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

Country	**Angola**
Resident/Humanitarian Coordinator	**Ms. Jocelline Bazile-Finley**
Reporting Period	**1 January 2009 – 31 December 2009**

I. Summary of Funding and Beneficiaries

Funding (US$)	Total amount required for the humanitarian response:		$4,600,000
	Total amount received for the humanitarian response:		$2,790,598
	Breakdown of total country funding received by source:	CERF	$2,354,123
		CHF/HRF COUNTRY LEVEL FUNDS	
		OTHER (Bilateral/Multilateral)	$436,475
	Total amount of CERF funding received from the Rapid Response window:		$2,354,123
	Total amount of CERF funding received from the Underfunded window:		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	$2,113,739
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	$240,384
		c. Funds for Government implementation:	
		d. **TOTAL:**	$2,354,123
Beneficiaries	Total number of individuals affected by the crisis:		200,000
	Total number of individuals reached with CERF funding:		200,000
			est. 56,000 children under 5
			est. 124,000 females
Geographical areas of implementation:		Provinces of Cunene, Kuando Kubango, Moxico and Bie	

II. Analysis

Nearly three decades of civil war left many Angolans across the 18 provinces in isolation and poverty and spawned a disastrous humanitarian crisis in Angola. Eight years after the end of the war, social indicators for Angola are consistently among the worst in the world. Angola ranks 143 out of 182 countries, based on UNDP's 2009 Human Development Index; life expectancy is one of the lowest in the world; the under-5 child mortality rate represents one of the highest in Africa; 35 percent of children suffer chronic malnutrition; and an estimated 68 percent of Angolans live below the poverty line. Coping mechanisms to deal with disasters are therefore extremely fragile: emergency assistance to ensure people are provided with essentials is crucial.

In early February 2009, the southern and central provinces of Angola were affected by severe flooding. The total affected population was estimated at 200,000 people in the provinces of Bie, Cunene, Kuando Kubango, Lunda Sul, Malange, Moxico and Uige. Among the four provinces most affected (Cunene, Kuando Kubango, Moxico, Bie), Cunene was particularly hard hit, river and flood water levels recorded were the highest since 1963. Roads were destroyed, in particular the main road to Namibia - forcing the government to evacuate people by boat and to use helicopters to deliver emergency assistance.

The initial needs assessment of the flood affected areas was conducted by the National Civil Protection Services (NCPS) and the UN Disaster Management Team (DMT). National needs to respond to cholera were assessed based on the regular reports on the national cholera mortality and morbidity (Cholera Epidemiological Weekly Bulletin). The result of these assessments was the identification of three priority emergency interventions: access to safe water and sanitation, adequate shelter and public health facilities. For the United Nations Country Team (UNCT), the most significant criteria was the urgent needs of affected populations in the most affected areas. However, it was also essential to address the lack of knowledge (i.e. some distributed mosquito nets were used to fish in the floodwater) and raise awareness on how to prevent communicable disease (i.e. communicate on the dangers of open defecation).

Despite the depth and scope of the emergency management experience available, the impact of the flooding was such that additional support was urgently required for the successful and life-saving response and to substantially reduce the risk of a foreseen cholera outbreak. Available UN and NGO resources were insufficient in providing adequate support to the 200,000 affected persons and to substantially reduce the risk of cholera outbreaks as seen in previous years. The donor community in Angola monitored the situation closely and was in close contact with the DMT. The donors, while supportive of the need to strengthen the response, clearly stated that their expectation was that the UN should seek funding from the CERF – a mechanism to which donors have already made contributions. They further reiterated their intention to focus on the recovery and development phase; programmes consistent with their support in recent years.

