ANNUAL REPORT OF
THE HUMANITARIAN/RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS

Country	Angola
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Reporting Period	2007

I. Executive Summary

The under-five mortality rate in Angola is 250 in every 1,000 live births, which is the second worst in the world; and maternal mortality is very high at 1,500 in every 100,000 live births. As the international community has focused in the post-war years on middle/long-term development programming, some humanitarian sectors have been poorly funded, particularly water, nutrition and health. To compound this, the first half of 2007 saw a considerable rise in vulnerable populations affected by flooding in the provinces of Moxico Luanda, and Kuando Kubango. Flooding in Luanda killed at least 82 people and 200 families were resettled in the city; in Moxico 18,755 people were affected by flooding in the very remote municipality of Alto Zambeze. The flood affected in Moxico province were in some of the areas which received the greatest number of post-war returnees who were already stuggling with access to basic water system and sanitation. It is estimated that 65 percent and 75 percent of the Angolan population does not have access to potable water and basic sanitation respectively, furthermore a great proportion of the population lost essential identification in the floods meaning that they cannot access some essential relief services.

In 2007 there were a total of 18,390 cases of cholera with 515 deaths (a case fatality rate of 4 percent), this was down from the extremely high caseload in 2006 when there were 67,256 deaths and 2,722 deaths (3 percent). At the time of writing the CERF proposal. at the end of February. there were already 8,039 cases and 257 deaths, 44 percent of the annual caseload, with this indicating a possible sharp rise in cases again in 2007 as heavy rains continued. The underlying cause of the cholera outbreak across the affected communities and municipalities in most affected areas are the cramped living conditions, the poor conditions of sanitation, environmental conditions and inappropriate hygiene practices - requiring key short-term actions to control the outbreak.

The Planalto-Central Highlands (Huambo and Bie) is the most food-insecure and vulnerable region, which relies on rain-fed subsistence agriculture. A protracted relief and recovery operation was aimed to assist 711,000 people with food aid to improve nutritional status among children, pregnant and lactating women and other vulnerable groups, particularly in areas most affected by cholera. Prior to the reception of CERF funding this project, it had been suspended due to lack of funding.

Total amount of humanitarian funding required and received (per reporting year)	**Required:** $35,000,000			
Total amount of CERF funding received by funding window	**Rapid Response:** $ 3,216,435 **Underfunded:** $4,499,828 **Grand Total:** $7,716,263			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	**Total UN agencies/IOM:** $6,698,566 **Total implementing partners:** $1,017,697			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	**Total**	**under 5 years of age**	**Female**	**Male**
	7.8 million	5.2 million	3.9 million	3.9 million
Geographic areas of implementation	a) **UNICEF and WHO** – 16 provinces at high risk of cholera Luanda, Benguela, Bengo, Zaire, Uíge, Kwanza Norte, Kwanza Sul, Lunda Norte, Cunene, Kuando Kubango, Malanje, Bié, Huamba, Huíla, Cabinda, and Namibe. b) **UNHCR and IOM** - Moxico Province – Municipalities of Alto Zambeze, Luena, Luau and Alto Zambeze; and Kuando Kubango Province. c) **WFP** - Peri-Urban Areas of Huambo, Bié and Luanda.			

II. Coordination and Partnership-building

(a) Decision-making process to decide allocation

Cholera: National needs to respond to cholera were assessed based on the regular reports of national cholera mortality and morbidity, with needs planned against the 2007 national cholera contingency plan, which UN agencies supported the Ministry of Health (MINSA) and Ministry of Energy and Water (MINEA) to develop.

Flooding: A rapid assessment of the flood affected areas was conducted by the National and Provincial Civil Protection Services (NCPS), and requests for support were subsequently made to the UN agencies. The agencies conducted joint local assessments with NCPS, depending on agency presence, to confirm need. Assistance was provided in concert with NCPS. Needs for potable water were high, including to prevent the spread of cholera. An inventory was made in Moxico to assess assistance needs, based on which emergency interventions were prioritized.

Food Security: Priority area selection was based on the 2004/2005 food security baseline survey in the Planalto, because of its high population concentration, and returning IDPs and refugees. Many people living in the Planalto and in Luanda peri-urban areas are found in conditions of high poverty and food insecurity.

(b) Coordination amongst the humanitarian country team

The NCPS is the lead Government body responsible for emergency response and preparedness, and the UN Disaster Management Team (DMT) supports NCPS to strengthen National Emergency preparedness and response. The NCPS led the flood response in Luanda and Moxico in 2007, with UN DMT

coordinated support, including on joint rapid assessments. The DMT supported NSCP to hold a national humanitarian contingency planning workshop in early 2007, the follow-up to which UNDP is supporting.

UNICEF and WHO have worked closely with the National Cholera Task Force (NCTF), its sub-committees, and the provincial cholera taks forces in provinces affected by cholera. The NCTF is led by the Ministry of Health (MINSA). The NCTF looks at Cholera Treatment, Prevention including WASH, Social Communication, Supply and Logistics. Rapid Assessments of areas affected by cholera are organised to provide a coordinated joint response. As described above, UNICEF and WHO have supported the NCTF to develop annual cholera contingency plans.

