

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

Country	Angola
Resident/Humanitarian Coordinator	Ms. Joceline Bazile-Finley
Reporting Period	January – December 2008

I. Executive Summary

Heavy rains and floods affected several provinces of Angola in 2008, worsening significantly a national cholera outbreak, especially in the provinces of Cunene, Bie, Kuando Kubango, Malange, Huambo and Moxico. Cunene province alone accounted for 36.6 percent of all cholera cases with a Case Fatality Rate (CFR) of 5 percent. In the provinces of Uige and Huila, health centres continued to report an increasing number of cholera cases. From October 2008 onwards, cholera cases appeared throughout the region, including in Zimbabwe, South Africa, Zambia, Namibia, Malawi, Uganda, the Democratic Republic of the Congo (DRC) and the Republic of Congo.

In Angola, CERF funds helped humanitarian partners to respond to the outbreak of the deadly disease, including by:

- Procuring and distributing health kits to affected areas (Interagency emergency kits and Interagency diarrhoeal diseases kits),
- Ensuring effective rapid response capacity for life saving treatment,
- Distributing information and testing the quality of drinking water to allow communities to effectively use safe water and seek care in a timely and appropriate manner.

This response was coordinated within the Humanitarian Country Team (HCT) and other partners through the National and Provincial Cholera Task Forces led by the Ministry of Health (MoH). There was close collaboration among the Ministry of Energy and Water and the National Civil Protection Commission, the UN Disaster Management Team (UNDMT), regular coordination meetings with NGOs active in the emergency response.

In support of the flood response, a component of CERF funds were used to strengthen the shelter available to affected families following the needs identified during inter-agency assessments. This component, led by IOM, addressed the needs of the most vulnerable displaced families through the provision of non-food items (NFIs) kits, safe and hygienic shelters and through logistical support for access to safe water and acute watery diarrhoea (AWD) case management interventions.

CERF-supported UNDMT projects enabled the MoH both at national and provincial levels to continually provide access to emergency Primary Health Care services as well as engaging affected communities to reduce substantively the risk of cholera contagion and other water-borne diseases.

As a result of this response, from January to March 29th 2009 of the spread of cholera has been slowed to 427 cases. Two deaths were reported country-wide while concentrations remained in Huila (254 cases and 1

death), Uige (163 cases and 1 death), Malange (8 cases), Luanda (2 cases) and Kwanza Norte (60 cases). This marked a significant decrease---the cholera case load decreased to less than ten percent of what it was at the same time the previous year:--4,586 cumulative cases of cholera and 145 deaths, a case fatality rate of 3 percent.

Following are the “lessons learned” from an in country CERF implementation review:

- The strengthening of the emergency team activities at national and provincial levels facilitated the general management (overall response operations) of cholera outbreak in Angola.
- A better notification and reporting of cholera cases allowed quick and appropriate interventions and field operations.
- The regular field supervision of the life saving-activities greatly contributed to small but necessary adjustments the implementation of the activities.
- Preventative interventions and planning around access to safe water supply for the population and improvements of the sanitation infrastructure provided by the provincial Governments significantly contributed to the decline of the number of cholera cases country-wide.
- Health education and social mobilization increased public awareness about cholera, thus contributing to (1) decreasing the CFR thanks to early treatment seeking by affected community members and (2) decreasing the number of new cholera cases morbidity.
- The involvement other non-technical partners (some NGOs, government bodies, the civil society members, the religious and community leaders, etc.) helped in a more rapid and better implementation of cholera control programme

Summary of the CERF money requested and received status

Total amount of humanitarian funding required and received during the reporting year	REQUIRED:		\$	
	RECEIVED:		\$	
	FUNDS (IN TOTAL REQUESTED):		\$2,886,000	
	RAPID RESPONSE: UNDERFUNDED:		\$ 1 498,653	
	GRAND TOTAL:		\$ 1 498,653	
Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners	UN AGENCIES/IOM:		\$ WHO 426 245	
	NGOS: GOVERNMENT: OTHER:		\$ IOM 273,653 \$ UNICEF 798,755	
	TOTAL(Must equal the total CERF funding allocated):		\$1 498,653	
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	TOTAL	under 5 years of age	Female (If available)	Male (If available)
	4,000,000	800,000	2,080,000	1.920.000
Geographic areas of implementation targeted with CERF funding (please be specific)	Provinces affected by the floods and the cholera epidemic: Luanda, Benguela, Bengo, Uige, Kwanza Norte, Kwanza Sul, Cunene, Malanje, Bie, Huambo, Huila and Namibe			

