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Emergency Plan of Action operation update

Angola: Epidemic (Yellow Fever)

DREF Operation n° MDRAO006	**Glide n° EP-2015-000179-AGO**
Operation update n° 2	**Timeframe covered by this update:** 6 April 2016 – 23 June
Operation start date: 23 February 2016	**Operations timeframe:** Five months (New end date: 23 July 2016)
Overall budget allocation: Original allocation: CHF 50,672 Additional allocation n° 1: CHF 9,790 Additional allocation n° 2: CHF 113,191 Total allocation: CHF 173,653	
Host National Society presence (volunteers, staff, and branches): Cruz Vermelha de Angola(CVA) 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 active in the country with approximately 70 percent (3,500) 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 and MSF.	

This Operations Update extends the operation timeframe for 1 month (new end date: 23 July 2016), and an additional allocation of 113,191 Swiss franc to support a scale up of social mobilization activities while an emergency appeal is being developed.

DG ECHO has supported the replenishment of this operation. The major donors and partners of the DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. 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

Angola is experiencing its first confirmed yellow fever outbreak in 30 years. The outbreak was detected in Luanda, Angola in late December 2015, with the first cases being confirmed by the laboratory 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, spread across the country and resulted in exportation of cases to at least 4 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 and a concurrent but separate outbreak in Uganda. 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 other countries increases the complexity and urgency of the response to the outbreak in Angola and the neighbouring countries.

Angola

As of 13 Jun 2016, Angola has reported 3,137 suspected cases of Yellow Fever with 345 deaths with a Case Fatality Rate (CFR) of 11%. Among those cases, 847 are laboratory confirmed. Despite extensive vaccination campaigns in several provinces, circulation of the virus persists and continues to spread. WHO has implemented the Incident Management (IM) system and is coordinating multi-agency teams in outbreak response.

Since the beginning of the outbreak all the 18 Provinces of Angola have reported suspected cases, placing all provinces at risk of transitioning to local epidemics. Recent epidemiology investigation of rural areas indicates extensive spread of the virus that had previously gone undetected, indicating that surveillance may be limited, especially in provisional areas and the scale and spread of the virus could be much more extensive than is currently being reported. The capital of Angola, Luanda has reported the majority of cases, with 489 laboratory confirmed cases (58%) of local transmission.

Currently, 11 of the 18 provinces have confirmed local transmission. Based on the census data for these districts the current population identified for vaccination is 13,309,786. Vaccination response has been on-going since late January 2016, and to date almost 80% of the population have been vaccinated (10,641,209). However, on weekly basis new areas with local transmission are being identified. Ongoing laboratory confirmed cases are still being reported from areas previously vaccinated, indicating coverage may not have been sufficient to intrrupt transmission. Independent monitoring currently being undertaken by the Center for Disease Control (CDC) indicates that the population data to calculate coverage may be heavily underestimated, which may explain ongoing transmission in areas thought to 100% covered by vaccination. To help address these issues a ‘mop up’ campaign is planned in Luanda in the coming weeks, as well as additional vaccination in new areas identified with cases of local transmission, or at risk for further spread.

