Cabinda Rapid Assessment Report

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1. Executive summary

In this assessment we explore the specific deprivations of Cabinda rural areas by municipality and the opportunities for intervention.

In general, all communities present a similar homogeneous physiognomy: uncooked mud houses, long distances to access unsafe safe water sources, limited access to schools and health facilities, and underdeveloped or inexistent child protection networks. There is a strong need for improving roads, construction of schools, health facilities & access to electricity.

- In general birth registration in all assessed villages was above 70%, only one village presented 40% of birth registration rate.
- Nearly 40% of the communities have excellent accessing; 31% have reasonable accessing conditions and 31% present poor accessing conditions.
- In general poor accessing conditions are located in Belize and Buco-Zau communities where this was identified as the main barrier for accessing to markets
- 54% of the communities have a community tap out of order, and 38% do not have safe water sources.
- All of the communities use basic latrines.
- 46% of the villages do not have schools, so the children have to go to other communities that are from 3kms to 8kms away from their homes to get education.
- 46% of the communities have one school.
- None of the schools has water.
- Only one of the communities has a health centre. Inhabitants have to travel from 2 to 25kms to get health attention in the nearest health centre.
- The main motive for going to traditional doctor instead of health facility is the distance and the medicine shortages.
- In general, there is a good mobile phone penetration despite the networks are partially functional

Despite this general outlook, there is a variety of potentialities to deploy different kinds of integrated programming in the selected area:

- It could be more convenient to develop livelihoods programs in communities with better access, like in Cabinda and Cacongo. In general, food items are the only goods that are not scarce in local markets and most part of them are for self-consumption. The communities with roads in worst condition identify this as the main barrier for developing their markets, if increasing productivity, there will be barriers for trading the surplus.
- Expanding WASH though out all the components, from hygiene sensitization, community construction of latrines and rehabilitation & construction of water-points can do a great impact on all of the communities. Also the construction of water points in the schools of the mentioned communities, but also in the nearby communities, where children travel to study.

- There is an interesting experience of community generators that could be furthermore investigated.
- Food distribution might not be recommended. The other goods seem to be scarce and in a big proportion of communities, access to markets is very limited.
- The most noticeable case is that in general women give birth in their own homes or in the traditional doctor because of those barriers, not because of culture habits. In this case it will be recommended to deploy a program for training traditional doctors and community members with birth giving skills.
- It is noticeable that communities have difficulties in identifying other types of violence against children and also a child protection system or network. Sensitization of the communities and deployment of child protection programming might have a high impact in all of the communities.

2. Context

National context

Almost half of the Angolan population (48.12%) are children between 0 and 14 years of age. The population growth rate is 3.52% (being the second highest in the world) and women have on average 6.16 children.

According to the National Institute of Childhood (INAC, 2020) there are 1.2million children in need of humanitarian assistance. Most of the cases of violence against children are escape from child paternity, sexual abuse, and other forms of violence against children and most of the perpetrators are policemen or military.

The following indicators can illustrate briefly the situation regarding poverty and hunger (SDG 1 &2):

- The proportion of the population suffering from hunger was 18.6% in 2018
- The proportion of the adult population suffering from moderate or severe food insecurity was 66.5% in 2015 (18,5million)
- In 2015, 37.6% of children under 5 years of age had stunted growth (19.95 million).

The underlying causes that are behind are:

- Weak internal agricultural production: more than 50% of the food consumed is imported
- Productivity of agriculture sector is very low: there is a traditional rural sector dominated by low-productivity subsistence agriculture. Poverty, outside of Luanda, is largely concentrated in this sector: 69% of households in the poorest national quintile are employed in the agricultural sector, vs. less than 15% in the top quintile.
- Community knowledge on nutrition issues is very low: diets and production systems are based on few staple products, with little diversification
- Gender inequalities: average salary in 2019 was Kz 47,223 per month with an unadjusted wage gap between men and women (Kz 61,727) and women (Kz 28,917) superior to 50%. Women's average wages were lower to men in all sectors of the economy.
- Livelihoods are generally poor and vulnerable: more than 50% of the population work in the agriculture sector

Regarding to the access to water (SDG 6)

- 45% of the population still lack access to adequate drinking water: 31% Urban and 67% rural
- Limited coverage of sanitation, particularly in rural areas: the coverage is estimated in 53%, with 68% urban, and 32% rural.
- Nearly 90% of diarrheal diseases are attributed to suboptimal water, hygiene, and sanitation services

