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Emergency Plan of Action Final Report

Angola: Epidemic (Yellow Fever)

International Federation of Red Cross and Red Crescent Societies

Emergency Appeal Operation n° MDRAO006	**Glide number:** EP-2015-000179-AGO
Date of Issue: 05 July 2016	
Date of disaster:	
Operation start date: 05 July 2016	**Operation end date:** 30 June 2017
Host National Society: Cruz Vermelha de Angola (CVA)	**Operation budget:** DREF allocated: CHF 173,653 in 3 allocations (CHF 50,672; CHF 9,790; CHF 113,191) Appeal budget: CHF 1,443,961
Number of people affected: 21-23,000,000	**Number of people assisted:** 9 million people (4 million directly and a further 5 million through social mobilization)
The Cruz Vermelha de Angola (CVA) is organized into 18 branches: 1 in each provincial capital, with the HQ located in the capital of Luanda. 66 nurses are employed at health posts. The CVA has 5000 volunteers, 3668 of which are active (73%) and one hundred and twenty (120) staff	
Red Cross Red Crescent Movement partners actively involved in the operation: IFRC, Norwegian Red Cross, Australian Red Cross, Sao Tome Red Cross	
N° of other partner organizations involved in the operation: World Health Organization (WHO), UNICEF, Center for Disease Control (CDC), Ministry of Health (MoH) of Angola	

This is the preliminary final report; the final report will be shared once all the provisions have been cleared.

A. Situation analysis

Description of the disaster

At the launch of the Emergency appeal, Angola was experiencing the largest outbreak of yellow fever in 30 years. The strain of the yellow fever virus was closely related to a strain identified outbreak in Angola in 1971. The outbreak was detected in Luanda in late December 2015, with the first cases (hemorrhagic fever suspected as being yellow fever) were reported in Eritrean visitors beginning on 5 December 2015 and confirmed by the Pasteur WHO reference laboratory in Dakar, Senegal, on 19 Jan 2016. On 20 January 2016, the health minister of Angola reported 23 cases of yellow fever with 7 deaths among Eritrean and Congolese citizens living in Angola in Viana Vila, a suburb of the capital of Luanda.

As of the 15th of July 2016, according to WHO`s situational report, Angola reported 3,116 suspected cases of yellow fever with 361 deaths with a Case Fatality Rate (CFR) of 10%. Among those cases, 877 were laboratory confirmed. WHO implemented Incident Management (IM) system and coordinated multi-agency teams to respond to the epidemic. Since the beginning of the outbreak all 18 provinces of Angola reported suspected cases, placing all provinces at risk, indicating limited surveillance. The capital of Angola, Luanda, reported the majority of cases, with 489 laboratory confirmed cases (58%) of local transmission. The outbreak was classified as an urban cycle of yellow fever transmission, which can spread rapidly

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 increased the complexity and urgency of the response to the outbreak in Angola and the surrounding countries.

The Angolan Ministry of Health began a campaign of preventive measures including vector control and vaccination in Viana in the first week of February 2016, in partnership with the World Health Organization (WHO).The Ministry reported that the government had enough vaccine for routine vaccination, but not to contain an outbreak. WHO supported the government in the immunization campaign and by the 19th of 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). A second phase of the vaccination campaign in Angola was announced in the WHO situation report of 23 September, planned to be implemented in 16 new municipalities in 2017, contingent upon the availability of vaccination doses, to cover 100% of the target population with the Yellow Fever vaccine.

An initial DREF allocation was approved on the 23rd of February 2016 to support Angola Red Cross to assist emergency vaccination efforts through social mobilization activities. A second allocation was approved on the 6th June 2016 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, 3 FACT team members were deployed on the 13th of June 2016 to ensure quality of implementation. 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 to the tune of CHF 1,443,961 to support social mobilization activities carried out by the RC volunteers linked to vaccination campaigns, in addition to emergency health, water, sanitation and hygiene promotion activities and to support National Society capacity building.

