

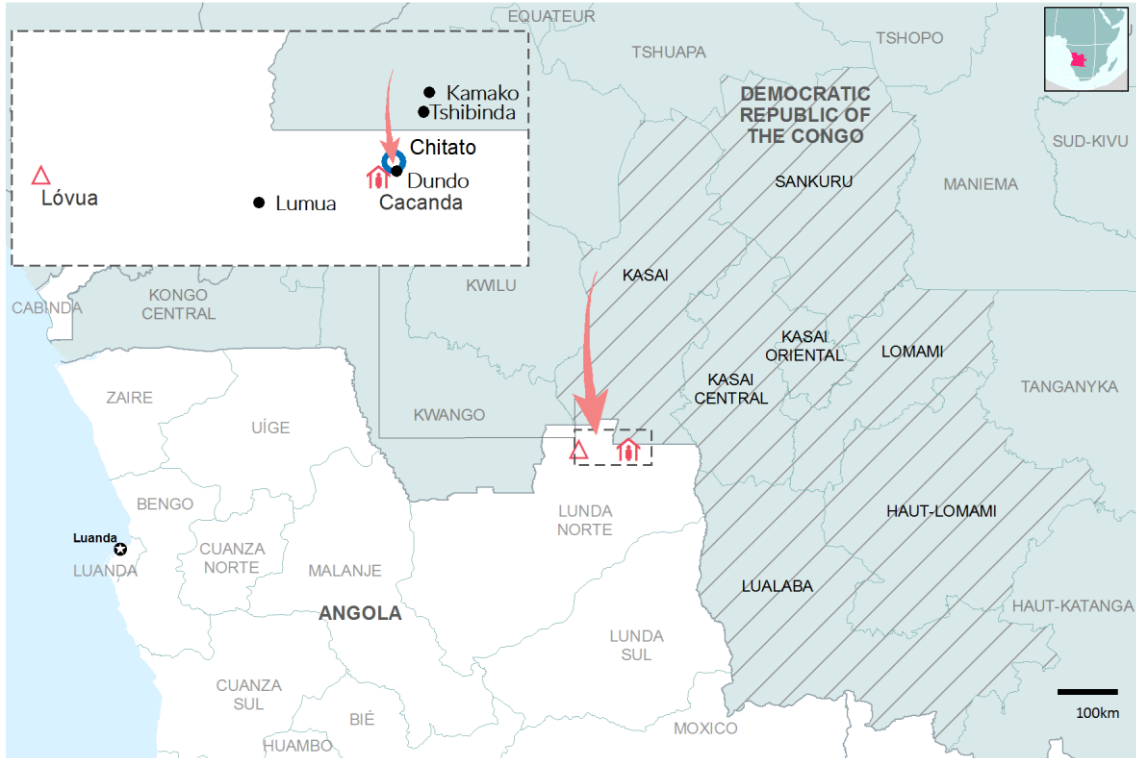
# ANGOLA INTER-AGENCY REFUGEE APPEAL

January – December 2018

UNHCR/Margarida Loureiro  
January 2018



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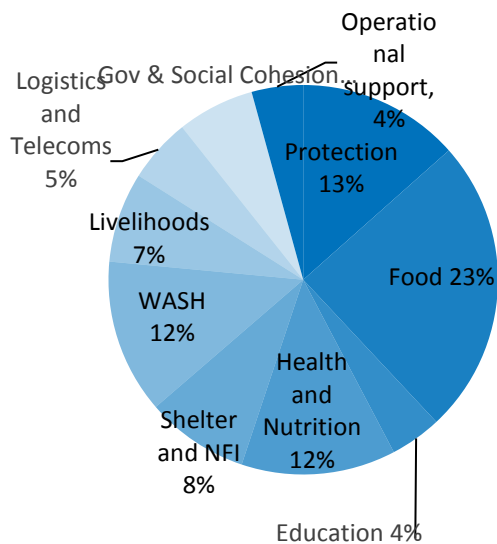


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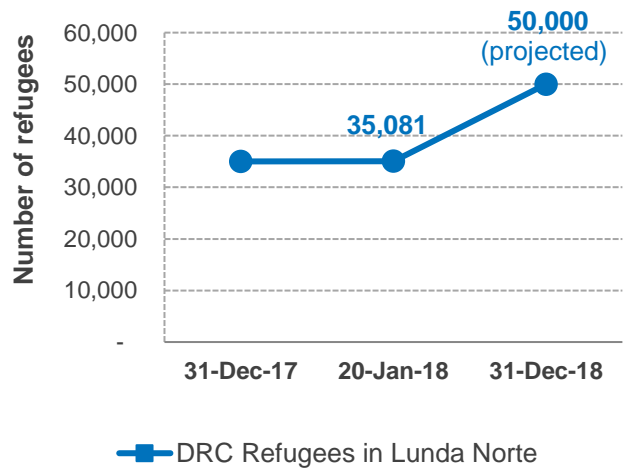
Create date: 22 Jan 2018 Sources: UNHCRS, UNCS, Angolan Government

- Areas affected by outbreak of violence since August 2016
- Refugee settlement
- Reception centre
- Congolese refugees