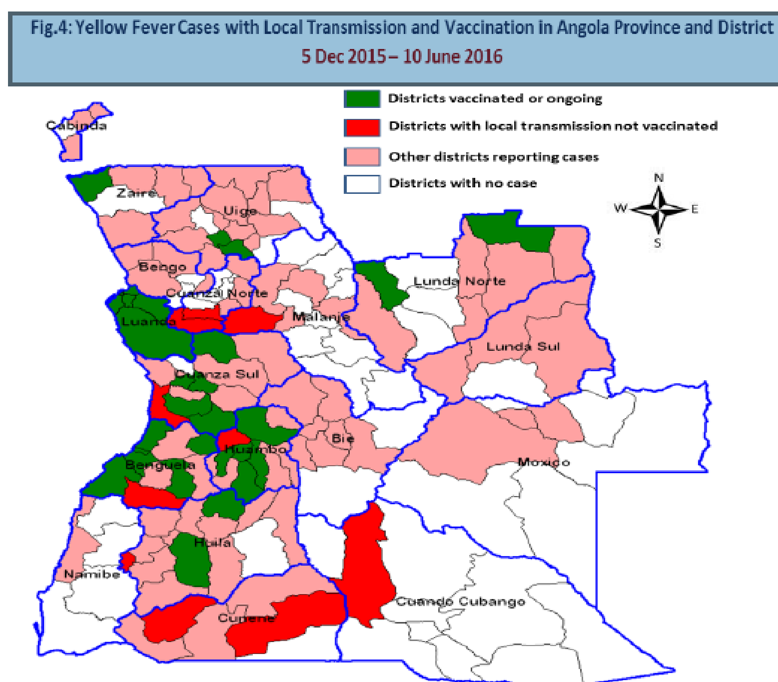
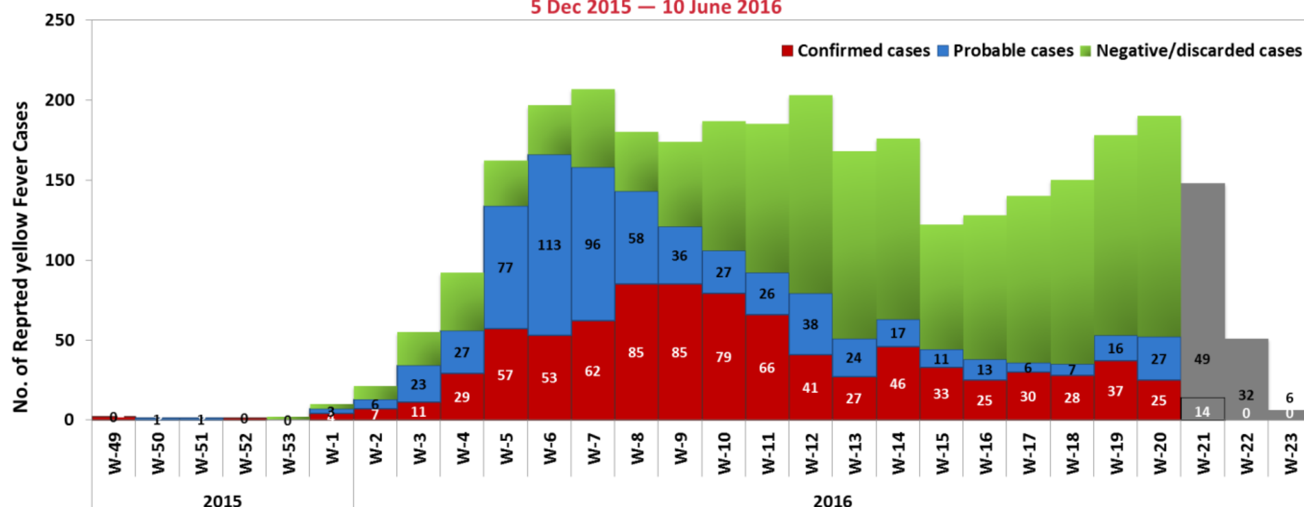


Fig.4: Yellow Fever Cases with Local Transmission and Vaccination in Angola Province and District
5 Dec 2015 – 10 June 2016

Observations, points of concern

- Local transmission has been reported in 10 highly populated provinces, including Luanda. Luanda Norte, Cunene, and Malange are the provinces that most recently reported local Yellow Fever transmission.
- The continued extension of the outbreak to new provinces and new districts.
- High risk of the disease spreading to neighbouring countries, 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.
- High index of suspicion of ongoing transmission in hard-to-reach areas like Cabinda.
- Inadequate surveillance system capable of identifying new foci or areas of cases emerging.



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 focuses on Hepatitis E and potentially 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 within 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.

In recent days, the WHO Incident Manager Team in the country prepared a detailed, district specific vaccination plan for an additional 8.1 million vaccine doses. This plan is divided into 4 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. In order to ensure adequate coverage of this vaccination campaign, strong social mobilization and risk communication will be key, particularly in light of the resistance to vaccination that has been reported recently in several areas. When vaccine is allocated for the implementation of this plan it will present several operational challenges in terms of its geographical spread across the whole country, the need for speed of delivery and to achieve at least 80% coverage.

An initial DREF allocation was approved on 23 February to support Angola Red Cross assist in 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 3 member FACT team was deployed on 13 June 2016. An emergency plan of action is planned and will detail a comprehensive response supporting 53 districts with social mobilization support, community based surveillance in at risk areas and environmental sanitation in urban centres.

B. Operational strategy and plan

A new Emergency Plan of Action is currently under development to address the changing needs on the ground and ensure support to the new National Ministry of Health district prioritisation plan . The extension of this DREF operation and the additional allocation will allow emergency social mobilization activities to be scaled up, production of Information, Education and communication (IEC) materials which will be distributed during the social mobilization campaigns.

