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Emergency Appeal Operation Update

Angola: Epidemic (Yellow Fever)

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRAO006	Glide n° <u>EP-2015-000179-AGO</u>
Operations update n° 2 Date of issue: 31 July 2016	Timeframe covered by this update: 6 April 2016 – 29 July 2016
Operation start date: 23 February 2016	Operations timeframe: 9 months (end date: 23 December 2016)
DREF allocated: CHF 173,653 in 3 allocations (CHF 50,672; CHF 9,790; CHF 113,191) Appeal budget: CHF 1,443,961	
Total number of people affected: 21-23,000,000 (i.e. potentially all of Angola)	Number of people to be assisted: 9 million people (4 million directly and a further 5 million through social mobilization)
Host National Society presence (volunteers, staff, and branches): Cruz Vermelha de Angola is organised into 18 branches, one in each provincial capital and the HQ in the capital of the country, with 66 nurses employed at health posts. The National Society currently has 5,000 volunteers in the country with approximately 73% (3,668) active.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Government through the Ministry of Health and Angola Armed Forces (FAA), World Health Organisation, UNICEF, Centre for Disease Control (CDC), Ministry of Health (MoH) of Angola	

Appeal History:

- [Disaster Relief Emergency Fund](#) (DREF): CHF 50,672 was initially allocated from the Federation's DREF to support Cruz Vermelha de Angola (CVA) to respond to yellow fever outbreak. Two additional allocations were made bringing the total amount of DREF to CHF 173,653.
- This [Emergency Appeal](#) was launched on 5 July 2016 seeking a total of CHF 1,443,961 to support a scale up of social mobilization activities around the expanded nationwide vaccination campaign, community based surveillance, vector control and environmental sanitation and National Society Capacity building.
- [Operations update no. 1](#) was issued on 28 July 2016.

The Emergency Appeal since its launch in July has received pledges from the Canadian Government through the Canadian Red Cross Society and the Japanese Red Cross Society. The IFRC, on behalf of the Cruz Vermelha de Angola would like to extend many thanks to all partners for their generous contributions.

A. Situation analysis

Description of the disaster

The largest outbreak of yellow fever in 30 years in Angola is currently ongoing. The outbreak was detected in Luanda, Angola in late December 2015, with the first cases being lab confirmed on 19 January 2016. An immediate response was launched by the Angolan Ministry of Health and its partners. Despite initial efforts, the outbreak rapidly increased in size and scale, spreading across the country and resulted in exportation of cases to at least four other countries. This exportation has resulted in confirmed local transmission in Democratic Republic of Congo (DRC), including the capital city of Kinshasa. The response to the yellow fever outbreak in Angola is complicated by both the limited vaccine supply and the ongoing outbreaks in DRC. Exported cases from Angola are already reported in three countries: DRC (88

cases), Kenya (2 cases) and People's Republic of China (11 cases). The risk for further cross border transmission, extension of the outbreak in Angola and DRC, as well as the potential spread of yellow fever to even more countries increases the complexity and urgency of the response to the outbreak in Angola and the surrounding countries.

Angola

The Yellow Fever outbreak is diminishing in intensity as result of massive vaccination campaign. As of the 21 July and according to the WHO's Situation Report, there have been a total of 3,748 suspected cases (879 laboratory confirmed) and 364 deaths (CFR 9.7%) reported among suspected cases. Laboratory confirmed cases have been reported in 16 of Angola's 18 provinces and in 80 out of 125 districts.

Currently, transmission has been documented in 45 districts and 12 provinces of Angola's 18 provinces. Based on the census data for these districts the population identified for vaccination was 13,309,786. Independent monitoring undertaken by the Centre for Disease Control (CDC) indicated that the population data to calculate vaccine coverage may have been heavily underestimated, which may explain ongoing transmission in areas thought to be a 100% covered by vaccination. The population data for coverage has since been expanded to 15,289,549 people now being targeted.

Vaccination response has been occurring since late January. Selected areas of Luanda started a mop-up campaign to address pockets of low coverage detected by independent monitoring activities. As of the 15 July almost 85% of the population of Angola had been vaccinated (13,025,874). In recent weeks, suspect cases have begun to decline suggesting the vaccination campaign is having the desired effect of breaking transmission.

No case has been confirmed since the last week of June, but confirmation of cases is slow. To help address these issues a 'mop up' campaign was implemented in Luanda between July 15 and 22, as well as additional vaccination in new areas identified with cases of local transmission, or at risk for further spread. A new campaign is scheduled to start 10 August 2016. Approximately 3 million doses will be vaccinated. It will be the largest campaign so far in geographical terms, covering simultaneously 18 districts and requiring a strong and coordinated social mobilization.