To date in Angola, a new phase of the vaccination campaign, targeting more than two million people in 12 districts of 10 provinces, was launched early in June 2017. 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 despite the reality that no confirmed cases have been reported since 23 June 2016 and the Government officially declared the end of the disease spread in December 2016. However, Angola remains vigilant for more cases.

Summary of response

Overview of Host National Society

From February until June 2016, CVA responded at the epicentre of the outbreak in Viana, 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 mobilising its volunteers in those areas to support social mobilisation activities.

In 2016, some 16 million people were vaccinated in 73 districts of Angola by the Ministry of Health. Of these vaccinated, the Angolan Red Cross Society reached out to about 3.9 million with radio, door-to-door, and mass education social mobilization campaigns, accomplishing the following:

- 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)..
- 56 spots in the municipal radios; - 1 radio phonic spot passed about 56 times in the municipal radios during the vaccination campaign In partnership with Radio Viana, provided live health information messages related to Yellow Fever during a regularly scheduled radio show, aired twice per week.
- 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),
- 9,417 mass mobilization activities in churches, schools, markets and other agglomeration sites
- Supported 59 targeted municipalities where the vaccination campaign took place with the development of municipal social mobilization plans
- 792,336 door-to-door visits with the help of the trained volunteers.
- 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
- Conduct vector control activities such as clean up campaigns in all the targeted provinces.

A total number of 59 municipalities where targeted through these social mobilization campaigns based on their predisposition to the potential for Yellow Fever outbreaks as to the Government vaccination action criteria.

Financial Summary

The Emergency Appeal sought a total amount of **CHF 1,443,961** to ensure that the objectives of the operations were met. The funds received however amounted to **CHF 734,416** which is about 51% of the funds that were required. Due to the delays in implementation that was mainly caused by the challenges in acquiring a visa by the operations manager, most of the activities were not implemented. Variances on the financial report are noted on the personnel costs, and this is attributed to international and national staff costs were not fully used as according to the budget. The NS did not have staff who were being paid by the Appeal and the IFRC operations manager could not get on the ground until after 3 months when the appeal had started. Variances are also noted on the transport and vehicle costs as well as other office costs, the NS did not manage to maintain vehicles that had been planned for maintenance as well as other refurbishments that had been planned for the NS infrastructure and this is also attributed to the delays in implementation of the appeal. Another variance is noted on the information and public relations, the NS only managed to make use of the radio, the NS did not procure mobile phones for volunteers as had been planned neither was the CBS database established. Thus major variances were noted in this appeal due to delays in implementation. As such only about **CHF 498,336** was used of the received funds which is about **68%** .

With the remaining balance of funds, IFRC will implement activities planned in the cluster Development Operational plan. The funds will focus on the area of Disaster risk reduction to improve on National Society`s preparedness and response to disasters. Within the Cluster plan there are activities that focus on supporting National Societies to develop contingency plans, development of localized risk reduction plans as well as investment in training of National Disaster Response Teams (NDRTs). This is envisaged to help build capacities of National Societies and affected communities

so that they are better able to adapt to recurring disasters in Southern Africa. The funds will also be used to support the CVA in implementing the activities that were under the National society capacity building component which could not be implemented during the emergency appeal.

The IFRC therefore seeks approval from its donors to reallocate this balance of CHF 236,080 to the CVA annual operational plan to support the National Society's preparedness activities. Partners/donors who have any questions regarding this balance are kindly requested to contact IFRC within 30 days of publication of this report. Pass this date the reallocation will be processed as indicated.

Overview of Red Cross Red Crescent Movement in country

In response to the Yellow fever outbreak, the CVA worked closely with the IFRC cluster office as only Movement related partner. All communications and activities are communicated to and coordinated through the CVA SG and Program Coordinator. An IFRC delegate was deployed and based within the CVA HQ office since early January until June 2017. The Spanish Red Cross (SRC) is present in Angola. SRC has 1 delegate working with food security issues in relation to the ongoing drought in several of the south-central provinces. The CVA is in active communication with both ICRC and SRC and has coordinated food security, drought-related assessments with the SRC.