II. Background

In 2002 Angola ended a decades-long war that ravaged the resource-rich country, leaving it woefully underdeveloped with very difficult access, shattered infrastructure, and fractured human resource capacity. 68 percent of Angolans live below the poverty level, of which 28 percent are classified as living in extreme poverty. Access to basic social services is often impossible due to the limited and unbalanced distribution of infrastructure across the country. The social indicators for Angola are – despite recent improvement - consistently among the worst in the world. Angola ranked 162nd of 177 countries in the 2007/8 HDI. Life

expectancy is estimated to be 41 years at birth. 66 percent of the population in urban areas and 38 percent in rural areas have access to safe water and 69 percent of the population in urban areas and 22 percent in rural areas have access to sanitation facilities. The 2001 Multiple Indicator Cluster Survey (MICS) showed that Angola had an infant mortality rate of 250 deaths in children under five per 1,000 live births, with indicators of chronic malnutrition of 45 percent. The maternal mortality is 1 400 deaths for 100,000 live births.

The vulnerability of the Country further compounded by the occurrence of disasters and the persistence of epidemics:

From 2005 onwards, Angola has been affected by almost yearly floods and torrential rains with communities living alongside rivers being the most vulnerable. Cholera epidemics have recurred in Angola since 2006, when there were 67,256 cases and 2722 deaths. There were , 18,930 cases and 515 deaths in 2007 and 10,523 cases and 243 deaths in 2008.

The most recent surge in cases started at the end of September 2008. Since then, more than 900 persons were infected, with a Case Fatality Rate (CFR) of 1.3 percent. The majority of cases in 2009 were reported in the provinces of Uíge, Kwanza Norte, Huila, Luanda and Malange, areas which were not priority in the 2008 CERF-supported programmes, thus demonstrating impact on previously endemic CERF targeted areas..

In mid March 2008, a technical “fact finding” mission, comprising members of the UNDMT and the Angolan National Commission for Civil Protection (NCCP), to Cunene and Kuando Kubango provinces to assess the impact of flooding, The team found that, in Cunene, although the government provided the first assistance to the flood victims, although the living conditions at the temporary camps were deplorable. Needs were only partially covered – the water and sanitation (latrines) were not sufficient and there was a serious health risk for women and children. The response in Kuando Kubango had been less effective given there were fewer actors there, and the displacement of the populations affected by the flooding. A large number of people still required shelter, safe water and basic services until flood waters receded. the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF) and the International Organization for Migration (IOM) engaged though the UNDMT with national and local Government, other UN agencies, civil society, NGOs, and the Red Cross to provide emergency assistance.

Given the scale of needs, UN agencies quickly contacted different donors for the emergency response, but only tepid support was pledged at the time, some \$70,000). One of the main obstacles was that the Government did not officially declare an emergency. Nevertheless, officials stated several times that all aid was needed and welcomed immediate response for the affected populations.

Based on the information from assessments, the NCCP and other sources, all UNCT members, including NGO partners, developed a plan for immediate interventions based on the identified needs to be funded by the CERF grant and other sources of funding. Priority was given to activities that provided immediate life-saving assistance during the initial response period of four weeks.

The following types of projects were prioritized for submission to the CERF:

- To ensure that communities at risk of being affected by cholera had rapid access to safe water and sanitation, UNICEF and WHO targeted communities with a combination of water purification tablets to ensure water is safe at point of use through treatment and storage, and water testing kits to ensure appropriate evidence-based interventions were being taken to save lives. These interventions included jerry cans, water dispensers for storage, and water purification tablets for water treatment. The effective use of these supplies was facilitated by the complementary capacity of the 20 litre jerry cans with water purification tablets effective of 20 litres of water.
- A large campaign of social mobilization was also carried out in support of these distributions to inform on the use of these supplies. UNICEF supplied collapsible water tanks (bladders), easily installed in communities and filled by provincial water trucks. WHO conducted surveillance of water quality in vulnerable areas to ensure that water standards were met and to activate

mechanisms for treatment for those found lacking at point of source or point of use.

