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Emergency appeal operation update Angola: Food insecurity

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRAO005
GLIDE n° TC DR-2012-000092-GO
Operation update n° 2
7 January 2013

Period covered by this Operations Update: 27 November 2012 – 31 December 2012

Appeal target (current): The Emergency Appeal seeks CHF 1,562,562 in cash, kind or services to support the Angola Red Cross (CVA) in delivering immediate assistance to 12,000 households (60,000 beneficiaries) for 9 months, and will be completed by the end of August 2013.

Appeal coverage: 0%; [<click here to go directly to the updated donor response report, or here to link to contact details >](#)

Appeal history:

- This [Emergency Appeal](#) was initially launched on 13 November 2012 for CHF 1,562,562 for 9 months to assist 60,000 beneficiaries (12,000 households).
- The first [Operation update](#) was issued on 27 November 2012.
- CHF 100,000 was allocated from the Federation's **Disaster Relief Emergency Fund (DREF)** to support the national society to respond to urgent needs and transferred to the National Society.
- The implementation plan is currently being finalised ready for publication.

Summary: To date, 10 coastal and central highland provinces of Angola have been affected by drought. The agricultural production is very poor and the affected areas are experiencing water shortages for human and livestock consumption. It is estimated that agricultural production will decrease by more than 400,000 tons nationally and an estimated 366,780 households (1,833,900 people) will be affected across the ten provinces.

The rapid assessment conducted by the National Department of Nutrition in May 2012 confirmed that most of the population, especially in rural areas, are affected by the drought. The total number of acutely malnourished children in the ten affected provinces is currently estimated at 533,000.

The assessment carried out by the RDRT team confirmed that the situation is serious and requires immediate attention before it escalates out of hand in the coming three to four months. In some areas, families are sharing limited water sources with livestock, leading to contamination. Consequently, the possibility of outbreak of water related diseases is very high. The Ministry of Agriculture reported a 60% decrease of average rainfall over the planting season resulting in 30% drop in crop production especially cereals like maize. Total crop failure of bean, maize crops and other drought tolerant tubers was reported in some of the affected areas.

With more than 70% of the population living below the poverty datum line, the impact has been devastating. Subsequently, although activities have commenced using DREF funding, additional resources are needed to ensure they can be implemented smoothly. Donors are therefore encouraged to contribute to this Emergency Appeal through cash and in-kind contributions.

The situation

DREF funds have been transferred to Angola Red Cross (CVA) to start up operation implementation. The National Society is finalising the implementation plan which was prepared with the support from the Southern Africa Regional Disaster Management Coordinator during his recent mission in December 2012. In Angola the main priority is to address malnutrition which is due to poor diet, poverty in some districts, poor personal hygiene, early weaning and pregnancy.

The situation largely remains the same as when this appeal was launched in November 2012.

Coordination and partnerships

The FAO and the Ministry of Agriculture offered to provide technical assistance to CVA in support of agricultural activities in the affected areas. The National Society is working with partners including the Ministries of Agriculture, Health and Welfare and Social Development.

The Ministry of Health, with assistance from World Vision and UNICEF, are currently conducting a mass nutrition screening exercise to effectively identify cases and determine the level of malnutrition. Malnutrition rates are high and vary between 12% - 30% depending of the area or community. According to WVI, the situation on the ground is still critical and more efforts are needed by all agencies. The results of the screening are expected by the end of January 2013 and will be shared with CVA and the IFRC.

The FAO emergency project, which started in August, is coming to end and FAO are currently carrying out surveys to ascertain the positive changes of their support on affected households. FAO supported 16,500 households with seeds in Kwanza Sul, Benguela, Namibe, Huambo, Bie and Zaire provinces. FAO are also currently working with Ministry of Agriculture to set up an information management system for agriculture and nutrition at national level as part of the food security strategy and early warning system. CVA will also make use of this system and information.