Overview of non-RCRC actors in country

In the beginning of the outbreak the coordination of the yellow fever response and information sharing was organized by the Ministry of Health (MoH) supported by WHO. An incident manager from WHO was appointed to manage the operation and a Global Outbreak Alert and Response Network (GOARN) team was deployed, including 2 Epidemiologists and Logistics support. MSF Spain provided support in clinical case management and social mobilization in 3 provinces. UNICEF reinforced their local team and coordinated 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, 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.

Needs analysis and scenario planning

The lack of penetration to the community levels was identified as a major limitation to early detection and vaccine coverage . There was a need to demystify the need for vaccination as this was faced with large resistance from the communities who believed that getting the vaccination also meant getting the virus. Hence the importance of social mobilisation and the intervention of the CVA as key partner in this area, to help build trust and break down resistance to vaccine especially in Luanda and surrounding provinces.

There were also challenges with the detection and confirmation of cases which allowed the spread of the yellow fever more rapidly in most areas. In this regard, UNICEF and WHO worked closely with the CVA branches to provide training and basic support in a number of districts to enhance case detection and social mobilisation.

Vector control is also an essential element in dealing with the spread of the yellow fever. In most areas in Angola there was a need to ensure that the environment was made clean and more so to deal with the sources of the vector. There was thus a need to educate the communities on the importance of having a clean environment as well as to support with ensuring that the vector is controlled through cleaning the environment and getting rid of potential sources of the vector. As such the CVA was involved in social mobilization and cleaning campaigns together with the communities.

Risk Analysis

The major risk during the operation was the continued spread of the virus within three contexts:

1. Continued spread within Angola - there were fears on ongoing local transmission in multiple districts including continued exportation. This would be largely influenced by limited vaccine supply which would not be able to meet the growing demand as well as poor health systems.
2. The spread to other neighbouring countries- as the virus had been exported to the DRC, there was a high risk of ccontinued exportation of cases from Angola and this could lead to a regional disaster.
3. Global spread- There was a risk that if the virus was not contained and eventually spreads in the region then there would be a likelihood of the virus spreading to other international countries due to continued movement of people.

B. Operational strategy and plan

Overall Objective

The overall objective of the Emergency Appeal was to ensure that the **spread of Yellow Fever is stopped and morbidity and mortality from YF are reduced** through collaborative efforts of all partners, with the CVA/IFRC providing support in three key areas:

- Community engagement through social mobilization and / or health promotion (particularly for vaccination campaigns);
- Community-based Disease Surveillance (CBDS);
- Vector Control / Environmental Sanitation

Secondly the Operation was meant to ensure that 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.

Proposed strategy

To fulfil the overall objective of the operation, the strategy employed focused on 4 main key areas:

1. **Control spread of Yellow Fever-** This was done through social mobilization activities and health promotion activities in support for vaccination. Altogether **1,942 volunteers** were trained and deployed reaching out to an estimated **3.9 million people** through social mobilization activities. **9,417 mass mobilization** activities were conducted in churches, schools, markets and other agglomeration sites. The NS Supported 5**9 targeted**

municipalities where the vaccination campaign took place with the development of municipal social mobilization plans. **A total number 792,336 door-to-door** visits were also conducted with the help of the trained volunteers as well as the **distribution of 98,349 leaflets -IEC Material-** on yellow fever and other key messages during the door-to-door and mass mobilization activities.

2. **Community-based Surveillance:** Meetings were conducted with Centres for Disease Control (CDC) and Prevention to discuss technical support for Community Based surveillance (CBS) and priority was given to the vaccination campaign related activities.
3. **Vector Control/Environmental Sanitation:** 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 were coordinated by MoH and are done in conjunction with Angolan Armed Forces FAA.
4. **National Society capacity building:** the focus was mainly to ensure that the NS was well equipped to respond to future health related disasters as it is a key player in Angola through infrastructure maintenance at the NS office, internet connectivity and improvement in terms of the fleet at the office. However, in these plans the only activity that was done was the maintenance of one vehicle for the NS.