The response was implemented through three main vectors:

1. Cholera: The spread of cholera cases following the flooding increased the demand on the health system to treat patients both in the community with Oral Rehydration Solution (ORS) and in Cholera Treatment Centres (CTCs) with ORS, Ringer Lactate and antibiotics. CERF funds were used to ensure that health personnel were trained to provide an adequate rapid response to the increased number of cases and that there were sufficient medication and supplies to treat new patients.
2. Social Mobilisation: Social Mobilisation on essential cholera reduction and treatment measures was used to reinforce both the water and health interventions outlined above. The strategy was coupled with the distribution of supplies essential for the reduction of risk of cholera contagion (e.g. water treatment and storage) alongside information on how to manage cholera at a house hold level. The Scouts of Angola, for example, were trained to prepare and distribute solution for water treatment, alongside IEC materials in the most vulnerable communities. Mass media messages were also used to promote water management messages over the TV and radio.
3. IDPs: Non-Food Items, Shelter and Logistics: NFIs and shelter materials were provided to displaced people in camps and communities by IOM. Alongside these supplies essential information materials were distributed to raise knowledge and awareness among the displaced on camp/facilities management, and on issues such as HIV/AIDS, Environment and Gender. The main focus of the material distribution was in Kuando Kubango, as the Cunene local government had already distributed shelter materials and NFIs.

III. Implementation and results

1) Coordination and implementation arrangements:

The CERF programmes were implemented by MoH and MoEA with support from WHO and UNICEF. A focal point was identified in each of the organizations ensuring regular contact, with the EHA/Nutrition focal point in WHO, and the Cholera Coordinator in UNICEF. These focal points liaised with the Directorate of Public Health in MoH, the National Directorate of Water in MoEA, the National Cholera Task Force, and the Civil Protection Commission for national cholera and flooding response coordination. This structure was replicated at the provincial level in the affected areas. Coordination meetings with UN agencies and non-governmental partners were held to ensure complementary actions between all actors during the response. WHO and UNICEF assisted joint assessment/supervision missions with partners. WHO and UNICEF through CERF funding provided technical assistance strengthening the collaborative work. Additionally, information was shared with the Namibian authorities, and coordinated interventions planned. WHO facilitated and stimulated the contact between the MoH of Angola and the MoH of Namibia in sharing epidemiological data and harmonizing interventions.

The implementation of the CERF grants was conducted through the UNDMT mechanism as follows:

WHO, IOM and UNICEF worked in close collaboration with the National Cholera Task Force (NCTF), its sub-committees, and the provincial cholera tasks forces in provinces most affected by cholera. The NCTF coordinated every aspect of the cholera control activities in the Country including (1) cholera cases investigation, identification, notification and reporting, (2) patient treatment, (3) provision of safe drinking water, hygiene and basic sanitation, (4) food safety and (5) community mobilisation and social communication. Needs assessments of vulnerable and affected communities were organised by the UNDMT to provide a coordinated joint response.

WHO, IOM and UNICEF worked together to coordinate their interventions in the field. They conducted various meetings during the proposal writing, during activities implementations and when the 3-months period was over. The inter-agency collaboration permitted to better support the Government of Angola through the harmonisation of interventions.

2) Project activities and results, including actual beneficiaries

WATER

Ensuring rapid access to safe water for cholera-affected vulnerable communities, UNICEF and WHO targeted 2,500 families (17,500 people) in the Huambo, Benguela and Kwanza Sul provinces, still vulnerable from floods earlier in the year, with a combination of water purification tablets for source water treatment, jerry cans for storage and water testing kits to verify the safety of water sources.

UNICEF provided support to drill and install 5 boreholes with hand pumps in the displaced camp in Cunene province where around 15,000 people affected by the floods were located. During the drilling, the water accessed was determined too salty for consumption and UNICEF and Oxfam altered the intervention replacing the 10 boreholes with 10 bladder tanks of 10,000 liters in Uige town in the surrounding affected barrios and social mobilization activities among of the population.

UNICEF supported also the installation of 2 water treatment units at Kamicuto and Mucula villages in Cacucaco Municipality Luanda Province, benefiting around 7,000 people.

The effectiveness of these measures was supported at home level with 21,000 kits covering 125,000 people with social mobilisers, trained to demonstrate the safe and effective storage and use of these supplies. In addition to the jerry cans, UNICEF provided fifty-nine 10,000 litre capacity, collapsible water bladders these can hold enough water for 29,000 people on a daily basis in communities that were supplied by water provided by the provincial government. In addition, support for treatment of cholera patients included 57,000 litres of Ringer Lactate, ORS and antibiotics to treat 16,000 dehydrated patients.

UNICEF has complimented the distribution of cholera treatment and risk reduction materials with a high level of social mobilization campaigns explaining methods to prevent and treat cholera. 700 scouts were trained to distribute Mother Solution for water treatment, alongside IEC materials in the most vulnerable communities. These included 29,000 copies of the leaflet 'How to Avoid Cholera', 155,000 copies of a school comic explaining to school children how to detect and treat cholera, and 24,000 posters explaining how to use Mother Solution. Mass media messages were disseminated to promote cholera awareness over the TV and radio.