(c) Partnerships

Cholera: UNICEF and WHO supported the national and provincial cholera task forces - with MINSA, MINEA, NCPS, provincial and municipal authorities, the Armed Forces of Angola (FAA), NGOs, and CBOs. UN agencies have worked through the NCTF, its sub-committees and provincial task forces to make initial and thereafter regular assessments of the needs of the affected populations, and to plan an appropriate response.

Flood Response: The UN DMT have work with NCPS, Provincial Civil Protection Services (PCPS), and NGOs to support flood affected populations. In Moxico a local emergency coordination team was composed by local government, including the Red Cross and IOM. UNHCR worked with two NGOs, OXFAM and Dom Bosco.

(d) Prioritization process

The proposal development process was an important time to bring all UN agencies together, especially as it provided an opportunity to: 1) jointly assess existing emergency priorities in Angola and 2) assess the current state of emergency response capacity and implementation. The results of the UN assessments were checked with a selected group of partners from the principal NGOs, to ensure that the priorities given were accurate. This allowed for a deeper assessment of the priority issues. This was, however, only arranged at the last minute and therefore did not involve all relevant partners or all relevant emergency areas. This process was greatly facilitated as the CERF Secretariat in New York and the UN Resident Coordinator's Office (RCO) in Angola arranged a coordinator for the preparation of the CERF proposals.

III. Implementation and Results

RAPID RESPONSE PROJECTS

CERF Rapid Response funds enabled UNICEF and WHO to strengthen the national cholera control programme at a crucial time as the national involvement of other partners, such as NGOs, was reduced.

UNICEF

The CERF Rapid Response mechanism provided a fast injection of funds into the cholera emergency response enabling, UNICEF to continue as a credible actor, providing the essential package of technical support with considerable on-the-ground supplies. These elements of the UNICEF Rapid Response were high priority as the crisis was threatening to worsen, at a time when UN cholera funds were short. Furthermore, since the onset of the epidemic in February 2006, the cholera crisis in Angola has followed a cycle with the rainy seasons, and to ensure that Life Saving interventions were conducted, funds were utilized within three months, before the rainy season finished. Based on the expected case load, UNICEF worked with MINSA and MINEA to ensure all essential life saving items (ringer lactate, ORS, calcium

hypochlorite and purification tablets for water treatment, jerry cans and dispensers for water storage, soap and community mobilisation materials) were procured and distributed in-country, including support for cholera treament centres (CTC) nationally, with UNICEF part of this procurement, supported by CERF funding. Remaining funding was utilized in conjunction with implementing partners to ensure the effective delivery of these items to the most vulnerable populations.

WHO

WHO provided life saving direct support at provincial level through the training of emergency teams and regular supervision. Needs assessments of cholera outbreak took place in most affected provinces and within these provinces in some affected municipalities, including case management, surveillance, water and sanitation, health education. Technical support was provided to the CTC personnel. WHO and UNICEF support revitalized the emergency cholera treatment programme nationwide, and ensured national authorities were capacitated to provide an adequate response for cholera patients. A five day training of trainers workshop was held to refresh participants on the management of outbreaks and others emergencies. The objectives of this training were: (1) creation of a provincial multidisciplinary emergency task force to manage any outbreak, including cholera and (2) development of an action plan to prevent and control cholera in each province. Additionally, MINSA, WHO and UNICEF regularly supervised the provinces most affected by cholera. Assessment of food safety in two provinces, Luanda and Benguela, was done in June by WHO/AFRO regional food safety experts. The recommendations of this assessment were integrated into the five day training. The draft of a Plan of Action on food safety education in affected areas was also made.

UNDERFUNDED EMERGENCIES PROJECTS

Cholera

Since the outbreak of cholera began in February 2006, UNICEF and WHO have worked closely with the national and provincial cholera task forces. As UNICEF and WHO projects have supported the NCTF cholera control efforts, the agencies have been well placed to advocate for high-impact interventions, and CERF funding has been crucial to maintain that privelidged position, especially as the NCTF cholera interventions continue, with very little other funding to international agencies.

UNICEF and WHO supported:

- Development and implementation of 2007 and 2008 National Cholera Contingency Plans to ensure sufficient supplies are in place to meet national cholera needs, providing emergency treatment to those affected.
- Government leadership of the WASH and social mobilization working group of the NCTF. This sub-group has been a humanitarian coordination group for the WASH sector, including providing important co-ordintation during the Luanda floods in 2007.
- In 2007, the NGOs MSF and MDM pulled out of Angola, following their large scale support to tackle the cholera outbreak in 2006. UNICEF and WHO worked with MSF in 2007 to ensure that the institutional knowledge they had, after running the cholera treatment centres (CTC) nationwide during the height of the outbreak, was not lost. In 2007 MSF and MDM supported the capacitation of MINSA CTC personnel in treatment, logistics, management and follow up. UNICEF and WHO have supported capacity building workshops nationwide, including the very popular manual on the 'Training for Management of Cholera Cases'.

