

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

25 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

Appeal no. MDRAO001; Operations Update no. 3; Period covered: 25 August to 30 September 2006; Appeal coverage: 28%; <[Click here to go directly to the attached interim financial report](#)>.

Appeal history:

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

Outstanding needs: CHF 1,002,265 (USD 801,812 or EUR 634,345).

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.**

Operational Summary: During the period under review, the Angola Red Cross (ARC¹) conducted relief activities reaching over 4,620 households with relief materials. Also, through its 302 active volunteers, the national society (NS) conducted social mobilization on health and hygiene promotion reaching over 36,300 households in Luanda, Benguela, Kwanza Norte, Kwanza Sul and Malanje provinces.

To date, over 120,000 households (70% of 170,000 targeted households) have benefited from humanitarian relief activities including the provision of clean water, oral rehydration salts (ORS) sachets as well as health and hygiene education through public and house-to-house visits. A water and sanitation (WatSan) delegate was engaged to support WatSan and community social mobilization activities.

Background

The cholera outbreak, which was first detected in February 2006, affected over a million people in 15 provinces. To date 54,907 cases and 2,235 deaths have been recorded in 15 of the 18 provinces of Angola. According to government statistics, 11 provinces are reporting a significant decrease in cases on a daily basis since August 2006. However, the overall mortality rate still remains at 4%. The reduction of cases could be attributed to relief intervention by different humanitarian agencies or due to the end of the endemic cholera season. However, there is a high number of cases being reported in the provinces of Namibe, Uige, Bengo and Huila, with 10 to 20 cases per day since August 2006. The situation is likely to deteriorate with the onset of the rainy season.

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

Table 1: Cholera statistics at the national level (13 February to 30 September 2006)

Province	13 February and 30 September 2006		29 to 30 September 2006		Total cumulative cases from 13 February to 30 September 2006		Case Fatality Rate (CFR)
	Cases	Deaths	Cases	Deaths	Cases	Deaths	(%)
Bengo	2,715	116	2	0	2,717	116	4
Benguela	8,555	525	6	0	8,561	525	6
Bié	25	3	1	0	26	3	12
Cabinda	493	12	0	0	493	12	2
Kwanza Norte	4,120	192	2	0	4,122	192	5
Kwanza Sul	2,139	263	0	0	2,139	263	12
Luanda	23,635	313	6	0	23,641	313	1
Huambo	15	5	0	0	15	5	33
Huíla	980	82	4	1	984	83	8
Lunda Norte	1,676	247	0	0	1,676	247	15
Malanje	4,235	246	0	0	4,235	246	6
Kuando Kubango	323	22	6	0	329	22	7
Namibe	2,390	85	4	0	2,394	85	4
Uíge	2,315	66	15	0	2,330	66	3
Zaire	1,245	57	0	0	1,245	57	5
Total	54,861	2,234	46	1	54,907	2,235	4

Operational developments

The Emergency Appeal that was revised in June 2006 is targeting 170,000 households (one million beneficiaries) in cholera hotspots namely Luanda, Benguela, Kwanza Norte, Kwanza Sul and Malanje provinces. Given the current situation and considering the slow response to the current appeal, Angola Red Cross (ARC) has adjusted its activities to include provinces still reporting cholera incidences namely Uíge, Namibe, Kuando Kubango, Luanda, Bengo and Kwanza Norte – targeting over 100,000 households – and mainly focusing on training and distribution of relief items.

It is important to note that given the poor relief and prevention activities going on, particularly in the area of health and WatSan, as well as the limited humanitarian coverage at the moment, another outbreak coinciding with the start of the rainy season is likely to occur. ARC finds it imperative to continue building its capacity in the provinces as well as reducing further community risks and vulnerability by scaling up social mobilization, health and hygiene education, protection of water points and latrine construction activities.

In order to carry out the above activities, a WatSan delegate has been deployed to support the ARC in the cholera crisis intervention. Furthermore, the United Nations Children’s Fund (UNICEF) has donated in-kind relief items including 322,000 water purification tablets, 59,800 jerry cans, water dispensers, soap and 624,000 oral rehydration salts (ORS) to benefit over 104,100 households. This follows an agreement entered between UNICEF, ARC and the Federation on 1 August 2006 in response to the Emergency Appeal.



A Red Cross volunteer conducts health and hygiene promotion.

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

Through its trained volunteers, ARC has carried out the following activities: community mobilization; health and hygiene promotion; monitoring hygienic practices; assisting with water chlorination and distribution of chlorine tablets; administering oral rehydration salts (ORS); referring patients to cholera treatment centres (CTCs) as well as distributing information, education and communication (IEC) materials on cholera prevention. The NS reached 36,000 households, bringing the total households reached with intermediate activities since the beginning of the cholera outbreak in February 2006 to 120,000 households. During the next four months, ARC will focus on building capacities in prevention and contingency planning for potential future response.

Progress

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

Despite limited resources in the provision of safe water, ARC managed to reach 4,260 households with safe drinking water by disinfecting water reservoirs in 260 households and distributing 8,099 litres of chlorine mother solution to 4,000 households. This brings a total of 90,246 households that have been provided with safe water since the beginning of the operation. However, it is important to note that the above activities were only for emergency intervention and can not sustain provision of safe water to the population in the long-term; more sustainable activities are recommended.

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

Red Cross volunteers are working closely with provincial health and local authorities in community sensitization and have strengthened dialogue with community leaders on cholera prevention. During the period under review, 36,337 households have been reached with health and hygiene education sessions and 15,836 IEC materials. A total of 4,100 tablets of soap have also been distributed to vulnerable households in Malange, Kwanza Norte, Uige, Bengo, Benguela and Luanda provinces.