HEALTH

WHO provided sound and pertinent support to the Government of Angola in its effort to respond to the disaster situation following floods and heavy rains in southern and eastern provinces of Angola. The project activities were implemented in close collaboration between MINSa, WHO and UNICEF in support of the implementation of the national cholera contingency plan. The response at the national and provincial level was coordinated through the respective Cholera Task Forces, which integrated all partners at all levels.

The project reached over 4 millions beneficiaries, 52 percent of them are women and 20 percent are children the age of 5. The populations in the flood affected areas were amongst the most economically disadvantaged in Angola and had limited access to coping mechanisms. Their living conditions were rapidly deteriorating due to the rising flood waters and they had been forced to move in with relatives or to collective centres with little or no basic sanitation facilities. Family sizes in the south-eastern region of Angola are estimated at an average of 7-10 persons and houses in rural areas are generally small, rudimentary, overcrowded and unsanitary, all contributing as a strong vector for disease transmission.

The following activities were implemented:

- Emergency PHC activities: WHO supported the establishment and functioning of Health Posts for displaced populations. Therefore, patients were quickly treated for common diseases to prevent further spread. Refresher trainings were organized to enable health professionals to deliver quality basic health care to the displaced population. WHO supported the organisation of outreach activities to increase community coverage. In addition, WHO promoted the use of rapid diagnostic supplies/field tests to ensure appropriate identification of patients and a correct diagnosis of the

diseases. This improved the safe and rapid testing of stool samples for case investigation and laboratory confirmation. Moreover, WHO supported the MoH to implement HIV/AIDS emergency awareness and provision of education material/condoms in camps for displaced populations.

- Provision of Life saving Treatment for acute diarrhoeal diseases - Rapid Response Capacity: WHO supported the MoH in organizing and facilitating refresher-training sessions on emergency life saving operations, cholera epidemic response including case investigation, reporting and patient treatment. These sessions enabled the municipal health technicians to adequately respond to the current crisis and save lives. In remote areas where health centers do not exist, WHO supported the MoH to set up and manage Cholera Treatment Units (CTUs). With these units settled in difficult-to-access areas, patients had access to effective life saving treatment.
- Health promotion activities, food safety components, drinking water quality testing: WHO supported the dissemination of Information, Education and Communication materials to the IDPs and for the rest of the communities' members. This was of particular importance with regards to food safety and the prevention of HIV/AIDS in camps and others displacements settlements.
- Coordination, Monitoring, Evaluation and Reporting: The project will be implemented by MoH with support from WHO. Therefore coordination is essential and has proven a success in the country, with stronger government involvement along the years.

SHELTER

In collaboration with the National Commission for Civil Protection (NCCP) IOM distributed shelter items: 5,000 pieces of iron sheeting, 3,800 plastic sheets: 5,000 blankets, 1200 kitchen kits. The distribution was based on vulnerability. In total 1,780 HoF (around 12,460 persons) received shelter material and 2,114 HoF received NFI (around 14,798 persons). In the areas that were accessible for IOM, awareness on HIV/AIDS was carried out by team and distribution of HIV pamphlets including condoms was also part of the general NFI distribution activity.

3) Monitoring and evaluation

The national emergency response was monitored by UNDMT, the National Cholera Task Force (NCTF), and by WHO and UNICEF. The NCTF was led by MoH and contained the Civil Protection Commission, WHO, UNICEF, national and international NGOs and other partners. UNICEF's national six field offices along with WHO's field sites monitored programme implementation across all of Angola's 18 provinces.

WHO worked closely with the MoH at national and provincial levels to guarantee the effective delivery inventions and the implementation of projects activities to save lives and reduce human sufferings in cholera- and flood-affected areas.

In each of the 18 provinces of the country, WHO has an office with National Professional Officers (NPOs) supporting the provincial health authorities to – not only execute life saving activities – to build up potentially epidemic diseases surveillance system (investigation, notification and reporting) all over the country, especially in remote areas where major part of vulnerable populations lives and where occurred an important number of cholera cases. Through these NPOs, the UNDMT 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 field support supervision team was a joint UNDMT/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 (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.

The UNDMT verified that all project deliverables have reached the targeted recipients. WHO and the MoH have acquired emergency kits; during field visits they both ensured that interventions are adequately applied.

