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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° 3 **Date of issue:** 13 April 2017	**Timeframe covered by this update:** 31 July 2016 – 13 April 2017
Expected Operational Timeframe: 23 February 2016 – 31 December 2016	**Revised Operational timeframe:** 23 February 2016 – June 30, 2017 (16 months)
DREF allocated: CHF 173,653 in 3 allocations (CHF 50,672; CHF 9,790; CHF 113,191)	**Appeal budget:** CHF 1,443,961
Total number of people affected: 23,000,000	**Number of people to be assisted:** 9 million people (4 million directly through volunteers social mobilization and a further 5 million indirectly through mass media mobilization)
Host National Society presence (volunteers, staff, and branches): Cruz Vermelha de Angola (CVA) is organized into 18 branches, one in each provincial capital and the HQ in the capital of the country, with 66 nurses employed at health posts. The National Society currently has 5,000 volunteers in the country with approximately 73% (3,668) active.	
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Government through the Ministry of Health (MoH) and Angola Armed Forces (FAA), World Health Organization, UNICEF, Center for Disease Control (CDC)	

Source: Photos of the response of the Angola Red Cross to the worst yellow fever outbreak in Angola, which was first detected in December 2015 https://www.flickr.com/photos/ifrc/sets/72157671388930505

A. Appeal History

- This Emergency Appeal (EA) was launched on 23 February 2016 for **CHF 1,443,961** to enable the IFRC to support the Cruz Vermelha de Angola (CVA) to reach 9 million people with social mobilization, health, and hygiene promotion—4 million to be assisted directly and a further 5 million through social mobilization—to address the devastating effects of the Yellow Fever outbreak.

- ***Disaster Relief Emergency Fund (DREF):*** CHF 173,653 was allocated from the Federation's DREF to support the National Society (NS) to start up operations and meet the immediate needs of the affected populations. The DREF was distributed to the NS in three tranches over five months to allow for scaling up of activities and the development of the Emergency Appeal.

- Operations Update 1 is issued on 28 July 2016

- Operations Update 2 is issued on 1 August 2016

- Operations Update 3 is issued on April 13, 2016 extending the timeframe to June 30, 2017

This Operations Update presents the progress on the implementation of the operation to date. In addition, it is meant to apply an extension of the operation until June 30, 2017 to allow the NS to complete the part of the planned activities concerning vector control and environmental sanitation activities in the target population. Although these activities were originally intended for completion in 2016, there were delays in implementation of activities due to access challenges that related to difficulties in obtaining visas for staff overseeing the Operation. It is therefore prudent to extend the Appeal on the upcoming rainy season that has the potential to increase breeding sites for mosquitoes in addition to the cholera season as to observed cases of the disease. To ensure strengthened community-based prevention efforts to avert further incidences of water borne diseases and it is now of the utmost importance that the NS continues implementation.

The IFRC, on behalf of the* Cruz Vermelha de Angola (CVA)*, would like to thank all of its partners and appeal to all distinguished donors to support the EA to enable CVA to provide much needed assistance to the most vulnerable, affected communities.

B. Situation analysis

Description of the disaster

The largest outbreak of yellow fever in 30 years in Angola affected the country late 2015. The outbreak was detected in the Municipality of Viana, in Luanda, Angola, in late December 2015, with the first cases being lab confirmed on 19 January 2016. An immediate response was launched by the Angolan Ministry of Health and its partners. Despite initial efforts, the outbreak rapidly increased in size and scale, spread across the country and resulted in exportation of cases to at least four 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 was complicated by both the limited vaccine supply and the outbreaks in DRC, and a concurrent but separate outbreak that occurred 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 Yellow Fever outbreak diminished in intensity as result of massive vaccination campaign with the last confirmed case reported on 23 June 2016, according to WHO Situation Report. Two new probable cases without a history of yellow fever vaccination were reported from Kwanza Sul province in the mid October 2016.

As of the 20th October 2016 and according to the Ministry of Health, there have been 4,599 notified suspected cases, with 384 cumulative deaths (General Lethality Rate: 8.3%); 884 cases have been laboratory confirmed (19%) out of which 121 have resulted in deaths (Case Fatality Rate: 13.6%). Since the start of the outbreak, suspected cases have been reported in all 18 provinces while confirmed cases have been reported from 80 districts in 16 provinces**.** The health provinces of Luanda, Benguela, Huambo and Huila were the most affected.