## Financial Requirements (US dollars) 63,881,332.98



## Population Trends



## STRATEGIC OVERVIEW

<b>Period</b>	January – December 2018
<b>Current Population</b>	35,081 registered; 25,622 assisted, 20 January 2018
<b>Population Planning Figures</b>	50 000
<b>Target Beneficiaries</b>	50 000
<b>Financial Requirements</b>	USD 63,881,332.98
<b>Number of Partners</b>	22

### PARTNERS IN THE RESPONSE

Angolan Red Cross | CARITAS | CICAJ | FAO | IOM | JRS | LWF | MAG | MdM | NCA | PIN | UNAIDS | UNDP | UNDSS | UNFPA | UNESCO | UNHCR | UNICEF | UNRCO | WFP | WHO | WVI |

### BACKGROUND

The outbreak of violence in the Kasai region of the Democratic Republic of the Congo (DRC) in March 2017 triggered the internal displacement of some 1.4 million persons and the flight of over 35,000 refugees into Lunda Norte Province, Angola. Continuing unrest and instability in DRC led the Emergency Relief Coordinator to declare an IASC System-Wide L3 Emergency Response for DRC focusing on the Kasai region, Tanganyika and South Kivu provinces in 20 October for an initial period of six months.

Despite the Government of Angola's (GoA) open door policy to welcome Congolese nationals fleeing as a result of the conflict since July 2017, new arrivals have significantly decreased although the operation continues to register additional arrivals under family reunification.

As the situation remains volatile in the Kasai region with high numbers of internally displaced, humanitarian agencies in Angola maintain the 2017 response planning figure of 50,000 refugees by end of December 2018. The interagency humanitarian response for the Congolese refugees covers the areas of protection, emergency shelter, livelihoods, food security and nutrition, non-food items, water, sanitation, hygiene, health, including mental health, and education until the end of 2018.

The relocation of refugees from Mussungue and Cacanda temporary reception centres to the new settlement in Lóvua started in August 2017 and was completed by end of February 2018. By 25 February, 13,563 Congolese refugees had been relocated.

From the beginning of the emergency, the RCM has been applied with UNHCR leading and an Inter-Agency response being put in place. However, in late 2017, a shortage of funding has compelled some humanitarian organisations to reduce or re-orient their activities, leaving gaps that require immediate response, in particular, in sectors such as water, sanitation and hygiene.

### HUMANITARIAN NEEDS AND VULNERABILITIES

This inter-agency appeal covers protection and life-saving interventions from January to 31 December 2018. The conflict in the Kasai region, DRC, continues to generate displacement internally. Across the border, in Angola, the daily rate of arrivals stabilised and stopped since end August 2017. However, reports depict concerning security breaches and a highly precarious humanitarian situation in DRC. Refugees in Lunda Norte, express 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 assessments and focus discussion groups in different areas to ascertain humanitarian needs and vulnerabilities. Agencies continue to mainstream protection and sexual and gender-based violence (SGBV) considerations in assessments as well as in all planned activities.

The profile of Congolese refugees as of January 2018 includes 53 per cent of the population under 18 years old; 75 per cent women and children; 25 per cent adult men, with the following urgent needs:

**Protection:**

- Admission of refugees to safety in Angola.
- Timely, systematic individual biometric registration.
- Advocacy for maintaining the civilian character of asylum.
- Strengthening capacity of national protection service providers.
- Engaging with host communities as agents of protection in mitigating protection risks and responding to the needs of refugees.
- Undertaking systematic protection assessments to identify refugees with heightened protection risks.
- Facilitating the issuance of documentation attesting legal status.
- Promoting social cohesion and development 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 mental health and psychosocial support.
- SGBV prevention and response including to:
  - Maintain effective case management and multi-sectorial response (medical/legal/safety/psychological) for refugees relocated to Lóvua settlement and advocate to the government to extend the same assistance to refugees who continue to live in local communities
  - Ensure awareness-raising and open dialogues on SGBV issues are held with different refugee groups, including leaders, committees, men, women, boys and girls, as well as with local authorities
  - Identify and register unaccompanied/separated children (UASC) and other at risk children
  - Undertake timely “best interests assessments and determinations” (BIA/D) as required
  - Ensure an effective child protection case management system and referral pathways for all UASC exists and functions

Angolan authorities carry on their open border policy. Access to the border areas to conduct monitoring missions is ongoing with difficult access to some of the border points. 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 limited. Strengthening capacity of national service providers and engagement with communities is required to scale up protection in both the settlement 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 remains paramount. The established Social Mobilisation and Communication with Communities structure will continue to engage the communities in mitigating protection risks and responding to identified protection cases. Refugee communities will be encouraged to engage refugee committees in cross-sectorial groups and activities. Inter-agency referral mechanisms will continue

advocating and working for refugees to have access to basic rights and services including education, documentation, and freedom of movement and livelihood opportunities. UNHCR will work with the newly elected Government to provide and improve documentation attesting legal status and will continue to enhance standard operating procedures to record and register births and deaths.