Red Cross and Red Crescent action

CVA, with the support of IFRC, carried out a rapid assessment to determine the extent and impact of the drought and design different possible crisis response interventions. A five member team, including RDRT staff from Mozambique Red Cross skilled in relief, food security and nutrition, plus Southern Africa Regional Office and CVA staff undertook a week long assessment in July. The objective of the assessment was to assess the impact of drought in affected provinces of Angola and determine the nature and level of assistance required. This Emergency Appeal was prepared based on the findings of that assessment.

Progress towards outcomes

A follow up mission was conducted by the Southern Africa Regional Disaster Management Coordinator on 9 – 16 in December 2012. The mission aimed to provide support to CVA and prepare operation implementation plan.

Relief distributions (food)	
Outcome: 3,000 families of the drought-affected people in Kwanza Sul (1,000 Municipality of Porto Amboim, Ebo and Sumbe), Bié (1,000 Municipality of Cuemba, Nhaleia and Nhaleia and Huambo (1,000 Municipality of Bailundo and Chica chiloanga) are provided with emergency assistance for a period of three months and assessment conducted to determine if further assistance is required	
1. Outputs (expected results)	2. Activities planned
3,000 households (15,000 people) are Provided with appropriate non-food items and support on	<ul style="list-style-type: none"> Develop beneficiary targeting strategy and registration system to deliver intended assistance for 15,000 targeted beneficiaries in Kwanza Sul, Huambo and Bie. To distribute food in Kwanza Su, Bie and Huambo for 3,000 targeted households. To distribute agriculture inputs in Kwanza Sul, Bie and Huambo for 3,000 targeted households Monitor and evaluate the relief activities and provide reporting on relief distributions. Asses needs for potential further assistance

Emergency health

Outcome: Number of deaths, illnesses and impact from diseases reduced among affected communities through provision of preventive measures and curative services at the community-level to 12,000 families (60,000 beneficiaries) in the provinces of Kwanza Sul (3,000), Bie (4,500 families) and Huambo (4,500 families) for nine months.

3. Outputs (expected results)	4. Activities planned
<ul style="list-style-type: none"> • Diseases, epidemics in disaster affected areas are reduced. • In the absence of health posts, emergency first aid provided to the victims in disaster affected areas; 	<ul style="list-style-type: none"> • Mobilize and recruit 180 volunteers at community level for the prevention of common diseases and epidemics • Refresher training of 180 volunteers and 3 branch staff using the CBHFA curriculum for 3 days • Provide first aid and referral to the health facilities. • Purchase 30 volunteer's first aid kits (11 for Bié, 11 for Huambo and 8 for Kwanza Sul).
<ul style="list-style-type: none"> • Health status of 12,000 families from affected communities is improved. 	<ul style="list-style-type: none"> • Conduct health promotion, education and sensitization activities to 12,000 families in the all affected provinces. • Develop community-based care and support structures through volunteers for the chronically ill, children, pregnant woman and other vulnerable members of the communities along of the Provinces of Huambo, Kwanza Sul and Bié. • Provide home based care and support to malnourished children from 12,000 families through volunteers, or referral to Health Facilities (therapeutic or supplementary feeding centres); • Carry out CBHFA activities, in target community areas based on respective priorities • Conduct social mobilization for routine vaccination, polio vaccination, malaria prevention and hygiene promotion in the targeted area from the tree Province; • Refer pregnant women for ante-natal care for IPT (intermittent preventive treatment) and tetanus vaccination; • Distribution of 1,000 LLITN to pregnant and lactating mothers • Conduct house to house visits through volunteers to check weight cards, nutrition status and vaccination of children and refer cases to health centres for vaccination or therapeutic feeding. • Printing and distribution of 3,000 IEC materials on disease prevention (booklets and posters) • Attend to common diseases through first-aid volunteers with support of national health staff.

Water, sanitation, and hygiene promotion

Outcome: The risk of waterborne and water related diseases is reduced through provision of safe water, adequate sanitation as well as hygiene promotion to 12,000 families (or 60,000 beneficiaries) in Kwanza Sul, Bie and Huambo provinces (specify geographical areas as appropriate to the operation) for 12 months.

