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Emergency Plan of Action (EPoA)
Angola: Yellow Fever

International Federation of Red Cross and Red Crescent Societies

DREF n°: MDRAO006	**Glide n°: EP-2015-000179-AGO**
Date of issue: 24 February 2016	**Expected timeframe:** Three months (End date: 23 May 2016)
DREF allocated: CHF 50,672	
Total number of people affected: 277 cases, 65 deaths	**Number of people to be assisted: 90,000 individuals** 30,000 individuals with vaccinations, plus 10,000 households (60,000 individuals) with community mobilization.
Host National Society presence: 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 70 percent (3,500) of these volunteers active.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross, 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 and UNICEF.	

A. Situation analysis

Description of the disaster

Angola is experiencing its first confirmed yellow fever outbreak in 30 years. The first cases were identified in the district of Viana (Luanda province) on 5 December 2015.[1] According to data collected by Cruz Vermelha de Angola (CVA), there have been 277 suspected cases of yellow fever (cumulative) and 65 deaths (CFR 23.5%). The majority of cases have been reported in Luanda. Other affected provinces include Cabinda, Cuanza Sul, Huambo, Huila and Uige.[1] Two previous yellow fever outbreaks in Angola were recorded in 1971 and 1986. Yellow fever is an acute viral haemorrhagic disease transmitted by infected mosquitoes. There are an estimated 130,000 cases of yellow fever reported yearly, causing 44,000 deaths worldwide each year, with 90 percent occurring in Africa.[1]

Vaccination is the most important preventive measure against yellow fever. Yellow fever vaccine coverage in Angola in 2014 was at 77 percent according to WHO and United Nations Children's Fund (UNICEF), but this was based only on government estimates.[2] This vaccination coverage is likely to have prevented the disease from spreading more rapidly, however, the country has also previously experienced breaks in the stocks of the vaccine (last in 2013), which have limited the vaccine coverage.[2]

There is a high density of the *Aedes aegypti* mosquito, the primary vector of yellow fever in affected areas. Surveys conducted by the National Malaria Control Program during 2010–2012 show that *Aedes aegypti* is present in all 18

[1] World Health Organisation. 2015. Yellow Fever – Angola. Available online: http://www.who.int/csr/don/12-february-2016-yellow-fever-angola/en/
[2] WHO and UNICEF. 2014. WHO and UNICEF estimates of national immunization coverage - Angola (data as of July 7, 2014). Available online: http://www.who.int/immunization/monitoring_surveillance/data/ago.pdf

provinces in the country except Mexico Province.[3] Thus, the risk of the disease spreading is high. The risk is further exacerbated by the high proportion of susceptible individuals.

The Angolan Minister of Health has recently expressed his concern regarding efforts to control the disease in statements that indicate there is an insufficient quantity of vaccine in the country. He has called on the authorities and organizations to prioritize children and those not previously vaccinated, while acknowledging that in the current epidemic ideally everyone should be vaccinated.[4] In recent weeks, the Government with support from WHO has rapidly scaled up its response and launched a vaccination campaign over the last two weeks in Viana municipality, the hardest hit province. In this campaign, the Government aimed to vaccinate 1.6 million people with vaccines provided by WHO and the Government itself, to a value of 11.9 million euros.[5] CVA has also contributed staff and materials to this intensive vaccination campaign.

The lack of sanitation is believed to be the main cause of the mosquito's (*Aedes aegypti*) spread. Previous studies of mosquito populations in Luanda demonstrate that there are high mosquito populations breeding in uncovered water storage.[6] The sanitation situation has worsened due to an economic and financial crisis in Angola, resulting in budgets for rubbish collection being significantly reduced and waste piling up in the poorer areas where the disease was first reported. In general, in most peri-urban, suburban and rural areas, there are currently no waste collection services, resulting in large piles of waste, in some instances blocking the roads.