Maintaining the civilian character of asylum remains a priority both in the settlement and host communities. Legal services are on-going and regular trainings provided on international and national asylum law. Focus discussion groups were selected by refugees as their preferred communication mean. These discussions will continue along with continuous awareness workshops in the settlement to reinforce refugee community leadership, SGBV/HIV-AIDS prevention, human rights knowledge, as well as sensitisation campaigns against violence against women and children.

**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, some continue to face ethnic tensions. The GoA 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 authorities are crucial to ensure social cohesion 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 with host communities in Lóvua and among the refugees is key in developing self-reliance and self-subsistence mechanisms as in preparing for future return and rebuilding their communities in the DRC.

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

The UN partners will strengthen their advocacy messages and resource mobilisation efforts. Coordination will include regular joint visits to the operations in Dundo and close cooperation with offices in the region, namely the Office of Special Envoy for the Great Lakes, OHCHR, DPA, UNDP, UNDSS, and at the headquarters level to facilitate a frequent flow of information, close coordination and monitoring of the situation. Liaison with other UN entities and secretariat agencies will continue as the response evolves.

**Registration:** More than 35,000 refugees are currently registered in Lunda Norte Province. Biometric and individual registration began on 1 June 2017 to obtain reliable planning data, and identify people with vulnerabilities and specific needs to strengthen the delivery of humanitarian assistance. Although large scale registration has stopped continuous registration exercises are crucial to protect the new arrivals and settled refugee community from *refoulement* and ensure their access to life-saving services and assistance. 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.

For Congolese asylum-seekers and refugees living outside Lunda Norte, lack of, or expired, documentation is a major challenge. UNHCR, together with government counterparts, is therefore planning an exercise to biometrically register other asylum-seekers / refugees in Angola. This will facilitate the issuance of documentation to them in due course as well as enabling responses better targeted to their needs.

**Child Protection:** Strengthening child protection systems will be prioritised, specifically in the areas of registration, family tracing and family reunification as well as prevention and response to violence against children in communities and at the refugee settlement. More Child-friendly spaces will be established to facilitate the identification of children with protection concerns, delivery of psychosocial support, recreation, nutrition screening, and referrals to other services. The monitoring and following up cases of unaccompanied and separated children in alternative care as well as family tracing and unification will be cross-sectorial. 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 pursued for children that were involved in armed conflict. Recreational activities in both sites in coordination with refugee leaders, Angola Red Cross volunteers and Caritas will be put in place.

**Sexual and gender-based violence (SGBV):** A multi-sectorial SGBV prevention and response strategy for survivors' needs will be reinforced in Lóvua settlement. The response will include SGBV prevention and response activities in coordination with the Provincial Government in Lunda Norte and the provision of accessible, confidential and survivor-centred multi-sectorial services in collaboration with the Provincial Directorates of Health. People living with disabilities and other vulnerable groups, such as young single mothers, will receive special attention 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 disseminated. The current two women's friendly spaces will continue to reach out to the 41 existing villages in Lóvua settlement and two more will be erected to serve a total of 53 villages.

Establish two youth friendly spaces, to address the issue of negative coping mechanisms, and avoid risk behaviour, like alcohol and drug consumption as well as transactional sex.

Continue the distribution of dignity kits, including hygiene articles and sanitary napkins to existing and new refugees in Lóvua settlement.

**Mine action:** Awareness raising and trainings to partners, host community and the refugee population on risks of landmines and UXO will resume 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.

Direct food assistance to refugees will continue to be required until adequate conditions for settlement are established. Once settled, a comprehensive food security assessment will be conducted to better inform food security and agriculture-based livelihoods enhancement programmes. The assessment will also define gaps in terms of rural development extension service.

The current food rations are supplemented by other sources of animal protein acquired through odd jobs performed in town and refugee domestic cropping in Lóvua. Food procurement and distribution and post-distribution monitoring will continue until refugees are able to achieve self-reliance and resilience through agriculture-based support, co-existence / non-farming, small businesses, and cash-based intervention (CBI).

Cash-based intervention (CBI):

Lóvua site is located some 100 kilometres from Dundo and has no markets available. Potential solutions 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),

until the local market place and systems develop substantially. CBIs to cover basic needs is therefore to be considered once the refugees are all relocated to Lóvua settlement.

A CBI feasibility study conducted in 2017 encourages the transfer of cash through vouchers to beneficiaries. It confirmed the functionality of the local market as well as findings of the recent multi-sectorial assessment, CBI activities through a voucher programme as an additional food assistance modality are planned to start as soon as funding is available. The aim of introducing such modality is to further diversify the food basket (with additional food products such as dried fish and cassava flour) with the view to meeting beneficiaries' dietary preference) and making use of locally-available food products thus supporting the local economy.

#### Food production in Lóvua:

Lóvua's Provincial Government has set agriculture areas, specifically for refugees and hosting communities. They will receive assistance through agricultural land and kits (tools & seeds), small animals (goats, pigs and poultry), and animal health kits.