Field visits have 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.

Activity monitoring was carried out primarily by the project team, in collaboration with the MINSA, provincial health officers and the municipal health officers and partners.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
HEALTH	07-WHO-006 "Emergency response reduce excess mortality due to cholera in floods affected provinces in Angola"	426 245	4 000 000 persons (52 percent are female and 20 percent are children under 5 years of age)	<ul style="list-style-type: none"> ▪ MINSa with WHO support (426 245) 	<ul style="list-style-type: none"> ▪ At the end of the year 2007, there was a total of: <ul style="list-style-type: none"> ○ 18390 cholera cases and 515 deaths, ○ CFR was 3 percent ▪ Cholera task force are not functioning in the affected provinces and the response is not well coordinated ▪ There is a lack of essential resources for the proper management of patient ▪ Health technician 	<ul style="list-style-type: none"> ▪ Identified vital health risks, crucial health needs and operational gaps both at national and provincial levels ▪ Cholera cases are detected earlier enough to avoid unnecessary deaths and limit the propagation of the epidemic. The Attack Rate in the acceptable limit. ▪ Deaths intradomiciliary brought down to less than 10 percent. ▪ Cholera cases are treated adequately to avoid unnecessary death load. CFR is around 1 percent. ▪ Execution of the Contingency Plans for cholera response and other epidemic diseases ▪ Enhanced community awareness on Life saving attitude and behaviour on cholera prevention (measures and knowledge) and food safety. ▪ Cholera epidemic response coordination is reinforced to adequately respond to the cholera outbreak 	<ul style="list-style-type: none"> ▪ In 2008 there were 10,508 cases of cholera, down from 18,390 cases in 2007 and far from 67,256 in 2006. ▪ The case fatality rate in 2008 was 2 percent, down from 3 percent in 2007 and down from 4 percent in 2006 ▪ The total number of fatalities in 2008 was 243; 515 in 2007, compared to 2,722 in 2006. ▪ Identification of crucial needs for Life saving actions and Rapid Response ▪ The RR CERF project permitted WHO to strongly support the Angolan MoH both at national and provincial levels to effectively respond to the disaster and save lives. ▪ It ensured that field operations were 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 technicians, information and communication officers, etc. ▪ During the field visits, refresher trainings sessions were conducted for health staff working in the CTCs to enable them to save lives through adequate treatment of the cholera cases and conduct life saving operations. ▪ Life Saving Action were executed in 6 targeted provinces such as in the

					<p>skilled with for life saving actions were few</p>	<p>flood affected areas (Cunene, Kuando Kubango and Uige provinces) and in cholera prone areas (Luanda, Benguela, Huila) where crucial needs of affected communities members and vulnerable populations were identified.</p> <ul style="list-style-type: none"> ▪ These supervisions allowed to (1) map interventions, (2) assess health needs and (3 identify existing health risks and operational gaps in the provinces affected by flood and hit by cholera. ▪ The RR CERF project permitted to enable health technicians to apply WHO standards for case cholera management. <p><i>Cholera Treatment</i></p> <ul style="list-style-type: none"> ▪ The overall cholera lethality (CFR) and morbidity (Attack Rate) drastically dropped in 2008 as compared to 2007. ▪ In addition CERF RR allowed to update the knowledge of 112 municipal health technicians: Through a refresher training, they were enabled and skilled on cholera life saving actions and capacities. ▪ The RR project allowed cholera identification especially in remote areas: Rumours were adequately investigated; cholera cases were promptly identified and reported to the relevant authorities. As a result, Early warning System for cholera was strengthened and allowed quick deployment of Rapid Response teams. <p><i>Diseases epidemic rapid response capacity</i></p> <ul style="list-style-type: none"> • In each province, WHO facilitated the execution of the already existing contingency plans and the Rapid Response mechanism <p><i>Community Mobilisation, water and sanitation, food safety</i></p> <ul style="list-style-type: none"> ▪ The project facilitated health
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						<p>education campaigns for all target groups (from national level to the general public) through media channels. The music “faça como nós” was launched in collaboration with the MoH and allowed to conduct large sensitisation through mass radio. The use and dissemination of audio CD music and its broadcast over the national radio station certainly permitted to reach over 4 millions persons. This resulted on an (1) enhanced community knowledge on prevention, (2) better cholera case management and prevention of new infections, (3) Improvement of personnel hygiene and environmental sanitation.</p> <ul style="list-style-type: none"> ▪ 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. <p>Coordination</p> <ul style="list-style-type: none"> ▪ WHO regularly participated to the national cholera task force meetings held every Monday in Luanda. In the affected provinces, WHO NPOs also regularly participated to the provincial cholera task force meetings. Thanks to the good collaboration with the MoH at National and provincial levels, WHO supported the MoH to coordinate cholera epidemic response operations. Therefore, technical capacity was provided to support Government for national coordination and response management, including development of contingency plans, monitoring and evaluation systems. This support was essential to ensure that sufficient supplies for Cholera response was in place. This process has significantly supported the Government to plan their national response, including the development of a National Emergency Contingency Plan.
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WATER