<click here for the DREF budget or here to view contact details or here for map of the affected area>

Summary of the current response

Overview of Host National Society

Cruz Vermelha de Angola has been active in the coordinated efforts made by the Government, led by the Ministry of Health (MoH), to curb the spread of the disease. CVA has 18 branches, one in each provincial capital with well-established office structures headed by Provincial Secretaries who are full time employees. CVA has approximately 5,000 volunteers across the country with an estimated 70 percent (3,500) of these volunteers active. These volunteers are coordinated into groups by municipal team leaders in the districts and are trained in social mobilisation, health campaigns, vaccinations and first aid as needed and when funding permits. CVA also has 66 nurses employed in health posts. CVA has vast experience in community mobilisation and a long term partnership with Ministry of Health in immunization campaigns, including polio vaccinations, vitamin A administration and de-worming of under five children countrywide. CVA also works to support malaria prevention, through distribution of mosquito nets and dissemination of information.

The CVA has been engaged in the following:

1. Vaccination campaign

CVA has been involved in the MoH organised vaccination campaign (see Action taken by government below). CVA nurses (60) in collaboration with Angola Armed Forces (FAA) have been conducting vaccinations in Viana municipality.

The nurses are integrated into a team of 106 vaccinators and are vaccinating an average of 15,000 - 16,000 people per day. There are two CVA mobile clinics conducting vaccinations in schools. Up until the 17 February 2016 CVA, with the FAA, vaccinated 130,400 people in 9 days. Vaccination costs were covered by funds that CVA had raised through first aid training activities in 2015. This funding covered volunteer incentives, vaccine storage equipment, disposable materials such as alcohol, cotton, gloves and other bio-security materials, but is now finished. In Angola,

[3] Parreira R, Centeno-Lima S, Lopes A, Portugal-Calisto D, Constantino A, Nina J. Dengue virus serotype 4 and chikungunya virus coinfection in a traveller returning from Luanda, Angola, January 2014. Euro Surveill. 2014;19(10):pii=20730. Available online: http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=20730

[4] Angencia Angola Pres. Escasez de vacuna exige racionalización en la campaña. Feb 15, 2016. Available online: http://www.portalangop.co.ao/angola/es_es/noticias/saude/2016/1/7/Escasez-vacuna-exige-racionalizacion-campana,ee21b25a-db33-4e40-9c5e-3450401fde6b.html

[5] SAPO. 29 January 2016. Sobe para dez número de óbitos por surto de febre amarela em Luanda. Available online: http://www.sapo.pt/noticias/sobe-para-dez-numero-de-obitos-por-surto-de_56ab67a00a058d484464db9c

[6] Centre for Disease Control. Ongoing Dengue Epidemic, — Angola, June 2013. Morbidity and Mortality Weekly Report. June 21, 2013 / 62(24);504-507 Available online: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6224a6.htm

due to a weakened and constrained health system, families of patients are expected to provide such materials for their care, and for vaccinations this includes syringes, needles, cotton, alcohol, and gloves. CVA has been able to provide these materials using their existing funding, however more support will be needed as the vaccinations continue.

2. Community mobilisation for vector control

CVA volunteers (currently 44 in Luanda, the capital) have been participating in 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.

Volunteer activities have been overseen by the CVA Programme and Services Director, the Health National Assistant and Volunteers Coordinator who have also been participating in regular meetings with technical staff of other stakeholders (the Viana municipality, Ministry of Health, WHO, UNICEF, Angolan Armed Forces and other stakeholders).

Overview of Red Cross Red Crescent Movement in country

The IFRC Southern Africa Country Cluster Support Team (SACCST) health delegate and the acting head of cluster have been following the CVA response to the outbreak since it was declared in late January 2016. The technical points of contact at CVA have been the Programme and Services Director and the National Health Assistant who have been closely liaising with technical government and other actors to respond with existing resources. Initially, offers of support for assessments or drafting the emergency plan of action were not agreed by CVA leadership, as it was felt they had existing capacity to respond to the needs and in line with the response plans identified by the major coordinating bodies (MoH and WHO). However, the National Society has now asked the IFRC SACCST to provide support for this plan of action. On 19 February, an alert was issued on the IFRC's disaster management information system (DMIS), and this was followed by an Operational Strategy Call carried out with colleagues at IFRC SACCST, Africa Region, and Geneva. During this call, it was agreed that a DREF allocation should be made to support the CVA scale up its planned activities in response to the Yellow Fever outbreak.