Observations, points of concern

- There are three districts of major concern where the vaccination campaign has not been fully implemented yet. Those are located in three provinces (Cuanza Sul, Cuando Cubango, Cuanza Norte) that have previously reported local transmission.
- High risk of spread to neighbouring countries and through important transport hubs within Angola continues. As the borders are porous with substantial cross border social and economic activities, further transmission cannot be excluded. Viraemic travelling patients pose a risk for the establishment of local transmission, especially in countries where adequate vectors and susceptible human populations are present.
- Risk of establishment of local transmission in other provinces where no autochthonous cases are reported.
- Inadequate surveillance system capable of identifying new foci or areas of cases emerging.
- The initial, unconfirmed analysis of the latest mop-up campaign in Luanda indicates that while in some areas the campaign was very successful, there are still pockets that have below optimal coverage. CDC is compiling a lessons learnt report from one of the districts where innovative social mobilization strategies were tested.

Fig.5: Yellow Fever Cases with Local Transmission and Vaccination Provinces & Districts in Angola, 5 Dec 2015— 21 July 2016

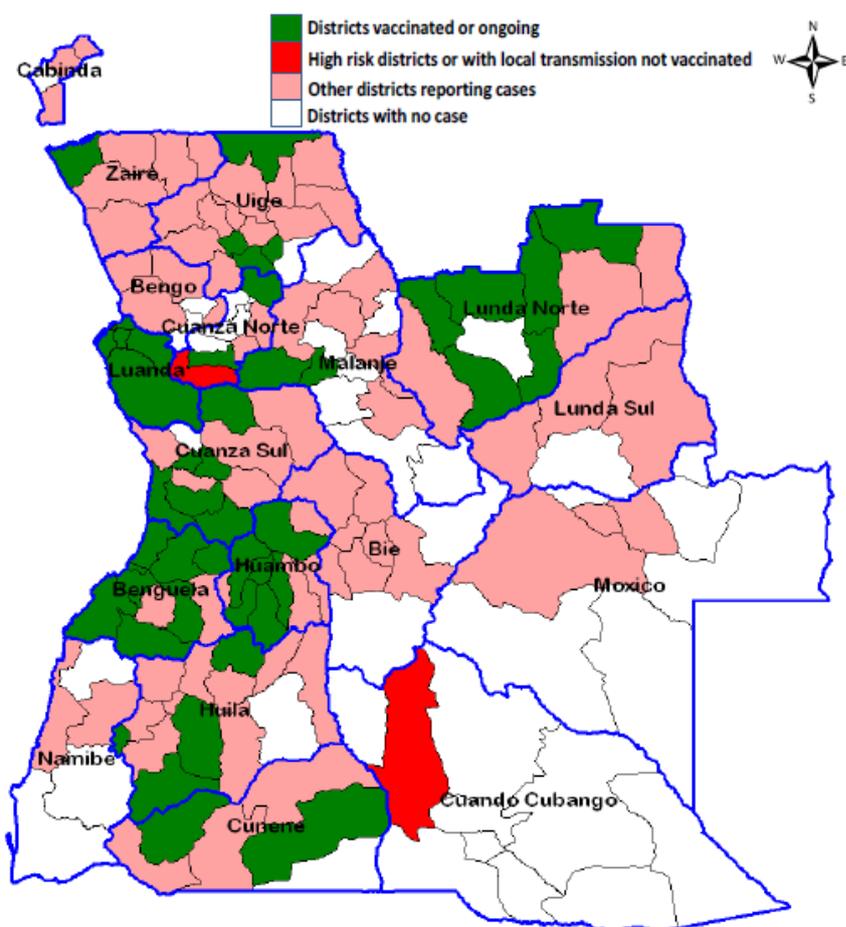
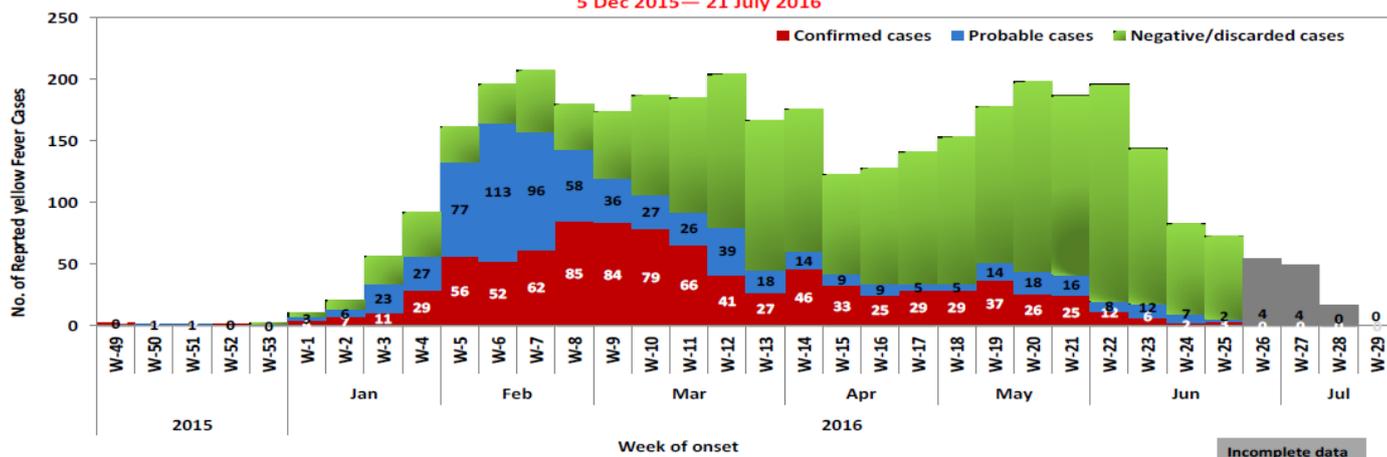


