



EXPERIENCES FROM THE FIELD

CLIMATE CRISIS AND POVERTY IN ANGOLA

The consequences of drought in Angola are seen in health parameters, an increase in acute malnutrition, in the societal situation – many schools have closed due to the lack of water – and the resulting instability in the country. A global perspective on the country's situation, starting from the severe drought afflicting it.

TEXT BY / MATTIA FATTORINI / DOCTORS WITH AFRICA CUAMM

EL NIÑO AND ITS INCREASING INTENSITY

The main culprit of the severe drought afflicting several countries in southern Africa has a name: ENSO, standing for *El Niño-Southern Oscillation*, or just *El Niño*. The name refers to the Baby Jesus because it usually happens during the Christmas season. It is mainly a climate event that creates an anomalous increase in water temperature in the Eastern and Central-South Pacific. This warming, which happens on average every five years, is responsible for both floods and drought, the latter usually thousands of kilometers away from the Pacific area.

Though *El Niño* episodes have happened for many thousands of years, and there have been at least thirty of them since 1900^{1,2}, the scientific world is essentially unanimous that global warming in recent decades has made a major contribution to increasing its frequency, duration, and intensity³.

ANGOLA: DROUGHT, MALNUTRITION, SCHOOL DROPOUTS

Angola is unquestionably one of the countries hardest hit by this drought, especially its southern provinces. The data provided by UNICEF depict a grave situation⁴: In the first eight months of 2019, rainfall in southern Angola was practically non-existent (less than 50 mm). An estimated 421,000 people total are experiencing food insecurity (at crisis or full emergency levels) due to the effects of the lack of water for agriculture and livestock. These people are spread over the provinces of Huila, Cunene, and Namibe. This number is expected to increase to over 560,000 by February 2020. In these provinces, huge livestock losses (almost 900,000 animals) and practically non-existent harvests are leading to an increase in severe acute malnutrition in children, which UNICEF estimates at over 5%.

One little-considered consequence of the drought that has a definite negative impact on the social fabric is that of school dropouts. In some districts of the affected provinces, the percentage of school dropouts is almost 35%. In the Municipality of Curoca (Cunene), in June 2019, none of the thirteen schools were open because of a lack of water. In Cunene Province as well, where Doctors with Africa CUAMM started working in the 2000s, supporting the work of the Hospital of the Catholic Mission of

Chiulo and the health programs of the Municipality of Ombadja, there are extremely negative reports about the drought's consequences on the education of children and youth: The Provincial Directorate for Education estimates that 614 out of 887 primary schools are affected by the drought, for a total of about 150,000 students prevented from regular access to school programs.

THE RELATIONSHIP BETWEEN THE CLIMATE CRISIS AND POVERTY

The effects of the lack of water further aggravate the difficult health and socio-economic situation in the Province of Cunene, already in a very severe situation. In 2018, UNICEF published a multidimensional analysis of poverty in Angola for the 0–17 age group². This document breaks down the concept of poverty to study it in its parts that can be measured, such as nutritional status, access to drinking water, the possibility of being adequately vaccinated, and so forth. According to this analysis, in at least 13 of the 18 Angolan provinces, 80% of children and young people between 0 and 17 years old can be described as “deprived,” that is, unable to satisfy at least three of the indicators considered by UNICEF. Generally, higher percentages are seen in provinces where the population resides mostly in rural areas in contrast to urbanized settings. The worst numbers, with 92.8% of the children and young people considered “deprived,” was recorded in Cunene Province.

These figures are set in a socio-economic crisis that has affected Angola since 2014, mainly due to the drastic drop in international oil prices, the main Angolan export. The health sector is among those having to cope with the economic difficulties of the crisis. Whereas Angolan public spending on health quadrupled between 2000 and 2013, in 2014 and 2015, it recorded annual decreases of 19% and 39%, respectively. The percentage of GDP spent on health dropped from 2.6% in 2013 to 1.5% in 2015. It has been calculated that in Angola per capita spending on health in 2014 (\$179) was much lower than the average per capita spending in other lower/middle-income countries (\$265). Furthermore, though the 388 billion kwanzas allocated by the government for health care is a higher number than that in 2014 (316 billion), because of the very high rates of inflation, it would actually correspond to the 2014 prices, just



CUAMM'S ACTION IN ANGOLA

Working on the ground in Angola since 1997 to improve maternal and child health, CUAMM intervened in Cunene Province during the drought emergency, providing continued support to Chiulo Hospital in the areas of pediatrics and nutrition as well as helping WHO with a national emergency response program.

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COMMITMENT TO COMBATING INFECTIOUS DISEASES

CUAMM has been active in Angola since 1997 with emergency health interventions starting during its civil war.

