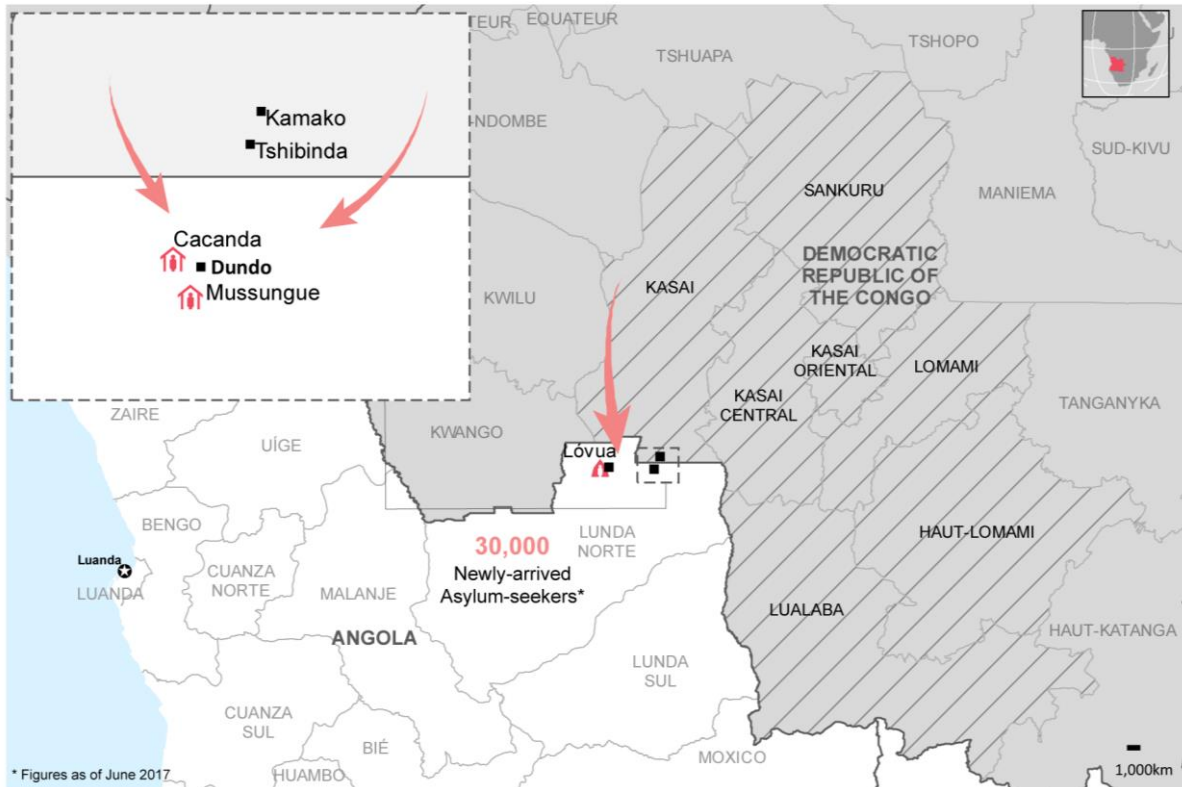


# ANGOLA INTER-AGENCY REFUGEE APPEAL

April – December 2017



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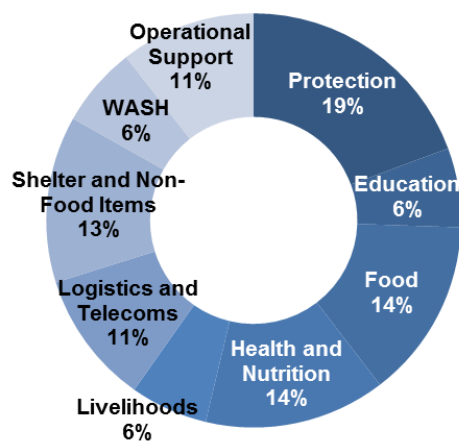
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Create date: 08 June 2017 Sources: UNHCRS, UNCS, Angolan Government

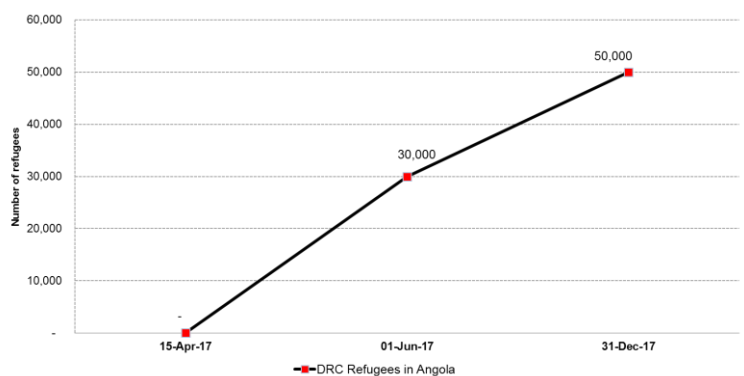
- Areas affected by outbreak of violence since August 2016
- Planned refugee camp
- Reception centre
- Congolese refugees

## Financial Requirements (US dollars)

**USD 65,507,610**



## Population Trends



## STRATEGIC OVERVIEW

<b>Period</b>	April - December 2017
<b>Current Population</b>	30,000 at 29 May 2017
<b>Population Planning Figures</b>	50,000
<b>Target Beneficiaries</b>	50,000
<b>Financial Requirements</b>	USD 65,507,610
<b>Number of Partners</b>	13

### PARTNERS IN THE RESPONSE

FAO | IOM | JRS | MAG | UNAIDS | UNDP | UNDSS | UNFPA | UNHCR | UNICEF | UNRCO  
| WFP | WHO |

### BACKGROUND

A complex emergency is unfolding in the Kasai region in the Democratic Republic of the Congo (DRC) as a result of inter-community tensions and clashes between militia groups, the Congolese armed forces and self-defence groups, and between rival militia groups. Protection concerns and human rights violations have been reported, indicating a high risk that the situation could develop into a large-scale conflict. Most civilians in affected areas are at risk of serious human rights violations, including physical mutilation, killing, sexual violence, arbitrary arrest and detention in inhumane conditions. This has resulted in the internal displacement of 1.3 million civilians and over 30,000 refugees fleeing across the border to Angola.

