

OPERATIONS UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ANGOLA: CHOLERA

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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

Appeal no. MDRAO001; Operations Update no. 4; Period covered: November -December, 2006; Appeal coverage: 55%. Please note that the financial update and information reflecting contributions and expenditures to date for the operation will be made available shortly.

Appeal history:

- [Preliminary Emergency Appeal](#) was launched on 18 May 2006 for CHF 1,206,656 to assist 30,000 beneficiaries for 6 months.
- [Revised Emergency Appeal](#) was issued on 22 June 2006 for CHF 1,392,404 (USD 950,000 or EUR 740,000) to assist 1,000,000 beneficiaries for 6 months. This revision also confirmed the Appeal as a full Emergency Appeal.
- [Operations Update no. 2](#) was issued on 31 August 2006.
- [Operations Update no. 3](#) was issued on 25 October 2006.
- [Operations Update no. 4](#), issued on 5 January 2007, extended the operation's timeframe by six months (until the end of June 2007).
- Disaster Relief Emergency Funds (DREF) allocated: CHF 200,165 (USD 164,097 or EUR 124,519).

Outstanding needs: CHF 632,896 (USD 518,767 or EUR 393,103)

Operational Summary: The onset of the rainy season in September 2006 contributed to an increase in cholera cases from 50 cases per day then to 100 cases per day recently. The total cumulative cases reported since 31 October 2006 is 57,570, with 2,354 deaths (translating to a case fatality rate of 4%). Most of the new cases are in provinces which previously were not affected by cholera; Cunene, Uige, Huila and Huambo. Most cholera mitigation operations are currently focused in the cholera hotspots of Bengo, Benguela, Malange, Luanda, Namibe, Kwanza Norte and Kwanza Sul provinces.

In November and December 2006, the Red Cross intervention reached 54,499 households with social mobilization activities, water and sanitation (WatSan) as well as distribution of relief materials such as soap and oral rehydration salts (ORS). Since the launch of the appeal in May 2006, and its subsequent revisions, over 180,000 vulnerable households have been reached. Partnerships are being forged with stakeholders, including the government, the United Nations and international non-governmental organizations (INGOs).

This operation is 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

The cholera emergency that started in February 2006 in Angola is the worst in Angola's history. From February to September 2006, the outbreak had affected 15 provinces. However, the situation got worse in October 2006 when it spread to an additional province (Cunene), bringing the total number of provinces affected to 16. In November and December, 9,685 new cases and 386 deaths were reported, bringing the cumulative total of cases since February 2006 (including deaths) to 66,795.

Table 1: Cholera cases on November and December 2006

Provinces	November 2006		December 2006	
	Cases	Deaths	Cases	Deaths
Bengo	14	0	76	0
Benguela	479	16	449	11
Bié	6	3	6	0
Cabinda	5	0	370	18
Cunene	698	39	627	15
Kwanza Norte	172	11	184	13
Kwanza Sul	77	10	58	3
Luanda	163	2	311	5
Huambo	57	9	317	21
Huíla	1,474	65	1,749	22
Lunda Norte	59	1	29	0
Malanje	176	42	324	24
Kuando Kubango	327	8	109	3
Namibe	258	17	78	1
Uíge	851	6	329	0
Zaire	4	0	14	2
	4,820	229	5,030	138

Source: Ministry of Health Cholera Epidemiological reports

Operational developments

The increase in cases has mostly been reported in provinces not previously affected by cholera, such as Cunene, Uíge, Huila, Huambo and Cabinda. Bengo, Benguela, Malanje, Luanda, Namibe, Kwanza Norte and Kwanza Sul provinces, covered by the current operations, have been reporting relatively low cases which could be attributed to the impact of ongoing campaigns by the Angola Red Cross (ARC).

Cholera is more prevalent in the most impoverished communities with limited or no access to WatSan and health services such as the over-populated shack dwellings around the major cities or towns of Angola. According to World Health Organization (WHO), only 50% of Angola's 15 million people have access to safe and clean water. The Ministry of Health (MoH) has forecasted an increase of cases in the first quarter of 2007. The rainy season is likely to exacerbate the cholera situation, as water sources become more polluted and environmental hygiene conditions deteriorate.