5. Outputs (expected results)	6. Activities planned
<ul style="list-style-type: none"> • Safe water is provided to 12,000 families collecting water from non-safe sources. 	<ul style="list-style-type: none"> • Procurement and distribution of 300,000 Water Purification Tablets or "LIXIVIA" for water treatment for 60,000 people during 1 month.

<ul style="list-style-type: none"> • Appropriate sanitation, hygiene and information related to excreta disposal, solid waste disposal and drainage, is provided to 12,000 families (60,000 people) in Kwanza Sul (Ebo, Porto Amboim and Sumbe), Bie (Municipality of Cuemba, Nhaleia and Chimguara); Huambo (Bailundo, Chika Chiloanga) for 9 months. 	<ul style="list-style-type: none"> • Training of 180 volunteers in vector control • Vector control campaigns by volunteers and staff. • Volunteers conduct dissemination of information on hygiene promotion. • Conduct promotion activities on waste disposal and drainage system
<ul style="list-style-type: none"> • The health status of the 12,000 targeted families is improved through behaviour change and hygiene promotion activities. 	<ul style="list-style-type: none"> • Conducting weekly hygiene and health promotion campaigns among the affected population focusing on behaviour change targeting affected families in the communities. • Printing 3,000 information, education and communication (IEC) materials (booklets, posters) and distribution IEC material on hygiene promotion (posters, flyers, etc), manuals, educational materials, etc

Food Security, nutrition and livelihoods

Outcome: Food security of 3,000 drought affected vulnerable families is met by the end of intervention response.	
<ul style="list-style-type: none"> • 3,000 households (1,000 in Kwanza Sul, 1,000 in Bié and 1,000 in Huambo) are provided with food security starter packs • Households are provided with appropriate extension services and agricultural inputs and livelihoods restored. 	<ul style="list-style-type: none"> • Coordinate with agriculture extension service and FAO on training of basic drought tolerant agricultural techniques to 45 volunteers and lead farmers. • Distribute food security starter packs (maize, beans, sweet potatoes and cassava) for 3,000 affected families in the province of Kwanza Sul, Bié and Huambo. • Training of 30 staff and volunteers in Food Security Assessment and Evaluation (FSAET). • Conduct final evaluation.

Disaster Risk Reduction

Outcome: The affected targeted community's resilience to disasters is protected and restored.	
<ul style="list-style-type: none"> • Drought affected communities are better prepared to predict, respond and recover to weather induced emergencies. 	<ul style="list-style-type: none"> • Build capacity of community based disaster risk reduction committees. • Develop Standard Operating Procedures (SoPs), contingency plans and community based early warning systems. • Train staff and volunteers on use of Vulnerability Capacity Assessment (VCA) guidelines and tools. • Conduct VCA (baselines assessments) in targeted communities. • Develop community hazard maps for each of the communities • Train staff and local leaders on climate change adaptation techniques. • Promote sustainable use of natural resources through land use management and use of appropriate technologies in energy renewable technologies like solar, water harvesting and wind.

Logistics	
Outcome: Relief operation is supported and delivering a range of relief items in line with the operational priorities in a cost effective and timely manner.	
7. Outputs (expected results)	8. Activities planned
<ul style="list-style-type: none"> The operation has coordinated mobilization of relief items and efficient dispatch of goods to the final distribution points. 	<ul style="list-style-type: none"> IFRC to provide logistical support through a delegate for three months to establish warehouse and build capacity of CVA logistics unit IFRC logistics delegate to support the tendering and selection process for seeds and food purchases along with national society counterpart Establish the best sourcing strategy for relief materials so cost efficient and timely delivery of relief is ensured. Support and ensure appropriate procurement procedures and standards are in place Control efficient supply movements to the end user. Preposition stocks in strategic areas as appropriate and viable

Progress and Challenges:

The Regional Disaster Coordinator went to Angola to support the operation from 9 – 16 December 2012. Identification of beneficiaries has started. With available DREF funds, agricultural activities will be prioritised as other agencies have already made some progress on nutrition support and screening.

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.