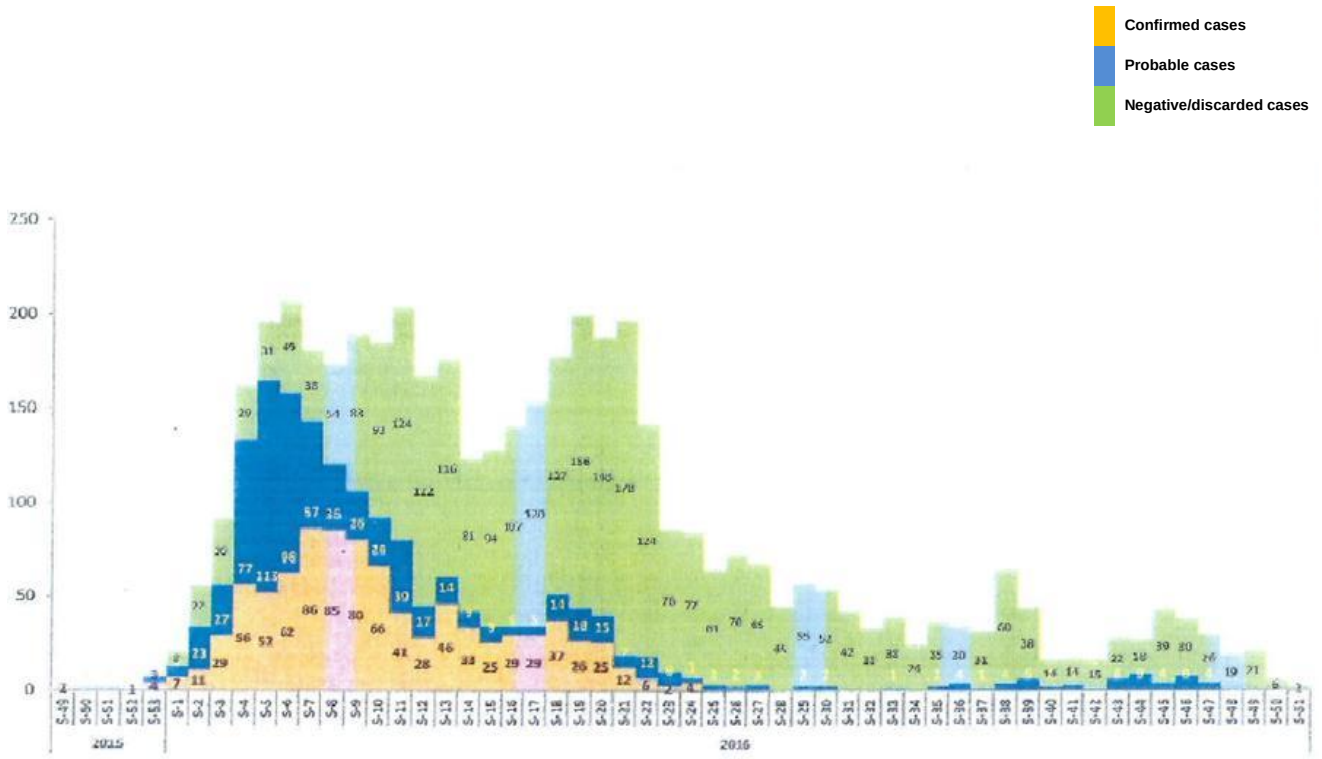

Figure 1. National weekly number of confirmed, probable and negative yellow fever cases in Angola, 5 December 2015 to 23 December 2016. Source: Epidemiologic Situation Presentation, Angola Ministry of health, Hygiene and Epidemiologic Surveillance Department, Jan 2017

By 19 September 2016 people were vaccinated in 73 municipalities of 18 provinces in Angola with a cumulative number of 17,917,134 (70% of total Angolan population)... Preventive vaccination campaigns are planned to be implemented in 16 new municipalities in the 1st trimester of 2017, contingent upon the availability of vaccination doses, to cover 100% of the target population with the Yellow Fever vaccine.

