



## ANGOLA: MARBURG HAEMORRHAGIC FEVER OUTBREAK **FINAL REPORT**

ME no. 05ME021  
5 October 2006

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

### In Brief

Period covered by this Final Report: 4 April to 3 July 2005.

[<Click here to go directly to the attached Final Financial Report><sup>1</sup>](#)

#### History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- A total of CHF 252,000 was allocated from the Federation's DREF to respond to the needs of this operation; CHF 65,000 was allocated on 5 April 2005 and CHF 187,000 on 22 April 2005. For the Minor Emergency, refer to: <http://www.ifrc.org/docs/appeals/05/05ME021.pdf>
- Update no 1: <http://www.ifrc.org/docs/appeals/05/05ME02101.pdf>
- Update no. 2: <http://www.ifrc.org/docs/appeals/05/05ME02102.pdf>
- Update no. 3: <http://www.ifrc.org/docs/appeals/05/05ME02103.pdf>
- Update no. 4: <http://www.ifrc.org/docs/appeals/05/05ME02104.pdf>

This operation was aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

#### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

### Background and summary

The outbreak of Marburg haemorrhagic fever (MHF) in Angola was a slow onset disaster, which became prominent in early 2005 after some epidemiological test identified the MHF virus. The first cases of the disease had been reported in Uige province in October 2004. As of 14 April 2005, only 44 cases had been confirmed on the basis of laboratory analysis of blood specimens. As of 23 August 2005, the Ministry of Health (MINSAs<sup>2</sup>) reported a total of 374 cases, including 329 deaths (case fatality rate of 88%). Of these, 368 cases – including 323 deaths – were reported in Uige Province and 158 of the cases were laboratory-confirmed. A number of 'contacts' were monitored

<sup>1</sup> Income balance is to be refunded/reallocated.

<sup>2</sup> In Portuguese: Ministerio de Salud de Angola (MINSAs)

## Angola: Marburg Haemorrhagic Fever outbreak; ME no. 05ME021; Final Report

in Uige province and clinical specimens from 'alerts' shipped to the Special Pathogens Programme, National Microbiology Laboratory, and Public Health Agency of Canada for diagnostic testing. The last confirmed case died on 21 July 2005, in Songo Municipality (Uige Province) and there has been no laboratory-confirmed case since then.

Individuals that were in contact with suspected or confirmed cases were defined as "contacts" (they must have been in physical contact with a case, with clothing and bed clothing or have slept in the same house for a month). They do not necessarily become infected but require monitoring. The identification and follow up of all contacts stopped the spread of the virus. Surveillance mobile teams from MINSA, World Health Organization (WHO) and Médecins Sans Frontières (MSF) were actively involved in searching 'contacts' to complete the epidemiological tree, a picture of the virus spread.

The US government's Centers for Disease Control and Prevention (CDC), WHO and MSF conducted a joint assessment and one of the recommendations argued against the temporary closure of Uige provincial hospital. The assessment came up with recommendations aimed at preventing transmission of the virus at the hospital. Some of them were implemented and the hospital remained functional; for example, cleaning and disinfecting should be thoroughly performed and personal protection equipment should be supplied in adequate quantities. WHO supported the management of the hospital with a new team of specialist who travelled to Angola in April 2005.

### Red Cross action

On 4 April 2005, the Federation supported Angola Red Cross with an allocation of CHF 65,000 from its Disaster Relief Emergency Fund (DREF) to initiate activities to control and prevent the spread of the MHF and to sensitize communities on MHF. Later on 22 April 2005, the Federation allocated some further CHF 187,000 to enable the national society to scale up activities in the field. The German government, through the German Red Cross, contributed EUR 59,000 to cater for administrative and programme support costs and EUR 3,850 towards the purchase of the non-food items. The British Red Cross also contributed GBP 5,000 toward the operation.

The Angola Red Cross implemented a number of control, prevention and sensitization activities in Uige province and the surrounding villages. These included:

- Distributing information, education and communication (IEC) material donated by Social Mobilization Commission of Luanda;
- Sticking cartoons stickers at public places, with theme "safe injection only at the hospital";
- Conducting prevention campaigns among the affected communities;
- Training of the local communities' volunteers on social mobilization, hygiene and health promotion;
- Participating at the provincial traditional healers and midwives meetings organized by UNICEF, with the aim of contributing to issues directed at preventing and controlling the spread of MHF;
- Conducting support visits to affected families to provide moral and psychological support to affected families;
- Meeting with traditional chiefs (Sobas) and parish administrators;
- Distributing midwifery protective and hygiene material provided by the government;
- Attending meetings of the social mobilization sub-commission;
- Addressing the public on MHF control and prevention during campaigns in Uige town and the surrounding villages;
- Developing a first aid programme for assistance during the operation;
- Distributing non-food items (mattress, buckets, jerry-cans, bed sheets, blankets, mosquito nets and soap).



