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Emergency appeal
Angola: Epidemic (Yellow Fever)

International Federation of Red Cross and Red Crescent Societies

Appeal n° **MDRAO006**	**4 million people to be assisted directly and a further 5 million through social mobilization**	Appeal launched **1 July 2016** duration 6 months
	CHF 1,443,961 Appeal budget	Appeal ends **December 2016**
	CHF 173,653 DREF allocated (3 allocations)	

This Emergency Appeal seeks **1,443,961 Swiss franc in total** to support the **Angola Red Cross Society (CVA)** to reach **9 million people** with **social mobilisation, health and hygiene promotion** (4 million people to be assisted directly and a further 5 million through social mobilization), as all efforts are being made to curb the worst yellow fever outbreak in 30 years in the country.

<click here for the current Emergency Plan of action>

The disaster and the Red Cross and Red Crescent response to date

19 January 2016: first yellow fever cases confirmed. Angola MoH and partners launch response. Despite the efforts, the outbreak continues to spread and reaches neighbouring countries (DRC).

24 February 2016: IFRC issues a DREF for 50,672 Swiss franc to support CVA's response.

6 April 2016: Second DREF allocation of 9,790 Swiss franc to extend the operations and the support to CVA with the deployment of a health RDRT.


Yellow fever prevention discussion with IFRC staff on *Radio Viana* program (Luanda Province) © IFRC

12 June 2016: As the situation doesn't seem to improve, FACT is deployed to assess the situation further, and make plan for scale up of operations and transition to Emergency Appeal. 3,137 yellow fever suspected cases have been reported.

1 July 2016: IFRC launch an Emergency Appeal for 1,443,961 Swiss franc to support operations in Angola.

The operational strategy

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 the 19 Jan 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 limited vaccine supply , the ongoing outbreaks in DRC and a concurrent but separate outbreak in Uganda. The risk for further cross boarder 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 surrounding countries.

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 have been 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 to respond to the epidemic.

Since the beginning of the outbreak all 18 provinces of Angola have reported suspected cases, placing all provinces at risk. Recent epidemiological 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 occurring since late January, and to date almost 80% of this population has been vaccinated (10,641,209). However new areas of local transmission are being identified almost weekly. Ongoing lab confirmed cases are still being reported from areas previously vaccinated, indicating coverage may not be sufficient to break 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 be a 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.

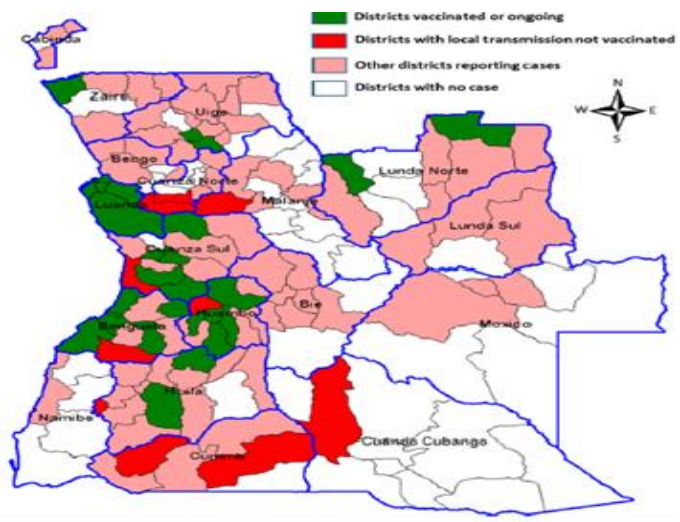

Fig.1 Yellow Fever Cases with Local Transmission and vaccination in Angola Province and District – 5 Dec 2015-10 June 2016

Needs assessment and beneficiary selection

The current yellow fever response in Angola has met with a number of challenges which has led to a slow scale-up by all partners and this has allowed the disease to spread across a large geographical area. Difficulties in detecting and confirming cases have also delayed vaccination access in some areas. With the addition of surge support from WHO and partners, the response is improving. However, recent assessments at provincial level identify gaps in response; the lack of penetration to the community level has been identified as a major limitation to early detection and vaccine coverage in the current capacity.

