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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° EP-2015-000179-AGO**
Operations revision n° 1 **Date of issue: 27 July 2016**		**Timeframe covered by this update: 6 April 2016 – 15 July 2016**
Operation start date: 23 February 2016		**Operations timeframe: 9 months (end date: 23 December 2016)**
Appeal budget: CHF 1,443,961	**Appeal coverage: 6 %**	**Total estimated Red Cross and Red Crescent response to date: CHF 89,098.**
DREF allocated: CHF 173,653 in 3 allocations (CHF 50,672; CHF 9,790; CHF 113,191)		
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 (CVA) is organised into 18 branches, 1 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 3,668 (73%) 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, Center for Disease Control (CDC), Ministry of Health (MoH) of Angola		

This Operations Update presents the extent of the operation timeframe until 23 December 2016, and the launch of an emergency Appeal in July 2016 that seeks a total of CHF 1,443,961 to support scale up of social mobilization activities around the expanded nationwide vaccination campaign, community based surveillance, vector control environmental sanitation and National Society Capacity building.

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 Emergency Appeal since its launch on the 1st of 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 laboratory 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, spread across the country and resulted in exportation of cases to at least 4 other countries. This exportation 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 that is ongoing in Uganda. The risk for further cross border transmission, extension of the outbreak in Angola and DRC, as well as the potential spread of

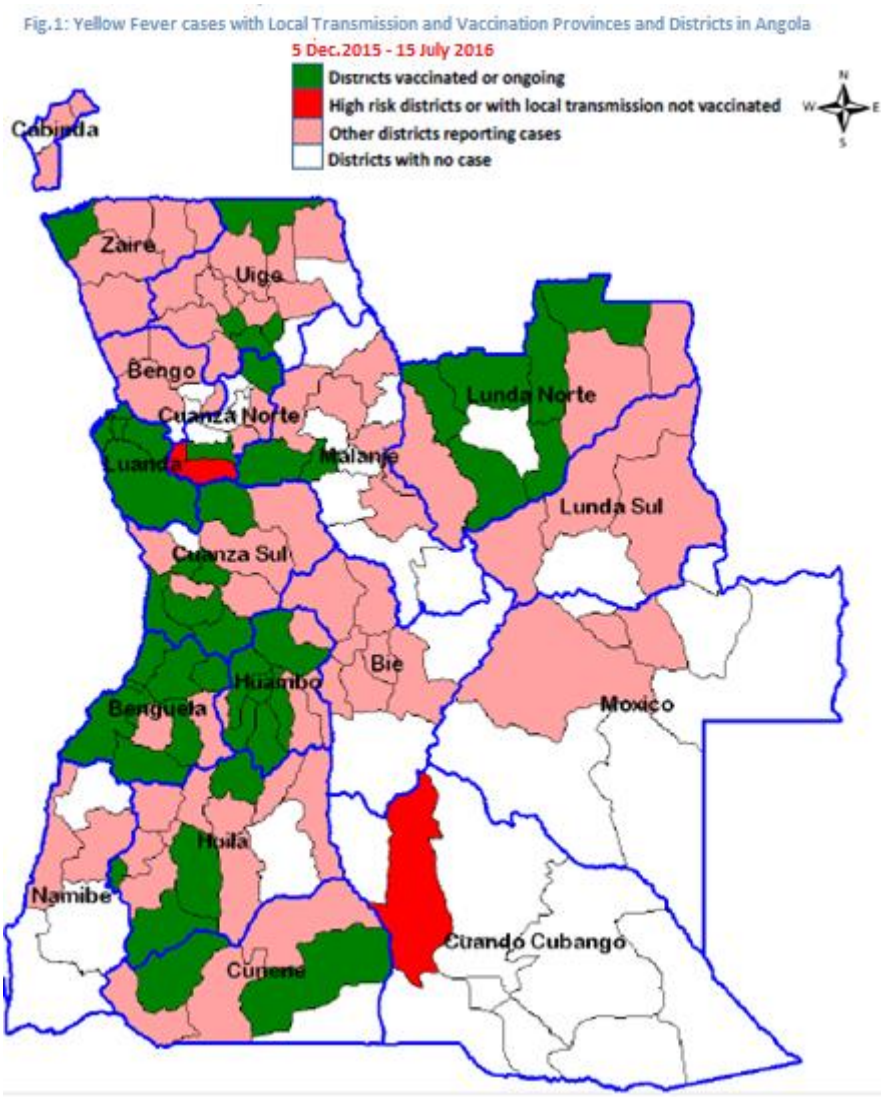
yellow fever to other countries increases the complexity and urgency of the response to the outbreak in Angola and the surrounding countries.