Angola, a signatory to the 1951 Convention Relating to the Status of Refugees, has historically received refugees from the DRC and other neighbouring countries. Prior to the present influx from the DRC since 15 April 2017, Angola was hosting some 15,600 refugees, including more than 13,400 from the DRC.

Refugees are currently crossing the border into Dundo, Lunda Norte, at an average rate of 300-500 refugees per day. The Government of Angola has maintained open borders and established two reception sites at Cacanda and Mussungue. These sites have reached maximum capacity.

The Government of Angola, the Ministry of Welfare and Social Reintegration (MINARS), UN agencies, international NGOs and the Angola Red Cross Society are providing refugees with urgently needed protection, water and sanitation facilities, food, shelter, core relief items and medical assistance.

An inter-ministerial committee has been established, headed by the Minister of Defence. The committee, as well as representatives of UNHCR, WFP, WHO, UNICEF, UNFPA and the Resident Coordinator (RC) undertook an assessment mission to Dundo in May. The mission visited the two reception centres at Cacanda and Mussungue to better assess the living conditions and immediate needs of the refugees in these locations. They also visited the hospital hosting some 30 severely wounded refugees from the DRC who arrived in critical condition due to the ongoing conflict. The Angolan Government proposed a site in Lóvuá, 85 kilometres west of Dundo. The technical assessment confirmed the suitability of the proposed site to host refugees. Development of the site is currently underway.

Despite the efforts of the Government of Angola and partners, various challenges persist in the provision of life-saving assistance and protection. The financial requirements are urgent to ensure the provision of life-saving assistance and protection. The reception centres are accommodating refugees beyond their capacity and basic services cannot be maintained. Limited funding and limited partners on the ground, as well as fuel shortages, add to the operational challenges.

## HUMANITARIAN NEEDS AND VULNERABILITIES

This inter-agency appeal covers protection and life-saving interventions from 15 April to 31 December 2017. The conflict in the Kasai region, DRC, is expected to generate further displacement internally and across the border into Angola. The daily rate of arrival into Angola fluctuates depending on the areas of active conflict in DRC and the safety of the routes from DRC to Angola. Increasingly, refugees are using informal border crossing points to reach safety in Angola.

By the end of 2017, the Government of Angola and UN partners estimate that the number of refugees fleeing the violence in Kasai to Angola may reach **50,000**. During preliminary protection interviews and focus group discussions in the reception centres, refugees expressed fear about returning to the DRC unless the situation there fundamentally changes, allowing safe and dignified return.

In line with an age, gender and diversity approach, UN agencies have undertaken a number of rapid assessments in different areas of focus to ascertain humanitarian needs and vulnerabilities. Agencies have mainstreamed protection and sexual and gender-based violence (SGBV) considerations in assessments as well as in planned activities.

The profile of Congolese refugees as of 30 May includes 53 per cent under 18 years old; 76 per cent women and children; 23 per cent adult men with the following urgent needs:

### Protection:

- Admission of refugees to safety in Angola. Timely, systematic individual registration.
- Advocacy for maintaining the civilian character of asylum.
- Strengthening capacity of national protection service providers.
- Engaging with communities as agents of protection in mitigating protection risks and responding to the needs of refugees.
- Undertaking preliminary protection assessments to identify refugees with heightened protection risks.
- Facilitating the issuance of documentation attesting legal status.
- Promoting peaceful coexistence and social cohesion within and between refugee and host communities.
- Strengthening child protection systems and supporting identification, tracing and reunification for separated and unaccompanied children, as well as provision of psychosocial support.
- Provision of emergency transportation assistance to safety.
- SGBV prevention and response including clinical management of survivors, psychosocial support, and provision of dignity kits to women of child-bearing age.

Angolan authorities have maintained an open border policy and are currently facilitating the movement of refugees from the border areas to the reception centres. Access to the border areas to conduct the registration of the refugees has been granted and registration activities are ongoing. Preliminary protection interviews are regularly undertaken at the pre-registration stage. Refugees with specific needs, including unaccompanied and separated children, single

parents, refugees with serious medical conditions, older refugees and those with disabilities, have been systematically identified and referred for appropriate follow-up. However, the existing response capacity is still nascent. Strengthening capacity of national service providers and engagement with communities is required to scale up protection in both refugee reception centres as well as within the host community.

Strengthening community leadership structures to promote peaceful coexistence and social cohesion among refugees and between refugee and host communities is a priority. Two-way communication will be established to engage the communities in mitigating protection risks and responding to identified protection cases. Refugee communities will be encouraged to establish refugee committees representative of diverse groups. Inter-agency referral mechanisms will be developed. Advocacy will continue for refugees to have access to basic rights and services including education, documentation, freedom of movement and livelihood opportunities. UNHCR will work with the Government to provide documentation attesting legal status and will continue to develop standard operating procedures to record births and deaths. Maintaining the civilian character of asylum remains a priority both in the reception centres and host communities. Legal services will be initiated and two workshops will be organized on international and national asylum law. Awareness workshops in the reception centres will be conducted on: leadership, SGBV/HIV-AIDS, human rights, discrimination, as well as violence against women and children and its root causes.