UNICEF

- Ensured that there is sufficient CTC capacity and supplies to provide essential life saving treatment to all 18,390 patients in 2007.
- Distributed Mother Solution for home level point-of-use water treatment to provide most vulnerable families with safe water. Through house-to-house distribution, over 170,000 litres of Mother Solution distributed, reaching 1.02 million people.

- Procured and distributed home level water and hygiene kits for families in areas vulnerable of being affected by cholera. In 2007 these packages were distributed to 86,000 families.
- Community mobilization including schools comic, leaflets and posters produced and distributed through NGO/CBO partners to over one million people.
- Due to the low number of quality indicators for water, and populations' knowledge, attitudes and practices (KAP) related to cholera UNICEF conducted a KAP survey in 2007, and also a survey of the levels of residual chlorine in homes to monitor water quality.

WHO

- Epidemiological surveillance – trained natioanl and provincial emergency task forces to improve disease surveillance, to thus improve adequate action for immediate response to control the cholera outbreak. Through the WHO supported twice weekly cholera epidemiological bulletin, the NCTF continues to closely follow the cholera outbreak situation nationally.
- Outbreak investigation and response - WHO supported MINSA to conduct needs assessments in the provinces most affected by the cholera outbreak.
- Emergency Capacity - Technical support was provided CTC personnel for cases management, and disinfection both in the CTC and in patient's houses. WHO supported MINSA to supervise CTC management, and provided municipal training where required, with a total of 112 CTC personnel trained across five provinces.
- Coordination – WHO continues to coordinate the NCTF water-sanitation emergency sub-commission, with participation of MINSA, MINEA, Luanda provincial water and sanitation authorities, UNICEF, and NGOs. The body coordinates access to safe water in vulnerable areas, and distribution of chlorine.
- Emergency stocks of drugs and protection clothes for CTC staff, and chlorine for disinfection in the CTCs.
- Social Mobilization - Poster on Food Safety distributed; Health education campaign developed for transmission through media channels.

IOM

Thanks to the Swiss Development Cooperation, USAID/OFDA and CERF funding, IOM assisted more than 38,000 beneficiaries with non-food items and shelter materials, as well as shelter construction for most vulnerable families. IOM also supported 2,300 families with agricultural support (non-CERF), as more than 3,500 agricultural fields flooded, and crops were attacked by pest.

IOM conducted:

- Through CERF funding, 23,422 beneficiaries, mainly IDPs, demobilized soldiers and returnees, received assistance from IOM. IOM distributed non-food items, including kitchen kits and more than 10,000 blankets.
- Through all contributions IOM reached 38,085 persons in 36 villages with non-food items.
- IOM hired boats to cross the Zambeze River to access hard to reach villages.
- Local Interventions – a) Lunach village: i) constructed shelters for 55 vulnerable families, ii) carried out HIV awareness sessions; b) Mupachi village: 49 secure shelters built for 490 vulnerable families under a plan developed by the local government, communities and IOM, with the shelters built at a safe distance from the river. The shelters in Lunachi and Mupachi are constructed so that families can transform them into permanent houses by replacing the plastic sheets with bricks. The iron sheets of the roof will remain. The technical team of NCPS in collaboration with IOM is training the beneficiaries of the shelters to mould bricks. In Lunachi, the Angolan Red Cross is building 54 family latrines to complete IOM shelters. It should be noted, that based on discussions with provincial officials in the affected areas, evacuation centers were not established, with individual household tents/shelters provided in their place to provide more flexibility to homeless families. This option required less time, effort and material to put up with no construction involved, it also provided for privacy and dignity of families, and allowed for storage of the emergency shelter for future use, thereby building capacities of the affected families for emergency evacuation.

WFP

WFP assisted nearly 30,000 beneficiaries with nutritional and other medical support (TB and HIV patients) at selected health centers in the Huambo and Bie "Planalto" provinces, and in peri-urban areas of Luanda. Food procurement was done soon after the grant was made available and commodities started to arrive in country by mid-July 2007, as procurement took sometime given the long lead time for the arrival of supplies into Angola, foreseen project activities were delayed. Therefore, assistance started using the supplies carried over from 2006.

WFP ensured that support was provided through national institutional efforts and prioritized assistance to the most vulnerable food-insecure areas. WFP had an agreement with NCPS to undertake food distribution for the 2,195 Metric Tonnes of assorted food procured.

UNHCR

UNHCR targeted the highest concentration of people in Moxico, Luena municipality, to provide sustainable access to safe water. A Luena city town water system exists but is in very bad conditions and provides water only 5 months a year to less than 40,000 people in comparison to the total city population of 362,633 persons. The project was complemented in coordination with UNICEF and WFP, to mitigate the impact of cholera and to provide nutrition respectively to the same affected returnee communities. In Luena the urban and peri-urban population use the few water points, with sometimes thousands of people are using the same water points. UNHCR worked through the NGOs OXFAM and Dom Bosco.

During the reporting period, training was carried out by Oxfam and Dom Bosco, to support Provincial Government Energy and Water and Health Departments, community based organizations on effective construction of wells and bore holes, and environmental friendly methods of hygiene and sanitation promotion. The impact of the training can be seen in the improved provincial capaicty to manage local drilling projects, including the bore hole drilling machine. The training has also capacitated communities to manage their water and sanitation infrastructure through development of local committees.