<p>WATER</p>	<p>07-UNICEF-006 "Emergency response reduce excess mortality due to cholera in floods affected provinces in Angola"</p>	<p>798,755</p>	<p><i>4 000 000 persons (52 percent are female and 20 percent are children under 5 years of age</i></p>	<p>Ministry of Health (MoH) and Provincial Directorates of Health Ministry of Energy and Water (MoEA) and Provincial Directorates of Energy and Water Red Cross of Angola Scouts Association Oxfam</p>	<ul style="list-style-type: none"> ▪ At the end of the year 2007, there was a total of: <ul style="list-style-type: none"> ○ 18390 cholera cases and 515 deaths, ○ CFR was 3 percent ▪ Cholera task force are not functioning in the affected provinces and the response is not well coordinated ▪ There is a lack of essential resources for the proper management of patient ▪ Health technician skilled with for life saving actions were few 	<ul style="list-style-type: none"> ▪ Identified vital health risks, crucial health needs and operational gaps both at national and provincial levels ▪ Cholera cases are detected earlier enough to avoid unnecessary deaths and limit the propagation of the epidemic. The Attack Rate in the acceptable limit ▪ Significant decrease in the numbers of new cases ▪ Displaced populations have access to adequate quantities of safe water ▪ Populations at risk have received messages about Cholera prevention ▪ Enhanced community awareness on Life saving attitude and behaviour on cholera prevention (measures and knowledge) and food safety. ▪ Cholera epidemic response coordination is reinforced to adequately respond to the cholera outbreak 	<ul style="list-style-type: none"> ▪ Ensuring rapid access to safe water for Cholera affected vulnerable communities, UNICEF and WHO targeted 2,500 families (17,500 people) in the Huambo, Benguela and Kwanza Sul provinces, still vulnerable from floods earlier in the year, with a combination of water purification tablets for source water treatment, jerry cans for storage and water testing kits to verify the safety of water sources. ▪ UNICEF provided support to drill and install 5 boreholes with hand pumps in the displaced camp in Cunene province where around 15,000 people affected by the floods were located. OXFAM planned to implement 5 another boreholes in Funda Commune in Cacuaco Municipality in Luanda. During the drilling, the water accessed determined too salty for consumption and UNICEF and Oxfam altered the intervention replacing the 10 boreholes with 10 bladder tanks of 10,000 liters in Uige town in the surrounding affected barrios and social mobilization activities among of the population. ▪ UNICEF supported also the installation of 2 water treatment units at Kamicutto and Mucula villages in Cacuaco Municipality Luanda Province, benefiting around 7,000 people. ▪ The effectiveness of these measures was supported at home level with 21,000 kits covering 125,000 people with social mobilisers, trained to demonstrate the safe and effective storage and use of these supplies. In addition to the jerry cans, UNICEF provided fifty-nine 10,000 litre capacity, collapsible water bladders these can hold enough water for 29,000 people on a daily basis in communities that were supplied by water provided by the provincial
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						<p>government. In addition, support for treatment of cholera patients included 57,000 litres of Ringer Lactate, ORS and antibiotics to treat 16,000 dehydrated patients.</p> <ul style="list-style-type: none"> UNICEF has complimented the distribution of cholera treatment and risk reduction materials with a high level of social mobilization campaigns explaining methods to prevent and treat cholera. 700 scouts were trained to distribute Mother Solution for water treatment, alongside IEC materials in the most vulnerable communities. These included 29,000 copies of the leaflet 'How to Avoid Cholera', 155,000 copies of a school comic explaining to school children how to detect and treat cholera, and 24,000 posters explaining how to use Mother Solution. Mass media messages were disseminated to promote 	
SHELTER	07-IOM-006 "Emergency response reduce excess mortality due to cholera in floods affected provinces in Angola"	273,653* <i>Figure being verified with country office.</i>	20'000	MINARS (Ministry of Assistance and Social Reinsertion) and NCCP (National Commission for Civil Protection).	<ul style="list-style-type: none"> Number of beneficiaries reached Number of shelter materials distributed Number of reproductive health supplies distributed 	<ul style="list-style-type: none"> Provide basic reproductive health messages past on to the target population Basic shelter materials provided to flood affected families The distribution was based on vulnerability. In total 1,780 HoF (around 12,460 persons) received shelter material and 2,114 HoF received NFI (around 14,798 persons). In the areas that were accessible for IOM, awareness on HIV/AIDS was carried out by team and distribution of HIV pamphlets including condoms was also part of the general NFI distribution activity. 	<ul style="list-style-type: none"> In collaboration with the National Commission for Civil Protection (NCCP) IOM distributed shelter items: 5,000 pieces of iron sheet, 3,800 pieces of plastic sheets and non food items: 5,000 pieces of blankets, 1200 kitchen kits (consisting of soap bars, buckets/basins, plastic plates (4), cups and knives (4), forks (4), spoons (4) and two big knives (2)), 35 ballots of children and adults used clothes (each ballots had around 80 pieces of clothes) and 2093 pieces of sanitary materials for women aged from 13 to 45 years (this was distributed on the special request of the women hit by the floods).