In March 2009, the Office of the Resident Coordinator submitted an application to CERF, through the rapid response mechanism, for US$2,354,123 for three projects: United Nations Children's Fund (UNICEF) *"Securing Access to Safe Water and Public Sanitation"*; International Organization on Migration (IOM) *"Rapid Humanitarian Support to Displaced Communities Affected by the Floods in Angola*"; and World Health Organizaton (WHO) *"WHO Support to Health Sector Response to Natural Disaster Mitigation: Angola Flood and Cholera Response".*

The NCPS is the lead Government body responsible for overall emergency response operations and preparedness activities. The DMT supported NCPS to strengthen national emergency

preparedness and response. The NCPS led the flood response with DMT support, including joint rapid assessments. Under the leadership of the NCPS, and in partnership with various stakeholders (including the Ministry of Health (MINSA), Ministry of Social Affairs (MINARS), Ministry of Energy and Water (MINEA) and both national and international NGOs), the UN, through the CERF mechanism, provided direct life-saving support to more than 200,000 people affected by the flooding in Cunene, Kuando Kubango, Moxico and Bie provinces.

Securing Access to Safe Water and Public Sanitation

UNICEF ensured the provision of safe water and sanitation for 200,000 people affected by the flooding through the construction of boreholes and latrines in internally displaced persons (IDP) camps in Cunene. Securing access to water and sanitation facilities was complemented by hygiene promotion campaigns and the distribution of basic health and nutrition supplies, such as first aid kits, long-lasting insecticide-treated nets (LLINs) and Plumpy Nut.

UNICEF provided immediate life-saving safe water infrastructure in the IDP camps, as well as in severely affected areas. UNICEF sent first aid kits, water born disease management materials (aluminium sulphate, chlorine, oral rehydration salts (ORS), sodium lactate and basic nutrition supplies (vitamin A, Plumpy Nut, weighting pants, MUAC arm bands) to address the immediate needs of the affected population in Ondjiva, their distribution was coordinated with the provincial health authority (Provincial Health Directorate (DPS)). Supplies delivered through the Government of Angola include 250,000 ORS sachets to treat 25,000 patients in need of urgent re-hydration; 6,700 home level water kits for 40,000 people; 35,000 buckets, hypochlorite of calcium for the treatment of water, 30 water tanks of 1,000L capacity and 30 water bladders with capacity of 10,000 litres for distribution of safe water to 35,000 people on a daily basis in the displaced camps and throughout the most vulnerable communities.

As a second response, UNICEF's emergency team also looked beyond initial needs and focused on the strengthening of existing structures towards a greater level of community resiliency. UNICEF worked with partners to provide water and sanitation infrastructure. Works completed within this objective included the installation of a water treatment unit in the first camp near Ondjiva "Tchimpaca", the construction of boreholes (water points with hand pumps) in the second camp at Okapale place and the third camp in Caxila, and additional water trucking to cover communities beyond the catchment area of Ondjiva.

In partnership with Oxfam and the Angolan Red Cross, UNICEF completed a total of 450 latrines in the camps where the affected people settled.
In response to the damage recorded on school settings (approximately 15,000 children under 18 years old were affected), UNICEF provided School in a Box education kits and recreation kits that were used in camps.

In additional to safe water access, UNICEF partnered with the Angola Red Cross to raise awareness and understanding of disease prevention. In total, more than 44,000 people were targeted in the education campaign. Leaflets explaining how cholera is spread and how to prevent infection were widely distributed. UNICEF also supported the national commission for civil protection in the development of child focused guidelines for natural disaster management. The trainings were run in conjunction with public sanitation and public outreach campaign.

Rapid Humanitarian Support to Displaced Communities Affected by the Floods in Angola

IOM distributed construction materials and plastic sheeting to build shelters and rehabilitate destroyed homes, as well as essential non-food items (NFI) such as clothes, blankets and

kitchen utensils. CERF funding helped to make a decisive impact, bringing quality assistance to many people in remote communities and re-settle them on safe grounds.

IOM's project activities included a needs assessment and procurement and distribution of NFIs and shelter construction material. IOM and partners distributed plastic sheeting for shelter and basic household items such as blankets, soap and kitchen utensils to 23,781 people, amounting to 31 percent of all affected people. These people were assisted in Moxico province (392 families, 1,560 individuals); Kuando Kubango (630 families, 3,023 individuals); and Cunene (3,708 families, 19,198 individuals). In total, IOM assisted 4,730 families (23,781 people).