Figure 2. Yellow fever outbreak: Angola Yellow Fever Epicurve[1]

Despite the reality that no cases have been reported in the last six months and that the Government officially declared the end of the disease spread in December 2016[2], it is very important to conduct a good quality and continued vaccination campaigns to at least 90% of the population in order to have effective preventative controls.

Table 1: Vaccination coverage in Angola and Democratic Republic of the Congo as of 25 October 2016 -focus on Angola: Source WHO Sit Report, Oct 2016.

Country Target Areas	Province/Region (District/Health zone)	Doses approved
Angola	Luanda (Viana)	1.8
	Luanda (all 8 districts)	5.6
	Benguela, Bié, Huambo, Kwanza Sul	4.3
	Benguela, Bié, Cunene, Huila, Kuando Kubango, Kwanza Norte, Kwanza Sul, Namibe, Uíge	3.3
	Pre-emptive vaccination campaigns in areas which border Democratic Republic of the Congo	3.1

[1] WHO Yellow fever outbreak timeline: http://www.who.int/emergencies/yellow-fever/mediacentre/timeline/en/

[2] Speech of His Excellency Dr. Gomes Sambo, Luís, Minister of Health, Meeting on Yellow Fever, 23 December 2016

	Namibe (Namibe), Moxico (Lumbala Nguimbo, Luena), Bié (Chinguar, Andulo, Nharea) Cuando Cubango (Cuito Cuanavale), Cuanza Sul (Cela), Lunda Sul (Cacolo)	1.9
	Total Doses	**20**

With the Angola outbreak, we can state that as a whole a pilot phase in the fight against the disease has been conducted through massive prevention initiatives. It is the first time that a stockpile of these characteristics is depleted, having used 13 million doses of vaccines, twice the regulatory stockpile, managed by the International Coordinating Group (ICG) with four agencies: WHO, UNICEF, IFRC and Médecins sans Frontières[3].

Very recent cases of other vector borne related diseases have had date of onset in Angola, starting with a first case of Cholera the 13th December 2016, and notified on the 14th December, from Zaire province, being the outbreak confirmed between the 28th and 30th December by The National Public Health Laboratory. [4]

In-country dialogue with CVA is kept on a daily basis for further vector control initiatives and community environmental sanitation activities, their implementation being expected for early 2017.

The situation is being continuously monitored to assess further response needs against water borne diseases that are a contact threat in Angola a major public health related problem. An upcoming CVA sectorial response plan can be analyzed to explore incorporation of complementing existing CVA vector control activities into the Appeal as to its Outcome 3 of the Detailed Plan of Action below, providing its extension of the operation. Thus, as awareness on the vector is the key action, the appeal will continue to monitor the situation in geographical areas given the vector activity, increasing preparedness face to outbreaks.

Summary of current response

Overview of Host National Society

Set-ups for the operation can be briefly exposed as follows as per the *Cruz Vermelha de Angola* pre-existing structure:

National operational team

Level	Focal
Strategic	Secretary General, Programs Director, Finance Director, IFRC Representative
Intermediate	Regional Secretaries (17): Bengo, Benguela, Bié, Cabinda, Cuando Cubango, Kwanza Norte, Kwanza Sul, Cunene, Huambo, Huila, Luanda, Lunda Sul, Malange, Moxico, Namibe, Uige and Zaire.
Operacional	Municipal Coordinators (59), 1.942 Mobilizers / community based volunteers.

[3] The stockpile used to be 6 million doses per year, enough since 2001.
WHO: Yellow fever vaccines global stockpile - Questions and answers (Q&A)
https://www.youtube.com/watch?v=8vuPzkLnwgw

[4] The source of the outbreak is Libi Island (Ponta de Padrao) in the central commune of Soyo municipality, becoming a geographic area targeted for response

In 59 municipalities where the vaccination campaign took place, the following provides a summary of achievements (these activities have resulted in further Appeal achievements highlight in the *Summary of the Current Response* section):

- 1,942 mobilizers recruited and trained to carry out vaccination campaign, having been 78 the training sessions conducted for mobilizers
- 792,336 door-to-door visits effectuated
- 9,417 mass mobilization activities in churches, schools, markets and other agglomeration sites
- 56 spots in the municipal radios; - 1 radiophonic spot passed about 56 times in the municipal radios during the vaccination campaign
- Distribution of 98,349 leaflets -IEC Material- on yellow fever and other key messages were passed during the door-to-door and mass mobilization activities