Operational support services

Human resources (HR)

For the operation, the CVA relied on mostly on the volunteers who did most of the work on the ground with the support of the NS staff. An IFRC operations Manager was deployed though very late due to delays in acquiring a visa to support the NS in the implementation of the appeal as well as to support coordination at a national level. The following structure was responsible for the implementation of the appeal.

Level	Focal
Strategic	Secretary General, Programs Director, Finance Director, IFRC Operations Manager
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
Operational	Commune Coordinators (68), 2.734 Mobilizers / community based volunteers

Logistics and supply chain

No major procurements were done during the operation. The NS only managed to procure visibility material for the volunteers as well as the cleaning equipment which were used during the clean-up campaign. All these were local procurements which were done according to the IFRC procurement standards.

Communications

During the operation the NS managed to make use of mass media through the local radio to share information and knowledge with the communities. Twice weekly radio programmes on Viana Radio were conducted to disseminate key messages to the communities. Live broadcast were made on Friday mornings and re-broadcast on Saturdays. Miss

Cuanza-Norte (a Red Cross volunteer and winner of a beauty pageant) also supported the NS through speaking about yellow fever on the radio.

Security

No security issues were recorded during the implementation of the operation.

Planning, monitoring, evaluation, & reporting (PMER)

During the operation, , data collection was done based on reporting templates prepared and validated by the technical teams of the CVA and UNICEF in the beginning of the operation, and validated in the ToT sessions and training sessions for social mobilizers. Volunteer coordinators were responsible for validating the data collected by the community mobilizers. The Operations manager was also responsible for conducting field monitoring and advising on areas that required improvement. During the operation, 3 Operations updates were issued to share progress of the appeal.

C. DETAILED OPERATIONAL PLAN

Health and Care

Health and Care
Outcome 1: Community YF disease prevention is provided to the target population through social mobilization activities **Output 1.1 Coverage of YF vaccination in the target population is increased** **Output 1.2 Knowledge, understanding and behaviour to prevent, detect and reduce YF disease is increased in target population** **Output 1.3 Other potential epidemic threats – enhanced by the strain caused by YF 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** • Identify and recruit volunteers • Training of volunteers on social mobilization for YF • Supervision of volunteers • Door to door social mobilization activities • Provide key health messages on YF at community meeting • points (schools, markets, etc.) • Provide key health messages on YF to communities through radio • programmes • Establish a two-way communication with communities using FB and • other social media to adapt YF 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 YF 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

Achievements

Training volunteers and volunteer management

The CVA recruited a total number of 1,942 volunteers. The volunteers went through a one day training which was conducted by UNICEF staff with support of a consultant hired to conduct volunteers training in order to support vaccination related activities. The training focused primarily on door to door and mass education activities in community meeting points (schools, markets, taxi sites). For supervision, each commune had one coordinator, who was supported by team leaders per community; Team leaders had groups of volunteers under them, and their number varied depending on the geographical spread of the community. The Team leader had the responsibility to report on a monthly basis using reporting forms. All volunteers were trained on reporting tools.

Social mobilization

Community mobilization activities planned through the first two DREF allocations were completed. Additional and scaled up social mobilization activities were also carried out in line with the MoH National vaccination roll out plan. In this regard, a total number of 9,417 mass mobilization activities in churches, schools, markets and other agglomeration sites. The CVA also supported 59 targeted municipalities where the vaccination campaign took place with the development of municipal social mobilization plans. A total number of 792,336 door-to-door visits were conducted with the support of the trained volunteers. Coupled with the door to door was the distribution of 98,349 leaflets -IEC Material- on yellow fever and other key health messages in the targeted communities. The CVA also had 56 spots in the municipal radios during the vaccination campaign In partnership with Radio Viana, this was used as a platform to provide health information messages related to Yellow Fever .