Agriculture production and animal raising will be promoted through the approach of Farmers Field Schools (FFS), which largely takes into consideration gender balance, and social protection beneficiary's accountability, aiming to progressively build food security along the 2018 year. The FAO action brings together food and livelihood sectors, benefitting 1500 families.

#### **Education:**

Provision of formal education for 12,250 children of school-age remains a critical priority for UNHCR in 2018. Schools will be built and training provided to teachers, in close coordination with relevant partners and the Angolan Ministry of Education

Partners will work closely to ensure effective inter-agency coordination with links to other sector coordination mechanisms on critical inter-sectorial issues. Information on roles, responsibilities and accountability will be provided through support to national provincial/municipal education authorities to coordinate education activities for affected refugee and host populations. Children, including preschool-age children, girls, and other excluded children, will access quality formal and informal education opportunities through the establishment of schools and extension of local education services and learning centres which include play and early learning for young children. Recreation programmes to promote a child-friendly environment for children and adolescents, boys and girls will continue while a peaceful environment will be built through the use of recreational activities.

#### **Livelihoods:**

- Distribution of energy efficient stoves.
- Building livelihood and resilience into the site of Lóvua, benefitting 20,000 people, and members of host community.

To prevent a syndrome of aid dependency, new arrivals at Lóvua settlement in Lunda Norte Province should start building their resilience and livelihoods.

A joint WFP/FAO/UNHCR assessment on livelihood and food security in Dundo in 2017 established that the feeding traditions of refugees are similar to the host community. The assessment also defined gaps in terms of rural development extension service, in order to advocate with the Government to mobilize/hire technicians, which capacity will be strengthened along the livelihood building project. Most of the refugees come from agricultural backgrounds, including raising of small animals, fishing and aquaculture. In the process of creating sustainable livelihood conditions, mitigating measures need to be taken to address potential environmental risks, in particular deforestation, charcoal production, soil erosion, and

water pollution. Refugees will benefit from energy efficient stoves to minimize the environmental impact.

Interventions aim to build livelihoods' sustainability and resilience. Projects will also contribute to social cohesion, considering that livelihood support will be equally important for the host community of Lóvua municipality. Refugee families will receive assistance through business start-up kits, cash grant, and livelihood training. The activities will ensure the active participation of women. The provincial government, with the support of the UN and partners, 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, which will be registered at the provincial government level. As a result, refugee families are expected to initiate small businesses such as food and clothing markets.

Agriculture production and animal raising will be promoted through the approach of Farmers Field Schools (FFS). 20 government extension service technicians will have their capacity strengthened, namely the Institute of rural development – IDA- and the Institute of Veterinary Service – ISV-, to lead and monitor the FFS. Though the provision of small ruminants and animals, 60 Community Animal Health Workers (CAHW) will receive training and be enabled to attend a range of animal health needs. This will improve sustainability of food security action and will build resilience among refugees, besides mitigating environmental risks.

#### **Health and nutrition:**

- Disease surveillance and outbreak control measures.
- Provide full basic health package and referral services with a preventive approach including vaccines, surveillance, screening for early diagnosis and treatment, etc.
- Reproductive 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 to improve social behaviour on health practices.
- Regular assessment of the nutritional status of children (including new arrivals).
- 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, 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 health and nutrition practices.
- Promotion of nutritional practices and behavioural change, through skill demonstration using community kitchens.
- Selective feeding component: children between 6-23 months and 23-59 months are targeted through the provision of fortified blended food (Super Cereal Plus) to prevent malnutrition.

Despite the malnutrition stabilisation indicators there is still an increased risk if remedial action is not taken. Challenges remain in Lunda Norte with low supply of medicine, understaffing of medical centres and hospitals and limited equipment impeding appropriate diagnosis and treatment.



The clinic in Lóvuá municipality is up to 10 km from some of its villages. There is therefore a need for a transportation system for emergency referrals. All hospitals in Dundo offer their services to Angolan citizens and refugees free of charge, yet shortage of supplies, and absence of medical staff is repeatedly reported. The hospitals in Dundo are currently the closest secondary referral sites to Lóvuá (90-100 km).

At least three motorcycle ambulances will be provided to improve emergency referrals to health facilities from Lóvuá settlement and also to the nearest public clinic. Cooperation will be provided to support public medical facilities in Lóvuá and Dundo to increase their capacity to respond to sexual and gender based violence and improve the sexual and reproductive health care services, to ensure safe deliveries.

Health partners are providing disease surveillance and primary healthcare, early diagnosis and treatment of malaria, diarrhoea, acute respiratory infection (ARI) and main high risk endemic diseases (TB, HIV) for attending the main refugee settings. Women have increased 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 5,000 pregnant women among refugees and host/community will need ANC services, including tetanus vaccination, malaria prophylaxis treatment, acid folic and iron supplements, deworming medicines, mosquito nets, counselling and HIV tests. Some 15 per cent (750) of these pregnant women may have complications during the delivery process and therefore they will need Emergency Obstetric Care (EmOc).