**Host communities and co-existence:**

Refugees arriving from the Kasai region of the DRC into Angola comprise different ethnic groups. Escaping from political and inter-ethnic/communal clashes in their homelands, many of them continue to face ethnic tensions. The Government of Angola has encouraged the refugees to leave their political and ethnic problems behind, and to rebuild their lives and communities in a spirit of mutual respect and assistance.

While these efforts made by the Angolan authority are crucial to ensure peaceful cohabitation amongst the various groups, continued support is needed in the area of post-conflict traumatic care and reconciliation among refugee populations. Support to promote co-existence will become even more important with host communities in Lóvua. Moreover, promotion of co-existence among the refugees is critical in preparing for future return and rebuilding their communities in the DRC.

Building upon its experience in peacebuilding, conflict resolution, and reconciliation, UNDP and partners will support Congolese refugees and Lóvua municipality households to promote co-existence through counselling, and civic education activities.

**Registration:** More than 20,000 refugees are currently housed in reception centres. Biometric and individual registration began on 1 June to obtain reliable planning data, and identify people with vulnerabilities and specific needs to strengthen the delivery of humanitarian assistance. This exercise is crucial to protect the new arrivals from *refoulement* and ensure their access to life-saving services and assistance. Congolese refugees need safe and dignified transportation assistance from the hosting centres and borders points to the designated arrivals points within Lunda Norte Province. Priority and special attention will be given to vulnerable people such as unaccompanied and separated children, pregnant and lactating women, the disabled and elderly, and those with chronic medical conditions.

**Child Protection:** Strengthening child protection systems must be prioritized, specifically in the areas of registration, family tracing and family reunification as well as prevention and response to violence against children in communities, reception centres and at the proposed refugee site. Child-friendly spaces will be established and will facilitate the identification of children with protection concerns, delivery of psychosocial support, recreation, nutrition

screening, and referrals to other services. A system will be established for monitoring and following up cases of unaccompanied and separated children as well as initiating family tracing and unification. Information on violence against children as well as the referral system will be disseminated. The provincial child protection networks will be strengthened to improve the delivery of protection services to refugees in host communities. Specific interventions will be undertaken for children that were involved in armed conflict. Recreational activities in both sites in coordination with refugee leaders and Red Cross of Angola volunteers will be put in place.

**Sexual and gender-based violence:** An SGBV prevention and response strategy for survivors needs to be developed in cooperation with all stakeholders. A multi-sectoral SGBV response will be established in the sites. The response will include SGBV prevention and response activities in coordination with the Angolan Ministry of Family and Women Promotion (MINFAMU) in Lunda Norte and the provision of accessible, confidential and survivor-centred multi-sectoral services in collaboration with the Provincial Directorates of Health. People living with disabilities and other vulnerable groups, such as young single mothers, will require special attention in the first months to ensure that they have access to food and other basic services. Information, education and communication materials on SGBV prevention, where to go for help and how to access SGBV services will be developed and disseminated.

**Mine action:** MAG will work with partners to raise awareness on risks of landmines and UXO and to help identify areas with higher risks of landmine contamination. Mine risk awareness education (MRE) will target men, women, boys and girls at the reception and refugee sites. The host community will also benefit from the MRE.

#### **Food:**

- Immediate life-saving food assistance to 50,000 Congolese refugees.

As an immediate emergency measure, the Government of Angola provided food for three days in May for the most vulnerable people (5 per cent of people of concern). However, UNHCR identified the urgent need to pursue food procurement locally and distribute it to cover the immediate food needs of some 20,000 people (10,200 females and 9,800 males) until WFP could take over the procurement and delivery of food.

A rapid qualitative emergency food security mission was undertaken to determine the profile of the refugee population requiring food, agriculture and other livelihood assistance. The information gathered from focus group interviews indicates a high level of vulnerability to food insecurity related mainly to the conflict, but also limited access to food assistance and income opportunities. Most families eat only one meal per day. The current food rations are supplemented by other sources of animal protein acquired through in-kind payment for casual labour in local farms and other odd jobs performed in town. UNHCR distributed food to refugees in May. Food procurement for the next three months is currently underway by WFP, who will take over the supply chain of food assistance while UNHCR will be responsible for the distribution, together with JRS. Post-distribution monitoring will be carried out.

### Education:

- It is expected that 53 per cent of the refugees will be children from 0 to 17 years of age. Formal and non-formal education opportunities for at least 50 per cent of children will be required using a variety of approaches.
- The provision of education services will follow a gradual process commencing with early childhood development (ECD) services, with a possibility of developing services for other groups concurrently.
- Provision of temporary learning spaces through the procurement and installation of at least 75 tents and at least 60 ECD kits.
- Supporting the establishment of transitional learning spaces
- Provision of at least 100 education kits for primary and secondary education, which includes 4,500 backpacks and 90 recreation kits for children and adolescents.
- Training of trainers for teachers and peer educators on life skills.
- Training of trainers for care givers.

UNICEF and UNHCR will work closely to ensure effective leadership is established for inter-agency coordination with links to other sector coordination mechanisms on critical inter-sectoral issues. The coordination mechanism will provide guidance to all partners on common approaches and standards while ensuring that all critical education gaps and vulnerabilities are identified. Information on roles, responsibilities and accountability will be provided to address all gaps without duplication. This will be achieved through support to national provincial/municipal education authorities to coordinate education activities for affected refugee and host populations. In addition, focal agency roles and responsibilities for the needs of learners in refugee and host communities will be assigned. Children, including preschool-age children, girls, and other excluded children, will access quality education opportunities through the establishment of learning centres and child-friendly and adolescent-friendly emergency non-formal programmes, which include play and early learning for young children. ECD centres will be established and capacity building of caregivers provided. Recreation programmes to promote a child-friendly environment for children and adolescents, boys and girls will be created while a peaceful environment will be built through the use of recreational activities.