The Angola Yellow Fever outbreak is diminishing in intensity as result of massive vaccination campaign. As of the 15th of July and according to the WHO`s Situation Report there have been a total of 3,116 suspected cases (877 laboratory confirmed) and 361 (CFR 10.0%) deaths reported among suspected cases. Laboratory confirmed cases have been confirmed in 16 of Angola`s 18 provinces and in 79 out of 125 districts

Currently, transmission has been documented in 44 districts and 11 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 Center 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.

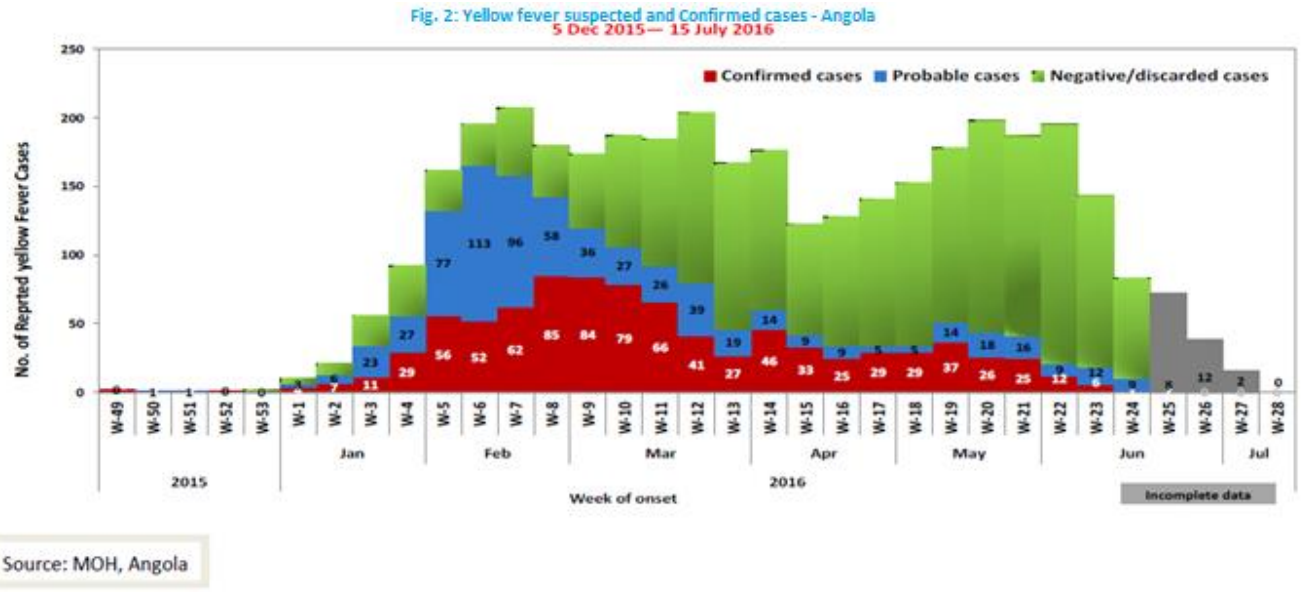
Vaccination response has been carried out since late January. Selected areas of Luanda started a mop-up campaign to address pockets of low coverage detected by independent monitors. As of the 15th of July, 83% of this population were vaccinated (12,697,188). In recent weeks' suspected and confirmed cases have decline suggesting the vaccination campaign is having the desired effect of breaking transmission. No district has reported new yellow fever case in the week preceding the 15th of July. To help address these issues a 'mop up' campaign has been 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 Provinces and Districts in Angola



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.
- High risk of spread 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.
- Inadequate surveillance system capable of identifying new foci or areas of cases emerging.