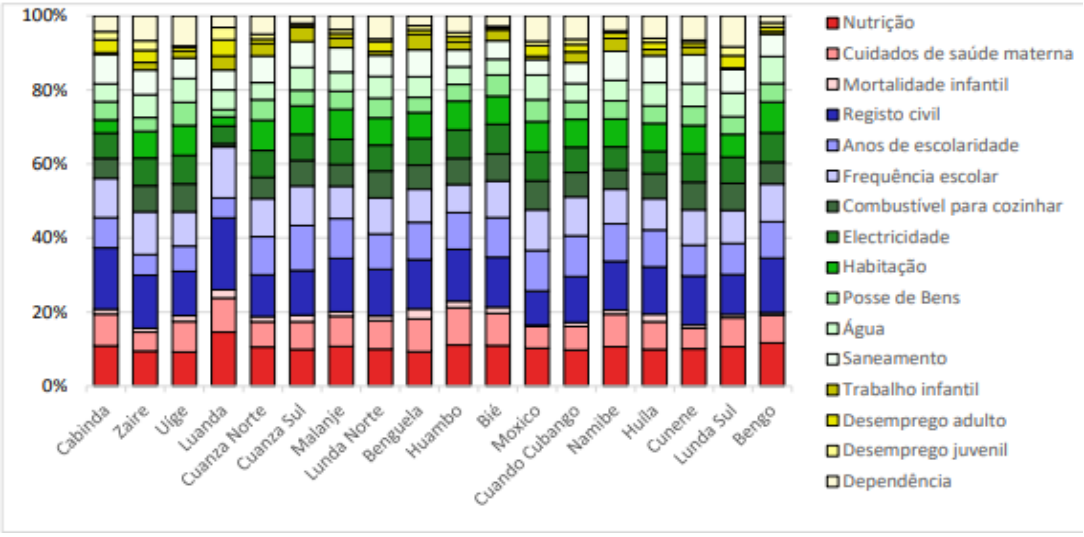
Cabinda province context

As mentioned before, Cabinda was particularly affected by the drop of the oil price, given that is a petrol producing province. Not only activity levels, but as consequence, social indicators have worsened.

Taking into account the multidimensional poverty causes (INE, 2020), it is evidenced that the predominant dimensions that contribute to Cabinda's poverty are:

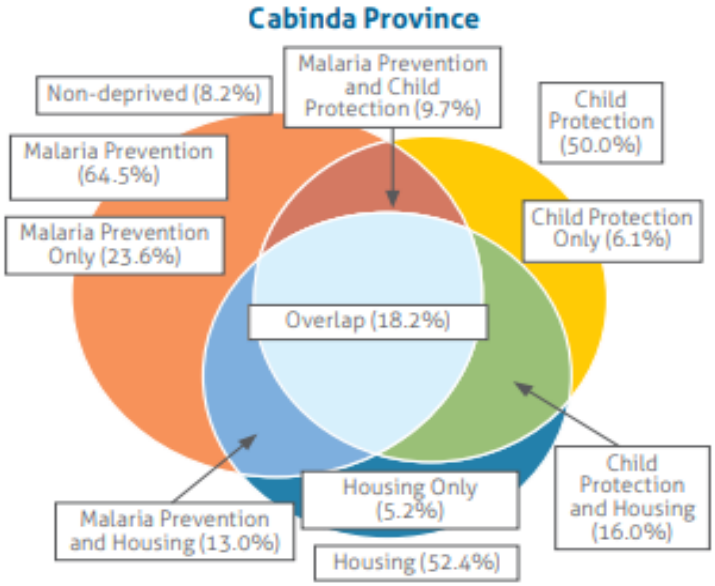
1. Birth registration: 50.5% of the households of the total population have at least one member aged 0-5 years does not have a birth certificate.
2. Nutrition: 30.9% of the households of the total population have at least one child under 5 years with chronic malnutrition (low height for age) or acute malnutrition (low weight for height).
3. School attendance: 31.18% of the households of the total population have at least one child aged 6-14 who does not attend school. (compulsory official age from primary education to the 1st cycle of secondary education).
4. Maternal health: 17.9% of the households of the total population have at least one woman of reproductive age (15-49 years), who has been pregnant in the last 2 years, has not had at least 4 prenatal consultations or the delivery was not attended by a qualified health care provider.
5. Sanitation: 64,84% of the households of the total population do not have access to any type of proper sanitation or if the sanitary installation of the house is shared with another household.
6. Electricity: 40.28% of the households of the total population do not have electricity.
7. Fuel to cook: The main fuel for cooking of 27.69% households of the total population is charcoal, lignite, charcoal, firewood, straw, branches, reeds, agricultural products, manure or other.