### Livelihood:

- Building livelihood and resilience into the site of Lóvua, benefitting 6,000 people and 2,000 families including members of host community.
- Distribution of energy efficient stoves.

FAO and WFP conducted a joint assessment on livelihood and food security in Dundo and Lóvua in mid-May, which established that the feeding traditions of refugees are similar to the host community. Most of the refugees come from agricultural backgrounds, including raising of small ruminants, pigs, chicken, fishing and aquaculture. Mitigating measures need to be taken to address potential environmental risks, in particular deforestation, possible soil erosion, and water pollution. UNHCR will provide energy efficient stoves to minimize the environmental impact.

The interventions aim to build livelihoods' sustainability and resilience at the new refugee site, taking into consideration traditions. The projects will also contribute to peaceful coexistence, considering that livelihood support is equally important for the host community. Refugee families are expected to have some area for agriculture to be established in the upcoming dry season. New arrivals in Lóvua will receive assistance through the receipt of agricultural land and kits (tools & seeds), business start-up kits, cash grant, and livelihood training. The activities will ensure the active participation of women, being 55 per cent of the beneficiaries.

Kits and training will be provided by FAO to 2,000 families on family farming (short-cycle varieties of sweet potato, maize and cassava, tools), micro-gardens (vertical or lift-up micro-gardens, tools), poultry raising and egg production, aquaculture and a pilot worm production. Irrigation will require the construction of six water tanks. As a result, refugee families are expected to start producing vegetables and crops from three months, aquaculture at four months and poultry at five months.

Support to 300 small business initiatives will be provided in terms of food, clothing, and other products. The provincial government, with the support of UNDP, will identify beneficiaries and provide necessary basic business management training through employment of a local training service provider and equip both refugees and host population with start-up kits to support small retail business activities. The start-up kits will include necessary furniture and equipment for shops and motor cycles to support transportation of goods between the Lóvua municipal capital city and the new refugee site. Small retail business initiated with support of the project will also be registered at the provincial government.

### **Health and nutrition:**

- Disease surveillance and outbreak control measures.
- Basic health and referral services.
- Reproductive emergency obstetric and new-born services and immunization services.
- SGBV response health services.
- Malaria control interventions.
- HIV transmission prevention interventions.
- Nutrition surveillance, assessment and clinical management of acute malnutrition.
- Effective coordination, supervision monitoring and evaluation of health services.
- Provision of mosquito nets to be distributed in coordination.
- Provision of vaccines such as measles, polio, cholera, BCG and yellow fever.
- Conducting social mobilization/Communication for Development (C4D) activities with the view to improving social behaviour on health practices.
- Assessment of the nutritional status of children on arrival and rapid referral
- Training of Municipal Hospital staff as first line of referral on prevention and treatment of severe acute malnutrition (SAM).
- Training of community health workers on both severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) screening and support to related treatment.
- Procurement of MUAC, weighing scales, nutrition supplies, including ready-to-use therapeutic food (RUTF) and therapeutic milk.
- Conduct social mobilization/Communication for Development (C4D) activities with the view to improving social behaviour on nutrition-related practices.
- Promotion of nutritional practices and behavioural change, through skill demonstration using community kitchens.
- Selective feeding component: children between 6-23 months are targeted through the provision of fortified blended food (Super Cereal Plus) to prevent malnutrition.

The areas of origin where refugees come from have very poor health indicators: low measles vaccination coverage (39 per cent), high prevalence of malaria (21 per cent), high under-five chronic malnutrition (43 per cent), low knowledge about HIV/AIDS (39 per cent), very low use of contraception (<4 per cent) and other factors that will increase vulnerability to main endemic diseases. Many children are suffering from diarrhoea, fever and malaria. Although the rapid nutrition assessment still needs to be undertaken, so far eight out of 100 cases are found to have severe malnutrition in the reception centres. Malnutrition will increase if urgent remedial action is not taken. Challenges, however, remain in Lunda Norte with low supply of medicine, understaffing of medical centres and hospitals and limited equipment impeding the full diagnosis.



Health partners will provide disease surveillance and primary health care, early diagnosis and treatment of malaria, diarrhoea, acute respiratory infection, and main high risk endemic diseases (TB, HIV) for attending the main refugee settings. Women will have access to critical reproduction health services.

Given that one in five women of childbearing age is likely to be pregnant and without access to reproductive health services, these women face an increased risk of life-threatening complications. Many women risk the possibility of exposure to unwanted pregnancies. In this regard, it is envisaged that increased number of women and young people may become more vulnerable to sexual violence, exploitations and HIV infection. To address these risks and other neglected hygiene needs of women and girls, dignity kits will ensure safe and clean deliveries, management of miscarriages, as well as providing rape treatment and contraceptives.

It is estimated that 3,150 pregnant women will need antenatal care services, including tetanus vaccination, malaria prophylaxis treatment, acid folic and iron supplements, deworming medicines, mosquito nets, counselling and HIV tests. Some 15 per cent (470) of these pregnant women may have complications during the delivery process and therefore they will need emergency obstetric care. Pregnant women and 5,000 women and girls will receive awareness raising messages on sexual and reproductive health, SGBV, risk of early pregnancy; risks related to pregnancy and contracting diseases like HIV. Mainstreaming the needs of women and girls through the provision of clean safe delivery kits and dignity kits. Service providers will be capacitated for the clinical management of rape services while condoms will be made available to reduce HIV transmission as well as sexually transmitted diseases.