Besides effectively training Dom Bosco on borehole drilling, installation of water pumps and construction of low cost pit latrines, OXFAM GB also worked closely with the government in improving water and sanitation in local communities.

(a) Monitoring and Evaluation

UNICEF

UNICEF worked closely with the Government of Angola and other implementing partners to ensure the delivery of effective inventions for prevention and treatment. UNICEF has worked with these partners to verify that all project deliverables reached the targeted recipients and used as intended. UNICEF and partners pursued several means to ensure that interventions are applied as intended by beneficiaries, including through field visits, a Knowledge, Practices and Behaviour (KAPB) survey, routine assessments of health service delivery. Field visits included the monitoring of the delivery of social mobilisation in communities, the quality of water purified for trucking to be delivered to communities in affected areas, effectiveness of CTC management, and the application of essential behaviours at the household level.

WHO

In all the 18 provinces, WHO has offices with National Professional Officers (NPOs) supporting the provincial health authorities to strengthen the surveillance system. Through these NPOs, the CERF team was able to regularly monitor the project all over the country. In addition, monitoring was done through monthly supervision by a joint team WHO/MINSA in the 8 most affected provinces and one supervision visit for the other affected provinces. The Supervision team was a joint WHO/MoH team composed of

public health officers and water sanitation engineers with the following objectives: (1) to ensure the follow up of the recommendations of the assessments and (2) to ensure the implementation of the preparedness plan before the next rainy season (end of the year) in order to cope quickly with any increase of diarrhoeal diseases cases or a new cholera outbreak.

UNHCR

The monitoring is done on weekly basis by the UNHCR staff of the Assistance Unit. In addition, UNHCR gets monthly updates, quarterly reports and organizes meetings with the partners involved.

IOM

Monitoring and evaluation of the project took place during all the project implementation, with regular visits by IOM Cazombo head of office on the shelter construction sites. IOM staff distributed non food items and shelter materials. The local government supported IOM's work and jointly monitored the project activities, including the distribution of non-food items.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Water and Sanitation	07-HCR-008 Establishment of basic potable water and sanitation	200,946	23,906		▪ Construction of 4 new water points/water systems ▪ Construction of 2 new water points/water systems with two submersible pumps, installation, two 5000 liters tank, 1 generator ▪ Construction of two easy access toilettes in the health center and the school ▪ Construction of 100 latrines ▪ Construction of 100 rubbish pits ▪ Provision of tools and materials to 4 community water and sanitation groups (GAS) in the operation and maintenance of water points, construction of latrines using local materials and health promotion, to guarantee its sustainability	▪ 18 communities have been in hygiene practices and water points locations identified ▪ 17 sanitation community groups (GAS) groups trained in 17 communities, able to maintain their wells with the support of Dom Bosco and DPEA Materials are being procured to be given to Dom Bosco and DPEA ▪ 4 water and sanitation community groups (GAS) created and trained on management of the water point and basic maintenance ▪ 1 borehole completed. Mechanical problems with compressor delayed the work ▪ 30 rubbish pits completed; 245 latrines completed. ▪ 2 fountains distribution points rehabilitated with consumption measurement system and the water management groups re-activated.
Water and Sanitation	07-HCR-007 Establishment of basic potable water and sanitation systems for vulnerable Second disbursement	510,460	33,906 Angolan former refugees and former internatlly displaced persons	Oxfam GB, Sale Siano de Dom Bosco	▪ Construction of 12 new water points/water systems ▪ Rehabilitation of 3 existing water points which are currently not operational ▪ Construction of 540 latrines ▪ Construction of 540 rubbish pits ▪ Provision of tools and materials to 17 community water and sanitation groups (GAS) in the operation and maintenance of water points, construction of latrines using local materials and health promotion, to guarantee its sustainability, • Provision of tools and materials to a local NGO – Agua Bosco – and the	▪ 15 boreholes (9 in Lucusse, 4 in Luena,1in Luchazi en route Lucusse and another Kavungu) and water wells (In Kavungo, Fundulo and Mucussueji) were constructed and are functional ▪ 2 Boreholes established at the school and health post ▪ A waiting the 2 submersible pumps to be installed and the 2 elevated water tank structures to be installed ▪ Mud pump is operational and rehabilitation of intake works and water stands delayed by government due to delay in approval of the proposed works ▪ 6 communal water stands to be completed when DPEA gives their approval