CUAMM currently operates in Angola in maternal and child health, supporting programs to combat and prevent infectious diseases (tuberculosis and HIV/AIDS) recently launched a program to support managing chronic diseases (hypertension and diabetes).

In the field of infectious diseases, CUAMM supports the National Tuberculosis Control Program (TB) with a pilot project of C-DOTS (Community-based directly observed treatment) of TB

in 6 municipalities of 5 provinces. The program involves over 200 community agents trained and equipped to combat the spread of the disease. Another tuberculosis-related project supports two specialized facilities in Luanda (DAT and Santatorio), started in 2018 to boost diagnostic quality and starting digitalizing health records.

MANAGING CHRONIC DISEASES

In 2016, an innovative project was launched in Luanda to diagnose diabetes and hypertension related to positive TB cases.



147 billion kwanzas. This is all in the face of the growth of the Angolan population by about 13% (3.4 million people) in the same period 2014–2018³.

FORECASTS FOR 2020

According to the forecasts of the *Annual Southern Africa Regional Climate Outlook Forum*, from January to March 2020

in Angola, an amount of precipitation considered “normal” or “above average” is expected. However, for the south-western areas of the country, rainfall is still expected to be “below average” for the period¹. Further efforts will be needed from the Angolan Government and local organizations to alleviate the situation of the affected populations by implementing effective actions in the short term (such as water supply by tanks) and in the long term (an adequate water distribution network and programs to improve the efficiency of agriculture and livestock farming).

REFERENCES

¹ UN Children's Fund. *UNICEF Angola Humanitarian Situation Report July to September, Quarter 3 2019*, <https://reliefweb.int/report/angola/unicef-angola-humanitarian-situation-report-july-september-quarter-3-2019>

² Instituto Nacional de Estatística and UN Children's Fund. *Childhood in Angola – A Multidimensional Analysis of Child Poverty, 2018*, <https://www.unicef.org/esa/sites/unicef.org/esa/files/2019-01/UNICEF-Angola-2018-A-Multidimensional-Analysis-of-Child-Poverty.pdf>

³ UN Children's Fund. *Orçamento Gerl do Estado 2018. Saúde e sobrevivência da criança, 2018*.

⁴ CUAMM data for the activities at the Chiulo Hospital_ 2019 projections.

⁵ *Annual Report of Doctors with Africa CUAMM 2018*, <https://www.mediciconlafrica.org/annual-report-2018/>

CUAMM has since continued with other projects aimed at ongoing activities for screening, providing information, and preventing diabetes in 6 health centers in the Province of Luanda. In the Cunene area, CUAMM has been supporting the Diocesan Hospital of Chiulo since 2000 to protect the health of mothers and newborn babies and children under 5, with special attention to nutrition (the First 1,000 Days for Mothers and Children program).

Chiulo Hospital is the only health facility that can manage comprehensive obstetric emergencies (C-EmONC) for an area of about 306,550 people (61,300 children under 5 and 15,330 pregnant women). During 2019, the Chiulo Hospital, which has 234 beds, provided 2,940 antenatal visits, 1,422 deliveries, and treated 303 children suffering from acute and severe malnutrition. CUAMM gives special support to pediatrics and malnutrition and the area of gynecology/obstetrics through specialist personnel that work alongside Angolan personnel. It invests in training to be able to ensure dedicated nursing staff, provides needed equipment and materials to improve the quality of care, and supports access to care for the community. It does so by helping the hospital to reduce co-payments for mothers and children to access care, building and managing facilities dedicated to at-risk pregnant women waiting to give birth (“casas de espera”) to ease timely access to emergency obstetric services offered at the hospital and giving nutritional kits to pregnant women staying at the “casas de espera” and to the mothers/caregivers

of malnourished children to improve treatment follow-through. In the hospital’s community, CUAMM organizes public health events (*brigada moveis*) to provide women and children without access to health facilities antenatal visits, basic vaccinations, education/training for mothers, and malnutrition screening. CUAMM also supports district health authorities in supervising and ensuring the quality of services at the peripheral centers in its area.

DROUGHT EMERGENCY IN CUNENE

During the drought emergency in Cunene, CUAMM is providing continuity to the support to pediatrics and malnutrition at the Chiulo Hospital with increasing numbers of admissions, and providing nutritional screening to pregnant women and children in the hospital’s area. It supports WHO in a national emergency response program by supervising, training, and supplying lacking material to nutritional units (Chiulo, Xangongo, Curoca, Ondjiva, and Nhamacunde) in Cunene Province. The Chiulo Hospital is still the unit that admits the most children suffering from acute and severe malnutrition; 303 malnourished children were admitted to the hospital in 2019⁴, a high number compared to the 194 admitted in 2018⁵, but still too few for the need. There are an estimated 3,400 children suffering from acute and severe malnutrition in the area of the Chiulo Hospital¹.