Figure 1. Contribution of each indicator to Multidimensional Poverty Index by province (IIMS 15-16)



When analysing the Multidimensional Analysis of Child Poverty (UNICEF, 2018), the main causes in Cabinda province are related to malaria prevention (64.5%), housing (52.4%) and child protection (50.0%). The intersection between the 3 dimensions, give a 18,2% of children that vulnerable in the 3 mentioned aspects at the same time.

Figure 2. Multidimensional Analysis of Child Poverty of Cabinda province



3. Methodology

The rapid assessment is a methodology primarily used to assess the situation and the needs of a population of an area immediately after a disaster, to determine the type of assistance required for an immediate response. In this occasion it was a cost-effective tool to assess the humanitarian situation of Cabinda for designing & adjusting an integrated intervention. For this methodology, affected populations require humanitarian assistance, which is the reason that it is essential to provide initial assistance in an integrated manner and in accordance with international principles and agreements.

The data collection tool consists in a key informant interview form that on one hand it is quick and cost-effective, but on the other hand lacks of complexity for certain aspects such as gender and social inclusion (GESI) and nutrition. This report should be furtherly complemented with other data collection tools that include GESI in case of advancing in one or more modalities of intervention that could be used as baselines as well such as household surveys, focus group discussions, need & market assessments including relevant stakeholders.

In this case, the key informant interviews were performed to leaders of 13 communities during the month of August 2021: 6 from Belize, one from Buco-Zau, 3 from Cacongo and 3 from Cabinda. The chosen leaders could be sobas (traditional leaders), teachers, nurses or relevant people from the community.

Table 1. Surveyed communities

Municipality	District	Community/village
Belize	Tsango Mbata	Luali / Panga de Baixo
Belize	Ngagnda Cango	Mbata Cango
Belize	Kikhumba Congo	Miconje / Sanga Luango
Belize	Bulo	Miconje / Nhadi
Belize	Zala de Baixo	Luali / Zala de Baixo
Belize	Kikhumba Congo	Miconje / Londe Lubonde
Buco - Zau	Conde - Grande	Inhuca / Malela
Cacongo	Tando Pala	Tando Pala
Cacongo	Cumbo-Liambo	Cumbo-Liambo
Cacongo	Cumbo-Liambo	Lelenji
Cabinda	Bumela Mbuto	Mazengo
Cabinda	Bumela Mbuto	Pove
Cabinda	Cacata	Ketilimueka

The assessment is divided into 7 thematic blocks of questions:

1. General information
2. Demographics & economic activities
3. Community resources, water & energy
4. Education & child protection
5. Health
6. Market System
7. General priorities: challenges & possible solutions

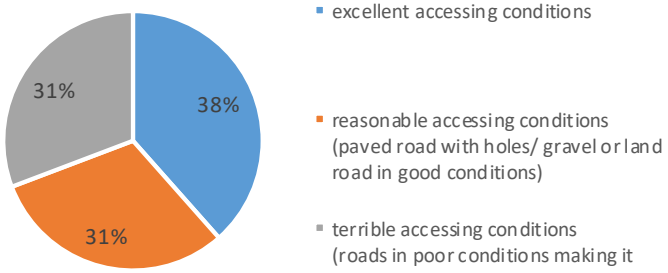
The following part of the report describes the current situation & interprets the results ordered by the 7 modules. The last part gives recommendations for interventions.

4. Findings

4.1 General information

In general, the access conditions of the road that connect the villages to the head of municipality is evenly distributed: near 40% of the communities have excellent accessing conditions (which consist in a paved road with good maintenance); 31% have reasonable accessing conditions (paved road with holes or poor maintenance or gravel or land road in relatively good conditions) and 31% present poor accessing conditions.

Figure 3. Distribution of villages by access conditions



In particular, Buco-zau and Belize have in general worse access conditions: Four villages have terrible accessing conditions, one has a paved road with some holes and 2 of them have excellent access conditions. From the more accessible communities: one of them is 2kms away from the head of the municipality and the other is 35 km from the head of the municipality. The rest of the communities is from 30 to 90kms away from the head of the municipality.