					Provincial Water Authority (DPEA) for the sustainable management of small water systems, drilling, well digging, spring protection, management of a provincial Agridev municipal spare parts bank, construction of latrines and health promotion	▪ 3 wells constructed in Cavungo (A. Zambeze, Fundulo and Mucusseji ▪ 3 other wells were rehabilitated in Sakatordo, Retomado and Dangereax (Luau) ▪ The above achievements has increased access to water & health thereby reduce rate of mortality caused by water borne diseases such as Malaria, diarrhea in the most vulnerable areas of return ▪ Target communities have increased access to use of latrines and rubbish pits. A total of 1096 latrines and 778 rubbish pits were constructed and in use by community members ▪ 2 VIP latrines have being constructed in Alto Luena, one at the primary school and another at the Health Centre built by Dom Bosco ▪ The project was unable to provide concrete percentages as regard to reduction in the number of diseases and improvements in health education/sanitation because baseline survey was not conducted in Moxico ▪ Technicians from Dom Bosco and the Salvation Army have received on job training and now able to drill and equip boreholes and wells on their own. DPEA staff have also participated in seminars conducted by OXFAM ▪ The training in Cangamba was cancelled as the group of trainers sent had a car accident and the money for the training was stolen during the time the people were rescued ▪ Provincial Directorate of water and Energy (DPEA), The Salvation Army (TSA) and Agua Bosco (water wing of Dom Bosco) are now directly and independently working with project communities within water and sanitation and public health promotion ▪ WATSAN committee were trained by Oxfam and Dom Bosco and are currently independently mobilizing the communities

						on health related issues such as hygiene practices, evidenced by the increased access to excreta disposal facilities- increase latrines and rubbish pits in the communities
Water and Sanitation	07-CEF-014 Emergency Water and Hygiene Provision in Luanda	500,000	4,080,000 individuals	Ministry of Health, Ministry of Energy and Water, National Scouts Association	▪ Procure and distribute the following items to 39,500 families in Cazenga, Cacuaco, and Sambizanga municipalities of Luanda province: 39,500 jerrycans; 39,500 water dispensers; 197,500 bars of soap; 7,110,000 water purification tablets	▪ 413,000 people reached in cholera affected areas, essential home water treatment, storage supplies, soap for home hygiene ▪ With the National Directorate for Water (DNA), the Luanda Provincial Directorate of Health and the Scouts, organised mass distribution of Mother Solution for home level water treatment. In eight weeks of distribution 1 million of the most vulnerable people were reached in Luanda. Implementation has begun in Benguela and Malange, and will continue in Cabinda and Huambo prior to the start of the rains in late 2007 ▪ To assess continued safe water needs UNICEF and partners surveyed the levels of residual chlorine in the most vulnerable communities in Luanda, with initial results showing 82% of households continue to use water that is not effectively treated ▪ UNICEF supported Government to finalize 6 month provincial contingency plans for each of Angola's 18 provinces ▪ As the early 2007 rains led to considerable flooding and dislocated populations, UNICEF supported the Government's response through provision of essential supplies to assist affected communities, including water storage and treatment supplies, and Long Lasting Insecticide treated mosquito nets **Water and Sanitation** ▪ UNICEF procured and distributed packages of essential home level water and hygiene supplies for families alongside Mother Solution in areas vulnerable of being affected by cholera. In 2007 these packages were distributed to 86,000

						families, including 11,000 child-friendly water dispensers (bucket with tap) and 86,000 jerry cans, 1.2 million water purification tablets, soap and IEC materials; ▪ As the early 2007 rains led to considerable flooding and dislocated populations, UNICEF supported the Government's response through provision of essential supplies to assist affected communities, including water storage and treatment supplies, and Long Lasting Insecticide treated mosquito nets ▪ At the household level, UNICEF has supported the organisation and coordination of distribution of a 1% solution of hypochlorite of calcium (Mother Solution), over 170,000 litres of Mother Solution have been distributed reaching 1.02 million people. This Mother Solution is aimed to provide each family in the areas most vulnerable of being affected by cholera with a solution to treat water, making it safe for household consumption. Mother Solution distribution has been conducted in close collaboration with the UNICEF Programme Communication section, to coordinate the distribution through 1) house to house systems in partnership with the National Scouts Association; 2) fixed post distribution through municipal health authorities. The development of Mother Solution production and distribution processes through the CERF in 2007 have supported continuity of the programme in Luanda, Benguela, Huambo, Huila, Cunene and Cabinda provinces worst hit by cholera in 2008. Support to this programme has been continued at the request of the National Cholera Task Force given the impact shown in 2007 ▪ To assess continued safe water needs UNICEF and partners surveyed the levels of residual chlorine in the most vulnerable communities in Luanda, with results

						showing 82% of households use water that is unsafe **Community Mobilisation** ▪ MINSA and UNICEF produced a Knowledge, Attitudes and Practices survey on Cholera to provide all agencies working on cholera issues in Angola with accurate information for planning and targeting communities with effective cholera prevention and treatment interventions **Coordination** ▪ UNICEF supported Government to finalize 6 month provincial contingency plans for each of Angola's 18 provinces;
Water and Sanitation	07-CEF-027 Reduction and response for Cholera Mortablity in Angola	1,750,000	4,080,000 Individuals	Ministry of Health	▪ Treating water at the point of source, ensuring clean water supply to 1,701,000 people for 3 months. Through CERF funds UNICEF will procure and distribute 22,680 KG of Calcium Hypochlorite ▪ Providing home level supplies for provision of clean water, sanitation and hygiene facilities and materials for 324,000 people in cholera affected areas. Through CERF funds UNICEF will procure and distribute 65,000 20 litre jerrycans and 212,000 bars of soap ▪ Strengthening social mobilization activities to reach 4,080,000 people through production and distribution/display of targeted Information Education and Communication (IEC) materials, together with distribution of supplies essential to maintain safe water and sanitation in homes in	In 2007 there were 18,390 cases of cholera, down from 67,256 in 2006. The case fatality rate in 2007 was 3% down from 4% in 2006; the total number of fatalities in 2007 was 515, compared to 2,722 in 2006 **Cholera Treatment** ▪ 10.25 million people in cholera affected areas reached through house to house visits, community mobilisation, and television and radio broadcasts discussing the importance of early treatment of, and how to avoid cholera ▪ 49,900 people with cholera, or suspected of having cholera, reached with medical supplies such as Ringer Lactate and ORS. There were 18,390 cases of cholera and 515 deaths officially notified in 2007, a case fatality rate of 3%. Other supplies (non-CERF) were used to prevent a higher incidence of severe diarrhoeal disease ▪ Cholera treatment and management training courses conducted in all 18 provinces, to ensure each province has at