Micro planning

Micro-planning was completed in all 59 municipalities where vaccination took place. The CVA was able to develop relations and to work closely with the municipals to come up with plans and strategies to manage the spread of yellow fever an action which contributed to the reduction of the disease.

Visibility

The CVA also procured Visibility materials for volunteers (reflecting vests and caps) to promote the Movement brand within Angola and contribute to its recognition as a leading actor in community-based health promotion.

Challenges

Lessons learned

The use of mass media for communication is a fast and efficient way to get communication to the communities. However the impact may not last long as such door to door and personal meetings are also important to ensure that communities are well educated and it also allows them an opportunity to ask questions and be informed about the right decisions with regards to their health.

Synergies and developing key partnerships with government and other implementing partners is important. The CVA was also to develop relations with UNICEF and to work closely with the government and this ensured that more people were reached through integrated services.

Health and Care

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

- Identify and recruit volunteers
- Training or 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 (Magpie application)
- Buy mobile phones and phone credits for volunteers
- Maintain regular meetings with partners

Achievements

Meetings were held with Centers for Disease Control (CDC) and Prevention to discuss technical support for Community Based surveillance (CBS) but priority was given to the vaccination campaign related activities.

Challenges

There were delays in the implementation of these activities and this was mainly due to the challenges and delays encountered in getting a visa for the operations manager.

Lessons learned

There is need to build local capacities so that they are better able to implement project activities so that delays in implementation are avoided.

Health and Care

Outcome 3 Vector control and Environmental sanitation activities are carried out in the target population

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

Activities

- Identify and recruit volunteers
- Training or 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

Achievements

From 10 to 12 May 2017 a of a training of trainers (ToT) on vector control was hosted in Luanda from 10 to 12 May 2017 in the CVA's HQs to enable the National Society's volunteers for social mobilization in this area. This ToT supported the roll-out of cascading capacity-building trainings for Movement volunteers based within affected communities.

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 were coordinated by MoH and the FAA.

Mobilization activities on vector control were carried out in seven provinces from 25th May 2017. The main aim behind this activity was to secure the deep penetration of YF prevention messaging and action, and contribute to the overall reduction of YF risk in historically high risk areas. Up to 392 mobilizers and coordinators were identified and trained to carry out vector control campaign.

The NS managed to procure cleaning equipment and protective clothing which was used during the clean-up campaigns by the volunteers and the communities.

Challenges

No major challenges were faced under this component.

Lessons learned

Community engagement is important especially for lasting solutions of keeping the environment clean. In as much as the volunteers initiated the clean-up campaigns in the communities, it was essential for the communities to also participate so that they will be able to continue engaging in such activities after the end of the appeal.

National Society capacity building

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

Output 4.2 Logistical capacity of the NS is improved
Activities

- 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)
- IT works are carried out (Wi-Fi connectivity present in HQ)
- 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)

Achievements

The CVA managed to have the Toyota Prado repaired and the necessary parts required were also installed.

Challenges

Due to delays in getting the operations manager on the ground, most of the activities under this section were delayed and as such not implemented. There was a need to prioritise activities once the operations manager was on the ground and this affected the implementation of activities.

Lessons learned

Delays in getting the operations manager on the ground impacted most of the activities that had to do with capacity building of the NS activities which could have been done even before the operations manager arrived on the ground. As such it is important that is as much as support is provided, the NS be given the responsibility to look into issues that have to do with its capacity building.

Developing relations with key government institutions even before a disaster is also key as this might have worked in the favour of the NS in ensuring that some delays encountered in acquiring a visa by the operations manager were avoided.

D. **THE BUDGET**

Contact information

For further information specifically related to this operation please contact:

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1. Revised Emergency Appeal budget *(if needed)* below
2. Click here to return to the title page

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 Disaster Response (Sphere) in delivering assistance to the most vulnerable.