Within recent weeks, partners have been engaging with the Angolan Red Cross (CVA) to support improved response. UNICEF and WHO have been working with CVA branches to provide training and basic support in a

number of districts to enhance case detection and social mobilisation. However, this support has been in an ad hoc and uncoordinated way and CVA branches have reported difficulties in fulfilling requests to support yellow fever response outside of the areas covered by the initial DREF. Additional technical capacity, resources and logistical support will be required to ensure that the CVA can engage fully in the national coordination and provincial implementation. The full integration of CVA into the overall epidemic response will ensure they have the resources needed to participate effectively and support partners to reach the 'last mile'.

Reports of community resistance to vaccination have also impacted the effectiveness of campaigns and prevention interventions. CVA has been identified a key partner to help build trust and break down resistance to vaccine especially in Luanda and surrounding provinces.

Coordination and partnerships

The coordination of the yellow fever response and information sharing is organized by the Ministry of Health (MoH) supported by WHO. An incident manager from WHO has been appointed to manage the operation and a Global Outbreak Alert and Response Network (GOARN) team has been deployed, including 2 Epidemiologists and Logistics support.

CDC are present on the ground and providing technical support. MSF Spain is operational and providing support in clinical case management and social mobilization in 3 provinces. UNICEF have reinforced their local team and are coordinating social mobilization activities. An EU assessment team is currently on the ground assessing needs.

The CVA will continue to coordinate and implement the yellow fever operations. The IFRC support CVA operations and will work in coordination with the CVA. The IFRC delegates will be based within the CVA HQ office. Working as one team, the IFRC will provide coordination and technical support to the CVA as required. All communications and activities will be communicated to and coordinated through the CVA Secretary General and Programme Coordinator.

Current response

The CVA has been responding to the yellow fever outbreak since the third week of February 2016, via an initial DREF of 50,672 Swiss franc. DREF funds have been used principally to respond to the epicentre of the outbreak in Viana Municipality in Luanda province where, serendipitously, the CVA headquarters are 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 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 was broadcasted twice a week. Nine 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.). Forty-four (44) volunteers have been participating in these activities.

f. Ten (out of 14) of 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 campaigns conducted between 30 April-6 June have 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 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.

Operational strategy

The key programs necessary to stop a yellow fever epidemic from occurring and reduce yellow fever-related morbidity and mortality include:

- Vaccination
- Case Management
- Community engagement through Social Mobilization and/or Health promotion
- Vector Control/Environmental sanitation
- Disease surveillance

Coverage of these strategies in the Angola yellow fever outbreak will be assured by different partners in a coordinated manner. The CVA will concentrate its efforts on the last three 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 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.

The target population is 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.

Proposed sectors of intervention

 **Health and Care**	
Outcome 1 Community yellow fever disease prevention is provided to the target population through social mobilization activities	
Output 1.1 Coverage of yellow fever vaccination in the target population is increased **Output 1.2 Knowledge, understanding and behaviour to prevent, detect and reduce yellow fever disease is increased in target population** **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** **Output 1.4 Yellow fever prevention activities are delivered in Viana, Luanda (This is all existing DREF activities completed)**	
Activities planned: • Identify and recruit volunteers • Training of volunteers on social mobilization for yellow fever	

- Supervision of volunteers
- Door to door social mobilization activities
- Provide key health messages on yellow fever at community meeting points (schools, markets, etc.)
- Provide key health messages on yellow fever to communities through radio programmes
- Establish a two-way communication with communities using Facebook and other social media to adapt yellow fever health messages being provided
- Carry out a KAP survey to ensure messages are effective for target population
- Support micro-planning at municipal level
- 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
- Produce and distribute RC T-shirts and other material to volunteers and staff to improve visibility for CVA at the community level

Outcome 2 Community-based disease surveillance is provided to the target population

Output 2.1 Early detection of suspected yellow fever cases is increased in the target population