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 refreshed 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 Lóvuá settlement.
- Safe/adequate water supply system to refugees living in Lóvuá settlement through borehole drilling and the construction of a water network (from the boreholes to the villages) in Lóvuá settlement
- Provision of communal and individual latrines and shower shelters for refugees at Lóvuá settlement.
- Improved awareness and practice appropriate behaviours on hygiene among refugees
- Safe disposal of refuse.
- Prevention of cholera and malaria as Angola is a cholera and malaria endemic country.
- Treatment of water at household level with water tablets.
- Distribution of hygiene kits including water container and sanitary pad for women.

Currently, WASH facilities at Lóvuá settlement are completed in total 33 villages. By end of February 40 villages had complete WASH facilities. For the relocation plan, 13 new villages

are envisioned making the site complete at 53 villages. For each village the construction of WASH facilities comprises one water point (installation of water tank with 5.000 litres), 8 community latrines, 8 community showers, 2 pits of rubbish.

The borehole drilling and the construction of a water network (from the boreholes to the villages) in Lóvua settlement will improve the WASH and facilitate the shortages of water trucking supply for the increasing refugee population in Lóvua settlement. To prevent an outbreak of diseases, ensuring access to safe water, basic sanitation and hygiene is paramount. In addition water trucking supply is previewed to stop end March 2018.

WASH promotion activities will focus on the dissemination of a number of easy-to understand, simple, key messages. 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.

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:**

- Relocated refugees will continue to receive emergency shelter on arrival at Lóvua settlement, whereas the settlement as a whole will see a shift to more transitional shelter construction in the course of 2018
- Shelter kits composed of plastic sheets, poles, tool kits etc., will continue to be distributed for newly relocated refugees.
- Site preparation will continue to be conducted at the new refugee site in Lóvua until 53 villages are completed.

The major gap in in site planning is the need to look for more land to be able to accommodate all the active 25,622 population registered in Lóvua and Dundo Town. The current absorption capacity for Lóvua is 20,000 individuals. The gap could increase taking into consideration the 50,000 Angolan response planning figure. Preparation of the area for the population which would not be absorbed in Lóvua will require extra funding, including alternative solutions for those refugees opting to stay in urban settings.

There is need to address the transition from emergency shelter to more permanent shelter solution. Currently most households have been provided with tents which have an approximate life span of six months. Funding will be required to ensure that all households receive adequate shelters.

Construction of other public structures including schools and clinics etc. needs to start as soon as possible in order to ensure that the Persons of Concern and the host community are able to access education and health care in Lóvua.

#### **Energy and Environment:**

There is an urgent need for light in Lóvua settlement to prevent sexual and gender based violence, and also reduce the danger of snake bites. There is also a need to ensure that there are lights in the clinics during night for emergencies and safe deliveries.

Setting up solar-powered street lights in Lóvua settlement is ongoing. In cooperation with JICA, further 50 solar power units will be distributed to key communal facilities in Lóvua, including the clinics and 300 solar street lamps currently at Luanda's port.

Estimated number of beneficiaries: 20,000 refugees and the host-community in Lóvua

#### **Non-food items (NFIs):**

The following items will be procured as non-food relief items for the displaced population that has arrived in Lunda Norte, Angola and living in Lóvua settlement: jerry cans, sleeping mats, plastic sheets, plastic rolls, buckets (14 litres), blankets, kitchen sets and solar lanterns

**Transportation:** Refugees in Lunda Norte will continue to be relocated to Lóvua settlement in Lóvua's municipality, some 100km from Dundo town where they currently reside. IOM, in close cooperation with UNHCR, will provide transportation to all refugees willing to voluntarily relocate. Priority will be given to persons with specific needs, including but not limited to unaccompanied and separated children, pregnant and lactating women, female-headed households, individuals with disabilities and chronic medical conditions and the elderly.

#### **Local Governance:**

In 2017, assessments conducted at the Lóvua municipality identified needs of both host communities and refugees for increased livelihood opportunities and resilience-building activities and for living together in harmonious and self-sustainable manner in transitioning from emergency to more development-oriented phases.

UNDP conducted interviews with officials of Lóvua's two-year old municipality, with a population of 12,300, identified a need for a workable participatory model that can bond the refugee and host communities, engage in development discussion resolving grievances, including over the use of common resources (agricultural land, forests for charcoal, water etc). Increased local governance capacity in the municipal administration will be provided to make any kind of ownership and engagement possible (human, equipment etc).

Reflecting on emerging needs in humanitarian and development nexus, humanitarian and development actors agreed that development actors will take over the support to the refugees settled in Lóvua and host communities' residents in 2018, while strengthening the capacities of the provincial and municipal governments to provide both the refugees and host community with basic public services and capacities.

UNHCR will continue advocating for a Comprehensive Refugee Response Framework (CRRF). In line with the ongoing efforts the GoA suggested UNHCR to organise a go and see visit to Uganda as soon as GoA makes a formal request to GOU, after which UNHCR can follow up and assist.

#### **Safety and security of humanitarian actors:**

In partnership with the National Civil Protection Commission, partners will assist the province of Lunda Norte in updating and enhancing the 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.
- Enhance referral mechanisms and case management.