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

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.

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

Disaster Response Financial Report

MDRAO006 - Angola - Yellow Fever

Timeframe: 23 Feb 16 to 30 Jun 17

Appeal Launch Date: 05 Jul 16

Final report

Selected Parameters			
Reporting Timeframe	2016/2-2018/4	Programme	MDRAO006
Budget Timeframe	2016/2-2017/6	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			*42,469*			*42,469*	
Japanese Government			*192,030*			*192,030*	
Japanese Red Cross Society			*47,700*			*47,700*	
Other			*-7,015*			*-7,015*	
Red Cross of Monaco			*10,667*			*10,667*	
Swedish Red Cross			*129,163*			*129,163*	
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			***618,861***			***618,861***	
C. Total Income = SUM(C1..C4)			**618,861**			**618,861**	
D. Total Funding = B +C			**618,861**			**618,861**	

* 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			618,861			**618,861**	
E. Expenditure			-493,830			**-493,830**	
F. Closing Balance = (B + C + E)			125,030			**125,030**	

Disaster Response Financial Report

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Selected Parameters			
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Budget Timeframe	2016/2-2017/6	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								
Utensils & Tools				8,592			**8,592**	**-8,592**
Other Supplies & Services	3,500							**3,500**
Total Relief items, Construction, Sup	3,500			8,592			**8,592**	**-5,092**
Land, vehicles & equipment								
Computers & Telecom	0			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			49,592			**49,592**	**37,338**
Total Logistics, Transport & Storage	86,929			49,592			**49,592**	**37,338**
Personnel								
International Staff	236,800			82,719			**82,719**	**154,081**
National Staff	22,500			25,908			**25,908**	**-3,408**
National Society Staff	71,149			10,432			**10,432**	**60,716**
Volunteers	669,051			174,694			**174,694**	**494,357**
Total Personnel	999,500			293,754			**293,754**	**705,746**
Consultants & Professional Fees								
Consultants	10,000							**10,000**
Total Consultants & Professional Fee	10,000							**10,000**
Workshops & Training								
Workshops & Training	85,549			34,306			**34,306**	**51,243**
Total Workshops & Training	85,549			34,306			**34,306**	**51,243**
General Expenditure								
Travel	35,699			22,651			**22,651**	**13,048**
Information & Public Relations	89,402			35,301			**35,301**	**54,101**
Office Costs	13,973			786			**786**	**13,188**
Communications	18,780			11,021			**11,021**	**7,758**
Financial Charges	5,000			-2,123			**-2,123**	**7,123**
Shared Office and Services Costs	0			5,472			**5,472**	**-5,472**
Total General Expenditure	162,854			73,108			**73,108**	**89,746**
Indirect Costs								
Programme & Services Support Recove	88,129			29,873			**29,873**	**58,256**
Total Indirect Costs	88,129			29,873			**29,873**	**58,256**
Pledge Specific Costs								
Pledge Earmarking Fee				2,958			**2,958**	**-2,958**
Pledge Reporting Fees	0			1,418			**1,418**	**-1,418**
Total Pledge Specific Costs	0			4,376			**4,376**	**-4,376**
TOTAL EXPENDITURE (D)	**1,443,961**			**493,830**			**493,830**	**950,131**
VARIANCE (C - D)				**950,131**			**950,131**	

Disaster Response Financial Report

MDRAO006 - Angola - Yellow Fever

Timeframe: 23 Feb 16 to 30 Jun 17

Appeal Launch Date: 05 Jul 16

Final report

Selected Parameters			
Reporting Timeframe	2016/2-2018/4	Programme	MDRAO006
Budget Timeframe	2016/2-2017/6	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		618,861	618,861	493,830	125,030	
Subtotal BL3	1,443,961		618,861	618,861	493,830	125,030	
GRAND TOTAL	**1,443,961**		**618,861**	**618,861**	**493,830**	**125,030**	