The Angola Red Cross embarked on a massive scale up of activities in November and December 2006. Training of volunteers continued, with 60 additional volunteers being trained in Cunene and Huambo provinces. To date, a total of 700 volunteers have been trained and are actively conducting sensitization campaigns in 10 provinces.

During the same period, the national society reached 54,499 households with social mobilization activities, including proper hygiene practices, cholera prevention and referrals. Relief materials – including 69,970 bars of soap, 36,820 sachets of ORS, 171,170 aqua tabs and 42,120 bottles of chlorine solution – have also been distributed to the affected population. In addition, a total of 14,653 water tanks were disinfected at household level. This brings the total beneficiary households to 184,699 in 10 provinces, since the commencement of the cholera operation in February 2006. The initial target was 170,000 households in 5 provinces.

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In view of the possibility of the situation worsening with the onset of the rainy season, and considering the number of affected people who still require assistance, a six-month appeal extension (January to June 2007) was sought. The extended operation targets 270,000 households in 10 provinces with social mobilization and other prevention activities, including provision of safe water.

Red Cross and Red Crescent action - objectives, progress and impact

Overall objective: To reduce the cholera-related morbidity and mortality of one million individuals in five Angolan provinces over the next six months through the immediate provision of community-based therapy and prevention; and preparation of response capacity of the communities in the event of future cholera epidemics.

Progress

In November and December 2006, 700 trained volunteers and ARC staff reached a total of 54,499 households in 10 provinces with mitigation activities. The emergency operation has so far focused on social mobilization, including health and hygiene promotion as well as monitoring of hygienic practices. The affected population has received chlorine tablets and ORS, and patients have been referred to cholera treatment centres (CTCs). Red Cross volunteers have also been distributing information, education and communication (IEC) materials on cholera prevention.

Expected result 1 (Water): Improved access to adequate safe water in five provinces reaching 170,000 households within six months.

During the period under review, ARC distributed 42,120 litres of calcium hypochlorite (for water purification) to 42,120 households; a total of 14,653 water tanks were disinfected. The national society also distributed 171,170 aqua tabs to 2,833 households for 10 days to purify 3.4 million litres of water. For the last six months, a total of 186,530 aqua tabs have been distributed to purify 3.7 million litres of water for 3,180 households for 10 months.

Acknowledging the fact that the cholera epidemic can only be fully contained by addressing key contributing factors such as access to water and sanitation, the Red Cross – in collaboration with the government of Angola and United Nations Children’s Fund (UNICEF) – has embarked on initiatives to provide sustainable water supply in selected affected communities.

Following an agreement with the government, the Red Cross has started the construction of one 9m³ communal water tank to serve 500 households in Kabeledo suburb, Bengo Province. The reservoir is made from sand cement blocks and plastered with sand cement mortar. It has been installed with a hand pump for water extraction. The water will be supplied to the beneficiary communities by trucking and the community members will be paying the water supplier at cost recovery rate. This will be managed by a water point committee comprising of members of the community.

A water supply system to benefit 20,000 households in Huila Province is under development. The system will use a submersible electrical pump to provide 5m³ per hour into 30m³ plastic containers, erected on a 5m stand. The containers will be supplying water by gravity to four water points around the suburb. The Red Cross has supplied all the required materials and the government will construct and set up the system as well as train the water point committee. The communities in Huila Province were supplied with water by trucking for a period of three months, up to February 2007.

Expected result 2 (Hygiene promotion): Improved hygiene and sanitation awareness in 170,000 households.

A total of 54,699 households and 186,504 people have been reached with health and hygiene education sessions and 110,052 IEC materials were distributed during public lectures and house-to-house visits in 10 provinces.

The trained Red Cross volunteers sensitized and mobilized communities on health, hygiene and cholera prevention practices such as washing of hands with soap and water, using clean utensils, treatment of corpses for burial and environmental hygiene. The communities were also educated on identification of cholera cases and referrals to health centres.

Training for trainers, using the Participatory Hygiene and Sanitation Transformation (PHAST) methodology, is scheduled for March 2007.