					affected areas	least 25 trained health personnel to lead the cholera treatment response. This training was essential to ensure that effective cholera treatment capacity was in place following the withdrawal of MSF and MDM from Angola in 2007, as they had led the national treatment response in 2006. WHO has continued to capacitate health personnel on cholera in the worst affected areas in 2007 and 2008 ▪ Technical capacity was provided to support Government for national coordination and response management, including development of contingency plans for supplies, water and sanitation provision, monitoring and evaluation systems. This support was essential to ensure that sufficient supplies for Cholera Treatment, Water and Sanitation, and Social Mobilisation are in place nationally over 2007 and 2008. This process has significantly supported the Government to plan their national response, including the development of a National Emergency Contingency Plan (not yet released) through the National Civil Protection Commission, supported by OCHA and the Angola UN DMT
Protection/ Human Rights/ Rule of Law	07-FPA-006 Emergency reposnse to support the Angola MOH in provision of STIs treatment and sexual & gender based violence management	107,000	20,000 individuals		▪ Training the team members in the health facilities to determine and treat gender based violence issues and sexual diseases ▪ Purchase and distribute kits of essential drugs, condom and equipment to manage GBV and STIs cases in the 2 health facilities centres ▪ Conduct IEC and awareness raising campaigns at the community group level around sexual education and gender based violence, including HIV & AIDS	▪ Health providers from the 2 health facilities realized in order to determine and treat GBV consequences and STIs. As a result 14 Nurses trained and 43 Emergency Kits distributed and managed ▪ 236 participants (which 106 men and 130 women) in IEC and awareness raising campaigns conducted at the community level around sexual education, including STI and HIV & AIDS and gender based violence ▪ 4 Field visits in Samba municipality ▪ 2 theatre plays in Samba municipality ▪ 6 dialogue session using face to face methodology, in Samba municipality ▪ 2 Field visits in Cacuaco municipality,

						where 840 IDP's lodged in the tents
Food	07-WFP-015 Nutrition Suupport in Targeted Areas of Angola	2,157,432	2,200,000 individuals		▪ WFP will continue with the support to Nutritional and other medical programmes through the provision of food as a nutrition complement for in-hospital patients, mainly children under five years of age and other patients seeking health care in selected health centres. The distribution is to be in form of wet feeding, for in-hospital patients and as a dry ration for patients attending consultation	▪ WFP procured 3,329.284 MT of assorted food procured. 1,980.500 MT of assorted food received in country. Clearing process from the seaport is ongoing ▪ WFP and Government project responsibilities are set and complementarities made clear
Health	07-WHO-010 Reducing mortality and morbidity due to the cholera epidemic	717,970	2,200, 000 Individuals	Ministry of Health	▪ Assist in the coordination of the health sector response by reactivating the emergency task force and mapping the emergency health interventions ▪ Enhance cholera surveillance to ensure early detection, reporting and response ▪ Support the training of provincial and district health teams in cholera epidemic preparedness and response as a component of the IDSR ▪ Enhance MoH capacity in stocks and logistic management ▪ Ensure provision of safe water at healthcare facilities ▪ Improve water quality testing and promote home treatment of drinking water ▪ Monitor status of sanitation facilities ▪ Support health education of communities and community leaders on cholera prevention and control; ▪ Promote appropriate technologies for safe water and sanitation through the communities' involvement	▪ The health sector response coordination was supported and assisted through the reactivation of the emergency task force in all the 18 provinces ▪ The emergency health interventions were mapped ▪ Cholera case notification and reporting processes were improved and epidemiological data were made more reliable ▪ The MoH logistic department was supported by the arrival of a technical officer from Geneva ▪ Water quality was regularly tested in the provinces at CTC levels and in households ▪ Cholera Mortality (CFR) reduced as compared to 2006 ▪ Cholera Morbidity (Attack Rate) reduced to 3% as compared to 2006. ▪ Public awareness raised regarding hygiene measures ▪ Cholera material and equipment donated to the MoH ▪ Viral Haemorragique Fever Emergency preparedness and control activities reinforced