## PLANNED RESPONSE

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### Protection

(JRS, MAG, UNDP,  
UNFPA, UNHCR,  
UNICEF)

- Continue to work on family tracing and reunification of unaccompanied children, incl. across border if possible
- Undertake case management, monitoring and following up cases of unaccompanied and separated children;
- Maintain 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 enhanced; (3) A referral system is in place; (4) A designated space for children and women maintained where services and information are delivered; (5) Train/activate child protection coordination group and provide technical support for the development of a response plan;
- Integration and capacity strengthening of local child protection networks in host communities;
- Operate child friendly spaces that serve as platforms for identification of protection concerns, recreation, delivery of psychosocial support and other services;
- Protection monitoring system to be continuously updated;
- Legal advice services.
- Psychosocial support services complementing Government;
- A legitimate and diverse refugee representation structure and information sharing system,
- 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.
- Clinical management of rape survivors, psychosocial support specifically for women, girls, men and boys and provision of dignity kits to women of childbearing age.
- Maintain the Women Friendly Spaces and Adolescents Friendly Spaces to provide quality information on STI and HIV prevention
- Distribution of dignity kits.
- Distribution of 350 solar power units, in cooperation with JICA and UNHCR.
- Constant presence at the protection referral desk to receive direct referrals
- Mobilise community based and other workforce for registration and other sectors, including distribution
- Promote social cohesion and co-existence through counselling and civic education activities
- Mine risk awareness education, non-technical survey, Rapid response and full-fledged landmine clearance;
- Promote dialogue with communities and raise awareness on violence against children and other child protection key messages.

### Food

(FAO, UNHCR, WFP,  
WVI)

- Assist up to 50,000 registered refugees through monthly general food distribution (GFD). The general food distribution food ration will be comprised of 250g of maize meal, 200g of rice, 60g of pulses, 25ml of vegetable oil and 5g of salt per refugee per day. Moreover, interventions supporting long-term self-reliance and social cohesion will continue to be explored with relevant partners.
- Based on the rapid market assessment conducted in June 2017 by WFP and FAO which confirmed the functionality of the local market as well as findings of the recent multi-sectorial assessment, cash-based transfer (CBT) activities through a voucher programme as an additional food assistance modality are planned to start as soon as funding is available. The aim of introducing such modality is to further diversify the food basket (with additional food products such as dried fish and cassava flour) with the view to meeting beneficiaries' dietary preference) and making use of locally-available food products thus supporting the local economy.
- Improve production of grains, tuberculous, and vegetables selecting short varieties. Improve poultry, pig and small ruminants raising. Building capacity on agriculture production and animal raising.

<p><b>Health and Nutrition</b></p> <p><b>(UNAIDS, UNFPA, UNHCR, UNICEF, WFP, WHO)</b></p>	<ul style="list-style-type: none"> <li>- Develop capacity of health staff from Lóvua municipality to conduct microplanning and implement outreach activities for immunization and nutrition screening;</li> <li>- Equip the health facility in Lóvua settlement;</li> <li>- Reinforce the capacity of the nutritional area at the paediatric hospital at Chitato;</li> <li>- Train and equip 30 community workers (ADECOS) for integrated community case management;</li> <li>- Cold chain installation in Lóvua;</li> <li>- Develop preventive interventions directed to immune-preventable disease and endemic prevalent diseases;</li> <li>- Increase the logistic support for referral of moderate and severe cases of malnutrition;</li> <li>- Train and equip mother support groups for early screening and referral of malnutrition cases to treatment facilities;</li> <li>- Maintain early rapid screening of under five year old children;</li> <li>- Equip and train health staff from the health facility in Lóvua settlement on malnutrition management;</li> <li>- As part of the acute malnutrition prevention programme, 200g of Super Cereal Plus will be provided to all children 6-23 months as well as all pregnant and lactating women and girls (PLW/G). The same amount of SC+ will be provided to 23-59 months children with moderate acute malnutrition (MAM) resulting from MUAC screening. To ensure a holistic approach to acute malnutrition prevention, the specialized nutritious foods are provided in conjunction with other complementary services that include active case finding through nutrition screening at community level; referrals for further treatment where appropriate; and nutrition sensitisation;</li> <li>- Develop component of health directed to mental health;</li> <li>- Ensure provision of HIV tests;</li> <li>- Ensure distribution of condoms and IEC materials;</li> <li>- Ensure two awareness campaigns are conducted on HIV/STIs and sexual violence;</li> <li>- Ensure that PLHIV receive treatment and adhere to treatment;</li> <li>- Ensure that 5,000 pregnant women estimated have access to ANC services, are tested for HIV and those who are HIV positive receive treatment;</li> <li>- Ensure that at least 5,000 adolescents have access to SRHR and HIV information and prevention services, 50 peer educators are trained through mutual support groups&lt;</li> <li>- Provide Reproductive Health kits to the clinics.</li> </ul>
<p><b>Non-Food Items:</b></p> <p><b>(JRS, UNHCR, WVI)</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></p> <p><b>(WVI, UNHCR)</b></p>	<ul style="list-style-type: none"> <li>- Shelter kits composed of plastic sheets, poles, tool kits distributed</li> <li>- Site development at Lóvua settlement (finalise road opening and clearance)</li> <li>- Identify more land and urban-setting alternatives to accommodate the active 25,622 population registered in Lunda Norte. The current absorption capacity for Lóvua settlement is 20,000 individuals</li> <li>- Preparation of the area for the population which would not be absorbed in Lóvua and cannot remain in urban communities</li> <li>- Transition from emergency shelter to more permanent shelter solution. Currently most households have been provided with tents which have an approximate life span of six months.</li> <li>- Ensure that all households receive adequate shelters.</li> <li>- Construction of other public structures including schools and clinics, needs to start as soon as possible in order to ensure that the persons of concern access education and health facilities.</li> </ul>
<p><b>Water, Sanitation and Hygiene (WASH)</b></p> <p><b>(NCA, PIN, UNHCR, UNICEF)</b></p>	<p>Main priority: Water supply systems (boreholes) constructed and/or upgraded, operated and maintained at Lóvua settlement and in the surrounding local community</p> <ul style="list-style-type: none"> <li>- Safe water supply for 20,000 persons, estimated need at 400,000 litres (20 litres/per/day).</li> <li>- The water trucking must be done fully until March 2018. After March, the borehole works are expected to be complete, the water trucking will decrease to 1 truck per day to provide water in some villages far from the water tanks.</li> <li>- Four functional boreholes with water available at short distance for each village provision of 15,000 metres of in pipes is needed to cover all site.</li> </ul>