Movement support to CVA is currently limited to organizational development and institutional strengthening. Within the Movement, Spanish Red Cross, and the International Committee of the Red Cross (ICRC) have provided this support. The Spanish Red Cross was the only Partner National Society (PNS) operating in the country, undertaking a five year livelihood, water and sanitation programme in Bie, which ended in 2015. The programme focused on income generation activities (IGAs) and promoted small scale community based projects. CVA has been keeping Movement partners and other stakeholders informed of their activities during the course of the outbreak and will continue to do so throughout this operation. The ICRC is in discussion with CVA over support for volunteer engagement (awaiting for a NS plan to be submitted accordingly).

Overview of non-RCRC actors in country

Externally, CVA currently coordinates with and will continue to coordinate with affected municipality administration officers, MoH, WHO, UNICEF, FAA) and other stakeholders.

The MoH convened a national task force to control the outbreak, with support from WHO. The National Task Force includes UNICEF, the FAA and other national stakeholders. Health authorities in Angola are implementing a number of control and response activities, including coordination, clinical case management, enhanced surveillance, laboratory testing, social mobilization and vector control. Epidemiological and entomological investigations are ongoing in the main affected areas.

The major effort to curb the spread of the outbreak has seen a massive vaccination campaign, which began on the 3 February. WHO has deployed three experts to provide operational support to the campaign. The campaign initially covered a target population of 1,578,085 in Viana (the estimated total population of Viana). As 19 February 2016 an estimated 1.3 million people had been vaccinated. As of 20 February 2016, the vaccination campaign will now move to Belas municipality. WHO and the Government of Angola had been providing vaccines for the campaign.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Needs analysis

The current needs assessment is based on the participation of CVA in the ongoing coordination meetings held in Viana Municipality and their contact with the Ministry of Health, supported by WHO through the National Task Force. Additionally the needs are based on CVA`s continued efforts in fighting the outbreak, which has focused on vector control through community mobilisation and participation in vaccination campaigns.

WHO, in close coordination with the MoH has requested CVA to support the development of a community mobilisation plan for the Viana municipality to continue to fight the spread of Yellow Fever after the completion of the vaccination campaign there. This is at the centre of this DREF request. It is estimated that 45 percent of the Viana municipality population (total population estimate is 1.6 million people) are at high risk of being infected with Yellow Fever. Of this population CVA aims to target those in difficult to access areas with poor access to primary health care. This will be done through a community mapping exercise. Volunteers will focus on raising awareness of the need to eliminate mosquito breeding sites and stagnant water and the use of mosquito nets. Communities will also be trained on Yellow Fever transmission, identification of symptoms and treatment. For this, WHO will be able to provide training to 50 CVA volunteers (45 volunteers and five team leaders).

In addition, the MoH in coordination with WHO has requested that CVA provide support to the production of information, education and communication (IEC) materials in the form of brochures and posters that inform people about Yellow Fever signs and symptoms, ways of transmission and prevention. The materials also provide the community with information about vector control actions.

Finally, ongoing support for the vaccination campaigns is needed. Thus far CVA has utilised its own funds, raised doing first aid activities, to cover the costs of vaccination materials and volunteer per diem/support costs. CVA nurses, with support from the FAA have been vaccinating an estimated 15,000 to 16,000 people per day during the first two weeks of the vaccination campaign in Viana municipality (the centre of the epidemic). The vaccination campaign has now ceased in Viana and will move to the Belas municipality for the next ten days, where the participation of CVA nurses is still needed. This DREF operation will support the continuation of CVA support to the vaccination campaign now that internal funding has dried up. Specifically it will support incentives for vaccinators and the procurement of the water and cotton needed for the vaccinations.