Fig.1. Yellow Fever Suspected and Confirmed Cases - Angola
5 Dec 2015 — 21 July 2016



Source: MOH, Angola

The epidemic curve for the outbreak (shown above) indicates the lab confirmed cases of yellow fever, shown in red, the suspected cases of yellow fever without lab confirmation shown in blue, and suspected cases of yellow fever that meet case definition but came back as negative in green. The large number of green cases, meeting case definition but that are not yellow fever is concerning and could indicate a concurrent outbreak of another illness. Investigations are ongoing and focusing mainly on Hepatitis E and potentially leptospirosis, but so far of the, over 100 samples tested, only few have been positive to leptospirosis. In addition, the lab confirmed yellow fever cases are reporting between 15-30% co-infection rates with malaria and other illness. This mixed pathology presentation in the outbreak further complicates surveillance, detection and response.

With an average life expectancy of 52.3 years and infant mortality rate of 101.6 per 1,000 births, even before this yellow fever outbreak Angola had some of the poorest access to basic health services in the world. Angola relies heavily on oil production to finance virtually every aspect of its economy, infrastructure, services and its health care system. Of great concern is the deterioration in health care and sanitation services that are linked to the global down turn in oil prices.

The WHO Incident Manager Team with the Ministry of Health in the country prepared a detailed, per district vaccination plan. This plan is divided into four phases named 1a, 1b, 2 and 3, with specific districts in 17 out of the 18 provinces targeted for responsive and preventative vaccination, based on a risk assessment and modelling of potential spread. The vaccination campaign is now targeting those areas that have not been vaccinated or that are close to a border. At the same time, it is important to continue to encourage individuals to seek for routine vaccination at their health facility. In order to ensure adequate vaccination coverage, strong social mobilization and risk communication is key, particularly in light of the resistance to vaccination that continues to persist in several areas.

Vaccine allocated for the implementation of this plan presents several operational challenges in terms of geographical spread across the whole country, the need for speed of delivery and to achieve at least 100% coverage. Dry vaccination materials, vaccination cards have been received in the country.

An initial DREF allocation was approved on 23 February to support Angola Red Cross to assist emergency vaccination efforts through social mobilization activities. A second allocation was approved on 6 June to extend the timeframe of the operation and to provide additional technical resource through the deployment of a Regional Disaster Response Team (RDRT) member. However, given the size and scale of the outbreak and the response required to support the national planned response, CVA requires additional technical and operational resources. Additional support will ensure quality implementation in multiple districts concurrently and ensure high level coordination at both Luanda and provincial levels. To support this scale up, a three-person FACT team was deployed on 13 June. An emergency plan of action was developed by the FACT team and CVA describing a detailed a comprehensive response. This plan was launched as an Emergency Appeal on the 5 July. The FACT team is now in its third rotation.