If we consider 5 members in each household and that each mobilizer made an average of 34 visits during 12 campaign days, we can state that an estimated of 3,934,514 people have been targeted during 792,336 house-to-house visits in the 59 municipalities. The rest of the population target, 5 million, is considered to have been achieved through mass mobilization activities via radio sets, etc. Mass mobilization has resulted into no more cases of Yellow Fever recorded compared to the beginning of the appeal period, as shown in epidemic curve of Figure 1 above. Evidence between this fact and the RC action will be flagged at the evaluation.

CVA has capacity in Community Engagement and Accountability (CEA). Specifically, CVA is engaging the affected beneficiaries in the support for micro planning at the municipal levels. In addition, CVA had plans to engage the affected beneficiaries in social mobilization for the vaccination campaigns through 2-way communication and feedback mechanisms through Facebook and other social media challenges, though there are challenges due to limited capacity to monitor the social media sites.

Movement Coordination

The CVA continues to coordinate and implement Yellow Fever operations with the IFRC as only Movement related partner. The IFRC delegate will be based within the CVA HQ office. All communications and activities are communicated to and coordinated through the CVA SG and Program Coordinator.

The recruitment of the IFRC delegate, more specifically the Operations Manager, was concluded, his deployment being programmed for early in January 2017. Deployment was significantly delayed due to the visa application and approvals process, which began in October 2016.

Overview of non-RCRC actors in country

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 is present on the ground and providing technical support. MSF Spain is operational and providing support to clinical case management and social mobilization in three provinces. UNICEF has reinforced its local team and is coordinating social mobilization activities.

The CVA 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 three provinces affected with acute and chronic malnutrition (Cunene, Huíla, and Namibe). This agreement provided approximately USD 340,000 to the CVA for implementation of these social mobilization activities, which have been incorporated into the emergency appeal. However, activities remain and to complete the operation to the satisfaction, the CVA seeks to conduct a 2-month social mobilization campaign on vector

control (Outcome 3 of the operational plan below). To establish best practices, the NS also seeks to perform an assessment on impact of the mobilization campaign on enhancing behavioral change.

CVA seeks to primarily carry out social mobilization activities in 2017 to support the prevention of the spread of Yellow Fever raising awareness on vector management to the end of June. To implement this initiative, as planned in the 2016 Appeal, the CVA requires funding for a period of six months in 2017 counting from January.

Needs analysis, beneficiary selection, risk assessment and scenario planning

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. Angola currently ranks 149 out of 188 countries on the UNDP Humanitarian Development Index. Despite progress since the end of a 40 years' civil war, access to health care still remains extremely low, and recent drop in oil prices is negatively affecting the provision of essential services. Angola has experienced large outbreaks of Marburg and cholera in the past, and is currently effected by El Nino in the south part of the country, which is currently negatively impacting food security and malnutrition indicators.

The current Yellow Fever response in Angola has been met with a number of challenges, which have led to a slow scale-up by all partners. This has allowed the disease to spread across a large geographical area.

The action in zones targeted for vaccination campaigns of population at risk for further disease spread and other initiatives has led to important lessons learned in terms of standards adaptation, elaboration of guidelines and clinical cases management. About 50% of population in those areas, approximately 4 million people, is directly concerned by the CVA action against yellow fever, hence the importance of keeping the NS active in the overall disease surveillance mechanisms effectively.

Risk Assessment

The risk of further outbreak of the virus within Angola is highly likely with the current onset of seasonal rainy season, as it promotes the breeding of mosquitoes. The national epidemiological surveillance system still needs to be improved and strengthened creating pre-existing conditions for the notification and investigation of arboviruses suspected cases as mitigating measure. For this, it is important to keep that system active for the detection of suspected cases and subsequent laboratory confirmation.

Reports of community resistance to vaccination have also impacted the effectiveness of campaigns and prevention interventions. The NS is therefore proposing to further continue social mobilization from early 2017 to minimize risks of potential outbreak as part of the national disease surveillance mechanisms with the involvement of the community for knowledge and practices improvement purposes. CVA has been identified as a key partner to help build trust and break down resistance to vaccine especially in Luanda and surrounding provinces.

