Toxoid vaccines. During the emergency immunization conducted on 30 June 2017 and 1 July 2017 in Cacanda reception centre, 281 children were immunized against polio, 190 against measles and yellow fever, while 17 pregnant women and 116 women in reproductive age were given Tetanus Toxoid vaccines.
- **Reproductive health:** Antenatal and postnatal care services continued at both reception centers. A total of 99 women received anti-natal care in Cacanda and seven in Mussungue. The reproductive health response, as well as response to HIV and SGBV, are being strengthened.
- **Referral care:** Six children, including one child from the host community, were interned at the pediatric in-patient department in the Municipal Pediatric Hospital during the

week. About 43% of the 14 individuals referred to secondary health care were children under five-years of age, with 93% of the referrals coming from Cacanda reception centre. While the intake capacity of Chitato hospital has been strengthened for pediatric and inpatient therapeutic feeding care, the 20-bed capacity is currently insufficient, with the bed occupancy rate standing at 130% due to increased referrals. Access to anti-retroviral treatment is being coordinated with provincial health care providers.

- Community health workers continued with sensitization of the refugee population and active case finding. Refugees can access health care assistance during night hours through telephone consultation with doctors who come onsite for care as needed.

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:** Malnutrition indicators have stabilized in both reception centres. The blanket distribution of SuperCereal Plus started in Mussungue, for children between 6-23 months to prevent malnutrition. Out of 1,528 children screened in Cacanda, Severe Acute Malnutrition (SAM) was found at 1.1% and Global Acute Malnutrition (GAM) at 3.7%, while in Mussungue, 225 children were screened with 0.4% SAM and 0.4% GAM. The ambulatory therapeutic feeding centre continued to treat SAM and MAM. Altogether 217 children, an increase of 12%, are in specialized feeding programmes (110 SAM_PB<120_ and 90 MAM) in Cacanda and 10 children in Mussungue are in specialized programmes (9 SAM and 11 MAM) with a drop of 19 patients from the previous week.
- A total of 21 children were admitted to the inpatient therapeutic feeding centre by the end of week, including 12 refugee children.
- The operational capacity of food security actors in Dundo has been scaled up to provide food assistance to the refugees in coordination with the Government of Angola to avoid duplication, maximize use of resources and enlarge the food basket.

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

- **Water:** WASH actors increased the water storage capacity in Cacanda from 49,000 litres to 57,000 litres through installation of additional water tanks in order to cover the needs of new arrivals. An average of 20 litres of potable water is available per person per day in Mussungue and 19 litres per person per day in Cacanda. The number of people per water tap stands at 91 in Cacanda and 122 in Mussungue (within Sphere minimum standards of 250 people per water tap).
- The pumping tests conducted on the two boreholes drilled in Cacanda revealed insufficient yield to decrease the current water trucking substantially. A hand pump will be installed for the borehole to be used as a well.
- **Sanitation and hygiene:** Daily maintenance and repair of latrines and showers in Cacanda and Mussungue is ongoing with plastic sheeting on latrine doors being replaced by framed doors to increase safety and privacy. Hygiene promotion activities are undertaken through door-to-door sensitization and community radio broadcasts. Access to sanitation facilities stands at 25 persons per latrine in Cacanda and 32 persons per latrine in Mussungue (against Sphere standards of 50 people per latrine). Currently one shower is available per 33 people in Cacanda and 46 people in Mussungue (against UNHCR standard of 50 people per shower).
- **Lóvua:** The WASH sectoral group has conducted an assessment to review the water supply options at the Lóvua site, soil permeability, as well as the related logistical aspects.



SHELTER AND NFIS

Achievements and Impact

- The clearance of the Lóvua site, as well as the design of a base camp in the vicinity of the Lóvua site to provide office and storage space for humanitarian and development actors to operate, are progressing.
- A total of seven additional hangars with the capacity to shelter approximately 350 individuals have been constructed at the Cacanda reception centre to shelter vulnerable individuals. The hangars are already fully occupied.
- The construction of a distribution centre in Mussungue has been initiated.
- 971 Congolese refugees were transported from Ngazi and Lomua border areas over the weekend and registered in Cacanda reception centre. Between 30 June and 3 July, 1,791 refugees were registered and received dry food rations covering one month of basic items, including blankets, kitchen sets, sleeping mats, mosquito nets, buckets and soap.

Identified Needs and Remaining Gaps

- The two reception centres in the Dundo area are at their maximum capacity without possibility to extend the areas, 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
- 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

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
Total	65,507,610

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LINKS

[Angola Operational Data Portal](#)