Output 2.2 Early detection of other potential epidemic diseases (e.g. measles) is increased in the target population

Activities planned:

- Identify and recruit volunteers
- Training of volunteers
- Supervision of volunteers
- Hold meetings with community members to explain CBS
- Work with MoH to develop Standard Operating Procedures for follow up of suspected cases
- Establish dashboard for CBS (Magpi application)
- Buy mobile phones and phone credits for volunteers
- Maintain regular meetings with partners

Outcome 3 Vector control (VE) and Environmental sanitation (ES) activities are carried out in the target population

Output 3.1 The risk of yellow fever and other vector-borne diseases in the community are reduced in the target population through community-based

vector control and improved environmental sanitation

Activities planned:

- Identify and recruit volunteers
- Training of volunteers
- Supervision of volunteers
- Collaborate with MoH and Environment Ministry in vector control and environmental sanitation activities
- Provide VC and ES social mobilization messages to communities through door-to door and mass information activities
- Support communities to advocate for environmental clean-up with appropriate authorities
- Carry out community clean-up activities
- Buy and distribute cleaning equipment
- Buy and distribute safety equipment for volunteers and staff

National Society Capacity Building

Outcome 4 NS' capacity to respond to current and future epidemics and disasters is enhanced

Output 4.1 Infrastructure faults and IT capacity of NS HQ is enhanced

Activities planned:

- 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)
- Flooding prevention or mitigation plan is approved

• Flooding prevention or mitigation works are implemented (HQ is not flooded in rainy season) • Exterior damage to CVA HQ building by flood waters and sun is corrected by painting the building (building is painted) • IT technician is contracted to propose works and materials necessary to ensure Wi-Fi internet connectivity in CVA HQ (proposal/pro forma invoice) • IT works are carried out (Wi-Fi connectivity present in HQ)
Output 4.2 Logistical capacity of the NS is improved
Activities planned: • Toyota Prado is repaired and necessary parts installed (Prado runs) • Toyota LC (troop carrier is repaired, necessary spare parts installed, interior damage repaired) (Toyota LC is operational)

Operational support services

Human Resources

HR planning table			
Position Title	**Sector Area**	**Time (months)**	**Specific roles, responsibilities, tasks**
Operations Coordination	Operations	6	Coordination of all aspects of operations
Public Health delegate with background in hygiene promotion	Health	6	Provide technical support to CVA staff and volunteers
Seconded Health Staff (RDRT trained)	Health	6	Support CVA staff and volunteers in implementation of activities and coordination
Expert in Hygiene Promotion and Behavioural Change	Health	3 visits x 10 days per visit	Develop materials and train staff and volunteers on yellow fever-specific social mobilization and HP practices

Communications - advocacy and public information

Support to internal communications department of CVA will be given (through a deployed communications officer to Angola for 3 months) in order to insure the increased visibility of the NS' actions and support the building of trust in the CVA in order to support the uptake of the key messages by the community. Ongoing advocacy campaigns will be conducted around the need for improved integrated vector-control strategies, not just around the *aedes egypti*, but around other vector-borne illnesses as well will be produced

Information from Angola will be shared regionally in order to ensure the accurate and timely dissemination of yellow fever data in order that the risk of further spread of yellow fever is both is limited.

Logistics

Movement of Ops Coordinator and Health Delegate, both in Luanda and the field, will be initially covered via local vehicle hire. Once the CVA vehicles are repaired and maintained it is envisioned that one of these could be allocated to the IFRC team. If air transport is required, all flights will be booked on Taag airlines, as per the security protocols of the IFRC.

Movement of CVA staff and volunteers to, from and within the field will be conducted via local transport.

Information and communication technologies (IT)

IM support to the operations will be provided remotely via SIMS.

Reporting, monitoring and evaluation

As PMER has been built into the programs as they are being rolled out, consult the detailed operational plan in the EPOA for yellow fever PMER details.