In the case of Cabinda and Cacongo, the accessing conditions for the villages are much better in general: all villages present good or reasonable accessing conditions.

Picture 1. Road to Nganda Cango

4.2 Demographics & economic activities

The size range of the villages go from 14 to 66 families/households, with an average population of 192 people in each village: in average there live 46% of children, 30,7% women and 23,3% men. People with disabilities represent 2% of the population in average.

According to the information given by the key informants, there is a relatively high rate of registration: there are 4 villages in which all inhabitants have identity card and there are 6 villages in which the percentage goes from 70% to 85%. There is one village in which the registration rate is very low, near 40% (Cacongo-Tando Pala) and there is missing information about the villages of Bumela Mbuto and Cacata in Cabinda).

Only in one of the villages they use cooked bricks and cement for building their houses (Luali/Zala de Baixo, Belize). In general, the rest of the villages have their houses made of uncooked mud.

Regarding to the economic activities all villages produce groceries and 7 of them also fish, 5 of them produce coffee and two have goat cattle. Most of the production is for self-subsistence and in the cases that go to markets, all of them have to travel to other villages from 2km to 50 km to sell the production. Four out of the 13 villages have one productive cooperative, one village has 2 cooperatives. All of them are located in Belize and Cacongo.

All of the villages identified as their main economic challenge/barrier the poor conditions of the road and accesses to the village (mostly in Buco-Zau and Belize this is mentioned as the principal challenge). In rainy weather, it is impossible to drive through and complicates the access to markets (from perspective of buyers but also suppliers). In second place, the lack of appropriate materials (or financing to acquire those materials) for agriculture, fishing and other economic activities (such as chainsaws) is mentioned in general in all villages. Also it is mentioned the lack of specific training to improve agriculture techniques.

In the case of Beliz and Buco-zau, most of the villages identified: The lack of a nearby market where the popular can sell their products; Public buses were requested to Municipal and Communal Authorities for them to arrive to Luali commune to make it easier for children to go to school and return home with more energy and also facilitate the movement of other populations; Lack of education.

Other economic barriers mentioned regarding to the different communities were: the opening of borders to trade with Congolese, police officers do allow the free movement of people and goods to be traded; lack of treated water, crop diseases.

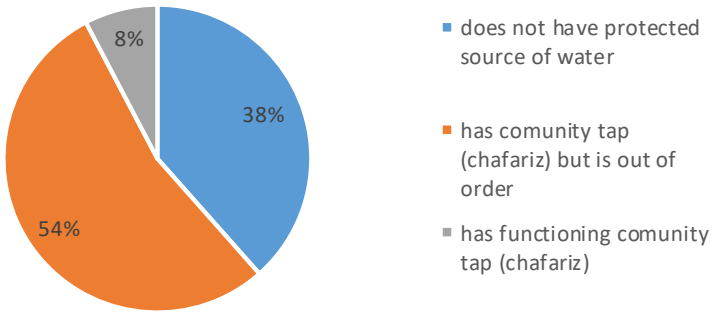
In the cases of Belize and Buco Zau, most of the villages identify that repairing routes & accesses will improve the economic development of the area, also the installation of nearby markets. Meanwhile in the case of Cabinda and Cacongo, that already have better roads, they identify the construction of local markets a possible solution to improve their economic activities. In general, in the majority of the communities, it was mentioned the need of technical training on agriculture and microfinances to increase productivity and savings and access to credit.

Other solutions identified by the key informants for their villages were: the creation of a cooperative; the provision of a public bus to connect the area; and the permission to trade with Congolese.

4.3 Community resources, water & energy

The main water sources of the villages that were identified were unprotected: Rainwater collection; Unprotected source (open); Surface water (river, dam, lake, lake, stream, canal, irrigation canals). Just one community mentioned protected water sources: Water source protected by a community tap (chafariz).

Figure 4. Access to safe water in communities



Most of the villages do have one or more community taps (chafariz), but all of them are out of order. In second place there are the village that do not even have the installation of the water tap. Only one village has one functioning chafariz.

In general, the main type of toilets in all the villages is pit latrine without slab/open pit.

