

# 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

5 January 2007

### APPEAL EXTENSION

*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: 15 October to 20 November 2006; Appeal coverage: 55%; [Click here to go directly to the attached interim financial report](#)

#### Appeal history:

- [Preliminary Emergency Appeal](#) was launched on 18 May 2006 for CHF 1,206,656 to assist 30,000 beneficiaries for 6 months.
- The [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.
- This Operations Update extends the operation's timeframe by six months (until the end of June 2007) due to an upsurge in cholera cases.
- Disaster Relief Emergency Funds (DREF) allocated: CHF 200,165 (USD 164,097 or EUR 124,519).

**Outstanding needs:** CHF 632,897 (USD 518,768 or EUR 393,715).

**Operational summary:** Cholera cases in Angola have been rapidly increasing, from 50 cases per day in September to 80 cases per day in October. A total of 57,570 cases, with 2,354 deaths, have been reported since the beginning of the epidemic in February 2006. The continued increase of cases, particularly in provinces that did not have cholera before, confirms high vulnerability of communities attributed to limited access to water and sanitation (WatSan) as well as deteriorated public health conditions.

In response to the sudden increase in cholera cases (as of October 2006), the appeal timeframe will be extended by six months - throughout the cholera endemic period (rainy season). The Angola Red Cross (ARC) is developing a six-month operation plan, with a revised budget, to be issued by end of December 2006. Currently, the Appeal coverage stands at 55%. Therefore, if the funding gap (45%) is funded, it will adequately cover the extended activities. Additional donor support is thus being sought to cover the gap (CHF 632,897).



*ARC volunteers conducting a social mobilization campaign.*

The Federation has provided financial and technical support focusing on capacity building of ARC, especially at provincial levels. Reporting systems have been improved, volunteers trained and structures established at community level.

## Angola: Cholera; Emergency Appeal no. MDRA0001; Operations Update no. 4 (Appeal Extension)

A total of 260 volunteers in Huila, Uige, Kwaza Norte, Benguela, Luanda, Kwanza Sul and Malange provinces were trained in social mobilization. The volunteers reached 10,253 households with health and hygiene education activities and distributed 22,374 information, education and communication (IEC) materials on cholera prevention as well as 19,771 litres of hypochlorite for water purification. The established partnership with stakeholders, particularly the United Nations Children's Fund (UNICEF) and the Ministry of Health (MoH), has been strengthened through collaboration in planning and implementation.

**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

Angola continues to face one of the worst cholera outbreaks experienced in the history of the country. Cholera is more widespread in 16 of the 18 provinces among the most impoverished communities with limited or no access to water, sanitation and health services. Since February 2006, cholera affected 15 provinces and the situation deteriorated in October 2006 when cholera was detected in Cunene Province, previously free from the epidemic. A total of 2,500 cholera cases were reported in October 2006 bringing the cumulative total since February 2006, to 57,570 cases and 2,354 deaths. The provinces of Uige, Huila, Luanda and Kwando Kubango have the highest cases with each reporting between 30 to 40 cases per day. The situation is likely to worsen during the rainy season cholera (endemic time) starting February 2007.

**Table 1: Epidemiological data of cholera cases from 13 February to 31 October 2006**

Provinces	Cases	Deaths	Case fatality rate (%)
Bengo	2,992	132	4
Benguela	8,814	535	6
Bié	27	4	15
Cabinda	507	13	3
Cunene	132	6	5
Kwanza Norte	4,229	195	5
Kwanza Sul	2,209	267	12
Luanda	23,777	314	1
Huambo	15	5	33
Huíla	1,433	113	8
Lunda Norte	1,854	256	14
Malanje	4,315	259	6
Kuando Kubango	616	33	5
Namibe	2,450	85	3
Uíge	2,947	78	3
Zaire	1,253	59	5
<b>Total</b>	<b>57,570</b>	<b>2,354</b>	<b>4</b>

## **Operational developments**

Although cholera cases had started decreasing in the second quarter of 2006, they started increasing again in October 2006. Cholera was detected in provinces previously not affected. The newly affected areas are characterized by poor water supply and sanitation facilities. The Ministry of Health (MoH) forecasts a significant increase of cholera cases for the first quarter of 2007, during the rainy season. The rainy season contributes to the increase of cholera cases as water sources become more polluted and environmental hygiene conditions deteriorate, particularly in slums in Luanda, the capital of Angola. The government requires a contingency plan in case the situation worsens.