During the project the following convoys were organised:

- 3 flights (each with 13t) to Menongue (Kuando Kubango)
- 2 flights (each with 13t) to Onjiva (Cunene)
- 2 trucks to Onjiva (iron sheets)
- 3 trucks (56t) to Luau (Moxico)
- 1 truck to Menongue from South Africa (1 container 40')
- 1 truck to Menongue and Onjiva from Namibe port (1 container 40', 1 container 20')

The procurement of construction material locally, facilitated by the local administration, allowed people to use material that they knew how to build their houses with (daub & waddle type architecture). Housing was then enhanced with iron sheets which provided better protection against rain than traditional grass thatched roofs. The new houses are built on elevated ground to minimise exposure to future floods.

CERF provided IOM with immediate financial resources to start procurement of blankets and essential NFIs that were distributed to affected households. Also, IOM was able to purchase emergency items (notably clothes and kitchen kits) in the initial phase of the emergency and transport them via flights operated by Angolan National Civil Protection to the affected areas while procurement for larger amounts of material was on the way. CERF was IOM's largest donor and also the first. Later on, IOM received additional funding from USAID to complement the initial response that was started with CERF funding. This extended the number of total beneficiaries.

<u>WHO Support to Health Sector Response to Natural Disaster Mitigation: Angola Flood and Cholera Response</u>

The CERF rapid response mechanism provided a fast injection of funds into the cholera emergency response. This enabled WHO to continue to credibly support the MoH to deliver life saving activities.

WHO supported the MoH at national and provincial levels to provide life-saving direct support, in most affected areas, through the procurement and distribution of emergency and humanitarian kits; strengthening the MoH and provincial authorities' capacity in emergency preparedness and response to reduce mortality; conducting need assessments and outbreak investigation; adoptioning and using WHO guidelines and norms for emergencies interventions; and conducting a refresher-training of emergency teams and regular supervisions.

The life-saving refresher-training built capacity in cholera case management, case investigation, identification, notification and reporting, as well as water and sanitation and health education. WHO provided sound technical support to the health technicians directly involved in case

management in the CTC and UTC. In addition, WHO supported the reactivation and revitalization of the emergency cholera treatment programme nationwide, and ensured that national authorities and the provincial multidisciplinary emergency task force were able to provide an adequate response for cholera patients and could manage any outbreak. Additionally, MoH and WHO regularly supervised the provinces most affected by cholera.
In May 2009, WHO delivered ten health kits to address the immediate needs of the affected population. Measures were taken to facilitate and speed up clearance procedures in order to minimize delays in dispatch and delivery to distribution points. Distribution was carried out together with local health authorities.

Others results achieved by WHO through CERF funding include:

- Support to develop a national contingency plan and provincial contingencies plan;
- Support to the MoH to create regional warehouses for emergencies;
- Guidelines for cholera control;
- Contract service signed with “Medicus Mundi” to develop a project on IEC and Community mobilization for cholera and HIV prevention in Zango IDP camp – Luanda province ;
- Trained provincial teams (40 health staff - 5 per province) in emergency preparedness and control; 16 technicians in epidemiological data processing in Luanda; 17 municipalities teams in cholera management in Benguela and Huíla and 46 health community agents in Zango IDP, Viana Municipality – Luanda province; and
- 15 supervisions sessions conducted with WHO participation.

CERF funds enabled UN and partners to provide access to safe water and sanitation, basic health and shelter as well as pro-actively engaging communities affected by the floods to substantively reduce the risk of cholera contagion and the spread of other water-borne diseases. The interventions supported through the CERF window ensured the direct provision of life-saving and essential services to some 200,000 people directly affected by the floods.