Summary of the current response

Overview of Host National Society

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	1226	Zaire	122

The CVA has been responding to the yellow fever outbreak since the third week of February 2016, with support from IFRC via an initial DREF allocation of 50,672 Swiss franc. Mid-April, a second allocation of 9,790 Swiss franc as well as an extension was approved to support the deployment of RDRT to support CVA's response. The RDRT has been in country from 30 April 2016 and has extended his mission so that he will remain in country through the first FACT rotation. 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 1.6 million people and was the target of an extensive vaccination campaign. The CVA 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.

b. Design and printing of 100,000 yellow fever flyers in collaboration with MoH and WHO, distribution started end of May.

c. Partnering with Radio Viana to provide key yellow fever health information messages during 30-minute radio programme that was broadcasted twice a week. Nine (9) such programmes have been carried out so far.

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 44 volunteers are participating.

f. Ten (10) out of 14 Viana's communes were chosen for social mobilization activities based on rumours of yellow fever cases and reports of bad sanitation conditions. Door-to-door and mass education social mobilization campaign was conducted between 30 April – 6 June 2016, and reached 3,316 households and 105,655 individuals; of which 3,709 (3.5%) indicated they had not been vaccinated, and 3,571 (3.4%) indicated they did not have a mosquito bed net.

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 is required for these activities.

The CVA has also entered in to an agreement with UNICEF to provide social mobilization and health promotion activities in 7 - 10 Provinces in the country, focusing mainly on Yellow Fever, but also targeting malnutrition in 3 Provinces affected with acute and chronic malnutrition (Cunune, Huila, Namibe). This agreement would provide approximately USD 340,000 to the CVA for implementation of these social mobilization activities, which will be incorporated into the emergency appeal.

C. Detailed Operational Plan

Quality programming / Areas common to all sectors

Quality programming/ Areas common to all sectors				
Outcome 1: Continuous and detailed assessment and analysis is 'used to inform the design and implementation of the DREF operation	**Outputs**			**% of achievement**
	Output 1.1: Mobilization of regional disaster response support informs the revision of the Emergency Plan of Action.			100%
Activities		**Is implementation on time?**		**% progress (estimate)**
		Yes	**No**	
1.1.1 Deployment of a Regional Disaster Response Team members.		X		Complete
1.1.2 Revise Emergency Plan of Action based on the RDRT mission.		X		Complete
1.1.3 Regular monitoring/reporting on the activities planned in the DREF operation.		X		Complete

Progress towards outcomes

1.1.1 An RDRT has been supporting the operation for 8 weeks.

1.1.2 The FACT team and RDRT are currently supporting the NS to finalise the development of an Emergency Appeal.

1.1.3 Reporting on current DREF operation completed.

Health and Care

Health and 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 4 months	**Outputs**		**% of achievement**
	Output 1.1: Capacity of CVA to respond to the yellow fever outbreak is strengthened		In progress
	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		Completed
	Output 1.3: Support to the MoH vaccination campaigns is set up / enhanced in new province(s)		Completed
Activities		**Is implementation on time?**	**% progress (estimate)**

		Yes	No	
1.1.1	Training of 45 volunteers and 5 team leaders (facilitated by WHO) for 3 days.	x		Completed
1.2.1	Community Mapping in Viana Municipality	x		Completed
1.2.2	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	X		Completed*
1.2.3	Printing and distribution of IEC materials designed by WHO and produced by CVA	X		Completed
1.3.1	Procurement of supplies for vaccination	X		Completed
1.3.2	Mobile vaccination clinic to reach people through schools, orphanages and churches for 30 days over 3 months (5 person team).		X	Not Completed

Progress towards outcomes

1.1.1 -1.3.1 See Summary of outputs above

1.2.2 Community mobilization activities planned through the first two DREF allocations are complete. Additional and scaled up social mobilization activities will be carried out in the coming weeks with the support of this third allocation.

1.3.2 The need for mobile vaccination support was no longer required. The outbreak spread significantly throughout Lunda and a scale up of vaccination posts was implemented by the MoH and Angolan Army. The CVA focused on supporting these fixed posts with social mobilisation and did not implement mobile vaccination clinics directly.

Budget

See budget attached

Contact Information

For further information specifically related to this operation please contact:

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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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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:

Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

Enable healthy and safe living.

Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

23/06/2016

DREF - ANGOLA EPIDEMIC (YELLOW FEVER)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	529
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**529**
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	**0**
Storage, Warehousing	0
Distribution & Monitoring	0
Transport & Vehicle Costs	21,460
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	**21,460**
International Staff	9,650
National Staff	0
National Society Staff	31,794
Volunteers	44,479
Total PERSONNEL	**85,923**
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	**0**
Workshops & Training	5,259
Total WORKSHOP & TRAINING	**5,259**
Travel	250
Information & Public Relations	45,896
Office Costs	873
Communications	865
Financial Charges	2,000
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	**49,884**
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	**0**
Programme and Services Support Recovery	10,599

Total INDIRECT COSTS	10,599
TOTAL BUDGET	173,653