#### **Water, sanitation and hygiene (WASH):**

- Access to basic WASH facilities in both reception centres.
- Emergency safe/adequate water supply to Congolese refugees at reception centres and the new site that the Government will allocate.
- Provision of emergency latrines and bathing shelters for Congolese refugees at the transit points.
- Improved awareness and practice appropriate behaviours on hygiene among refugees
- Safe disposal of refuse.
- Prevention of cholera as Angola is a cholera endemic country.
- Treatment of water at household level with water tablets.
- Distribution of hygiene kits including water container and sanitary pad for women.

In the reception centres, the WASH situation is dire with insufficient water supply and non-existent sanitation facilities for the increasing refugee population. To prevent an outbreak of diseases, ensuring access to safe water, basic sanitation and hygiene is paramount. Reliable water supply is a major and urgent issue in both reception centres. Dundo suffers constant power cuts, which also cut off the water supply from the municipal network. Both reception centres are in direct competition with city dwellers for access to water through water trucking making it both costly and unreliable. At least 20,000 litres/day is trucked to both reception centres although they need at least 150,000 litres/day. As a result, water trucking needs to be urgently strengthened, together with a medium-term solution (within 2 months) for a reliable water supply service compliant with Sphere standards in both quantity and quality. Construction of boreholes with installation of distribution system will be explored as an exit strategy.

Regarding sanitation, actions will be taken to ensure access, use and maintenance of the facilities. Emergency pit latrines and showers will be constructed with clear separation between men and women. Handwashing stations will also be installed for each block of latrines. In addition, daily collection of solid waste will be conducted to ensure proper cleaning of the reception centres. Garbage pits and refuse bins will be installed to allow good management of solid waste.

WASH promotion activities will focus on the dissemination of a limited number of easy-to-understand, simple, key messages, minimizing the potential for confusion. They will include practical demonstrations on use and consumption of potable water; hand washing; personal hygiene; latrine use; environmental sanitation; and hygiene. Open discussion sessions and key message promotional campaigns will also be held regularly, targeting both children and adults to promote long-term improvements in WASH behaviours.

In the new site, partners will focus on ensuring access to safe and adequate water and sanitation facilities and continuing hygiene promotion activities. Access to water facilities will need to be arranged through drilling of boreholes and installation of a water distribution system. Regular water treatment and quality monitoring will need to be conducted. Emergency latrines and showers in short term and family latrines in long term will be constructed to ensure proper access to sanitation facilities. Solid waste management system will be set up through daily collection of refuse, digging of garbage pits and installation of refuse bins in the site. Water supply through boreholes and basic supply networks has been endorsed by government authorities, either at central and provincial level.

Refugees have been involved in designing and implementing the WASH response from the outset, particularly for the sanitation and hygiene components, through cash-for-work (CFW) schemes.

#### **Shelter and infrastructure:**

- Distribution of family tents to 1,200 families (covering approximately 4,500 individuals).
- Shelter kits composed of plastic sheets, poles, tool kits etc., will be distributed.
- Site preparation will be conducted at the new refugee site.

The Government of Angola already estimates 30,000 Congolese have arrived in the country and expects 50,000 refugees to arrive by the end of the year. Currently, the new arrivals are being accommodated by local authorities in reception centres. Conditions in reception centres are extremely poor and need to be swiftly improved. The over-crowded shelters can no longer accommodate the increasing number of arrivals who are exposed to difficult weather conditions. Site and infrastructure development is underway in the new refugee site in Lóvua. Shelter will be erected in the refugee site as well as reception centres. Family tents will be erected to support the most vulnerable groups. Emergency tents are being provided to vulnerable refugees (10 per cent of the population).

### Non-food items (NFIs):

The following items will be procured as non-food relief items for the displaced population that has arrived in Dundo, Angola:

Item	Quantity
Jerry can (10 litres)	6,000
Sleeping mat	17,000
Plastic sheet	35,000
Plastic roll	860
Bucket (14 litres)	12,000
Blanket	35,000
Kitchen set	12,720
Solar lantern	14,000

### Cash-based interventions (CBI):

A CBI feasibility study is underway. However, preliminary findings discourage the transfer of cash to beneficiaries in the current stage of the operation as the situation remains volatile. Issues of particular concern include, (i) the fact that refugees remain hosted in two reception centres in Dundo which are a few kilometres from the border; (ii) there is a significantly large number of registered refugees residing in host communities outside the reception centres; and (iii) personal profiling and biometric identification has not yet been completed. Therefore, an in-depth market and financial service provider assessment is required before deciding on the appropriateness of CBI.

The Lóvua site is located 85 kilometres from Dundo and has no markets available. Potential solutions could include the possibility of incentivizing wholesalers to open shops in Lóvua and develop a system of vouchers in coordination between WFP (food items) and UNHCR (NFIs), or mixed solution voucher and cash, until the local market place and systems develop substantially. CBIs to cover basic needs will therefore only be considered once the refugees are relocated to Lóvua site.

### Safety and security of humanitarian actors:

To provide humanitarian aid workers with decent operational conditions in terms of safety and security, UNDSS needs to upscale its ongoing response support in Lunda Norte. Considering unavailability of quality health services in Lunda Norte, the provision of emergency medical evacuation from Lunda Norte to Luanda also needs to be facilitated by UNDSS.