Concerns had been raised about the shortage of the Yellow Fever vaccine in the country. The information that CVA has at this time is that the Government of Angola has procured vaccines to be used to cover the remaining unvaccinated population in Viana and Belas municipality. CVA will closely monitor the vaccine supply situation and take direction from the MoH and WHO as to whether any changes in vaccination strategy, based on supply, need to be made. Extensions to or movement of the vaccination campaign are coordinated by the Angolan Government, thus, following Belas municipality CVA will follow the coordinated roll out of the campaign.

Scenario Planning

Best Case Scenario	• The combined efforts of multiple organisations including CVA are successful in containing the outbreak through vaccination campaigns and community mobilisation.
Worst Case Scenario	• Shortages of vaccines and the high risk of spread to other areas overwhelms the capacity of CVA and other actors to respond. Yellow Fever spreads to other provinces necessitating significantly more resources. Efforts will need to remain coordinated, however, there is a chance that this DREF request could be expanded as an Emergency Appeal depending on how the situation evolves.

Risk Assessment

As noted previously, the presence of the *Aedes aegypti* mosquito in the country, particularly in urban and peri-urban areas is high. This, combined with ongoing structural and financial issues in the country, have exacerbated already poor sanitation conditions, and increased the risk of the disease spreading throughout the country. The Minister of Health has reported vaccination shortages and the Government and WHO are taking steps to try to address this.

There is however a risk that the disease will not be contained despite these early efforts to prevent its spread and that the response planned will have to be reconsidered and delivered on a much larger scale. At this stage however, given the capacity of CVA and its current cooperation with MoH and WHO, the plan is to allow coordinating bodies to carry out their functions and to follow their lead.

Beneficiary selection

Through this DREF operation, the following population in the Viana province of Angola will be targeted:

Activity	Individuals	Households reached
Community Mobilisation	60,000	10,000
Vaccination Campaign	30,000	
Total	90,000	

The CVA will ensure that the DREF operation is aligned with the IFRC's commitment to realize gender equality and diversity.

B. Operational strategy and plan

Overall objective

Contribute to the control of the Yellow Fever outbreak in Angola by addressing the immediate risk of the disease in the affected areas, and in particular targeting 90,000 people in the Viana province with community mobilisation and (post) vaccination support over a period of three months

Proposed strategy

The DREF operation will address the immediate risk of Yellow Fever to the health of the population in Viana province. The DREF operation will build on the existing CVA response to the outbreak in line with needs identified by the major coordinating bodies in the country – the MoH and WHO. The National Society (NS) has been actively participating in meetings led by these coordinating bodies and has already been working to support the Yellow Fever response as directed by them. CVA will continue to actively participate in these meetings, to conduct ongoing surveillance of the outbreak and to respond to evolving needs. This DREF operation responds to a specific set of needs identified by WHO and the MoH and will enable CVA to respond in the first instance in the Viana Province, providing ongoing support to the vaccination campaign and post campaign support for community mobilisation.

1.1 Strengthening the capacity of CVA to respond to the outbreak.

- CVA will mobilize 50 volunteers to be trained on Yellow Fever and vector control. 45 volunteers will be trained along with five team leaders in Yellow Fever transmission, identification of symptoms, treatment and vector control. In addition, five vaccinators will be mobilised to support the ongoing MOH / WHO vaccination campaign in the new areas and to provide basic materials (water, cotton etc.) to support the vaccination delivery.