Water	07-UNICEF-006 "Emergency response reduce excess mortality due to cholera in floods affected provinces in Angola"	798,755	4 000 000 persons (52 percent are female and 20 percent are children under 5 years of age)	Ministry of Health (MoH) and Provincial Directorates of Health Ministry of Energy and Water (MoEA) and Provincial Directorates of Energy and Water Red Cross of Angola Scouts Association of Angola Oxfam	<ul style="list-style-type: none"> ▪ At the end of the year 2007, there was a total of: <ul style="list-style-type: none"> ○ 18390 cholera cases and 515 deaths, ○ CFR was 3 percent ▪ Cholera task force are not functioning in the affected provinces and the response is not well coordinated ▪ There is a lack of essential resources for the proper management of patient ▪ Health technician skilled with for life saving actions were few 	<ul style="list-style-type: none"> ▪ Identified vital health risks, crucial health needs and operational gaps both at national and provincial levels ▪ Cholera cases are detected earlier enough to avoid unnecessary deaths and limit the propagation of the epidemic. The Attack Rate in the acceptable limit ▪ Significant decrease in the numbers of new cases ▪ Displaced populations have access to adequate quantities of safe water ▪ Populations at risk have received messages about Cholera prevention ▪ Enhanced community awareness on Life saving attitude and behaviour on cholera prevention (measures and knowledge) and food safety. ▪ Cholera epidemic response coordination is reinforced to 	<ul style="list-style-type: none"> ▪ Ensuring rapid access to safe water for Cholera affected vulnerable communities, UNICEF and WHO targeted 2,500 families (17,500 people) in the Huambo, Benguela and Kwanza Sul provinces, still vulnerable from floods earlier in the year, with a combination of water purification tablets for source water treatment, jerry cans for storage and water testing kits to verify the safety of water sources. ▪ UNICEF provided support to drill and install 5 boreholes with hand pumps in the displaced camp in Cunene province where around 15,000 people affected by the floods were located. OXFAM planned to implement 5 another boreholes in Funda Commune in Cacuaco Municipality in Luanda. During the drilling, the water accessed determined too salty for consumption and UNICEF and Oxfam altered the intervention replacing the 10 boreholes with 10 bladder tanks of 10,000 liters in Uige town in the surrounding affected barrios and social mobilization activities among of the population. ▪ UNICEF supported also the installation of 2 water treatment units at Kamicutto and Mucula villages in Cacuaco Municipality Luanda Province, benefiting around 7,000 people. ▪ The effectiveness of these measures was supported at home level with 21,000 kits covering 125,000 people with social mobilisers, trained to demonstrate the safe and effective storage and use of these supplies. In addition to the jerry cans, UNICEF provided fifty-nine 10,000 litre capacity, collapsible water bladders these can hold enough water for 29,000 people on a daily basis in communities that were supplied by water provided by the provincial government. In addition, support for treatment of cholera patients included 57,000 litres of Ringer Lactate, ORS and antibiotics to treat 16,000 dehydrated patients. ▪ UNICEF has complimented the distribution of cholera treatment and risk reduction materials with a high level of social mobilization campaigns explaining methods to prevent and treat cholera. 700 scouts were trained to distribute Mother Solution for water treatment, alongside IEC materials in the most vulnerable communities. These included 29,000 copies of the leaflet 'How to Avoid Cholera', 155,000 copies of a school comic explaining to school children how to detect and treat cholera, and 24,000 posters explaining how to use Mother Solution. Mass media messages were disseminated to
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						adequately respond to the cholera outbreak	promote
Shelter	07-IOM-006 “Emergency response reduce excess mortality due to cholera in floods affected provinces in Angola”	273,653* <i>Figure being verified with country office.</i>	20'000	<ul style="list-style-type: none"> ▪ MINARS (Ministry of Assistance and Social Reinsertion) and NCCP (National Commission for Civil Protection). 	<ul style="list-style-type: none"> ▪ Number of beneficiaries reached ▪ Number of shelter materials distributed ▪ Number of reproductive health supplies distributed 	<ul style="list-style-type: none"> ▪ Provide basic reproductive health messages past on to the target population ▪ Basic shelter materials provided to flood affected families ▪ The distribution was based on vulnerability. In total 1,780 HoF (around 12,460 persons) received shelter material and 2,114 HoF received NFI (around 14,798 persons). In the areas that were accessible for IOM, awareness on HIV/AIDS was carried out by team and distribution of HIV pamphlets including condoms was also part of the general NFI distribution activity. 	<ul style="list-style-type: none"> ▪ In collaboration with the National Commission for Civil Protection (NCCP) IOM distributed shelter items: 5,000 pieces of iron sheet, 3,800 pieces of plastic sheets and non food items: 5,000 pieces of blankets, 1200 kitchen kits (consisting of soap bars, buckets/basins, plastic plates (4), cups and knives (4), forks (4), spoons (4) and two big knives (2)), 35 ballots of children and adults used clothes (each ballots had around 80 pieces of clothes) and 2093 pieces of sanitary materials for women aged from 13 to 45 years (this was distributed on the special request of the women hit by the floods).