Pictures 2 & 3. Water source and latrines in Mbata Cango (Belize)

Regarding to energy, there are only two villages that are connected to the electricity network and is functional, the rest use a variety of materials, mainly carbon/firewood, but also; rechargeable battery; oil lamps; community diesel generator; household photovoltaic solar system. In the case of the community that is connected to the power grid and the one that has a community diesel generator, the electricity is

identified as fully functional. Regarding to the energy sources for cooking, coal and firewood are the main ones. In some cases, they also use manure and also electricity in the villages that is available.

The mobile phone penetration is quite intense in almost all villages except three, all adults have mobile phone and in some cases, almost everybody has a mobile phone, despite the networks in general are partially functional.

The main problems identified in general by the key informants for this module were:

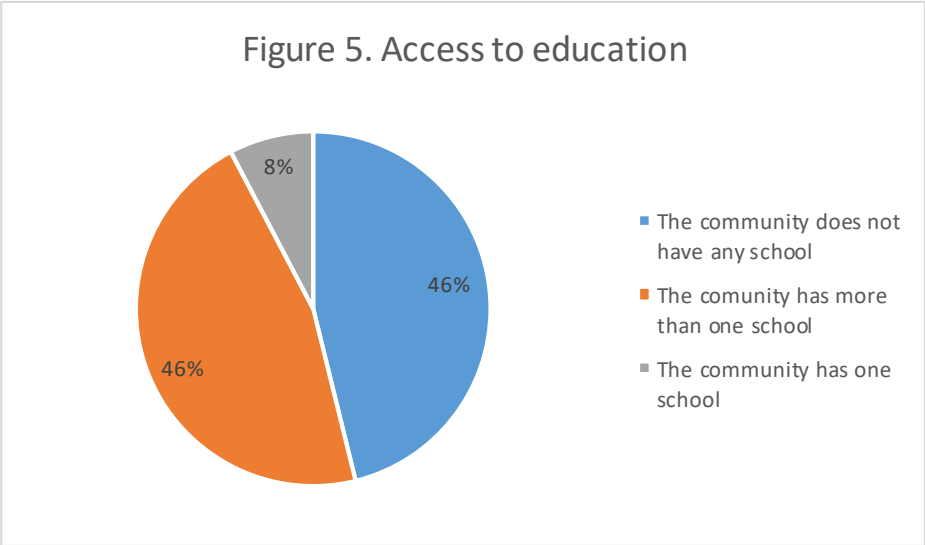
1. Challenging access to water: there are long distances to gather water from the river/spring and also the water is not treated.
2. Hygiene: They do not have septic tanks and depend on latrines or holes they dig themselves. This brings illnesses into the populations, especially in women & children, who are prone to contract urinary and vaginal infections.
3. Energy: there is no power grid, so they have to buy solar-powered lanterns. Some households use oil lamps as well.

Also it was mentioned a case that identifies that the lack of a good telephone network has a negative impact in this module.

The main solutions identified by the key informants are related to the installation and rehabilitation of existing water points; installation of water pipe; installation of sceptic tanks & improved latrines (including training); installation of power grid or at least an electric generator; installation of telephone networks.

4.4 Education & child protection

A big proportion of the villages do not have schools, so the children have to go to other communities that are from 3kms to 8kms away from their homes to get education. None of those schools has access to water. On the other hand, also 46% of the communities have one school. However, these schools do not have access to water as well.



In general, girls marry between the age of 15 to 18 years old and pregnancy is a frequent cause for drop out from school. Key informants did not identify sexual abuse common in their communities,

however they identified child labour, physical abuse, and escape from parenthood. Key informants were unable to identify a system or a child protection established network for the cases of child abuse.

The absence of a community school and recreational playground were identified as main necessities of the communities, also the absence of electricity, the poor accesses & routes, and access to water and health were mentioned in this module as well. In the cases of communities that have schools, it was mentioned also the rehabilitation of the schools and the construction of a residence for teachers.

4.5 Health

Only one of the communities has a health centre. Inhabitants have to travel from 2 to 25kms to get health attention in the nearest health centre and in many cases the heath facility they travel to is a primary health post. The decision between getting assistance at a health post or a traditional doctor is not homogeneous, each village reality is different. However, the main motive for going to traditional doctor instead of health facility is the distance and the medicine shortages. The main health related problems identified were: malaria, typhoid fever, sickle cell anaemia, diarrhoea, difficulty in giving birth due to the lack of motherhood.

Also regarding to the distance to the nearest health post, in some villages women give birth at the health facility and in others they give birth at their own homes, and in some cases also at the traditional doctor´s house.