CERF funding allowed for a good level of flexibility, despite the limited implementation period, allowing for quick adjustments to effectively implement concrete humanitarian actions at field level, namely in the area of water, sanitation, hygiene promotion, and health and nutrition care and services. The funds are also a good tool to develop partnership with international and local NGOs working on the different sectors. The timeframe for implementation (3 months), however, was not adequate for the case of Angola, due to limited availability and high costs of life-saving products/equipment in the local market, added to transport and logistics capacity. In fact, some agencies (i.e. UNICEF) had to use additional resources to pay for the extra costs of transport and logistics after the fund expiration deadline.

The Government of Angola, local civil society organisations and the private sector were the main UN partners in the relief efforts, providing most of the resources. In fact, the contribution provided by CERF played an important catalytic role as most of the funds (mainly in form of food and non-food items), were provided through the national civil protection system.

The funds were used to leverage more resources from Government and civil society groups and the private sector. The Humanitarian Country team, led by the UNRC office, held regular meetings with partners, with Civil Protection as the main coordinating Government body. The cluster system was not effectively applied, but at the field level there was effective coordination between the different partners per sector areas (ie. WASH: UNICEF as the leader with OXFAM and Red Cross Angola) with daily meetings, joint field monitoring and supervision.

II. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US$)	Total Project Budget (US$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Water and Sanitation (UNICEF)	09-CEF-020 Securing Access to Safe Water and Public Sanitation	$1,209,100	$1,254,100	200,000 targeted for improved access to WASH services; 6,700 households (15,000 people) directly for improved household water quality and 35,000 people indirectly through water tankering	Access to safe water to 200,000 flood affected persons in the provinces most affected by the floods and torrential rains (Cunene, Kuando Kubango, Moxico, Malange, Lundas); communities living in cholera-prone areas; other vulnerable communities with poor access to basic health services at high risk of being affected by cholera. Provision of safe water storage and management materials to 200,000 flood affected persons. Widespread dissemination of public hygiene and water management messages in flood affected areas. An estimated 4 million reached through mass media messages. Mobilization of community-based organizations to support	Water treatment provided by UNICEF in 2008 was installed and supplied safe water to camp 1. The company contracted by UNICEF made three new boreholes, two in camp 2 and one in camp 4 Caxila in addition to the 6 boreholes constructed before. It was impossible to make boreholes in camp 1; water provision depended on the water treatment plant and distribution from the nearby lake. Oxfam provided the finishing of the aprons and drainage system of the new water points. A total of 350 latrines were completed, 324 in camp 1 and 3, 26 latrines in camp 4 (Caxila). (In August and September another 100 were constructed in camp 2 with Oxfam funding bringing the total to 450 latrines - bringing the total number of beneficiaries to 9000.) Latrine hygiene were kits distributed for each latrine. Hygiene promotion by 100 Red Cross volunteers in all affected neighbourhoods and camps (including solid waste	Use of NGOs and CBOs facilitated local ownership and participation in the response plan and management of the facilities provided. Through the findings of the focus group discussions, better water and sanitation facilities were designed to address gender inequity and meet their needs; including the location of such facilities within the camp.	UNICEF conducted regular field reporting to monitor the number of people that stayed in the emergency camps set-up. In addition, the number of people using the water and sanitation facilities was also monitored to analyse the standard proposed and the constraints in operation, maintenance and management of the collective WASH facilities.	In the IDP camps, focus group discussions with women showed high level of inequality between men and women. Sex workers highlighted the need for female condoms as clients didn't want to use male condoms – this information was shared with agencies providing condoms in Cunene and Oxfam provided a total of 400 Feminin condoms to the Red Cross HIV programme. Cunene has the highest rate of HIV/AID prevalence in the country. Women also