1.2 Sensitisation of the target population in the affected areas to improve knowledge on the control of Yellow Fever.

- CVA aims to target those in difficult to access areas with poor access to primary health care, aiming to reach 10,000 households (60,000 individuals). Volunteers will participate in community mapping to determine which areas needs to be targeted. Once mapping has taken place the trained volunteers will focus on raising awareness of the need to eliminate mosquito breeding sites and stagnant water and on the use of mosquito nets. CVA volunteers will also be trained on Yellow Fever transmission, identification of symptoms and treatment. Community outreach will be conducted through house to house visits, community meetings and radio programmes for the duration of the operation. The trained volunteers will assist in monitoring activities and data capturing for onward submission to the CVA Programme and Services Director and or to the National Health Assistant for reporting to the Secretary General, who then will report to the other partners and stakeholders.

- Community mobilisation activities will also be enhanced by information, education and communication (IEC) materials developed by WHO and produced by CVA. Approximately, 5,000 brochures will be printed and distributed. The IEC materials designed by WHO are folding brochures and posters with information about signs and symptoms of the disease, means of transmission and prevention. The materials also provide the community with information about vector control actions, including waste treatment, disposal of stagnant water, other activities to prevent mosquito breeding and the use of mosquito nets. Community mobilisation will occur following a community mapping of areas of Viana province, with a view to targeting areas with poor access to primary health care.

1.3 Enhanced support to the MoH vaccination campaigns in Belas Municipality and areas coordinated by MoH.

- The Government is shifting the vaccination campaign from Viana municipality to Belas municipality. In Viana an estimated 1.3 million were vaccinated (as of 19 of February) out of an estimated population of 1.6 million people. The campaign will now continue in Belas municipality at CVA health posts, primary schools, orphanages, churches and other public institutions where vulnerable people can be reached.

Operational support services

Human resources

CVA:

a. Secretary General (overall accountability for the implementation and lobbying external support)
b. Programme and Services Director and National Health Assistant (operation coordination and oversight, liaising with technical staff of Ministry of Health, WHO and other stakeholders, and management of volunteer teams).
c. Team Leaders (Five)
d. Volunteers (45)
e. Vaccinators (Five)

This DREF will provide support for the five team leaders, the 45 volunteers and the five vaccinators.

IFRC:

IFRC will provide support and advice to CVA in the technical areas of health, communications, finance, monitoring, evaluation and reporting, along with training in relevant areas. The IFRC SACCST Health Delegate will provide support to the overall management of the operational planning, implementation, reporting and other aspects. Operation oversight will be provided by the Disaster Management Delegate from the SACCST. IFRC will support CVA in fostering and enhancing already existing partnerships with the Government, WHO and other agencies including the Southern African Development Community (SADC).

Logistics and supply chain

CVA currently runs health posts with support from the Government and CVA staff are an integral part of the health system. Prior to this operation supplies for vaccinations have been managed by the MoH and WHO. This will continue. Procurement of additional supplies (water and cotton) for the mobile clinics will be through established local sources. WHO has been providing logistical and other support to the vaccination campaign in the country and will continue to do so.

Communications

Communications support to the operation will be provided from IFRC Africa Region and IFRC SACCST with efforts made to gather information from the National Society to support regional and international visibility efforts.

Security

The overall security situation in Angola has improved markedly since the end of a 27 year civil war that ended in 2002. Ground travel in some parts of Angola can be problematic due to land mines and other remnants of war. Angola`s Armed Forces have been deployed to assist with efforts to curb the Yellow Fever outbreak and work alongside CVA

vaccinators. Only national staff, conversant with existing security threats and measures to mitigate them in their communities and country, will be involved in this operation on the ground.

Planning, monitoring, evaluation, & reporting (PMER)

The NS will ensure that all stakeholders are kept informed of the operation and reporting is done within the agreed timeframes. Training will be monitored through a volunteer training register with names, gender and contact details kept by CVA. The Programme and Services Director and the National Health Assistant will be in regular contact with team leaders who will collect reports of volunteer activities in the affected areas, including how many community members were reached and by what means. Community mapping of the affected areas will assist in targeting outreach and ensuring maximum coverage of the most vulnerable. Details of vaccinators at the local clinics will be kept. Reporting forms for vaccinators already exist as part of the vaccination campaign and these will also be kept for each mobile clinic for onward reporting to MoH.