Apart from the lack of a near health facility, the other challenges faced by communities in this dimension are the lack of specialized personnel (specially for maternal care), lack of habits of the population on asking for health consultation, high mortality rate, lack of medicines.

All key informants coincided that a solution would be to have constructed a health post in their communities and finding specialists for maternal healthcare and also sensitization for improving health habits of the population.

4.6 Market System

Only food is the only type of good that is not scarce in Cabinda markets. The following goods were identified as scarce: Construction materials (plastic canvas, corrugated iron, nails, wood, hammer, etc.); cleaning products (powder, detergent, bleach, etc.); fuel (kerosene, wood, gas, etc.); hygiene products (toothpaste , sanitary napkins, soap, shampoo, comb); mosquito nets; plastic tableware (bucket, food container, etc.); agricultural materials (seeds, pesticides, fertilizers, tools and vehicles); materials for livestock (vitamins, medicines, antibiotics, feed); fishing materials (nets, hooks, boats, engines, life jackets); agricultural technical services, veterinary.

4.7 General priorities: challenges & possible solutions

The main challenges that key informant identified for the communities were:

1- Poor access conditions
2- Lack of school & health facilities
3- Lack of safe & near sources of water
4- Lack of market
5- Lack of electricity

The main priorities identified as solutions were:

1- Improving roads
2- Construction of a school, health facility & playground for children
3- Installation of water-points & channel water.
4- Construction of market facilities
5- Connection to power-grid

5. Recommendations

Cabinda rural communities present high levels of deprivation in multiple aspects related to resources, water, energy, education & child protection, health and an underdeveloped market system.

In general, all communities present a similar homogeneous physiognomy: uncooked mud houses, long distances to access unsafe safe water sources, limited access to schools and health facilities, and underdeveloped or inexistent child protection networks. There is a strong need for improving roads, construction of schools, health facilities & access to electricity.

Despite this general outlook, there is a variety of potentialities to deploy different kinds of integrated programming:

Livelihoods: it could be more convenient to develop livelihoods programs in communities with better access. In general, food items are the only goods that are not scarce in local markets and most part of them are for self-consumption. The communities with roads in worst condition identify this as the main barrier for developing their markets, like Belize and Buco-Zau. If productivity is increased in those communities, their limitation will be accessing those distant markets for trading the surplus. Hence, livelihoods modality might have much more impact and will be much more cost/benefit-effective in communities with improved accesses & roads like in Cabinda and Cacongo. Savings groups modalities & access to financing will also have a greater impact in those communities that have improved access to markets, because they might be able to purchase inputs for production, whereas the access to market on the other communities is restricted.

WASH: There is a big proportion of communities that have community taps out of order and also that do not have this type of water sources. Also, all communities identify using basic latrines and also water-related diseases. Expanding WASH though out all the components, from hygiene sensitization, community construction of latrines and rehabilitation & construction of water-points can do a great impact on all of the communities. Also the construction of water points in the schools of the mentioned communities, but also in the nearby communities, where children travel to study because there is no school at their town, will also have a great impact.

Energy: most of the communities do not have access to energy. They use coal and firewood to cook and in some cases candles & solar powered flashlights. This kind of goods seem to be preferred by the communities. In addition, there is an interesting experience of community generators that could be furthermore investigated.

Cash Voucher Programming: from a first overview, food distribution might not be recommended. The other goods seem to be scarce and in a big proportion of communities, access to markets is very limited. In general, there is a good mobile phone penetration despite the networks are partially functional in some cases. It is recommended to continue doing needs assessment & market assessment in the area.

Health: the main diseases the communities face are Malaria, typhoid fever, sickle cell anaemia, diarrhoea, difficulty in giving birth due to the lack of motherhood. However, the greatest challenge is access to health facilities (distance and roads). Despite the deployment of a community health program, the challenge of access to health will prevail. The most noticeable case is that in general women give birth in their own homes or in the traditional doctor because of those barriers, not because of culture habits. In this case it will be recommended to deploy a program for training traditional doctors and community members with birth giving skills.

Education: there is a big proportion of communities that do not have schools. If deploying an education program, I might be limited by this factor and the road access factor as well.

Child Protection: it is promising that communities themselves identify child labour as violence against children. However, is a common practice. On the other hand, it is noticeable that communities have difficulties in identifying other types of violence against children and also a child protection system or network. Sensitization of the communities and deployment of child protection programming might have a high impact in all of the communities.