UNDP, in an established partnership with the National Civil Protection Commission, will assist the province of Lunda Norte in preparing a provincial contingency plan. For the operationalization of the provincial contingency plan, the preparation of a standard operating procedure (SOP) will be assisted for the Provincial Civil Protection Commission (CPPC) of Lunda Norte along with training of 30 civil protection / disaster and risk management agents.

## RESPONSE STRATEGY AND PRIORITIES

In order to address the protection, solutions and assistance gaps the following objectives and priorities will be pursued:

### Providing protection to refugees fleeing the DRC

- Ensuring access to territory and respect the principle of *non-refoulement*.
- Maintaining the civilian character of asylum.
- Engaging with communities as agents of protection.
- Undertaking individual and biometric registration.
- Providing specialized protection to refugees with specific needs including child protection, prevention and response to SGBV survivors, persons with disabilities.
- Mainstreaming protection and SGBV in assessment, design, implementation and monitoring of the programmes.
- Establishing referral mechanisms and case management.

### Providing life-saving response to refugees

1. Continued life-saving service provision for present and newly arriving refugees. Priority sectors include: food, shelter, health, NFIs, education and WASH.
2. Stabilization of all existing refugee ongoing life-saving activities, with the existing gaps in standards addressed.
3. Access to, and integration of refugees in, national service delivery systems, wherever possible. Support to affected district authority systems to strengthen their service delivery in refugee hosting areas.
4. Upon completion of feasibility studies, undertake cash-based interventions (either sectorial or multipurpose) to strengthen protection and dignity of refugees and improve the quality, the efficiency and the effectiveness of interventions.
5. Community support projects and strengthening community involvement and resilience across all sectors in refugee hosting areas, benefiting both refugee and host population communities.
6. Increase livelihood sustainability and limit refugees' long-term dependency on food aid.
7. Increase environmental protection and restoration interventions to avoid environmental impact and degradation.
8. Site development, including establishment of infrastructure, water supply, electricity, health clinics and communal areas.
9. Emergency preparedness for higher than anticipated refugee influxes.

## PLANNED RESPONSE

<p><b>Protection</b></p> <p><b>(JRS, MAG, UNDP, UNFPA UNHCR, UNICEF)</b></p>	<ul style="list-style-type: none"> <li>- Activate mechanism for family tracing and reunification of unaccompanied minors, incl. across border if possible</li> <li>- Undertake case management, monitoring and following up cases of unaccompanied and separated minors;</li> <li>- Create a designated space where unaccompanied and separated children can register and missing children can be reported with a static child protection desk and mobile community outreach workers to inform communities of where information can be accessed: (1) Disseminate child protection messages. VAC prevention; (2) The child protection network is activated; (3) A referral system is in place; (4) A designated space for children and women created where services and information are delivered; (5) Train/activate child protection coordination group and provide technical support for the development of a response plan;</li> <li>- Support government and service providers to develop a referral system specifically tailored to emergency response;</li> <li>- Create and operate child friendly spaces that can serve as platforms for identification of protection concerns, recreation, delivery of psychosocial support and other services;</li> <li>- Protection monitoring system to be established</li> <li>- Legal advice services,</li> <li>- Psychosocial support services complementing MINARS</li> <li>- A legitimate and diverse refugee representation structures and information sharing system,</li> <li>- A case management and referral systems for survivors of violence and torture, elderly alone, persons with disabilities, physical and mental health, persons in conflict with the law etc.</li> <li>- Clinical management of rape survivors', psychosocial support specifically for women and girls, and provision of dignity kits to women of childbearing age.</li> <li>- Be present at the protection referral desk to receive direct referrals</li> <li>- Mobilise community based and other workforce for registration and other sectors, including distribution</li> <li>- Promote co-existence through counselling and civic education activities</li> <li>- Mine risk awareness education, non-technical survey, Rapid response and full-fledged landmine clearance</li> </ul>
<p><b>Food</b></p> <p><b>(JRS, UNHCR, WFP)</b></p>	<ul style="list-style-type: none"> <li>- Provide immediate life-saving food assistance to 50,000 Congolese refugees. This will be done through tripartite agreement with JRS who will assist UN Agencies with monitoring and distribution of food</li> </ul>
<p><b>Health and Nutrition</b></p> <p><b>(UNAIDS, UNFPA, UNHCR, UNICEF, WFP, WHO)</b></p>	<ul style="list-style-type: none"> <li>- Ensure surveillance of epidemic prone disease in the new DRC population</li> <li>- Provide 750,000 outpatient attention to early diagnosis of common endemic disease as well as avoid severe and complicated cases</li> <li>- Provide inpatient attention to 750 severe cases in referral hospitals</li> <li>- Provide access 200,000 IMCI attention in highly vulnerable population to avoid burden of disease of main child diseases;</li> <li>- Ensure provision of HIV tests for 50,000 estimated refugees;</li> <li>- Ensure distribution of preservative and information, education and communication materials;</li> <li>- Ensure two awareness campaigns on HIV/STIs and sexual violence;</li> </ul>