Health	07-WHO-006 Emergency reponse to support MOH in controlling the cholera outbreak in the country	1,466,435	2,200,000 Individuals	Ministry of Health	▪ Support health assessment updates in cholera prone areas and identify provinces most in need for support • Assist in the coordination of the health sector response by reactivating the emergency task force and mapping the emergency health interventions ▪ Enhance cholera surveillance to ensure early detection, reporting and response ▪ Support and facilitate the training of health care staff at national and provincial levels on early cholera case detection, preparedness and response ▪ Support constitution of emergency stock of drugs ▪ Ensure provision of safe water at healthcare facilities ▪ Improve water quality testing and promote home treatment of drinking water ▪ Organise and strengthen IEC in food safety ▪ Organise trainings of trainers courses in food safety ▪ Monitor status of adequate sanitation facilities. ▪ Support heath education	▪ The knowledge of 112 health professionals were updated through a refresher training and they were trained on cholera life saving capacities ▪ Health needs Assessments were conducted in cholera prone areas in the affected provinces; gaps were consequently filled through refresher training and supervision ▪ Emergency Plans done in each province ▪ Cholera and Emergency Task Force were formed and are functionning in each province ▪ Assessments of food safety were conducted in two provinces (Luanda & Benguela) in June by WHO/AFRO regional food safety officers. ▪ Health education campaigns were developed for all target groups (from national level to the general public) through media channels. ▪ Coordination was reinforced through regular active participataion to the Tasks Force Meetings
Shelter and non-food items	07-IOM-002 Suppoprt to returnees affected by the floods	306,020	8,000 Individuals		▪ IOM will procure, transport and distribute emergency non-food items to the affected populations in the targeted district of Cazombo ▪ Providing non food items to 8000 persons affected by flood in the commune of Cazombo and the villages around, in Moxico Province	▪ Through CERF funding, more than 14,000 beneficiaries, mainly IDPs, demobilized soldiers and returnees, have received some kind of assistance from IOM ▪ IOM distributed non-food items, including kitchen kits (composed of pots, plates, spoons, forks, knives, cups, bowls, jerry-cans and soaps), children clothes and 10,000 blankets. IOM hired boats to cross the Zambeze River in order to reach further villages. In total 14,126 persons in 14 villages benefited from the distribution of non-food items as of the end of June

						▪ IOM constructed shelters for 55 vulnerable families in Lunachi. IOM carried out HIV awareness sessions in Lunachi village. IOM built shelters for 49 vulnerable families in Mupachi, after a plan worked out by the local government, the communities and IOM. IOM distributed also construction materials: corrugated iron sheets and plastic sheets, to more than 10,000 flood-affected people that are able to construct their own shelters ▪ IOM distributed non-food items, including 2130 kitchen kits (composed of pots, plates, spoons, forks, knives, cups, bowls, jerry-cans, soap and bleach), 10,234 blankets, 400 corrugated iron sheets and 1652 plastic sheets to 23,422 people affected by flood in the commune of Cazombo and its area ▪ Furthermore, IOM distributed also construction materials: corrugated iron sheets and plastic sheets, to more than 2,000 flood-affected heads of families that are able to construct their own shelters ▪ IOM constructed shelters with a capacity to accommodate 10 persons, for 55 vulnerable families in Lunachi and for 49 vulnerable families in Mupachi, after a plan worked out by the local government, the communities and IOM. The locations, where IOM constructed the shelters in Lunachi and Mupachi, are on higher grounds and further away from the river than the destroyed houses were, in order to protect them from future flood damages. The shelters are so constructed that the families can transform them into permanent houses by replacing the plastic sheets with bricks. The iron sheets of the roof will remain ▪ IOM carried out HIV awareness sessions in Lunachi village

V. CERF IN ACTION

Emergency Shelter (IOM)

During the war, Mrs. Mica Cacuhu lived in the village Kahanganyi, near Cazombo. While searching for fire wood she stepped on a mine; her husband, Mr. Alberto Masseca, who tried to help her was also hit by a mine. Both were brought to the hospital in Luena (capital of Moxico Province) and from there they made their way to the refugee camp in Maheba, Zambia.

In 2002, when the peace came back in Angola, the couple and their two children returned with the Voluntary Repatriation Program to Mupachi village near Cazombo.

In March 2007, the house of the family was destroyed by the floods. Mrs. Cacuhu was pregnant; she gave birth to a baby girl in April. Now the family is living in the shelter IOM constructed for them and they profited from non-food items' distribution.

The village of Mupachi, where many Angolan refugees returned after the end of the war, was one of the most affected villages in the Cazombo area, with more than 2,365 victims of the floods. IOM built shelters for 49 vulnerable families on higher grounds and distributed non-food items, including blankets, kitchen kits, and children's clothes, to 1,103 beneficiaries and shelter materials to 932 beneficiaries.

Water and Sanitation (UNHCR)

Mrs. Angelina Peso in the community of Cavungo Bairro de Nhamuxili explained that it was previously very difficult to talk about digging pit latrines, but now after the community mobilisers were trained in community mobilisation and hygiene practices things have changed positively. Now her my family, they have a latrine, they will no longer go into the bush to relieve themselves, because they have seen the benefit and importance of using latrines. Sr. Angelina said that they will now tell others to dig their latrines.

