

Key nutrition challenges



114 000 children under 5 years were **wasted** in April 2021–February 2022
37 000 of them were **severely wasted**

Source: IPC AMN, September 2021.

The three drought-affected southern provinces of Cunene, Huila and Namibe are facing a child wasting crisis.

In six out of ten analysed districts, the prevalence of child wasting exceeded the 15 percent 'very high' WHO threshold for wasting, reaching nearly 23 percent in Humpata, 20 percent in Mocamedes and 17 percent in Bibala (IPC AMN, September 2021).

Factors contributing to the high levels of wasting in drought-affected southern Angola include inadequate and poor dietary intake and the high prevalence of infectious diseases, linked to lack of access to safe drinking water and improved sanitation, low vaccination coverage and low health-seeking behaviour.

Key drivers

Food security and access to healthy diets

Inadequate and poor dietary intake is mainly due to high levels of drought-driven acute food insecurity in addition to poor care and feeding practices. Out of the 17 municipalities covered by the IPC acute food insecurity analysis, nine were covered by an IPC acute malnutrition analysis. Those municipalities facing high levels of child wasting also have high levels of acute food insecurity. For instance, in Humpata where 23 percent of children are wasted, 65 percent of the population are in Crisis or worse (IPC Phase 3 or above). In Bibala, where 17 percent of children are wasted, 70 percent of the population are in Crisis or worse (IPC Phase 3 or above) (IPC AMN, September 2021).

Caring and feeding practices

In all municipalities, the percentage of children who are exclusively breastfed up to 6 months is low. At the national level, it is just 37.4 percent, though data is outdated (DHS, 2015).

Children aged 6–23 months generally do not receive a Minimum Acceptable Diet (MAD) of at least three meals a day and at least four food groups in their diet. The municipalities of Jamba and Moçâmedes fared the best with just 10 percent receiving a daily MAD (IPC AMN, September 2021).

Health services and household environment

Over 60 percent of the analysed population still drinks water from unsafe sources, reaching 70–90 percent in Bibala, Chibia, Cuvelai, Humpata, Jamba and Quilengues. More than 70 percent of households do not have a latrine and of the few that do, fewer than 5 percent are improved in Bibala, Camucuío, Chibia Cuvelai, Humpata and Quilengues and only 10–30 percent are improved in Cuanhama, Jamba, Moçâmedes and Namacunde (IPC AMN, September 2021).

An estimated 1.2 million people are facing water scarcity as a direct consequence of the drought. A WASH study found that many water points in the most drought-affected communes are not working (UNICEF, December 2021).

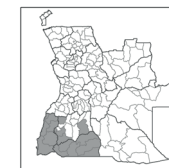
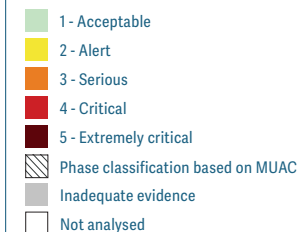
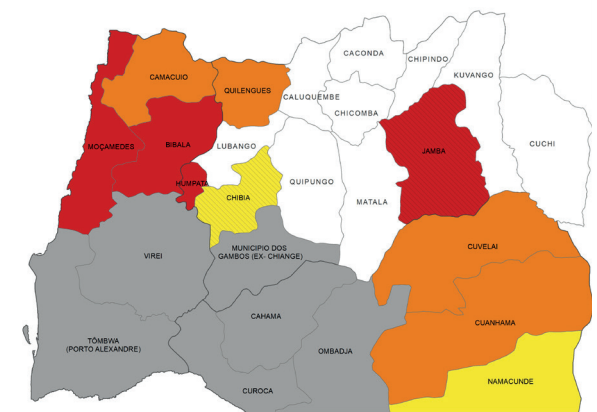
Around half of children had at least one sign/symptom of infectious disease (diarrhoea, fever or cough) with the percentage even higher in the municipalities of Chibia, Jamba, Quilengues and Bibala. Low health-seeking behaviour when children are sick was identified as the main contributing factor in seven municipalities (IPC AMN, September 2021).

Other diseases affecting children included malaria, measles, vaccine-derived polio, yellow fever and cholera (UNICEF, December 2021). More than half of children are not vaccinated against measles with the lowest rates in Namacunde, Jamba, Bibala and Chibia (IPC, June 2021).

MAP 3.4

IPC acute malnutrition situation, October 2021–February 2022

During the lean season, characterized by food shortages and a higher prevalence of diseases, four municipalities in Huila and Namibe provinces were expected to be in Critical (IPC AMN Phase 4) and four municipalities in Cunene, Huila and Namibe provinces in Serious (IPC AMN Phase 3).



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

Source: Angola IPC AMN Technical Working Group, September 2021.