B. Operational strategy and plan

A new Emergency Plan of Action looked at key strategies necessary to stop a yellow fever epidemic from occurring and reduce yellow fever-related morbidity and mortality. These include vaccination, case management, community engagement through social mobilization and/or health promotion, vector control/environmental sanitation and disease surveillance. The Emergency Appeal focuses on the last three of these strategies:

- community engagement, in particular social mobilization to support the vaccination campaign;
- vector control/environmental sanitation, and
- disease surveillance, focusing activities at the community level through its volunteer network.

The objectives of the operation in Angola are:

1. The spread of yellow fever is stopped, morbidity and mortality from yellow fever are reduced through collaborative efforts of all partners, with the CVA/IFRC providing support in 3 key areas: social mobilization (particularly for vaccination campaigns); community-based surveillance; and vector control/environmental sanitation. These are activities requiring community-based work where the NS can provide the greatest added value through its volunteer network.
2. The National Society is strengthened in its ability to respond to further disasters/epidemics and/or deterioration of health systems due to economic downturn, through provision of organizational development and capacity-building activities.

With the release of the Emergency Appeal the target population has been expanded to include the individuals in zones targeted for vaccination campaigns and those who are at risk of further spread. Based on the current vaccination plan from the Incident Management Team, the CVA would support 50% of the population targeted for vaccination in these areas, approximately 4 million people plus an additional 5 million people indirectly through social mobilization.

Summary of the current response

The CVA has headquarters in Luanda, as well as branch offices in all 18 provinces. They have a total of 3,668 volunteers, distributed according to the following table:

Province	# Volunteers	Province	# Volunteers	Province	# Volunteers
Bengo	70	Cuanza Norte	120	Lunda Sul	ND
Benguela	33	Cunene	80	Malanje	20
Bie	93	Huambo	532	Moxico	240
Cabinda	150	Huila	280	Namibe	30
Cuando Cubango	ND	Luanda	208	Uige	56
Cuanza Sul	408	Lunda Norte	1,226	Zaire	122

The CVA has been responding to the yellow fever outbreak since the third week in February 2016 with support from IFRC via an initial DREF allocation of CHF 50,672. In mid-April, a second allocation of CHF 9,790 as well as an extension was approved to support the deployment of an RDRT to support the CVA's response. An RDRT was deployed in the country from 30 April and extended his mission so that he was in country through the first FACT rotation. An emergency appeal was launched in July 2016 for CHF 1,443,961.

From February until June DREF funds have been used principally to respond to the epicentre of the outbreak in Viana Municipality in Luanda province where the CVA headquarters is situated. Viana has a total population of at least 1.7 million people and has been the target of extensive vaccination campaigns. The CVA has participated in the response in Viana, in coordination with the MoH and other partners by:

- a. Participating with the Angolan Armed Forces (FAA) in the vaccination campaign in Luanda by vaccinating 130,400 people in CVA headquarters with participation of CVA staff.
- b. Design and printing of 100,000 flyers with yellow fever information in collaboration with the MoH and WHO, which started to be distributed in the last days of May.
- c. Partnering with Radio Viana to provide key health information messages for yellow fever during a 30-minute radio programme that is recorded once and broadcasted twice a week on Friday mornings 10:30 and Saturday evening. There have been 19 shows recorded and 38 broadcasts since March.
- d. Working with the Viana municipality to develop a municipal social mobilization municipal plan.

- e. Training volunteers to conduct social mobilization activities in Viana, in particular door to door and mass education activities in community meeting points (schools, markets, taxi sites, etc.). Up to 45 volunteers have been participating in these activities.

A community mapping exercise was conducted in Viana and 14 were identified as most at risk and chosen for social mobilization activities based on rumours of yellow fever cases and reports of bad sanitation conditions. So far, 4 mass vaccination campaigns were conducted in Viana. Door-to-door and mass education social mobilization campaigns conducted between 24 April and 21 July have reached 14,039 households and 98,913 individuals in Viana.

After the development of the new Emergency Plan of Action expanding the response nationally and in line with Ministry of Health Plans on 24 and 25 June, provincial branch officers from 16 out of 18 provinces came to Luanda to participate in a CVA National Encounter to plan and implement CVA response to Yellow Fever. Branch officers shared information of the situation in their provinces. A SWOT analysis of CVA capacities in provinces was carried out. The strategy for the CVA response to Yellow Fever, centred on supporting vaccination campaigns through targeted social mobilization messages to ensure high coverage, was shared and discussed. An exercise on microplanning and selection of activities according to vaccination posts, number of volunteers available and type of communities (population density, urban/rural, etc.), was carried out. Key health messages to use at different points of the epidemic were explained and shared, as well as information on how to adapt the messages according to rumour-monitoring data obtained by volunteers and supervisors. Data collection forms for volunteers and indicator reporting forms were also shared.