C. Operational strategy and plan

An Emergency Plan of Action incorporated key strategies necessary to stop a yellow fever epidemic from occurring and reduce yellow fever-related morbidity and mortality rates. These include vaccination, case management, community engagement through social mobilization and/or health promotion, vector control/environmental sanitation and disease surveillance. The Emergency Appeal targets implementation of the latter three of these strategies:

1. Community engagement, in particular social mobilization to support the vaccination campaign;
2. Vector control/environmental sanitation; and
3. 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 and morbidity and mortality rates from yellow fever are reduced through collaborative efforts of all partners. CVA/IFRC will support accomplishment of this objective through:
   a) Social mobilization (particularly for vaccination campaigns);
   b) Community-based surveillance;
   c) 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.

Strategies 1. and 3. and action b) above are directly linked up with the Government vaccination operation and are consequently reliant on the Government campaign.

Summary of the current response

From February until June 2016, CVA had responded to the epicenter 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. Later on, as the outbreak began spreading to other districts, the NS started mobilizing its volunteers in those areas to support social mobilization activities. To date, CVA, through the Emergency Appeal, has accomplished the following:

a. **Vaccinated 130,400 individuals at the CVA headquarters in Luanda**, in auxiliary partnership with the Angolan Armed Forces (FAA) and the Ministry of Health (MoH). Phase two of the on-going vaccination campaign has targeted more than two million people in twelve districts across ten provinces of the country.

b. In partnership with Radio Viana, **provided live health information messages related to Yellow Fever during a regularly scheduled radio show, aired twice per week.** Nine live programmes were carried out and pre-recorded key prevention messages continue to be aired.

c. **Supported 59 targeted municipalities with the development of municipal social mobilization plans**.

d. In partnership with UNICEF, **trained 1,942 volunteers in social mobilization techniques.** The training focused primarily on door to door and mass education activities in community meeting points (schools, markets, taxi sites, etc.).

e. **Reached over 3.9 million people with radio, door-to-door, and mass education social mobilization campaigns.** The municipalities targeted through these campaigns were chosen based on their predisposition to the potential for Yellow Fever outbreaks. T**hey represent the 35% of progress towards the 50% concerned by the Red Cross action of the population reached by vaccination. That is to say, 9 million people out of the approximately 24 million which constitute the population of the country.**

It is important to highlight that the emergency appeal has not been fully funded (only the 51% of coverage had been reached) to cater for the costs of the extensive operational plan below. Consequently, a proportional part of the activities has needed to be prioritized over the whole of the programme, privileging volunteering action, more specifically related to outputs 1 and 3.

The agreement entered by CVA with UNICEF above served to complete most of the volunteers' social mobilization and health promotion activities. This local financial contribution has served to cover Output 1 implementation during the second half of the year 2016 in the absence of IFRC representation in country, and has allowed accomplishment throughout the timeframe of the appeal.

Implementation moves now towards Output 3 on volunteers' realization of environmental activities and prevention of water borne diseases within the communities. More action under the other components (Outcome 2 and rest of Outcome 1) is programmed for the CVA to accompany the Government mass vaccination operation and consequently could only be undertaken if the vaccination campaign takes place.

The network of volunteers remains solid and an important asset in the response to the epidemics from the CVA. As an evaluation of the programme is pending to measure impact and change, at this juncture we can state that much knowledge about the disease has been passed on to the target population. The local authorities acknowledge the work done by the NS and this create favorable conditions for lessons learned itemization and knowledge capitalization purposes, a step forward already planned for and for which we invite our financial partners to keep involved in the programme till completion in 2017

Challenges in implementation:

- As early detection initiative following vaccination campaigns, social mobilization planning for vector control need to be duly contemplated as part of the implementation of the rest of this Appeal

- Visa delays for international staff supporting the implementation of the Appeal. It delays significantly deployment due to approvals process before and after the visa application.

- Assess mobilizers M&E (monitoring and evaluation) real capacity for an accurate data collection. The data collection was done based on reporting templates prepared and validated by the technical teams of the CVA and UNICEF. The data were sent by telephone and compiled into a database in the CVA HQs.