					the dissemination of mass media recommendations.	management and excreta disposal). The volunteers worked for four months in and around Ondjiva town and the displaced camps. In all camps, examples of bathing areas were erected (sticks with plastic sheeting) and a distribution of plastic sheeting took place. Not many families replicated the model, as wooden sticks were not provided. Rapid assessment of the health and nutrition situation in IDP camps Health posts created in the camp and health workers trained to handle common diseases cases and to refer the most complicated cases to the nearest health facility for proper management Minimum supplies and medicines put in software to keep track of disease the prevalence Screening to identify malnutrition cases and other child killer diseases (Malaria, diarrhoea and ARI) Treatment of malnutrition cases (37 % of children in the camps showed nutrition problems) Provision of needed supplies, including 7,000 LLINs, 75,000 PAC of therapeutic easy to use foods (Plumpy Nut), and 50 garden tents.			indicated the need for bathing spaces near the tents. Model bathing areas were erected in the camps and plastic sheeting distributed so families can construct their own bathing areas.

Shelter and Non-Food items (IOM)	09-IOM-011 Rapid Humanitarian Support to displaced communities affected by the floods in Angola	$445,000	$881,475	1000 vulnerable families (ca. 10,000 individuals)	Distribute essential shelter kits to 600 or more families (6,000 persons) affected by the floods in the districts of Cunene, Kuando Kubango and Moxico. Provide shelter material to more than 400 families (4,000 persons) affected by the floods in the districts of Cunene, Kuando Kubango and Moxico. Essential NFIs distributed to 10,000 vulnerable persons in Cunene, Kuando Kubango and Moxico.	Flood victims in remote areas of three provinces received material to rebuild their houses on safe grounds and further NFI to stabilize their households and restart their lives. Procurement/ transportation/ distribution of 600 shelter kits (each contained 5 plastic sheets, 20 iron sheets, hammer, scissor, different types of nails (6x13, T8, CAV6)) to 600 families Procurement/ transportation/ distribution of 1,000 extra plastic sheets and 600 extra iron sheets to another 400 families Procurement/ transportation/ distribution of 700 kitchen kits (each containing 1 big plastic box with lit, 2 cooking pots, 2 big knives, 4 spoons, 4 knives, 4 forks, 4 plastic cups, 4 plastic plates, 1 kg soap) to 700 families Procurement/ transportation/ distribution of 18,000 blankets to 4,730 families Procurement/ transportation/ distribution of 27t of second hand clothes to 23,781 people	With the CERF funding, IOM was able to provide people with shelter construction kits. These kits were made up so that after the initial mitigation of the floods, people could use the materials to make their houses permanent. Thus, the plastic sheet walls which were protecting people in the beginning, could later on be replaced by local material, adobe bricks in Moxico province, waddle and daub structure in Kuando Kubango and Cunene. Through the distribution of iron sheets people were able to equip their new houses with solid roofs that provided efficient protection from heavy rainfall. This way, the combination of traditional techniques, i.e. local knowledge, and modern materials enabled people to stabilize and improve their lives.	IOM's monitoring and evaluation was done by local field offices through regular field visits, alone or together with representatives from MINARS, Civil Protection and the Red Cross. Progress reports with lists of the identified vulnerable people and items distributed in the various areas were provided by the field offices and implementing partners Furthermore, IOM's emergency coordinator undertook regular field visits to monitor and assess the distributions, meet with local counterparts and discuss the efficiency of the flood assistance.	Through the identification process, young single mothers, widows, elders and big families were among the ones who benefited first and foremost from the flood assistance provided.