V. CERF IN ACTION

Southern Angola Floods: life and hope prevail over natural disaster

Ondjiva, Angola 23 February 2008 -- Things haven't been easy for residents in the city of Ondjiva, in Cunene province, recently. Over the past week there was 600mm of rain, equivalent to the average annual rainfall for the province. It has rained so hard that only the elderly can remember ever seeing this much rain. The last time it rained this much was back in the 1950's.

In a region that is prone to drought, floods have now also become a pressing problem. Ondjiva is currently on orange alert, one down from a declaration of a state of international emergency, with over 26,000 Internally Displaced People concentrated in two major settlement camps.

One of these is the Okapale Camp, where United Nations Disaster Management Team (UN DMT) members regularly visit to assess the needs of camp dwellers and ensure that basic services are provided. On a burning hot Saturday afternoon, UNICEF resident programme officer Joao Neves paid a visit to Okapale and found that, despite the growing numbers, the population was coping well with their temporary homes.

"While talking to the camp administrator, a man was hanging around us who seemed a bit distressed." Joao outlined that the administrator explained why, "The man's wife had given birth to their first baby boy the night before!"

The first-time father, Celestino Mujanga, was understandably new to parenthood and needed advice on the necessary steps to provide care and protection for the new baby.

Mr. Mujanga was directed to the in-camp health facility, which joint UN programmes have provided with essential supplies such as Mother-Solution for disinfection of drinking water and medication for cholera patients.



When Okapala camp was established, the local population had no access to safe water. Now, thanks to the UN DMT's work in cooperation with the Provincial Government of Cunene, water supply has been installed. So these new parents and their baby – along with all other internally displaced people in the camp - can drink, cook, and maintain good hygiene.

Also thanks to United Nations co-operation with local authorities, first-time parents Celestino Mujanga and Joaquina Kamyliya were able to go to the local hospital to both register the birth of their son and vaccinate him against common diseases. For this family Camp

Okapale will surely be remembered as a new beginning!

Annex: Acronyms and Abbreviations

UN:	United Nations
IOM:	International organization for Migration
NCCP:	National Commission for Civil Protection
UNDSS:	United Nations Department of Safety and Security
MINARS:	Ministry of Assistance and Social Reinsertion
MINSA:	Ministry of Health
CTC	Cholera Treatment Centre
CTU	Cholera Treatment Unit
CFR	Case Fatality Rate
DMT	Disaster Management Team
EHA	Emergency Health in Action
IEC	Information education and communication
IV fluids	Intravenous fluids (Ringer Lactate)
MINSA	Health Ministry
MoH	Ministry of Health
NCCP	National Commission for Civil Protection
NCTF	National Cholera Task Force
RR	Rapid Response
WHO	World Health Organisation