	<ul style="list-style-type: none"> <li>- Collection of water samples from water collecting points, tanks, and households. The WASH standards to monitor are: E. Coli = 0mg/, 3 &lt; Cl &lt; 0.8, 6 &lt; pH &lt; 7.8, Turbidity &lt; 5NTU. On the household, the chlorine level will be checked if 0.3 &lt; Cl &lt; 0.3 the water is safety; yet if Cl=0, a sample will be taken to do bacteriological analysis</li> <li>- Sensitisation messages will be done to inform people on the importance to drink potable water.</li> <li>- A KAP survey will identify the needs. After that IEC materials (messages, box of images, posters, and flyers) will be produced.</li> <li>- Water and hygiene committees will be trained and equipped to manage and mobilize peoples to clean the WASH facilities.</li> <li>- The cleaning of the WASH facilities will be paid during one month after the settlement in the village. After that the transition to the WASH committee is done, and cleaning works will be done on a voluntary basis. During these one month, refugees will build their own family latrines.</li> <li>- Cleaning campaigns will be conducted each month.</li> <li>- The construction of WASH facilities in 13 additional villages will be done: on each village, we have one water point (installation of water tank with 5.000 litres), 8 community latrines, 8 community showers, 2 pits of rubbish. These facilities will be maintain by the program during one month.</li> <li>- Sanitation and solid waste management:</li> <li>- Installation of communal refuse containers (100 litres) for solid waste management in Lóvua settlement (100).</li> <li>- Cleaning and disinfection of Lóvua settlement, sanitary blocks and containers for solid waste management, through "Maintenance Brigades".</li> <li>- Hygiene promotion through "C4D Brigades" of trained and equipped CFWs.</li> </ul>
<p><b>Education</b> (JRS, UNHCR, UNICEF)</p>	<ul style="list-style-type: none"> <li>- Provision of formal and non-formal education for 12,250 children of school-age.</li> <li>- Build schooling infrastructures and provide training to teachers, in close coordination with relevant partners and the Angolan Ministry of Education</li> <li>- Support primary school teachers training;</li> <li>- Support provincial/municipal education authorities to coordinate education relevant activities for affected refugee and host communities.</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>- Capacity building of caregivers and quality assurance of services;</li> <li>- Promote WASH in school and life skills initiatives to reduce the risks and vulnerabilities and empower adolescent girls and boys.</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> </ul>
<p><b>Livelihoods</b> (FAO, UNDP, UNHCR)</p>	<ul style="list-style-type: none"> <li>- Building livelihood and resilience in Lóvua and Dundo through the Farmers Field School approach and Community Animal Health Workers</li> <li>- Strengthen capacity building of provincial departments of rural development extension services.</li> <li>- Production for self-consumption and marketing</li> <li>- Basic business management training for both refugees and host community residents.</li> <li>- Provision of start-up kits to support small retail business activities.</li> <li>- Registration of new business at the provincial government.</li> </ul>
<p><b>Host-communities, Governance and Social Cohesion</b> (UNDP)</p>	<ul style="list-style-type: none"> <li>- Support Lóvua's Municipality on community processes/co-existence and the Provincial Government to lead/coordinate humanitarian response and prepare to take over when humanitarian actors phase out.</li> <li>- Strengthening of local governance capacities in terms of inter-sectorial coordination, assessment, response, reporting, and information management.</li> <li>- Advocacy and resource mobilization for investing from a development and peace lens in Lóvua, supporting the design of community development interventions that will bring together communities around shared aspirations.</li> </ul>