The health and hygiene education activities conducted by volunteers, provincial health and local authorities include:

- Educating and mobilizing communities on health, hygiene and cholera prevention (promoting washing of hands and utensils with soap and water, treatment of corpses and environmental hygiene);
- Identifying cholera cases and making referrals to health centres.

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

Red Cross volunteers, with support from officials from the Ministry of Health (MoH), continued improving the surveillance systems, case findings and referrals at community level. A training targeting 640 volunteers in five provinces is scheduled to take place in October 2006. The training will cover basic hygiene education and administration of ORS as well as monitoring and reporting. The need for ORS remains critical, particularly in the current cholera hotspot areas. Only 25,000 ORS sachets were distributed in August 2006, benefiting 4,470 households.

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.

ARC continues to strengthen the capacity of volunteers in community mobilization and distribution of relief items. In addition to the 260 ARC volunteers already trained in basic hygiene education and administration of ORS in August, a further 640 volunteers are to be trained in October 2006 in six provinces. Continuous situation analyses are being conducted in order to keep an update of the needs of the affected communities.

Angola: Cholera; Emergency Appeal no. MDRAO001; Operations Update no. 3.

Impact

- ARC, being the only community-based organization through its network of volunteers, made a significant impact in terms of community behavioural change with regard to prevention of cholera.
- The relief materials that are being distributed, such as water chlorine solution and ORS, have contributed to the rapid decrease of the cholera epidemic in the affected provinces.

Constraints

- Financial and infrastructural limitations at provincial level are hampering the smooth delivery of services to the affected population.
- Poor road conditions and long distances to the affected villages hinders effective outreach by ARC volunteers.

Federation Coordination

There is a strong coordination at different levels in each province, with the MoH, the Provincial Cholera Control Commission, Médecins Sans Frontières (MSF) and UN agencies such as UNICEF and World Health Organization (WHO). The Federation WatSan delegate is working closely with the ARC disaster management coordinator in coordinating the operation and communicating regularly with other stakeholders such as UNICEF and local authorities at both national and provincial levels.

The MoH provincial authorities are responsible for coordinating the provincial response to cholera epidemics and are chairing cholera coordinating meetings that are held three times a week and attended by all stakeholders involved in the operation. Such meetings create a platform at which stakeholders analyze the situation and present progress made in each sector. The Provincial Cholera Control Commission, under the supervision of the provincial governors, is responsible for ensuring strong coordination mechanisms in the areas of logistics, case management and social mobilization at provincial level.

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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>

[Interim financial report below; click here to return to the title page.](#)

International Federation of Red Cross and Red Crescent Societies

MDRAO001 - ANGOLA - CHOLERA

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/9
Budget Timeframe	2006/1-2007/12
Appeal	MDRAO001
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		1'392'403				1'392'403
B. Opening Balance		0				0
Income						
Cash contributions						
British Red Cross		48'640				48'640
Finnish Red Cross		94'380				94'380
Japanese Red Cross Society		38'868				38'868
Monaco Red Cross		7'850				7'850
Spain - Private Donors		236				236
C1. Cash contributions		189'973				189'973
Reallocations (within appeal or from/to another appeal)						
DREF		200'166				200'166
C3. Reallocations (within appeal)		200'166				200'166
C. Total Income = SUM(C1..C6)		390'139				390'139
D. Total Funding = B + C		390'139				390'139

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		390'139				390'139
E. Expenditure		-175'286				-175'286
F. Closing Balance = (B + C + E)		214'853				214'853

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MDRAO001 - ANGOLA - CHOLERA

Interim financial report

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Reporting Timeframe	2006/1-2006/9
Budget Timeframe	2006/1-2007/12
Appeal	MDRAO001
Budget	APPEAL

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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
BUDGET (C)		1'392'403					1'392'403	
Supplies								
Water & Sanitation	232'595						232'595	
Medical & First Aid	58'596		10'259			10'259	48'337	
Utensils & Tools	350'189						350'189	
Other Supplies & Services	50'340		26'920			26'920	23'420	
Total Supplies	691'720		37'179			37'179	654'541	
Land, vehicles & equipment								
Land & Buildings	26'520						26'520	
Total Land, vehicles & equipment	26'520						26'520	
Transport & Storage								
Storage	8'900		699			699	8'201	
Transport & Vehicle Costs	26'496		5'430			5'430	21'066	
Total Transport & Storage	35'396		6'129			6'129	29'267	
Personnel Expenditures								
Delegates Payroll	138'519		1'422			1'422	137'097	
Delegate Benefits			31			31	-31	
Regionally Deployed Staff	277'478						277'478	
National Staff			1'845			1'845	-1'845	
National Society Staff			36'851			36'851	-36'851	
Total Personnel Expenditures	415'997		40'149			40'149	375'848	
Workshops & Training								
Workshops & Training	45'000		9'545			9'545	35'455	
Total Workshops & Training	45'000		9'545			9'545	35'455	
General Expenditure								
Travel	10'462		46'066			46'066	-35'604	
Information & Public Relation	23'660		11'530			11'530	12'130	
Office Costs	24'174		3'156			3'156	21'018	
Communications	10'308		5'173			5'173	5'135	
Professional Fees	13'850						13'850	
Financial Charges	4'810		4'615			4'615	195	
Total General Expenditure	87'264		70'540			70'540	16'724	
Program Support								
Program Support	90'506		11'394			11'394	79'113	
Total Program Support	90'506		11'394			11'394	79'113	
Operational Provisions								
Operational Provisions			350			350	-350	
Total Operational Provisions			350			350	-350	
TOTAL EXPENDITURE (D)	1'392'403		175'286			175'286	1'217'117	
VARIANCE (C - D)			1'217'117			1'217'117		