Administration and Finance

The NS has a functional Finance Division that will be responsible for financial management of the operation, with technical support from IFRC SACCST. Financial and administrative oversight will be provided by IFRC SACCST.

C. DETAILED OPERATIONAL PLAN

Health & care

Outcome 1: Immediate risk of yellow fever to the health of the population is reduced through community mobilisation activities in Viana) over a period of three months													
Output 1.1: Capacity of CVA to respond to the yellow fever outbreak is strengthened													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Training of 45 volunteers and 5 team leaders (facilitated by WHO) for 3 days.													
Output 1.2: Target population in the affected areas (Viana Municipality) are provided with sensitization to improve the knowledge on the prevention and control of yellow fever													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Community Mapping in Viana Municipality													
Community mobilisation by 50 trained volunteers in Viana municipality (house to house visits, community meetings and radio programmes) with distribution of IEC materials designed by WHO and produced by CVA													
Printing and distribution of IEC materials designed by WHO and produced by CVA													
Output 1.3: Support to the MoH vaccination campaigns is set up / enhanced in new province(s)													
Activities planned	Week / Month	1	2	3	4	5	6	7	8	9	10	11	12
Procurement of supplies for vaccination													
Mobile vaccination clinic to reach people through schools, orphanages and churches for 30 days over 3 months (5 person team).													

Budget

Annexed

Contact information

For further information specifically related to this operation please contact:

- **In Angola: Secretary General;** Mr. Valter Bombo Guange Quifica, Secretary General, Tel + 244 192 912 6171; email: vgquifica@gmail.com
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- **IFRC Africa Region Logistics Unit:** Rishi Ramrakha, Head of Africa Region Logistics Unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa** Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Addis Ababa; phone: +251 930 03 4013; email: fidelis.kangethe@ifrc.org

  Please send all pledges for funding to zonerm.africa@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa:** Robert Ondrusek, PMER Coordinator Africa; Nairobi; phone: +254 731067277; email: robert.ondrusek@ifrc.org