<p><b>Operational Support (including crisis response, security, CRRF and coordination, logistics and telecom)</b></p> <p><b>(IOM, UNDP, UNDSS)</b></p>	<ul style="list-style-type: none"> <li>- Provincial contingency planning.</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> <li>- Safe and dignified transportation relocating refugees and their belongings to the new refugee settlement in Lóvuva.</li> </ul>
<p><b>Strategic coordination RCO</b></p>	<ul style="list-style-type: none"> <li>- Monitoring / Support missions to Lunda Norte.</li> <li>- Advocacy activities with high level Government Officials, local authorities and humanitarian and development actors.</li> <li>- Development of key advocacy &amp; resource mobilization strategies.</li> <li>- Facilitate regular discussions with partner donors belonging to the humanitarian and development community.</li> <li>- Missions to DRC to engage in discussion with UN RC/HC, OCHA, UNHCR and stakeholders.</li> <li>- Engage with UN Regional and Global Mechanisms to analyze, articulate and strengthen the humanitarian response namely DPA, OHCHR, ICGLR and UNOCA.</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 Action, Family and Women's Empowerment (MASFAMU) to work with UNHCR as the primary interlocutor and lead agency for all refugee matters. UNHCR works with the inter-ministerial committee and MASFAMU and shares updates with all agencies participating in the response, including the UNCT and UN Resident Coordinator, to maintain a smooth link between strategic and operational coordination.

Consistent with the Regional Coordination Mechanism, 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 also led the preparedness and contingency plan with all relevant actors.

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

The RC will continue to 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, are actively supporting the refugee response provided by UNHCR and other humanitarian agencies. The RC will also continue to 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'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)

Organisation	Total
FAO Food and Agriculture Organization of the United Nations	3,300,000.00
IOM International Organization for Migration	975,000.00
JRS Jesuit Refugee Services	627,252.00
LWF Lutheran World Federation	1,245,726.00
MdM Medicos del Mundo	1,200,000.00
NCA Norwegian Church Aid	1,313,000.00
PIN People In Need	422,989.00
UNDP United Nations Development Programme	3,150,000.00
UNFPA United Nations Population Fund	1,189,933.42
UNHCR United Nations High Commissioner for Refugees	27,720,129.00
UNICEF United Nations' Children's Fund	7,344,718.56
UNRCO United Nations Resident Coordinator's Office	100,000.00
WFP World Food Programme	14,894,000.00
WHO World Health Organization	398,585.00
<b>Total</b>	<b>63,881,332.98</b>

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

Sector	Total
Protection	8,037,187.56
Education	2,600,900.00
Food	14,697,000.00
Health and Nutrition	5,450,585.00
Livelihoods	4,550,074.00
Logistics and Telecoms	3,311,327.00
Shelter and Non-Food Items	5,241,255.00
WASH	7,883,445.59
Governance & Social Cohesion	4,128,353.00
Operational Support	2,504,068.42
<b>Total</b>	<b>63,881,332.98</b>

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

Organisation	Protection	Education	Food	Health and Nutrition	Livelihoods	Logistics and Telecoms	Shelter and Non-Food Items	WASH	Governance & Social Cohesion	Operational support	Total
<b>Angola</b>											
FAO			2,000,000.00		1,300,000.00						<b>3,300,000.00</b>
IOM						975,000.00					<b>975,000.00</b>
JRS	177,900.00	194,000.00	25,000.00	24,352.00	74					132	<b>627,252.00</b>
LWF							442,655.00	115,501.59	238,353.00	449,216.00	<b>1,245,726.00</b>
MAG											-
MdM	250,000.00			850,000.00						100,000.00	<b>1,200,000.00</b>
NCA								982,000.00		331,000.00	<b>1,313,000.00</b>
PIN	76,395.00							316,984.00		29,610.00	<b>422,989.00</b>
UNDP					600,000.00				2,550,000.00		<b>3,150,000.00</b>
UNDSS											-
UNFPA	506,232.00			330,000.00						353,701.42	<b>1,189,933.42</b>
UNHCR	5,630,202.00	1,250,000.00	900,000.00	3,600,000.00	2,650,000.00	3,311,327.00	4,798,600.00	3,100,000.00	1,240,000.00	1,240,409.00	<b>27,720,129.00</b>
UNICEF	1,396,458.56	1,156,900.00		1,422,400.00				3,368,960.00			<b>7,344,718.56</b>
UNRCO									100,000.00		<b>100,000.00</b>
WFP			13,772,000.00	1,122,000.00							<b>14,894,000.00</b>
WHO				398,585.00							<b>398,585.00</b>
<b>Grand Total</b>	<b>8,037,187.56</b>	<b>2,600,900.00</b>	<b>14,697,000.00</b>	<b>7,747,337.00</b>	<b>4,550,074.00</b>	<b>3,311,327.00</b>	<b>5,241,255.00</b>	<b>7,883,445.59</b>	<b>4,128,353.00</b>	<b>2,504,068.42</b>	<b>63,881,332.98</b>
	12.58%	4.07%	23.01%	12.13%	7.12%	5.18%	8.20%	12.34%	6.46%	3.92%	100.00

For more on the Angola Refugee Response see: <https://data2.unhcr.org/en/country/ago>