Expected result 3 (Health): Adequate community-based response – rehydration and active case finding of the current epidemic in hot spots, reaching 170,000 vulnerable families in five provinces within six months

A total of 640,000 sachets of ORS received from UNICEF were pre-positioned in 5 provinces. 36,820 of the sachets have already been distributed to communities through volunteer structures and government health clinics. Improved referral systems and distribution of ORS have improved community access to immediate treatment. Volunteers have been instrumental in enabling social mobilization as well as health and hygiene promotion to reach 54,499 households during the period under review. A cumulative total of 184,699 households has been reached since the start of the operation.

Expected result 4 (Health preparedness): Within six months, mitigate the effects of a likely future epidemic by developing the capacity of five provincial branches to implement surveillance systems and respond rapidly to outbreaks

As part of strengthening the capacities of volunteers at community level, 60 additional volunteers in new provinces (Cunene and Huambo) received training, bringing the total number of trained volunteers to 700 in 10 provinces. Volunteer structures responsible for social mobilization, proper administration of ORS and household water purification are represented in these provinces. The volunteers have relatively improved the systems for surveillance, case finding and referrals at community level. As a result of the cholera response system, the case fatality rate remained at 4%, despite an increase in the number of cases.

In November 2006, 34 Angola Red Cross staff, including provincial secretaries and programme coordinators from 12 provinces, received training on vulnerability and capacity assessment (VCA). The training was facilitated by Regional Disaster Response Team (RDRT) members from Mozambique. The skills acquired following the training and improved capacity among the Red Cross staff will enable the national society to establish community vulnerabilities.

Impact

Training and development of volunteer structures at community level has ensured community participation and, in turn, improved community-level response to the epidemic. The strong volunteer resource has enabled increased access to health services by the beneficiaries and improved knowledge among the target populations through social mobilization activities.

Social mobilization activities have significantly improved community knowledge on the prevention and management of cholera and have influenced behavioural change. In the long run, they will contribute to the reduction and ultimate elimination of cholera cases within the communities. However, development of IEC materials – particularly in local languages – could improve on impact.

Decreased cholera cases are being reported in cholera hotspots such as Luanda, Kwanza Norte, Bengo and Malange provinces. This is due to Red Cross emergency response activities in these areas. A massive scale-up of activities, integrated with capacity building and rehabilitation, is recommended for other areas.

The relief materials distributed (chlorine solution and ORS) are contributing to the decrease and control of cholera cases in the affected provinces. However, such interventions are short-term measures and focus should be directed towards sustainable interventions, particularly in the area of capacity building of institutions, communities, health, water and sanitation sectors. These should be coupled with strong advocacy for more resource investment by government, local and international stakeholders.

Constraints

- Progress on activities was hampered for almost two weeks in December 2006 due to the festive season break, and in January 2007 due to additional public holidays.
- Limited organizational capacity of the national society (at national and provincial level) is hampering smooth delivery of services to the affected population.
- The ongoing rains have contributed to poor road conditions and longer distances to the affected villages, hindering accessibility for the ARC volunteers.

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Additional needs

- More supplies of water purification tablets, combined with provision of sustainable water supply activities targeting 70,000 households.
- IEC materials in local languages and training of more volunteers in cholera hotspots, to reach 350,000 people with awareness activities.
- A supply of 500,000 ORS sachets in strategic outlets, to improve community access to rehydration management.
- An advocacy strategy from the government as well as national and international stakeholders, for substantial investment in cholera response and prevention efforts.
- Continued development of capacities in coordination, monitoring and implementation of surveillance systems in most provincial branches, to enable ARC to respond more effectively.

Federation Coordination

The Federation's Angola country delegation continues to forge partnership with key stakeholders such as UNICEF, WHO, Médecins Sans Frontières (MSF) and the government. Such partnerships show good working collaboration. UNICEF is providing relief items, training support and IEC materials, while WHO is sharing information and epidemiological data. MSF is supporting with field level situational reports, and the government is assisting in training of staff and volunteers as well as providing logistical support. The strong coordination at national and provincial levels, through the cholera commissions, is an added value towards coordination of activities. The Angola Red Cross is part of the coordination meetings at all levels.

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