Links have been set up with the vaccination teams at MoH. The MoH has shared the plan for the next 18 districts targeted for vaccination starting on 10 August. This information has been shared with provinces and planning for technical support and coordination is ongoing.

The third rotation of FACT team is now beginning. Visa issues for surge staff across all organisations have continued to present a problem to providing technical surge support on the ground. Following the exit of the first FACT team the second rotation of FACT entered. Visas over 15 days could not be secured. The second rotation FACT Team Leader had to leave on the 14 July 2016 due to visa expiry. Currently there is both a FACT Health and FACT Communications surge support staff on the ground in Angola. The recruitment of the Operations Manager is ongoing and considered a matter of urgency. Apart from activities in Viana municipality, UNICEF and other actors have been engaging directly at branch level to recruit CVA volunteers for social mobilization activities during vaccination campaigns. More coordination with headquarters and health authorities is required for these activities.

The CVA has also entered an agreement with UNICEF to provide social mobilization and health promotion activities associated with 50% of the vaccination for the country, focusing mainly on Yellow Fever, but also targeting malnutrition in three provinces affected with acute and chronic malnutrition (Cunene, Huila, Namibe). This agreement provides approximately USD 340,000 to the CVA for implementation of these social mobilization activities, which are incorporated into the emergency appeal.

C. Detailed Operational Plan

Health and Care			
Outcome 1. Community yellow fever disease prevention is provided to the target population through social mobilization activities	Outputs		% of achievement
	Output 1.1: Coverage of yellow fever vaccination in the target population is increased		40%
	Output 1.2: Knowledge, understanding and behaviour to prevent, detect and reduce yellow fever disease is increased in target population		40%
	Output 1.3: Other potential epidemic threats – enhanced by the strain caused by yellow fever on the health system- are prevented in the target population		20%
	Output 1.4: Yellow fever prevention activities are delivered in Viana, Luanda		95%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	

Identify and recruit volunteers	X		Completed
Training of volunteers on social mobilization for yellow fever	X		Ongoing
Supervision of volunteers	X		Ongoing
Door to door social mobilization activities	X		Ongoing
Provide key health messages on yellow fever at community meeting points (schools, markets, etc.)	X		Completed
Provide key health messages on yellow fever to communities through radio programmes	X		Ongoing
Establish a two-way communication with communities using Facebook and other social media to adapt yellow fever health messages being provided	X		Started
Carry out a KAP survey to ensure messages are effective for target population		X	Not yet started
Support micro-planning at municipal level	X		Completed
Adapt key health messages for yellow fever based on KAP survey, as well as material for training of volunteers, door to door guideline activities and data collection forms		X	Not yet started
Produce and distribute RC T-shirts and other material to volunteers and staff to improve visibility for CVA at the community level	X		Not yet started

Progress towards outcomes

Training of volunteers on social mobilisation: 305 volunteers have been trained in Cuanza-Norte, Benguela, Luanda, Huila, Huambo, Lunda-Norte, Cabinda and Uige.

Community mobilization activities planned through the first two DREF allocations are complete. Additional and scaled up social mobilization activities are being carried out in line with the MoH National vaccination roll out plan. Branches came together on the 24 and 25 June to be briefed on the plan, key messages and participate in microplanning activities with the municipalities. Key messages developed by the Ministry of Health, Department of Social Mobilisation are being used by volunteers and disseminated through door to door and community meetings, personal communication and flyer distribution. Social mobilisation activities have begun in Cuanza-Norte, Benguela, Luanda, Huila, Huambo, Lunda-Norte, Cabinda and Uige. Door-to-door and mass education social mobilization campaigns conducted between 24 April and 21 July have reached 14,039 households and 98,913 individuals in Viana. Data from other provinces is still be collated.

Twice weekly radio programmes on Viana Radio continue to disseminate key messages. Live broadcast is made on Friday mornings and re-broadcast on Saturdays. Nineteen shows have been taped since March and 38 shows broadcast. Cuanza-Norte, Benguela and Cabinda are also now doing radio spots using pre-recorded drama messages. Miss Cuanza-Norte (a Red Cross volunteer and winner of a beauty pageant) has also been speaking about yellow fever on the radio. The radio messages promote vaccinations alongside the vaccination campaigns.