- The work of the CVA volunteers would be more visible if the CVA anticipates visibility material Thus, stress on production and distribution of RC T-shirts and other material to volunteers and staff is important to improve visibility for CVA in the communities.

There is an urgent need for additional support to the National Society and extend the emergency to complete remaining activities:

1. The NS seeks to continue capacity building its volunteers to respond to outbreaks in future.

2. The rainy season (October 2016 – March 2017) has created favorable conditions for mosquito breeding across the country, which requires the continuation of vector control efforts. This has been corroborated by the World Health Organization Regional Director for Arica, Dr. Moeti, who have expressed that "[the humanitarian community] needs to keep a close eye on the situation…[as] this is a peak time for yellow fever-carrying mosquitoes. We need to continue working together to ensure this outbreak is truly over, and to prevent future outbreaks."[5]

3. Carry out 4 Knowledge and Practice's (KAP) studies on areas that have been subject to vaccination against yellow fever

4. In the same areas, hold meetings between regional coordinators and community leaders for impact evaluation purposes, an activity that is part of the programme and that it is important to itemized.

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 **% of achievement: 55%**	**Outputs**	**% of achievement**
	Output 1.1: Coverage of yellow fever vaccination in the target population is increased	57
	Output 1.2: Knowledge, understanding and behavior to prevent, detect and reduce yellow fever disease is increased in target population	40
	Output 1.3: Other potential epidemic threats – enhanced by the strain caused by yellow fever on the health system- are prevented in the target population	20
	Output 1.4: Yellow fever prevention activities are delivered in Viana, Luanda	95

Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes	**No**	
Identify and recruit volunteers: **Progress**: Altogether 1,942 volunteers were deployed and they have reached estimated 3.9 million people. Social mobilization supported in altogether 36 municipalities.	X		Completed
Training of volunteers on social mobilization for yellow fever: **Progress:** 1 day training of all 1,942 by UNICEF staff consultants hired to conduct volunteers training in order to support vaccination related activities	X		Completed

[5] WHO, Features 2016, Winning the war against yellow fever, 25 November 2016, http://www.who.int/features/2016/winning-the-war-against-yellow-fever/en/

Supervision of volunteers: **Progress**: Each municipality has: 1 coordinator, who is supported by team leaders per community; Team leaders have groups of volunteers under them, their number varies depending on the geographical spread of the community. Team leader has the responsibility to report on a monthly basis using reporting forms. All volunteers were trained on reporting tools. There is a focal person at head office who manages the data and collates the information gathered from provinces.	X		Completed
Door to door social mobilization activities **Progress**: 792,336 people reached to date.	X		Completed
Provide key health messages on yellow fever at community meeting points (schools, markets, etc.)	X		Ongoing
Provide key health messages on yellow fever to communities through radio programmes. **Progress**: NS carried out live broadcast, one session per week up until June 2016. Thereafter, the strategy has changed to pre -recorded key prevention messages on yellow fever shared with the radio stations for broadcasting. By October, twice weekly radio programmes on Viana Radio to raise and disseminate key messages were stopped due to shortage of staff.	X		Ongoing
Establish a two-way communication with communities using Facebook and other social media to adapt yellow fever health messages being provided. **Progress**: NS confirmed this is not doable due to limited capacities.		X	Not started
Carry out a KAP survey to ensure messages are effective for target population		X	Not started
Support micro-planning at municipal level. **Progress**: Completed in all 59 municipalities where vaccination has taken place	X		Ongoing
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 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 started
Progress towards outcomes			
Community mobilization activities planned through the first two DREF allocations are completed. 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 2016 to be briefed on the plan, key messages and participate in microplanning activities with the municipalities. The MoH aim is to have the rest of vaccinations completed as early as possible in 2017. To date, about 9 million people have been vaccinated in 85 municipalities with higher risk, of which CVA has assisted in reaching 3.9 million.			
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

