

# 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

31 August, 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

Appeal no. MDRAO001; Operations Update no. 2; Period covered: 27 May to 25 August, 2006; Appeal coverage: 13.7%; [<Click here to go directly to the Contributions List on the website>](#)

#### Appeal history:

- Launched on 18 May 2006 for CHF 1,206,656 (USD 957,284 or EUR 764,190) for 6 months to assist 30,000 beneficiaries.
- Revised 22 June 2006 for CHF 1,392,404 (USD 950,000 or EUR 740,000) for 6 months to assist 1,000,000 beneficiaries.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 200,165.

Outstanding needs: CHF 1,202,180 (USD 975,004 or EUR 764,259).

**Operational Summary:** To date, the operation has benefited over 85,000 of the 170,000 households targeted. The Angola Red Cross (ARC) has distributed chlorine mother solution, chlorine tablets as well as oral rehydration salts (ORS) sachets and conducted public lectures on cholera prevention, hygiene and ORS administration. The national society (NS) also assisted in the monitoring of cases and strengthened the communities' capacity to respond to cholera outbreaks.

**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.

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<sup>1</sup> Angola Red Cross- refer to <http://www.ifrc.org/where/country/check.asp?countryid=18>

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All International Federation assistance seeks to adhere to the *Code of Conduct* and is committed to the *Humanitarian Charter and Minimum Standards in Disaster Response* in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

### Background

The cholera outbreak was first detected in the Luanda district of Boa Vista on 13 February; Luanda has been hardest-hit by the epidemic. The peak of the outbreak occurred in Benguela and Bengo provinces on April 2006. At the end of July 2006, other provinces – including Kuando Kubango – started to report cholera cases and now 15 of the 18 provinces in Angola are affected. By 25 August 2006, 53,072 cases including 2,179 deaths had been recorded. Control activities have been a challenge in view of the precarious water and sanitation (WatSan) situation, particularly in poor communities in urban areas. Heavy rains compounded the situation where living conditions are poor, sanitation facilities are depleted and supply of clean water is insufficient.

**Table 1: Cholera statistics at the national level (13 February to 25 August 2006)**

Provinces	Cases and deaths between 13 February and 25 August 2006		New cases and deaths between 24 and 25 August 2006		Total cumulative cases from 13 February to 25 August 2006		Mortality rate (%)
	Cases	Deaths	Cases	Deaths	Cases	Deaths	
Bengo	2,636	113	0	0	2,636	113	4
Benguela	8,479	523	0	0	8,479	523	6
Bié	25	3	0	0	25	3	12
Cabinda	479	10	0	0	479	10	2
Kwanza Norte	4,025	190	1	0	4,026	190	5
Kwanza Sul	2,078	262	3	0	2,081	262	13
Luanda	23,522	308	2	0	23,524	308	1
Huambo	15	5	0	0	15	5	33
Huíla	904	75	1	0	905	75	8
Lunda Norte	1,482	235	0	0	1,482	235	16
Malanje	4,171	245	0	0	4,171	245	6
Kuando Kubango	200	15	0	0	200	15	8
Namibe	1,729	79	1	0	1,730	79	5
Uíge	2,079	60	4	0	2,083	60	3
Zaire	1,236	56	0	0	1,236	56	5
<b>Total</b>	<b>53,060</b>	<b>2,179</b>	<b>12</b>	<b>0</b>	<b>53,072</b>	<b>2,179</b>	<b>4</b>

### Operational developments

The preliminary appeal targeted 30,000 beneficiaries, but assessment findings concluded that 170,000 households (one million beneficiaries) are in cholera hotspots in Luanda, Benguela, Kwanza Norte, Kwanza Sul and Malanje provinces. This number was determined by mapping the geographic areas with the highest cholera incidences. A revised appeal was launched on June 22 to reach one million people in these five provinces.

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

**Overall objective: To reduce 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.**

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Since the beginning of the cholera outbreak in February 2006, the Angola Red Cross (ARC) has been carrying out the following activities: community mobilization; health and hygiene promotion; identifying and evacuating diarrhoea cases; monitoring hygienic practices; assisting with water chlorination and distribution of chlorine tablets; administering of oral rehydration salts (ORS); referring patients to cholera treatment centres (CTCs) and 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.