Outcome 2 Community-based disease surveillance is provided to the target population	Outputs		% of achievement
	Output 2.1 Early detection of suspected yellow fever cases is increased in the target population		5%
	Output 2.2 Early detection of other potential epidemic diseases (e.g. measles) is increased in the target population		5%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Identify and recruit volunteers	X		Not yet started
Training of volunteers		X	Not yet started
Supervision of volunteers		X	Not yet started
Hold meetings with community members to explain CBS		X	Not yet started
Work with MoH to develop Standard Operating Procedures for follow up of suspected cases		X	Not yet started
Establish dashboard for CBS (Magpi application)		X	Not yet started
Buy mobile phones and phone credits for volunteers		X	Not yet started
Maintain regular meetings with partners	X		Ongoing
Progress towards outcomes			

Meetings have been held with CDC to discuss technical support for CBS. CDC currently has human resource constraints preventing technical support to this early part of the operation. However, plans are being made for development of early warning systems that CVA can be involved in.			
Outcome 3 Vector control and Environmental sanitation activities are carried out in the target population	Outputs		% of achievement
	Output 3.1 The risk of YF and other vector-borne diseases in the community are reduced in the target population through community-based vector control and improved environmental sanitation		10%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Identify and recruit volunteers	X		Ongoing
Training of volunteers	X		Not yet started
Supervision of volunteers	X		Ongoing
Collaborate with MoH and Environment Ministry in vector control and environmental sanitation activities	X		Started
Provide VC and ES social mobilization messages to communities through door-to door and mass information activities	X		Ongoing
Support communities to advocate for environmental clean-up with appropriate authorities	X		Ongoing
Carry out community clean-up activities	X		Ongoing
Buy and distribute cleaning equipment		X	Not yet started
Buy and distribute safety equipment for volunteers and staff		X	Not yet started
Progress towards outcomes			
<p>CVA volunteers in Viana participated in early efforts to clean up communities and marketplaces, removing stagnant water, conducting indoor residual spraying, and informing the community about vector control. These efforts have been coordinated by MoH and are done in conjunction with FAA.</p> <p>The expansion of the social mobilisation plan for vector control nationally is taking place following to follow vaccination campaigns and in coordination with the Ministry of Health plan.</p> <p>The Programmes Coordinator attended an Africa Wide Vector control training facilitated by IFRC and the Mentor Initiative. Through this training he will begin a ToT for CVA volunteers in other provinces.</p> <p>CVA have been having regular meetings in Luanda with the MoH and the Environment Ministry to discuss vector control and community action. The Ministry of Environment had previously done training of trainers for CVA volunteers in December 2015 for Luanda volunteers in all municipalities (70 volunteers). These volunteers will be utilised for this action.</p>			
National Society Capacity Building			
Outcome 4. NS' capacity to respond to current and future epidemics and disasters is enhanced	Outputs		% of achievement
	Output 4.1 Infrastructure faults and IT capacity of NS HQ is enhanced		5%
	Output 4.2 Logistical capacity of the NS is improved		50%
Activities	Is implementation on time?		% progress (estimate)
	Yes	No	
Local technical experts are consulted on the development of a viable plan to either prevent the flooding of the CVA HQ grounds, or to propose appropriate evacuation or drainage plans) (expert's proposals)		X	Not yet started
Flooding prevention or mitigation plan is approved		X	Not yet started
Flooding prevention or mitigation works are implemented (HQ is not flooded in rainy season)		X	Not yet started

Exterior damage to CVA HQ building by flood waters and sun is corrected by painting the building (building is painted)		X	Not yet started
IT technician is contracted to propose works and materials necessary to ensure Wi-Fi internet connectivity in CVA HQ (proposal/pro forma factura)		X	Not yet started
IT works are carried out (Wi-Fi connectivity present in HQ)		X	Not yet started
Toyota Prado is repaired and necessary parts installed (Prado runs)		X	Not yet started
Toyota LC (troop carrier is repaired, necessary spare parts installed, interior damage repaired) (Toyota LC is operational)	X		Completed
Progress towards outcomes			
FACT TL evaluated CVA capacity to respond to any kind of emergency and shared with regional team and IFRC secretariat.			
Repaired one 4x4 Toyota LC CVA vehicle and ensured it is dedicated to the operation.			
Toyota Prado has been repaired.			

Budget

See budget attached

Contact Information

For further information specifically related to this operation please contact:

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How we work

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and a culture of
non-violence and **peace**.