Mr. Eduardo Bunji of Cavungo was very grateful for the project work. He said that men in his community never constructed latrines, but with the training done by the project on public health and hygiene promotion, people now work hard to build pit latrines. Each family wants their own pit latrine. They now see changes in the neighbourhood, apart from the number of latrines increasing; there is also increase of the number of rubbish pits.

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Left-Completed water well in Kavungo, with hand pump installed and Right - Ladies Celebrating

Angola: Cholera Continues to Take Lives (UNICEF)

Without making a sound, a two-year-old girl bundled in traditional coloured cloth was brought by her mother into a Cholera Treatment Centre in Luanda. The girl's mother, 24-year-old Domingas Vertis, astutely sprayed disinfectant on the soles of her sandals, washed her hands, and stepped onto a sterilized doormat before handing her child to the attending nurse and health assistants. She had done this all before in April during the height of the year's first rainy season, when both she and her five-year-old son suffered from intensive vomiting, diarrhea and dehydration. Suspecting cholera, which she had heard about through UNICEF-sponsored public service radio announcements, Domingas came to this special Cholera Treatment Centre (CTC) in Boavista, a slum area and suburb of Luanda, Angola's capital.

Patients receive life-saving treatment at a Cholera Treatment Centre in Luanda. (c) UNICEF Angola/2006/Onelio Kossi

Here they had access to life-saving medicine and health care, not to mention round the clock monitoring by medical staff. Treatment of cholera patients nationwide has been a major health intervention by the Ministry of Health with support from UNICEF and WHO.

However, medical assistance is often sought too late. Without early detection and correct medication, cholera easily kills within hours from the onset of symptoms. Unlike Domingas many others will not have the resources or knowledge to seek medical attention.

Cholera can spread rapidly in overcrowded living conditions, especially those with insufficient sanitation and low access to safe drinking water or hygiene. Neuza Chipango, Head Nurse at the Boavista CTC, is worried. "Back in April 2006, during the height of the outbreak, this clinic had five tents set up and still there was not enough room. We had to treat patients on the ground, there were just too many,'" she remembers. Since the end of February 2006, there have been more than 83,575 reported cholera cases and 3,141 deaths across all but two of Angola's 18 provinces.

The United Nations Central Emergency Response Fund (CERF) has funded UNICEF and WHO to support the national cholera control measures being taken by the Ministry of Health and the Ministry of Energy and Water, to save lives. To date, this has included provision of chlorination of water in the most-affected areas, reaching 200,000 people daily in Luanda. In other provinces, 'safe water' packages and soap for thousands of households have been donated to families. Assistance has also included training of staff in cholera diagnosis and case management and positioning of essential cholera treatment and medication. Cholera awareness messages have been produced and broadcast via television, radio stations, and through community channels reaching an estimated 4.8 million people.

Still, more needs to be done. To date, less than 40 per cent of Angola's population has access to safe water. Today, Domingas Vertis says she and her son have no more symptoms of cholera. But as the four nurses and health assistants administer an intravenous drip solution for her daughter, worry returns to her face. She can only hope that she brought her to the clinic on time.

Cholera Outbreak Control Actitivies in Benguela Province (WHO)

Thanks to CERF funding and WHO support, cholera surveillance was strengthened, emergency drugs provided for cases management, provision of safe water ensured at health care centers including quality testing. WHO also supported MINSA to strengthen information management, education and communication campaigns in food safety and the monitoring of status of adequate sanitation facilities are among other the activities in the 16 most affected provinces. All these activities lead to quick and better detection of cases and prevented further unnecessary deaths. Significant decrease in case fatality ratio at national level has been notified after the strengthening of cholera control programme, from 4 percent in 2006 down to 2 percent in 2007. If we considered only the period from end of April to July, the CFR passed from 3 percent to 1.7 percent at the national level. (3607 cases and 62 deaths during this period).

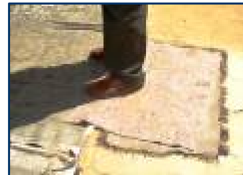
In June 2007, a huge reduction of cholera cases was noticed to reach less than 30 cholera cases per week, compared to 2006, with an average of 1000 cases per week. Direct support at provincial level through the training of emergency teams and regular supervision revitalized the programme activities. As a result, the effort to tackle the cholera epidemic and its control remained high even once the outbreak was over. The coastal province of Benguela has been plagued by cyclical outbreaks of cholera and waterborne diseases following flash floods related to heavy rainfall.

During the training, several CTCs were visited and the *Fronteira CTC* has shown to manage the cases of cholera adequately. The Centre, and its separate wards, is planned for 54 patients and only five patients were presents the day of the visit.

Chlorinated water

Protection gear

Pediluve



Poster for sensitization

ACRONYMS

Armed Forces of Angola:	(FAA)
Cholera Treament Centres:	(CTC)
Disaster Management Team:	(DMT)
Knowledge, Attitudes and Practices:	(KAP)
Ministry of Health:	(MINSA)
Ministry of Energy and Water:	(MINEA)
National Cholera Task Force:	(NCTF)
National and Provincial Civil Protection Services:	(NCPS)
Resident Coordinator's Office:	(RCO)