Despite the recent increase in cholera, humanitarian organizations such as Médecins Sans Frontières (MSF) are scaling down their activities in support of cholera treatment centres (CTCs) by handing over such responsibilities to the government. The government on the contrary requires a substantial investment in building the limited capacity of its health facilities in most parts of the country. Furthermore, the government does not have a national contingency plan in place. The Angola Red Cross (ARC), being the only humanitarian organization with structures at community level, will require further support to continue with the humanitarian intervention for at least another six months, up to June 2007.

The escalating cholera cases, particularly in the impoverished communities of Angola, are weakening the health and socio-economic status of the most vulnerable, particularly women-headed households and children. The main contributing factor to this cholera epidemic is the deteriorating public health and limited access to safe water and sanitation in Angola.

In response to the current increase of cholera cases, ARC has developed a social mobilization plan; the total households targeted by end of January 2007 are 270,000. The national society (NS) scaled up training of volunteers, with 260 additional volunteers trained in six provinces. ARC provincial branches developed contingency plans and 24 staff members from ten provinces were oriented in reporting, basic logistics and financial management. Relief items including water purification tablets, oral rehydration salts (ORS) and soap – donated by United Nations Children’s Fund (UNICEF) – have been pre-positioned in six provinces. The ARC plans to train 34 staff from 12 provinces in vulnerability and capacity assessment (VCA).

## **Further needs**

Prompted by the current and impending cholera situation in the country, ARC has decided to revise the current appeal with the immediate and long-term activities, as indicated in the table below. The current operating budget of CHF 1,392,404 has a 55% coverage. Therefore, if the funding gap (45%) is funded, it will adequately cover the extended activities. Additional donor support is thus being sought to enable ARC’s effective response. Further support for long-term activities under the disaster management programme may also be required in the future.

**Table 2: Revised immediate and long-term activities**

<b>Sector</b>	<b>Key activities</b>
Health	<i>Immediate: December 2006 to end January 2007</i> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Distributing 640,000 ORS;</li> <li>• <input type="checkbox"/> Training 160 volunteers in preparation and use of ORS as well as active case findings;</li> <li>• <input type="checkbox"/> Procuring two cholera kits.</li> </ul>
	<i>Long-term: December 2006 to June 2007</i> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Establishing community level surveillance and referral systems.</li> </ul>
Water supply	<i>Immediate: December 2006 to end January 2007</i> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Distributing 1.3 million water purification tablets to 22,000 households for two months in 12 provinces;</li> <li>• <input type="checkbox"/> Procuring and setting up 20 bladder tanks of 10,000 litres each;</li> <li>• <input type="checkbox"/> Distributing 40,000 jerry cans.</li> </ul>

**Angola: Cholera; Emergency Appeal no. MDRAO001; Operations Update no. 4 (Appeal Extension)**

	<p><i>Long-term: December 2006 to May 2007</i></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Drilling and constructing 25 boreholes in five provinces;</li> <li>• <input type="checkbox"/> Constructing 100 communal water reservoirs (of 20 litres each) in five provinces;</li> <li>• <input type="checkbox"/> Establishing and training 125 water-point committees in ten provinces.</li> </ul>
Participatory health and hygiene education	<p><i>Immediate: December 2006 to end January 2007</i></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Conducting social mobilization at household level for 120,000 households in 12 provinces;</li> <li>• <input type="checkbox"/> Distributing IEC materials (pamphlets, posters and flyers) on cholera prevention in 12 provinces;</li> <li>• <input type="checkbox"/> Developing volunteer tool kits for use during social mobilization campaigns.</li> </ul>
Participatory Hygiene and Sanitation Transformation (PHAST)	<p><i>Immediate: December 2006 to end January 2007</i></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Training 34 staff from 12 provinces in PHAST methodologies;</li> <li>• <input type="checkbox"/> Training 70 volunteer coaches in 12 provinces in PHAST methodologies;</li> <li>• <input type="checkbox"/> Conducting health and hygiene education through volunteers using PHAST for 250,000 households in 12 provinces.</li> </ul>

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

**Overall objective: Reduce cholera-related morbidity and mortality of 1 million individuals in 5 Angolan provinces over the next 6 months through the immediate provision of community-based therapy and prevention as well as preparation of response capacity of the communities in view of future cholera epidemics.**

**Progress**

Through its trained volunteers, ARC scaled-up social mobilization activities that included: health and hygiene promotion; monitoring of hygienic practices; assisting with water chlorination and distribution of chlorine tablets and ORS; referring patients to CTCs and distributing IEC materials on cholera prevention. To date, ARC has reached over 130,000 households (76% of the appeal target) with social mobilization activities in eight provinces.