% of achievement: 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 started
Training of volunteers		X	Not started
Supervision of volunteers		X	Not started
Hold meetings with community members to explain CBS		X	Not started
Work with MoH to develop Standard Operating Procedures for follow up of suspected cases		X	Not started
Establish dashboard for CBS (Magpie application)		X	Not started
Buy mobile phones and phone credits for volunteers		X	Not started
Maintain regular meetings with partners	X		Ongoing
Progress towards outcomes			
Meetings have been held with Centers for Disease Control (CDC) and Prevention to discuss technical support for Community Based surveillance (CBS). Delays have been encountered due to visa issues leading to Field Assessment Coordination Team, Team Leader having to leave the country. An Operations Manager is finally recruited for deployment. Priority is being given to social mobilization alongside the vaccination campaign until this 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		Not started
Support communities to advocate for environmental clean-up with appropriate authorities	X		Not started

Carry out community clean-up activities		X	Not started
Buy and distribute cleaning equipment		X	Not started
Buy and distribute safety equipment for volunteers and staff		X	Not started

Progress towards outcomes

CVA volunteers 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 were done in conjunction with FAA.

The expansion of the social mobilization plan for vector control nationally is taking place following vaccination campaigns and in coordination with the Ministry of Health plan. The CVA Programmes Coordinator attended IFRC organized training in vector control in August 2016 and he is expected to cascade the training further down to the volunteers.

The risk of emerging and re-emerging epidemics and vector borne diseases requires the National Society be better equipped in responding to outbreaks. As a country with higher risk for cholera and vector borne diseases, Angola will be supported in conducting threat analysis and making contingency plans if required. Continued technical support in identifying and responding to emerging and re-emerging disease outbreaks such as Cholera and Zika in the communities will be provided to the National Society to track and flag them, as advanced in the IFRC Southern Africa Country Cluster Operational Plan 2017 focusing on Emergency Health among other areas.

National Society Capacity Building

Outcome 4. NS' capacity to respond to current and future epidemics and disasters is enhanced **% of achievement: 55%**	**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 started
Flooding prevention or mitigation plan is approved		X	Not started
Flooding prevention or mitigation works are implemented (HQ is not flooded in rainy season)		X	Not started
Exterior damage to CVA HQ building by flood waters and sun is corrected by painting the building (building is painted)		X	Not started
IT technician is contracted to propose works and materials necessary to ensure Wi-Fi internet connectivity in CVA HQ (proposal/pro forma invoice)		X	Not started
IT works are carried out (Wi-Fi connectivity present in HQ)		X	Not started
Toyota Prado is repaired and necessary parts installed (Prado runs)		X	100%

Toyota LC (troop carrier is repaired, necessary spare parts installed, interior damage repaired) (Toyota LC is operational)	X		Not started

Reference documents	Contact Information
☐ Previous Appeals and updates ☐ Emergency Plan of Action (EPoA)	**For further information specifically related to this operation please contact:** **Angola National Society** Mr. Walter Bombo Guange Quifica, Secretary General; phone: +244931677572; email: vgquifica@gmail.com **Southern Africa Country Cluster Support** Mr. Sanchez, Diego, IFRC Operations Manager, Angola; phone: +244922790900; email: diego.sanchez@ifrc.org Lorraine Mangwiro Head of Office for Southern Africa cluster; Pretoria; phone: +27128801200; email: lorraine.mangwiro@irfrc.org **Africa Regional Office** Farid Abdulkadir, Head of DCPRR Unit, Nairobi, Kenya; phone +254731067489; email: farid.aiywar@ifrc.org Rishi Ramrakha, Head of Region Logistics Unit; phone: +254733888022; fax +254202712777; email: rishi.ramrakha@ifrc.org **Geneva** Cristina Estrada, Response / Recovery Lead, DCPRR; phone: +41227304260; email: cristina.estrada@ifrc.org **For Resource Mobilization and Pledges:** **In Africa Region:** Fidelis Kangethe, Partnerships and Resource Mobilization Coordinator; Nairobi; phone: +254714026229; 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 enquiries)** **IFRC Zone:** Dan Mogaka Ayuka, Senior PMER Officer; phone: +254 732412200; Email: dan.ayuka@ifrc.org

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.