*Angola Red Cross volunteers distributing relief items to affected families in Uige Province.*

The plan of action developed to be implemented during the three-month operation was revised and activities were expanded to include additional municipalities in Uige (Mucaba, Bembe and Bungo). The revised plan of action

## **Angola: Marburg Haemorrhagic Fever outbreak; ME no. 05ME021; Final Report**

specifically focused on social mobilization, psycho-social support as well as the distribution of basic non-food items and IEC material through community volunteers.

The Angola Red Cross established an emergency commission at its headquarters to coordinate all the daily activities in cases of Marburg Hemorrhagic Fever outbreak. The emergency commission also maintained permanent radio communication with Uige branches. The Uige Red Cross branch reported that three Red Cross volunteers and another one from Help Health Committee – a local non-governmental organization (NGO) in Uige – died on 14 April 2005. The volunteers were working on social mobilization activities in the Cemetery neighbourhood (in the city of Uige) when lightning struck a tree under which they were hiding from heavy rains, killing them instantly. The Federation received the news with shock. The head of southern Africa regional delegation conveyed condolence messages to the national society and the volunteer's families.

The regional disaster management (DM) support team sent alert messages to the national societies in the region, especially those neighbouring and doing business with Angola. Feedback was received from Namibia Red Cross and the South African Red Cross Society in relation to their contingency plans and their strategic branches at the borders were on alert.

The regional DM technical manager visited Angola to provide technical support and was on the ground on 16 April 2005. The main objectives of the support visit were:

- To ensure volunteer mobilization and training in social mobilization and health education;
- To support the branch with some basic on-the-job DM training pending the deployment of the Regional Disaster Response Team (RDRT);
- To provide branch, local authorities and beneficiaries with coping mechanisms through social mobilization and protection awareness.

The Federation regional delegation in Harare, with support from the Secretariat, engaged a medical technician as of 16 April 2005. The medical technician provided assistance in;

- Assessing the general situation in collaboration with the health delegate attached to Angola Red Cross and the regional DM technical manager;
- Supporting the health delegate in liaising with the government and other stakeholders and positioning of the Angola Red Cross and the Federation in the field as required;
- Providing technical advice on MHF to Red Cross staff, Red Cross volunteers and those from the local authorities.

### **Coordination**

A Federation delegate from Guinea-Bissau was deployed to Uige Province to support the logistics, distribution, and relief activities. The delegate worked closely with the Angola Red Cross Society provincial secretary in coordinating the operations and was communicating regularly with the provincial local authority, provincial Marburg control committee and the international team from the CDC, MSF, WHO, United Nations Children's Fund (UNICEF) and the UN Office for the Coordination of Humanitarian Affairs (OCHA). The Air Passenger Service of the World Food Programme (WFP) operated twice-weekly flight to Uige, transporting the much needed equipment and materials. Within the UN system, WHO closely monitored the situation to identify any changes.

MINSa was responsible for coordinating the national response to the Marburg epidemic operating under a cooperation agreement with Angola Red Cross signed in 1996. This agreement stipulates that the two parties should coordinate the assistance and protection of the population during an epidemic caused by natural disaster. Angola Red Cross is also a member of the National Civil Protection Commission, which played an important role in controlling the spread of MHF. The national technical commission strengthened coordination mechanisms in the areas of logistics, epidemiology, and social mobilization, and to direct isolation and treatment interventions in Uige, Luanda and other locations with confirmed or suspected cases. The medical personnel in the affected areas also played a significant role in influencing community behaviour and attitudes towards the epidemic, especially fighting stigma and discrimination. At national level, the Angola Red Cross is a member of the social mobilization sub-commissions; two national society staff were permanent members and participated in all meetings. The Provincial Marburg Control Committee, supervised by the provincial governor, ensured good coordination of activities, thereby avoiding duplication of efforts among the stakeholders. Through this committee, stakeholders stayed abreast of events and activities in the field through daily meetings.

## **Analysis of the operation - objectives, achievements and impact**

### **Objective 1: Increased community awareness through social mobilization.**

Angola Red Cross volunteers carried out sensitization activities in Uige and surrounding villages on control and prevention of Marburg and other communicable diseases. The villages reached by the volunteers are: Candombe Velho, Pedreira, Kakiuya, Centro da Ciudad, Dunga, Kimakungo, Candombe Novo, Kinguangua, Kishikongo, Mbanza Luanda, Muenga, Lilala, Capote, Ngana Kanama, Mbemba Ngango, Piscina and Povo Mateus.

The Angola Red Cross was part of the social mobilization sub-coordination committee comprised of members from MINSA, WHO, UNICEF and MSF. A total of 80 volunteers were trained in social mobilization, psycho-social activities and were active in dissemination, distribution of information, education and communication (IEC) material, home visits, meeting with traditional leaders, training communities on water purification and distribution of midwifery safety materials at traditional therapeutic centres. A total of 2,430 home visits were conducted reaching more than 25,430 people in four municipalities of Uige province (Uige, Songo, Negage and Quitexi).