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

DREF Operation

24/02/2016

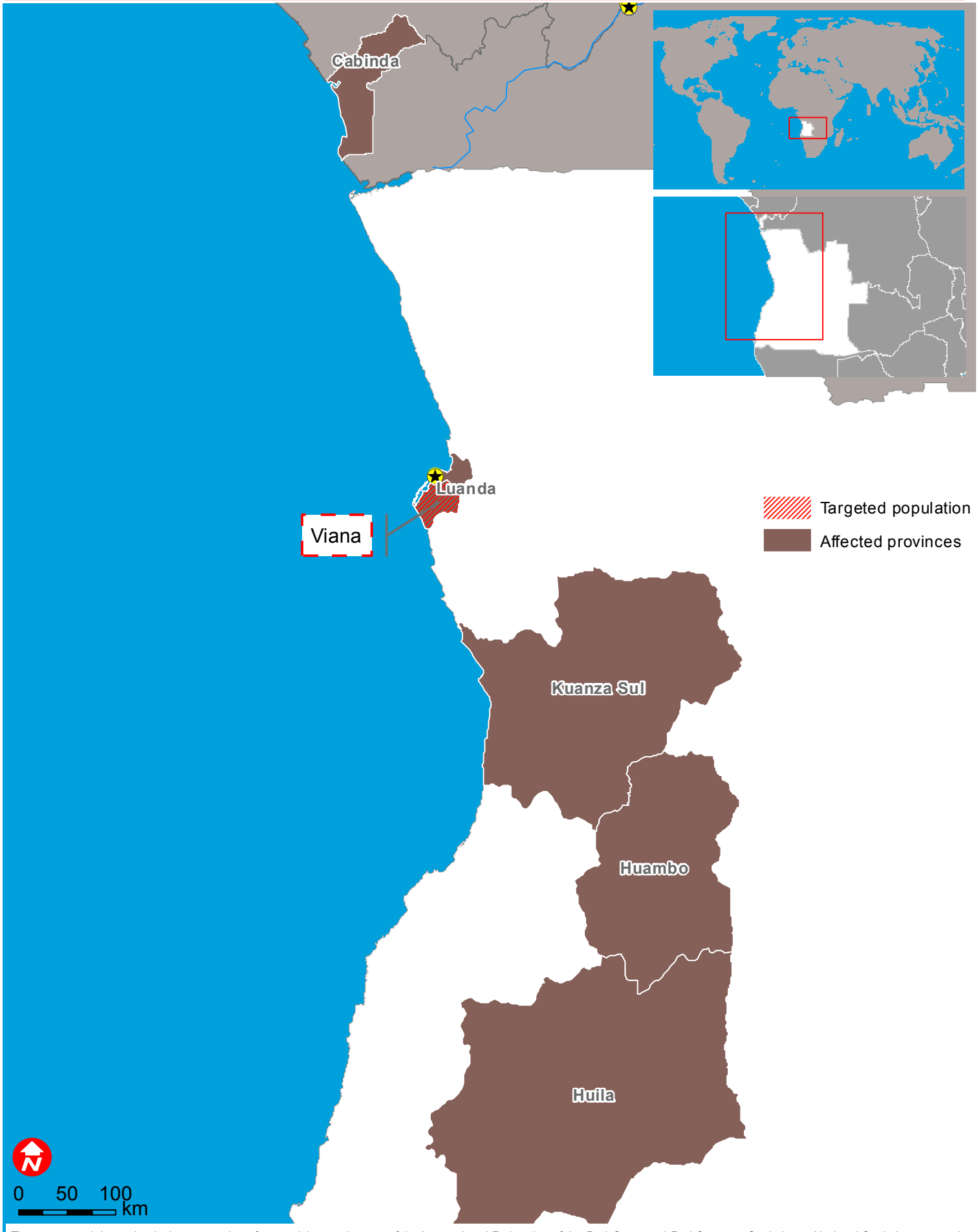
Angola: Yellow Fever

Budget Group	DREF Grant Budget	Budget CHF
Shelter - Relief	0	0
Shelter - Transitional	0	0
Construction - Housing	0	0
Construction - Facilities	0	0
Construction - Materials	0	0
Clothing & Textiles	0	0
Food	0	0
Seeds & Plants	0	0
Water, Sanitation & Hygiene	0	0
Medical & First Aid	529	529
Teaching Materials	0	0
Utensils & Tools	0	0
Other Supplies & Services	0	0
Emergency Response Units	0	0
Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**529**	**529**
Land & Buildings	0	0
Vehicles Purchase	0	0
Computer & Telecom Equipment	0	0
Office/Household Furniture & Equipment	0	0
Medical Equipment	0	0
Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT	**0**	**0**
Storage, Warehousing	0	0
Distribution & Monitoring	0	0
Transport & Vehicle Costs	933	933
Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE	**933**	**933**
International Staff	0	0
National Staff	0	0
National Society Staff	21,596	21,596
Volunteers	0	0
Total PERSONNEL	**21,596**	**21,596**
Consultants	0	0
Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES	**0**	**0**
Workshops & Training	3,359	3,359
Total WORKSHOP & TRAINING	**3,359**	**3,359**
Travel	2,000	2,000
Information & Public Relations	16,483	16,483
Office Costs	623	623
Communications	56	56
Financial Charges	2,000	2,000
Other General Expenses	0	0
Shared Support Services		
Total GENERAL EXPENDITURES	**21,162**	**21,162**
Programme and Supplementary Services Recovery	3,093	3,093
Total INDIRECT COSTS	**3,093**	**3,093**
TOTAL BUDGET	**50,672**	**50,672**

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

MDRAO006
EP-2015-000179-AGO
23 February 2016

Angola: Yellow fever



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