Disaster Response Financial Report

MDRAO006 - Angola - Yellow Fever

Timeframe: 23 Feb 16 to 31 Dec 16

Appeal Launch Date: 05 Jul 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-2017/1	Programme	MDRAO006
Budget Timeframe	2016/2-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget			1,443,961			1,443,961	
B. Opening Balance							
Income							
Cash contributions							
European Commission - DG ECHO			*42,393*			*42,393*	
Japanese Government			*1,344*			*1,344*	*190,686*
Japanese Red Cross Society			*47,700*			*47,700*	
Swedish Red Cross			*232,916*			*232,916*	
The Canadian Red Cross Society (from Canadian Government)*			*40,552*			*40,552*	
The Netherlands Red Cross (from Netherlands Government)*			*163,294*			*163,294*	
C1. Cash contributions			*528,199*			*528,199*	*190,686*
Other Income							
DREF Allocations			*173,653*			*173,653*	
C4. Other Income			*173,653*			*173,653*	
C. Total Income = SUM(C1..C4)			701,852			701,852	190,686
D. Total Funding = B +C			701,852			701,852	190,686

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income			701,852			701,852	190,686
E. Expenditure			-240,556			-240,556	
F. Closing Balance = (B + C + E)			461,296			461,296	190,686

Disaster Response Financial Report

MDRAO006 - Angola - Yellow Fever

Timeframe: 23 Feb 16 to 31 Dec 16

Appeal Launch Date: 05 Jul 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-2017/1	Programme	MDRAO006
Budget Timeframe	2016/2-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/ RC contribution to development	Heighten influence and support for RC/ RC work	Joint working and accountability	TOTAL	
	A						B	A - B
BUDGET (C)				1,443,961			1,443,961	
Relief items, Construction, Supplies								
Other Supplies & Services	3,500							3,500
Total Relief items, Construction, Sup	3,500							3,500
Land, vehicles & equipment								
Computers & Telecom				230			230	-230
Office & Household Equipment	7,500							7,500
Total Land, vehicles & equipment	7,500			230			230	7,270
Logistics, Transport & Storage								
Transport & Vehicles Costs	86,929			20,472			20,472	66,457
Total Logistics, Transport & Storage	86,929			20,472			20,472	66,457
Personnel								
International Staff	236,800			26,173			26,173	210,627
National Staff	22,500			25,908			25,908	-3,408
National Society Staff	71,149			8,100			8,100	63,048
Volunteers	669,051			65,306			65,306	603,746
Total Personnel	999,500			125,487			125,487	874,013
Consultants & Professional Fees								
Consultants	10,000							10,000
Total Consultants & Professional Fe	10,000							10,000
Workshops & Training								
Workshops & Training	85,549			4,562			4,562	80,986
Total Workshops & Training	85,549			4,562			4,562	80,986
General Expenditure								
Travel	35,699			15,320			15,320	20,379
Information & Public Relations	89,402			1,216			1,216	88,186
Office Costs	13,973			307			307	13,666
Communications	18,780			5,989			5,989	12,791
Financial Charges	5,000			-584			-584	5,584
Shared Office and Services Costs				5,220			5,220	-5,220
Total General Expenditure	162,854			27,468			27,468	135,386
Operational Provisions								
Operational Provisions				46,977			46,977	-46,977
Total Operational Provisions				46,977			46,977	-46,977
Indirect Costs								
Programme & Services Support Recov	88,129			14,638			14,638	73,491
Total Indirect Costs	88,129			14,638			14,638	73,491
Pledge Specific Costs								
Pledge Earmarking Fee				13			13	-13
Pledge Reporting Fees				709			709	-709
Total Pledge Specific Costs				722			722	-722
TOTAL EXPENDITURE (D)	1,443,961			240,556			240,556	1,203,405
VARIANCE (C - D)				1,203,405			1,203,405	

Disaster Response Financial Report

MDRAO006 - Angola - Yellow Fever

Timeframe: 23 Feb 16 to 31 Dec 16

Appeal Launch Date: 05 Jul 16

Interim Report

Selected Parameters			
Reporting Timeframe	2016/2-2017/1	Programme	MDRAO006
Budget Timeframe	2016/2-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL3 - Strengthen RC/RC contribution to development							
Health	1,443,961		701,852	701,852	240,556	461,296	190,686
Subtotal BL3	1,443,961		701,852	701,852	240,556	461,296	190,686
GRAND TOTAL	**1,443,961**		**701,852**	**701,852**	**240,556**	**461,296**	**190,686**