## PLANNED RESPONSE (CONTD.)

<p><b>Health and Nutrition (contd.)</b> <b>(UNAIDS, UNFPA, UNHCR, UNICEF, WFP, WHO)</b></p>	<ul style="list-style-type: none"> <li>- Ensure that PLHIV receive treatment and adhere to treatment;</li> <li>- Ensure that 3,150 pregnant women have access to ANC services, are tested for HIV and those who are HIV positive receive treatment;</li> <li>- Ensure that all positive pregnant women deliver their babies in a safe place;</li> <li>- Ensure that at least 5,000 adolescents have access to SRHR and HIV prevention services, 50 peer educators are trained through mutual support groups;</li> <li>- Ensure 50 teachers are trained to deliver sexuality education programmes at primary and secondary education services</li> <li>- Ensure severely wounded refugees receive critical care to minimize disabilities and death</li> <li>- Ensure children between 6-23 months receive fortified blended food (Super Cereal Plus) to prevent malnutrition</li> </ul>
<p><b>Non-Food Items</b> <b>(JRS, UNHCR)</b></p>	<ul style="list-style-type: none"> <li>- Monitoring and distribution of standard non-food item kits to refugees.</li> </ul>
<p><b>Shelter and Infrastructure</b> <b>(JRS, UNHCR)</b></p>	<ul style="list-style-type: none"> <li>- Distribution of family tents to 1,200 families (covering approximately 4,500 individuals).</li> <li>- Shelter kits composed of plastic sheets, poles, tool kits distributed</li> <li>- Site preparation will be conducted at the new refugee site.</li> </ul>
<p><b>Water, Sanitation and Hygiene (WASH)</b> <b>(UNHCR, UNICEF)</b></p>	<p>WASH emergency interventions will be structured around 3 main pillars:</p> <p>(1) Safe water supply in reception centres (Dundo) and new refugee site (Lóvua):</p> <ul style="list-style-type: none"> <li>- Drilling and equipment of borehole in Cacanda reception centre with electromechanical pumping solar system, elevated water tank of 20,000L, and basic distribution network to 30 public water points, being this the water source for Mussungue reception centre.</li> <li>- Water trucking initially from water vendors to Cacanda and Mussungue, and once borehole is ready from Cacanda to Mussungue reception centre with a storage capacity of 15,000L (consumption 30,000L/day), and 9 water points in Mussungue.</li> <li>- Drilling and equipment of borehole in new Lóvua refugee site, with 2 electromechanical pumping solar systems, elevated water tanks of total volume of 200,000L, and basic distribution network to 180 public water points (180,000L/day).</li> <li>- Water quality monitoring system in place (SOP and team of water quality monitors), through trained partners and refugees.</li> <li>- Distribution of 20,000 20L collapsible containers.</li> <li>- Ensured treatment of all water for refugee population, through massive treatment with HTH during extraction in source (borehole), in storage tanks (200L water treatment pills), or at household level (20L water treatment pills), based on specific needs in each location.</li> </ul> <p>(2) Sanitation and solid waste management:</p> <ul style="list-style-type: none"> <li>- Construction of sanitary blocks, in Cacanda (125 latrines + 125 showers), Mussungue (45 latrines + 45 showers), and in new Lóvua refugee site (250 latrines + 250 showers) and in in the new site in Lóvua.</li> <li>- Installation of communal refuse containers (100 litres) for solid waste management in Cacanda (50), Mussungue (15), and in new Lóvua refugee site (100).</li> <li>- Cleaning and disinfection of reception centres, new Lóvua refugee site, sanitary blocks and containers for solid waste management, through "Maintenance Brigades".</li> </ul>

## PLANNED RESPONSE (CONTD.)

<p><b>Water, Sanitation and Hygiene (WASH)</b>  (contd.)  (UNHCR, UNICEF)</p>	<p>(3) Hygiene promotion:</p> <ul style="list-style-type: none"> <li>- Hygiene promotion through “C4D Brigades” of trained and equipped CFWs.</li> <li>- Distribution of 4,000 hygiene kits to most vulnerable families with malnourished or wounded children.</li> <li>- Distribution of 120,000 bars of soap.</li> </ul>
<p><b>Education</b>  (JRS, UNHCR, UNICEF)</p>	<ul style="list-style-type: none"> <li>- Support provincial/municipal education authorities to coordinate education activities for affected refugee and host populations.</li> <li>- Assign focal agency roles and responsibilities for the needs of refugee and host learners (i.e. ECD/Primary/Secondary/Adolescents/Tertiary)</li> <li>- Coordinate with WASH sector for institutional latrines, hygiene and sanitation material and supply provision</li> <li>- Coordinate with Child Protection sector to use of infrastructure and cross- participation on relevant trainings (for care-givers, implementing partners, etc.) and active role in referral mechanism.</li> <li>- ECD centre established (facilities, caregivers, ECD facilities and materials), mobilization for sustained support.</li> <li>- Capacity building of caregivers and quality assurance of services</li> <li>- Create recreation programmes for a child-friendly environment for children and adolescent, boys and girls.</li> <li>- Build peaceful environment through sports.</li> <li>- Identify number of school children, provide psycho-social activities and basic education (literacy and Portuguese lessons).</li> </ul>
<p><b>Livelihoods</b>  (FAO, UNDP, UNHCR)</p>	<ul style="list-style-type: none"> <li>- Building livelihood and resilience into the new site</li> <li>- Provision of family farming kits</li> <li>- Basic business management training for refugees and host community residents.</li> <li>- Provision of start-up kits to support small retail business activities.</li> <li>- Registration of new business with the Provincial Government</li> <li>- Distribution of energy-efficient stoves</li> </ul>
<p><b>Operational Support (including crisis response, security and coordination, logistics and telecom)</b></p>	<ul style="list-style-type: none"> <li>- Provincial contingency planning.</li> <li>- Preparation of response SoP and training.</li> <li>- Equipping of Operations Coordination Centre.</li> <li>- Improved Security Common Services.</li> <li>- Joint UNHCR-RC support visits to the field.</li> <li>- Meetings with high-level government officials, local authorities and humanitarian and development actors.</li> <li>- Development of joint key advocacy &amp; resource mobilization strategies to support refugee response.</li> <li>- Joint UNHCR-RC meetings with partners and donors belonging to the humanitarian and development community.</li> <li>- Joint UNHCR-RC advocacy with UN Regional and Global Mechanisms to analyse, articulate and strengthen the response.</li> </ul>

## **PARTNERSHIP AND COORDINATION**

To respond to the refugee influx from the DRC, the Government of Angola has established an inter-ministerial committee, which is composed of key Directors and Secretaries of State from the Ministries of Defence, the Interior, Health, Agriculture, Rural Development, Water and Energy, Planning and Social Reintegration, and the Provincial Governor of Lunda Norte. This committee has designated the Ministry of Social Assistance and Reintegration (MINARS) to work with UNHCR as the primary interlocutor and lead agency for all refugee matters. UNHCR works with the inter-ministerial committee and MINARS and shares updates with all agencies participating in the response, including the UNCT and UN Resident Coordinator, to maintain a smooth link between the strategic and operational coordination.