**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 19,771 litres of concentrated hypochlorite to 1,970 households for water purification. A total of 498 water reservoirs were disinfected, making an accumulative total of 92,116 households provided with safe water since the beginning of the operation.

Arrangements with the government of Angola and UNICEF to drill ten boreholes in critical areas such as Huila Province are at an advanced stage. Provision of sustainable water supply is identified as a key priority, although it seems to attract limited interventions from many stakeholders due to the high capital investment required.

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

A total of 10,253 households were reached with health and hygiene education campaigns during the reporting period. The health and hygiene education activities are conducted by trained volunteers and include the following:

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

## **Angola: Cholera; Emergency Appeal no. MDRAO001; Operations Update no. 4 (Appeal Extension)**

In total, 22,374 IEC materials were distributed in Malange, Kwaza Norte, Uige, Bengo, Benguela and Luanda provinces. UNICEF is in the process of printing more IEC materials to be used by the volunteers during social mobilization activities.

**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.

Through the support of UNICEF, ARC is pre-positioning 640,000 ORS at its provincial branches for later distribution to affected communities. ORS will be supplied to volunteer team leaders in strategic areas within the communities, for better and immediate access for people. Such volunteer structures are referring patients to health centres and are being used as a surveillance point.

**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 capacity of volunteers at community level, a volunteer structure was established in each of the seven provinces. The volunteer structure consists of a volunteer team leader for each suburb; each team leader is responsible for minimum five and maximum ten volunteers. Such a structure will improve the surveillance systems, case findings, referrals and coordination at community level.

### **Impact**

- Social mobilization activities have significantly improved community knowledge on the prevention and management of cholera and will thus improve behavioural change that will lead to reduction of cholera cases within communities.
- Training and development of volunteer structures at community level ensures community participation and will improve community level response to the epidemic.
- The relief materials that are distributed, such as water chlorine solution and ORS, will contribute to the decrease of the cholera epidemic in the affected provinces.

### **Constraints**

- The high cholera prevalence is putting stress on the coping capacity of communities, therefore increasing their vulnerability.
- Limited resources, both financial and infrastructural, at provincial level are hampering the smooth delivery of services to the affected population.
- Lack of motivation of volunteers due to delayed payment of incentives.
- Poor road conditions and long distances to the affected villages hinder effective outreach by the ARC volunteers.

### **Federation coordination**

The Federation country delegation in Angola continues to create partnerships with key stakeholders such as UNICEF, MSF, World Health Organization (WHO) and the government. Such partnerships show good working collaboration: UNICEF is providing relief items, some funds for training and IEC materials; WHO is sharing information and epidemiological data; MSF is supporting with field-level situational reports and the government is supporting with training of staff and volunteers as well as logistics. The strong coordination at national and provincial level through the cholera commissions is an added value towards coordination of activities; ARC is part of the coordination meetings at all levels.

**Angola: Cholera; Emergency Appeal no. MDRAO001; Operations Update no. 4 (Appeal Extension)**

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[<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	2005/1-2006/12
Budget Timeframe	2005/1-2006/12
Appeal	MDRAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisation al Development	Coordination & Implementati on	TOTAL
<b>A. Budget</b>		<b>1,392,403</b>				<b>1,392,403</b>
<b>B. Opening Balance</b>		<b>0</b>				<b>0</b>
<b>Income</b>						
<u>Cash contributions</u>						
<i>British Red Cross</i>		48,640				48,640
<i>Canadian Red Cross Society</i>		110,000				110,000
<i>Czech Government</i>		113,376				113,376
<i>Finnish Red Cross</i>		236,580				236,580
<i>Japanese Red Cross Society</i>		38,868				38,868
<i>Monaco Red Cross</i>		7,850				7,850
<i>Portuguese Red Cross</i>		3,792				3,792
<i>Spain - Private Donors</i>		236				236
<b>C1. Cash contributions</b>		<b>559,341</b>				<b>559,341</b>
<u>Reallocations (within appeal or from/to another appeal)</u>						
<i>DREF</i>		200,166				200,166
<b>C3. Reallocations (within ap</b>		<b>200,166</b>				<b>200,166</b>
<b>C. Total Income = SUM(C1..C6)</b>		<b>759,507</b>				<b>759,507</b>
<b>D. Total Funding = B +C</b>		<b>759,507</b>				<b>759,507</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisation al Development	Coordination & Implementati on	TOTAL
<b>B. Opening Balance</b>		0				<b>0</b>
<b>C. Income</b>		759,507				<b>759,507</b>
<b>E. Expenditure</b>		-450,358				<b>-450,358</b>
<b>F. Closing Balance = (B + C + E)</b>		<b>309,149</b>				<b>309,149</b>