Health (WHO)	09-WHO-018 WHO support to Health Sector Response to natural disaster mitigation: Angola flood and cholera response	$700,023	$1,500,000	200,000 affected persons	Emergency primary health care services functioning and accessible to displaced population in the flood areas. Rapid response to cholera epidemic conducted life-saving interventions to avoid unnecessary deaths and limit the propagation of the epidemic. Existence of effective coordination mechanisms in the provinces affected by floods and/or cholera or other epidemic diseases. Enhanced community knowledge and prevention measures of diarrhoeal diseases and on food safety. Community resilience and health emergency preparedness enhanced in the municipalities and at provincial level	**Needs assessments** CERF funds permitted WHO to support the MoH (national and provincial levels) to ensure that field operations are duly supervised and activities adequately implemented. To this effect, a total of 12 field joint (MoH and WHO) supervision sessions were executed. The supervisions teams were multidisciplinary and involved epidemiologists, PHE, public health specialists, and information and communication officers. During the field visits, the health needs of affected community members and vulnerable populations were assessed in 11 target provinces (flood affected areas and in cholera prone areas (Luanda, Benguela, Huila and Namibe)). These assessments resulted in the mapping of interventions, assessment of health needs and identification of existing health risks and operational gaps. **Cholera Treatment** CERF RR allowed for training of 112 municipal health technicians. Through refresher training, they were trained on cholera life-saving capacities. The RR project reinforced the integrated disease surveillance, especially in remote areas. Early warning systems for epidemic disease surveillance and guidance for operations continue to improve in most areas. **Diseases epidemic preparedness and response.** In each province, WHO facilitated the elaboration and development of contingency plans. Each municipality implemented the plan for emergency responses operations for their respective municipalities' leadership of the Municipal Administration.	Availability of CERF funds permitted WHO to have emergency kits in stock and for delivery to the Government as needed. Involvement of NGOs, community health agents and local associations facilitated the dialogue with head of families and community leaders on IEC activities and disease recognition and prevention. At the time of this report, no Cholera cases have been reported in Moxico, Cunene, and Kuando Kubango provinces and is decreasing during the 1st quarter of 2010 in the follow provinces: Huila (433 cases in 2009 to 133 cases and 2 deaths in 2010; Namibe (488 cases and 28 deaths in 2009 to 159 cases and 9 deaths in 2010) and Luanda (68 case in 2009 to 13 in 2010).	WHO worked closely with the MoH at national and provincial levels to guarantee the effective delivery of inventions and implementation of activities to save lives and reduce human suffering in cholera and floods affected areas. Through a system of National Professional Officers, located in all 18 provinces of the country, supporting the provincial health authorities to build up diseases surveillance systems, the team was able to regularly monitor the project. . Additional monitoring was done through monthly supervision by a joint WHO/MoH teams to the most affected provinces. Field visits included the monitoring of the delivery of social mobilisation in communities, the quality of drinking water in affected areas, effectiveness of CTC management, and the application of essential behaviours at the household level. WHO verified that all project deliverables have reached the targeted recipients.	

						Community Mobilisation, water and sanitation, food safety The project facilitated health education campaigns for all target groups (from national level to the general public) through media channels. The health agent committees mapped the affected areas and distributed materials to address IEC and prevention activities on epidemic prone diseases and HIV in IDP camps , (2) better cholera case management at home, and (3) improved personnel hygiene and environmental sanitation. To assess continued safe drinking water in households. WHO and the MoH surveyed the quality of drinking water in the provinces at CTC levels and in households. **Coordination** WHO regularly participated in the national cholera task force meetings held every Monday in Luanda. In the affected provinces, WHO NPO also regularly participated in the provincial cholera task force meetings. Due to the good collaboration with the MoH at National and provincial levels, WHO supported the MoH to coordinate cholera epidemic response operations. This support was essential to ensure that sufficient supplies for Cholera response were in place. This process has significantly supported the Government to plan their national response, including the development of a National Emergency Contingency Plan.			

Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US$)	Date Funds Forwarded
OXFAM-GB	WASH	09-CEF-020	$198,084	6 May 2009
Red Cross	Shelter and NFIs	09-IOM-011	$12,300	3 April 2009
Medicus Mundi Catalunya	Health	09-WHO-018	$30,000	16 April 2009

Annex 2: Acronyms and Abbreviations

NPCP	National and Provincial Civil Protection Services
DMT	UN Disaster management Team
UNCT	United Nations Country Team
MINSA	Minsitry of Health
MINARS	Ministry of Social Affairs
MINEA	Ministry of Energy and Water
IDP	Internally Displaced Persons
LLINs	Long-lasting insecicide-treated nets
DPS	Provincial Health Directorate
ORS	Oral rehydration salts
NFI	Non-food items