Building on the Refugee Coordination Model, UNHCR is coordinating the response efforts in support of the Government of Angola. UNHCR is undertaking direct and primary advocacy with the Government for all refugee matters, and facilitating inter-agency planning, resource mobilisation, implementation, and coordination of the refugee response in Angola. Given the fluid nature of the crisis, UNHCR will also initiate a preparedness and contingency plan with all relevant actors.

All coordination meetings held at Luanda and Dundo are co-chaired by MINARS and UNHCR. Participants include government counterparts, UN agencies and I/NGOs. Technical and multi-sectoral meetings take place twice a week in Dundo, while an Inter-Agency Coordination meeting takes place weekly in Luanda. In addition, bilateral meetings are held with the Government of Angola on to address any emerging issue. An inter-agency portal has been established for the response, with key coordination products such as 3Ws, Dashboards, fact sheets, updates from agencies, cross border updates.

To ensure a comprehensive response, the RC will support the coordination and ensure linkages with the development framework of Angola, including between national development policies and other initiatives managed by the Government of Angola. The existing mechanisms managed by the Ministry of Planning and Territorial Development, the Ministry of Territorial Administration, Agriculture, Health, Environment, amongst others, will be used to enhance the refugee response provided by UNHCR and other humanitarian agencies. The RC will also assume the overall responsibility for, and coordination of, the operational activities for development of the United Nations system carried out at the country level. The complementary roles of UNHCR and the RC will add value in ensuring the response is strengthened at all levels, national and district levels, and encompasses humanitarian and development nexus and early recovery of the refugee impacted areas are included from the outset.

Additionally, the RC will support UNHCR in advocacy messages and in strengthening the resource mobilisation efforts. The RC's office will also undertake joint visits with UNHCR to the operations in Dundo. The RC's office will also ensure close cooperation with other RC's office in the region, and engage jointly with UNHCR - as per respective mandates - with the Office of Special Envoy for the Great Lakes, and with OHCHR, DPA, UNDP, UNDSS, and OCHA to facilitate a frequent flow of information and monitoring of the situation. Both the RC and UNHCR will liaise with other UN entities and secretariat agencies as the response evolves.



## FINANCIAL REQUIREMENTS SUMMARY

### Financial requirements by agency (in US dollars)

Organization	Total
FAO Food and Agriculture Organization of the United Nations	1,030,000
IOM International Organization for Migration	1,869,438
JRS Jesuit Refugee Service	1,574,790
MAG Mine Action International	585,000
UNAIDS The Joint United Nations Programme on HIV/AIDS	400,000
UNDP United Nations Development Programme	2,550,000
UNDSS United Nations Department for Safety and Security	830,000
UNFPA United Nations Population Fund	1,367,414
UNHCR United Nations High Commissioner for Refugees	36,705,352
UNICEF United Nations' Children's Fund	8,499,703
UNRCO United Nations Resident Coordinator's Office	100,000
WFP World Food Programme	9,100,000
WHO World Health Organization	895,913
<b>Total</b>	<b>65,507,610</b>

### Financial requirements by sector (in US dollars)

Sector	Total
Protection	12,673,115
Education	4,052,635
Food	9,202,598
Health and Nutrition	9,265,797
Livelihoods	3,957,052
Logistics and Telecoms	6,804,903
Shelter and Non-Food Items	8,532,293
WASH	4,109,022
Operational Support	6,910,195
<b>Total</b>	<b>65,507,610</b>

**Financial Requirements by Agency and Sector (US dollars)**

Organization	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and Non-Food Items	WASH	Operational Support	Total
<b>Angola</b>										
FAO					1,030,000					<b>1,030,000</b>
IOM						1,869,438				<b>1,869,438</b>
JRS	978,123	250,420	70,420				70,420		205,407	<b>1,574,790</b>
MAG	585,000									<b>585,000</b>
UNAIDS				400,000						<b>400,000</b>
UNDP	400,000				2,000,000				150,000	<b>2,550,000</b>
UNDSS									830,000	<b>830,000</b>
UNFPA	38,366			1,151,193					177,855	<b>1,367,414</b>
UNHCR	8,727,080	2,768,651	243,178	3,878,153	927,052	4,935,465	8,461,873	1,873,022	4,890,878	<b>36,705,352</b>
UNICEF	1,944,546	1,033,564		2,729,538				2,236,000	556,055	<b>8,499,703</b>
UNRCO									100,000	<b>100,000</b>
WFP			8,889,000	211,000						<b>9,100,000</b>
WHO				895,913						<b>895,913</b>
<b>Grand Total</b>	<b>12,673,115</b>	<b>4,052,635</b>	<b>9,202,598</b>	<b>9,265,797</b>	<b>3,957,052</b>	<b>6,804,903</b>	<b>8,532,293</b>	<b>4,109,022</b>	<b>6,910,195</b>	<b>65,507,610</b>