International Federation of Red Cross and Red Crescent Societies

MDRAO001 - ANGOLA - CHOLERA

Interim financial report

Selected Parameters	
Reporting Timeframe	2005/1-2006/12
Budget Timeframe	2005/1-2006/12
Appeal	MDRAO001
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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		
<b>A</b>							<b>B</b>	<b>A - B</b>
<b>BUDGET (C)</b>		<b>1,392,403</b>					<b>1,392,403</b>	
<b>Supplies</b>								
Water & Sanitation	232,595		18,485				18,485	214,110
Medical & First Aid	58,596		10,259				10,259	48,337
Teaching Materials			7,483				7,483	-7,483
Utensils & Tools	350,189							350,189
Other Supplies & Services	50,340		26,920				26,920	23,420
<b>Total Supplies</b>	<b>691,720</b>		<b>63,147</b>				<b>63,147</b>	<b>628,573</b>
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	26,520							26,520
Vehicles			11,029				11,029	-11,029
Office/Household Furniture & E			1,879				1,879	-1,879
<b>Total Land, vehicles &amp; equipment</b>	<b>26,520</b>		<b>12,908</b>				<b>12,908</b>	<b>13,612</b>
<b>Transport &amp; Storage</b>								
Storage	8,900		5,774				5,774	3,126
Distribution & Monitoring			4,599				4,599	-4,599
Transport & Vehicle Costs	26,496		13,529				13,529	12,967
<b>Total Transport &amp; Storage</b>	<b>35,396</b>		<b>23,902</b>				<b>23,902</b>	<b>11,494</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	138,519		10,895				10,895	127,624
Delegate Benefits			14,419				14,419	-14,419
Regionally Deployed Staff	277,478							277,478
National Staff			12,507				12,507	-12,507
National Society Staff			82,452				82,452	-82,452
<b>Total Personnel Expenditures</b>	<b>415,997</b>		<b>120,273</b>				<b>120,273</b>	<b>295,724</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	45,000		45,123				45,123	-123
<b>Total Workshops &amp; Training</b>	<b>45,000</b>		<b>45,123</b>				<b>45,123</b>	<b>-123</b>
<b>General Expenditure</b>								
Travel	10,462		47,173				47,173	-36,711
Information & Public Relation	23,660		33,570				33,570	-9,910
Office Costs	24,174		4,196				4,196	19,978
Communications	10,308		11,524				11,524	-1,216
Professional Fees	13,850							13,850
Financial Charges	4,810		14,611				14,611	-9,801
<b>Total General Expenditure</b>	<b>87,264</b>		<b>111,074</b>				<b>111,074</b>	<b>-23,810</b>
<b>Program Support</b>								
Program Support	90,506		23,854				23,854	66,652
<b>Total Program Support</b>	<b>90,506</b>		<b>23,854</b>				<b>23,854</b>	<b>66,652</b>
<b>Operational Provisions</b>								
Operational Provisions			50,077				50,077	-50,077
<b>Total Operational Provisions</b>			<b>50,077</b>				<b>50,077</b>	<b>-50,077</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1,392,403</b>		<b>450,358</b>				<b>450,358</b>	<b>942,045</b>
<b>VARIANCE (C - D)</b>			<b>942,045</b>				<b>942,045</b>	

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

MDRAO001 - ANGOLA - CHOLERA

Selected Parameters	
Reporting Timefr	2005/1-2006/12
Budget Timeframe	2005/1-2006/12
Appeal	MDRAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**IV. Project Details**

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
<b>Disaster Management</b>							
PAO526	Cholera	0	759,507	-450,358	309,149	1,392,403	942,045
<b>Sub-Total Disaster Management</b>		<b>0</b>	<b>759,507</b>	<b>-450,358</b>	<b>309,149</b>	<b>1,392,403</b>	<b>942,045</b>
<b>Total</b>	<b>ANGOLA - CHOLERA</b>	<b>0</b>	<b>759,507</b>	<b>-450,358</b>	<b>309,149</b>	<b>1,392,403</b>	<b>942,045</b>