### **Progress/Achievements (activities implemented within this objective)**

During the reporting period, 640 ARC trained volunteers reached 85,985 households through home visits; they distributed 36,792 litres of chlorine mother solution and 15,360 chlorine tablets in the affected provinces. A further 3,660 families benefited and received 1,440 litres of chlorine solution and 1,920 bars of soap in Benguela province.

Community sensitization on the use of clean and safe water continued through 253 public lectures conducted by ARC volunteers in markets, churches, schools and community centres in Benguela, Kwanza Norte, Kwanza Sul, Malange and Luanda municipality. Communities continue to be educated on how to administer ORS during the public campaigns. The Red Cross volunteers worked closely with provincial health and local authorities in community sensitization, which focused on strengthening dialogue with community leaders on cholera prevention.

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

### **Progress/Achievements (activities implemented within this objective)**

The ARC volunteers continue working in collaboration with the provincial health local authorities in Benguela, Bengo, Kwanza Norte and Luanda in the following activities:

- Educating and mobilizing communities on health, hygiene and cholera prevention (promoting washing of hands with soap and water);
- Identifying cholera cases and referrals to health centres;
- Monitoring the cholera situation in the most affected communities;
- Distributing non-food items (NFIs) as well as IEC material to affected communities.

**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.

### **Progress/Achievements (activities implemented within this objective)**

ARC staff and volunteers have distributed a total of 25,000 ORS sachets benefiting 4,470 households, in five municipalities of Luanda such as Casenga, Maianga, Kilamba Kiaxi, Sambizanga, Samba, Viana and Cacuaco. The sachets were donated by OXFAM GB which has a memorandum of understanding (MoU) with ARC on supporting prevention, community-based therapy activities and ORS distribution.

**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.

### **Progress/Achievements (activities implemented within this objective)**

ARC continues strengthening the capacity of the volunteers in community mobilization and distribution of relief items. More than 260 ARC volunteers have been trained in basic hygiene education and administration of ORS in Benguela, Luanda, Kwanza Norte, Bengo and Malange.

Continuous situation analyses are being conducted in order to keep an update on the needs of affected communities. The volunteers have been conducting sensitization meetings with the traditional leaders in each of the affected provinces to inform them on the importance of hygiene prevention activities. In the process, the volunteers are developing a participatory approach for the control of diarrhoeal disease through Participatory Hygiene and Sanitation Transformation (PHAST).

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### **Impact:**

- The project has strengthened cooperation between the ARC, the Ministry of Health (MoH), the United Nations Children's Fund (UNICEF) and OXFAM GB;
- The operation has increased media visibility for Angola Red Cross and it is now more recognized by the community.

### **Constraints:**

- Chlorine solution was used during the Marburg outbreak last year and people still associate its use with the disease;
- Poor road conditions and long distances to the affected villages of Luanda and Kwanza Norte) is hindering effective outreaches by the ARC volunteers;
- There is a shortage of identification materials for the staff and volunteers in the field;
- Lack of transport and means of communication at the headquarters as well as a lack of technical staff has made monitoring difficult, and in some cases impossible.

### **Federation Coordination**

There exists strong coordination at different levels in each province, with the MoH, the Provincial Cholera Control Commission, UN agencies such as UNICEF and World Health Organization (WHO) and international non-governmental organizations (INGOs) such as OXFAM GB and Médecins Sans Frontières (MSF). A Federation representative has been working closely with the ARC disaster management coordinator in co-coordinating the operation and communicating regularly with the provincial secretary and local authorities in target provinces.

The MoH provincial authorities have been responsible for coordinating the provincial response to cholera epidemics. ARC and MoH signed an agreement in 1996 stipulating that the two parties should coordinate the assistance and protection of the population during epidemics. ARC is also a member of the National Civil Protection Commission. The Provincial Cholera Control Commission has strengthened coordination mechanisms in the areas of logistics, case management and social mobilization at the provincial level. These commissions in all the provinces affected by cholera are supervised by the provincial governors, ensuring good coordination of activities, thereby avoiding duplication of efforts among the stakeholders. Through these commissions, stakeholders have stayed abreast of events and activities in the field through daily meetings.

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