Security

The security environment in Angola remains challenging. Security and safety-related threats in Angola are multi-faceted, including but not limited to: unexploded ordinance (e.g. landmines), criminality (often violent), militancy. These and others threats have the potential to impact on RCRC personnel, assets, and operations especially if security management is not adequately addressed. In particular, the North-East of the enclave province of Cabinda is rated as high-risk environment. Therefore, there is a vital need to put in place adequate security management. This includes but is not limited to close monitoring of the security situation across the country, liaison and coordination with partners (e.g. ICRC, UNDSS), the creation curfews and movement restrictions (in particular for Red Cross Red Crescent delegates), the completion of the applicable IFRC Stay Safe courses (i.e. Stay Safe Personal Security, Security Management and Volunteer Security), the institution of and compliance with Minimum Security Requirement (MSR), and staff and mission tracking.

Administration and Finance

CVA administrator and head of finance will support operations, as needed. This will take the form of assisting to arrange Visas upon Arrival for incoming delegates, as well as assisting to arrange visa extensions and/or visa renewals as needed.

All funds will be provided by the IFRC regional office in Pretoria to the operations via the CVA bank account. Regular cash requests, approval of expenditures, and regular acquittal of expenses will be overseen by the Ops Coordinator.

Additionally, regional IFRC DM team will continue to provide administrative and finance support to the yellow fever operations.

NB. There is a great variance between the official exchange rate and the unofficial exchange rate, which at time of the writing of this EPOA was 17,000 Kwanzas for 100 dollars at the bank rate, and 50,000 per 100 dollars at the unofficial exchange rate. All operations will necessarily be conducted at the bank rate.

€ **Budget CHF 1,443,961**

See attached budget for details.

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Contact information

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

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

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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 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.

Emergency Appeal Operation

28/06/2016

ANGOLA EPIDEMIC (YELLOW FEVER)

Budget Group	Multilateral Response	Bilateral Response	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	0		0
Teaching Materials	0		0
Utensils & Tools	0		0
Other Supplies & Services	3,500		3,500
Emergency Response Units	0		0
Cash Disbursements	0		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**3,500**	**0**	**3,500**
Land & Buildings	0		0
Vehicles	0		0
Computer & Telecom Equipment	0		0
Office/Household Furniture & Equipment	7,500		7,500
Medical Equipment	0		0
Other Machinery & Equipment	0		0
Total LAND, VEHICLES AND EQUIPMENT	**7,500**	**0**	**7,500**
Storage, Warehousing	0		0
Distribution & Monitoring	0		0
Transport & Vehicle Costs	86,930		86,930
Logistics Services	0		0
Total LOGISTICS, TRANSPORT AND STORAGE	**86,930**	**0**	**86,930**
International Staff	236,800		236,800
National Staff	22,500		22,500
National Society Staff	71,149		71,149
Volunteers	669,051		669,051
Total PERSONNEL	**999,500**	**0**	**999,500**
Consultants	10,000		10,000
Professional Fees	0		0
Total CONSULTANTS & PROFESSIONAL FEES	**10,000**	**0**	**10,000**
Workshops & Training	85,549		85,549
Total WORKSHOP & TRAINING	**85,549**	**0**	**85,549**
Travel	35,699		35,699
Information & Public Relations	89,402		89,402
Office Costs	13,973		13,973
Communications	18,780		18,780
Financial Charges	5,000		5,000
Other General Expenses	0		0
Shared Office and Services Costs	0		0
Total GENERAL EXPENDITURES	**162,854**	**0**	**162,854**
Partner National Societies	0	0	0
Other Partners (NGOs, UN, other)	0	0	0
Total TRANSFER TO PARTNERS	**0**	**0**	**0**
Programme and Services Support Recovery	88,129		88,129
Total INDIRECT COSTS	**88,129**	**0**	**88,129**
TOTAL BUDGET	**1,443,961**	**0**	**1,443,961**
Available Resources			
Multilateral Contributions			
Bilateral Contributions			
TOTAL AVAILABLE RESOURCES		**0**	**0**
NET EMERGENCY APPEAL NEEDS		**0**	**1,443,961**