Source: MOH, Angola

The epidemic curve for the outbreak (shown above in fig.2) 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 with 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 Team Manager with the Ministry of Health prepared a detailed, district vaccination plan. 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 (See figure below). In order to ensure adequate coverage of vaccination campaign, strong social mobilization and risk communication is key, particularly in light of the resistance to vaccination that has been reported recently 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 80% 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 3 -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 1st of July. The FACT team is now in its 2nd 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 Coverage of these strategies focuses on the last 3 of these strategies:

- Community engagement, in particular social mobilization to support the vaccination campaign.
- Vector control/environmental sanitation.
- 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 50,672 Swiss francs. In mid-April, a second allocation of 9,790 Swiss francs 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. The operation was extended for six months in July 2016, and an additional allocation of 1,443,961 Swiss francs through the release of an Emergency Appeal awaiting continued pledges.

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 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.). Up to 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.

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 25th 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 the 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 shared the plan for the 11 districts targeted for vaccination, with vaccination campaigns starting on 29th of June. This information was shared with provinces and technical support was deployed for the first 10 days of the campaign to Uige and Cuanza Norte. This technical support consisted of facilitating the coordination between CVA volunteers with the vaccination teams, dissemination of the key messages through radio record and broadcasting of key messages, support in planning for 3 days' mobilisation, coordination meetings with DPS social mobilisation department, UNICEF and WHO at provincial level. CVA volunteers have participated with MoH and UNICEF in vaccination campaigns undergoing in Soyo (Uige) and Chitato (Lunda Norte). House-to house social mobilization activities have stopped in Viana (Luanda), however radio programmes have continued twice a week.

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 were not able to be secured. The second rotation FACT Team Leader had to leave on the 14th of July 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 is required for these activities.

The CVA has also entered an agreement with UNICEF to provide social mobilization and health promotion activities in 7 to 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

Health and Care

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			25%
	Output 1.2: Knowledge, understanding and behavior to prevent, detect and reduce yellow fever disease is increased in target population			25%
	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			5%
	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 programs	X		Ongoing
• Establish a two-way communication with communities using Facebook and other social media to adapt yellow fever health messages being provided		X	Not yet 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

- Community mobilization activities planned through the first 2 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 24th and 25th of June to be briefed on the plan, key messages and participate in microplanning activities with the municipalities. The MoH aim is to have vaccination campaign completed by the beginning of the rainy season in September.
- Twice weekly radio programmes on Viana Radio continue to raise disseminate key messages.
- For communications activities a FACT Health will be deployed on the 24th of July. Visa issues have caused delays to deployments.
- Utilising DREF, 100,000 flyers containing yellow fever information were distributed. T-shirts with IEC messages are still to be procured. Volunteers are currently using existing CVA visibility material.

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 (Magpie 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. Delays have been encountered due to visa issues leading to FACT TL having to leave the country. An Operations Coordinator and Health Coordinator are being recruited for urgent deployment. Priority is being given to social mobilisation alongside the vaccination campaign until HR resource support can be deployed.			

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		Ongoing
• 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			
• 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. • Ten (out of 14) of Viana's communes chosen for social mobilization activities funded by DREF and based on rumours of yellow fever cases and reports of bad sanitation conditions. Door-to-door and mass education social mobilization campaigns have reached 3,316 households and 105,655 individuals. • 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.			

National Society Capacity Building

Outcome 4: National Society 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
• Approval of flood prevention or mitigation plan.		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.
- Based on early security assessments and structural issues at the current location planned to move the CVA team temporarily to Luanda city.
- Repaired one 4x4 Toyota LC CVA vehicle and ensured it is dedicated to the operation.

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