### **Objective 2: Provide affected families/communities with psychological support.**

Angola Red Cross distributed household items to replace those destroyed as a measure to prevent transmission of the Marburg virus. A total of 355 affected families in Uige province benefited from immediate relief distribution of the following non-food items: 763 mattresses; 463 blankets; 763 bed sheets; 763 plastic buckets; 763 jerry cans; 468.75 kg of soap; 1,875 litres of water purification chemicals; 408 mosquito nets (provided by UNICEF).

Beneficiaries were identified by the Provincial Marburg Control Committee using the Angola Red Cross criteria. The provincial branch secretary in Uige and the Federation delegate regularly informed the committee about the list of beneficiaries.

Health coordinators from each branch were in Uige province during the first week of July 2005 and participated in social mobilization and Marburg awareness training for 40 new volunteers. This was the first experience of a MHF outbreak in Angola; the national society is now prepared to respond in the eventuality of further outbreaks.

### **Impact**

- Partnerships between Angola Red Cross, Ministry of Health (MINSA) and other sector agencies were strengthened through the coordinated efforts in controlling the MHF outbreak.
- Red Cross volunteers worked effectively with community leaders in social mobilization activities, leading to an improvement in the understanding of the disease among members of the communities.
- The communities were generally cleaner following hygiene promotion campaigns conducted by Red Cross volunteers in the affected areas.
- The intervention increased Red Cross visibility and raised its credibility among stakeholders. This was evidenced by requests for Red Cross intervention from the district where MHF was spreading from.

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*All International Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.*

**Angola: Marburg Haemorrhagic Fever outbreak; ME no. 05ME021; Final Report**

*For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>*

*[Final Financial Report below; click here to return to the title page or contact information.](#)*

**International Federation of Red Cross and Red Crescent Societies**

M05ME021 - ANGOLA: MARBURG HAEMORRHAGIC FEVER OUTBREAK

Final Financial Report

Selected Parameters	
Reporting Timeframe	2005/1-2006/12
Budget Timeframe	2005/1-2006/12
Appeal	M05ME021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
<b>Income</b>						
Cash contributions						
German Red Cross		97'155				97'155
C1. Cash contributions		97'155				97'155
Reallocations (within appeal or from/to another appeal)						
DREF		138'081				138'081
C3. Reallocations (within appeal)		138'081				138'081
C. Total Income = SUM(C1..C6)		235'236				235'236
D. Total Funding = B + C		235'236				235'236

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		235'236				235'236
E. Expenditure		-233'238				-233'238
F. Closing Balance = (B + C + E)		1'998				1'998

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M05ME021 - ANGOLA: MARBURG HAEMORRHAGIC FEVER OUTBREAK

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Selected Parameters	
Reporting Timeframe	2005/1-2006/12
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**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
<b>BUDGET (C)</b>		0					0	
<b>Supplies</b>								
Clothing & textiles			66'212				66'212	-66'212
Water & Sanitation			2'115				2'115	-2'115
Utensils & Tools			3'354				3'354	-3'354
Other Supplies & Services			7'130				7'130	-7'130
<b>Total Supplies</b>			<b>78'810</b>				<b>78'810</b>	<b>-78'810</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles			4'118				4'118	-4'118
Computers & Telecom			3'735				3'735	-3'735
<b>Total Land, vehicles &amp; equipment</b>			<b>7'852</b>				<b>7'852</b>	<b>-7'852</b>
<b>Transport &amp; Storage</b>								
Storage			1'472				1'472	-1'472
Transport & Vehicle Costs			9'532				9'532	-9'532
<b>Total Transport &amp; Storage</b>			<b>11'005</b>				<b>11'005</b>	<b>-11'005</b>
<b>Personnel Expenditures</b>								
Delegate Benefits			11'994				11'994	-11'994
National Staff			32'312				32'312	-32'312
National Society Staff			18'767				18'767	-18'767
Consultants			8'446				8'446	-8'446
<b>Total Personnel Expenditures</b>			<b>71'519</b>				<b>71'519</b>	<b>-71'519</b>
<b>Workshops &amp; Training</b>								
Workshops & Training			11'770				11'770	-11'770
<b>Total Workshops &amp; Training</b>			<b>11'770</b>				<b>11'770</b>	<b>-11'770</b>
<b>General Expenditure</b>								
Travel			25'794				25'794	-25'794
Information & Public Relation			6'621				6'621	-6'621
Office Costs			6'265				6'265	-6'265
Communications			2'975				2'975	-2'975
Financial Charges			-5'384				-5'384	5'384
Other General Expenses			850				850	-850
<b>Total General Expenditure</b>			<b>37'122</b>				<b>37'122</b>	<b>-37'122</b>
<b>Program Support</b>								
Program Support			15'160				15'160	-15'160
<b>Total Program Support</b>			<b>15'160</b>				<b>15'160</b>	<b>-15'160</b>
<b>TOTAL EXPENDITURE (D)</b>			<b>233'238</b>				<b>233'238</b>	<b>-233'238</b>
<b>VARIANCE (C - D)</b>			<b>-233'238</b>				<b>-233'238</b>	