



DREF Operation n°	MDRAO007	Glide n°:	<a href="#">DR-2021-000149-AGO</a>
Date of issue:	20 December 2021	Expected timeframe:	3 months
Operation start date	18 December 2021	Expected end date:	31 March 2022
<b>Category allocated to the of the disaster or crisis: Orange</b>			
<b>DREF allocated: CHF 159,708</b>			
Total number of people affected:	1.58 million people	Number of people to be assisted:	2,500 people (500 households)
Provinces affected:	Cuanza Sul, Benguela, Huambo, Namibe, Huíla and Cunene	Provinces/Regions targeted:	Cunene, Huila, and Namibe
<b>Host National Society(ies) presence (n° of volunteers, staff, branches): The NS is organized into 18 branches: 1 in each provincial capital, with the HQ located in the capital of Luanda. The CVA has at least 5000 volunteers, 3,668 of which are active (73%) and one hundred and twenty (120) staff.</b>			
<b>Red Cross Red Crescent Movement partners actively involved in the operation: International federation of Red Cross and Red Crescent Societies (IFRC), Turkish Red Crescent</b>			
<b>Other partner organizations actively involved in the operation: Government Civil Society, UNICEF, and UNFPA</b>			

<Please click [here](#) for the budget and [here](#) for the contacts>

## A. Situation analysis

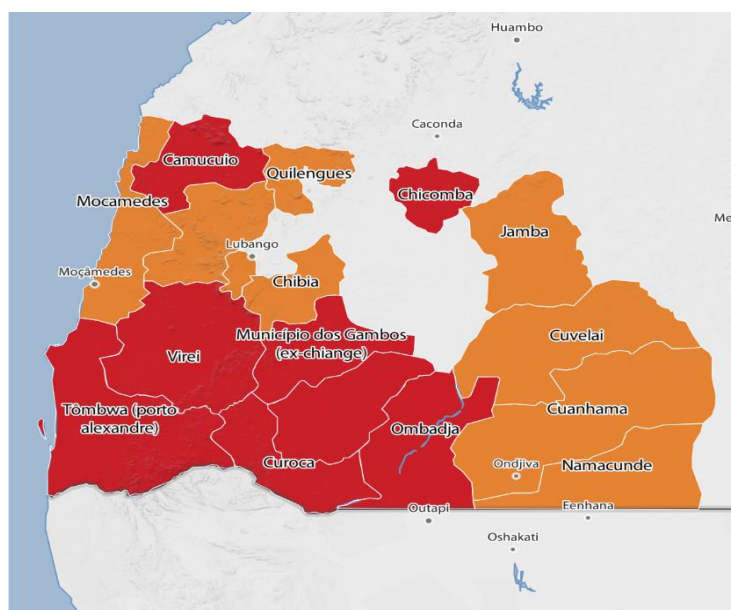
### Description of the disaster

Angola is facing the worst recorded drought in 40 years. [IPC analysis for October 2021 to March 2022](#) indicates that about 1.58 million people are experiencing high levels of acute food insecurity, of which 42% are in IPC Phase 3 (Crisis) and 15% in IPC Phase 4 (Emergency). These people face difficulties in accessing food or are only able to meet the minimum food requirements through crisis and/or emergency coping strategies.

On 7 December, UNICEF published a call for [Humanitarian Action for Children](#), alerting that an estimated 7.3 million people in Angola are facing food and nutrition insecurity due to climate shocks and about 3.9 million children are in need of assistance.

SARCOF-25 report indicates that during the December to January period, the country is projected to experience normal to above normal rainfall. This however is characterized by food shortages and increased incidences of high acute malnutrition which is projected to lead to further deterioration and a shift in phase from the current classification.

High levels of acute food insecurity and other impacts of the drought are present in all municipalities; however, it has more severely impacted six provinces: Cuanza Sul, Benguela, Huambo, Namibe, Huíla and Cunene. Luanda and other



October 2021 to March 2022 ©IPC

urban areas also remain highly vulnerable due to high levels of poverty, secondary impacts of COVID-19 and other disease outbreaks.

In addition, this drought comes on the back of three consecutive failed agricultural harvesting seasons with crop losses of 40 per cent and negatively impacting family and household income and livelihoods. An estimated 1.2 million people are facing water scarcity as a direct consequence of the drought and will have their water, sanitation and hygiene conditions compromised, exacerbated by COVID-19. A study conducted on the Water, sanitation, and hygiene (WASH) found that many water points in the most drought-affected communes are not working, highlighting a critical gap for water, sanitation, and hygiene.

An [IPC Acute Malnutrition analysis in Southern Angola](#) revealed that around 114,000 children under the age of five are suffering or are likely to suffer from acute malnutrition in the next 12 months and therefore require treatment. In the Cunene, Huila, Namibe provinces, Alert levels of acute malnutrition during the July to September 2021 period were recorded. The persistent drought conditions in Southern Angola are exacerbating SAM admissions in these provinces.

It is based on the above that the Angolan Red Cross Society is seeking support to provide relief to 2,500 people impacted by the unprecedented drought in Cunene, Huila and Namibe provinces, while conducting detailed needs assessment on the basis of which the operation will be scaled up.

## Summary of the current response

### Overview of Operating National Society Response Action

The Angolan Red Cross (ARC) has responded by corresponding with the Government Civil Society and UNICEF to gain further insight into the extent of the drought impact. The National Society is organized into 18 branches: one in each provincial capital, with the HQ located in the capital, Luanda. In 2016, sixty-six (66) nurses were employed at health posts. The CVA has 5,000 volunteers, 3,668 of which are active (73%) and one hundred and twenty (120) staff. The NS stands ready to activate its volunteers with support from its Secretariat, the IFRC through this operation.

### Overview of Red Cross Red Crescent Movement Actions in country

IFRC Pretoria and Mozambique Country Cluster Delegations will support the Angola Red Cross with an in-depth assessment and development of the operational strategy, which will be revised within 2 weeks based on findings from the assessment. The assessment will be jointly carried out by IFRC and ARC teams with Food Security and Livelihoods (FSL), Planning, Monitoring, Evaluation and Reporting (PMER) and Finance profiles deployed to support the NS. The FSL and Finance surge members will then stay back through entire duration of this operation, to provide technical and financial management support to ARC. In addition, the Operations Coordinator from Pretoria Cluster, who is also acting Head of Cluster for Maputo Cluster, covering Angola, will provide overall operational and strategic oversight through the entire timeframe, with a monitoring mission planned during implementation. Additional surge request might be requested within the coming 2 to 3 weeks, to support the National Society logistic team and/or technical teams.

The National Society, through support from the ICRC, is providing RFL activities in the Ndondu Refugee camp that hosts mainly refugees from the Democratic Republic of Congo (DRC) and in Luanda where they liaise with the refugee association.

The Turkish Red Crescent provided support to the ARC to assist 13,500 most vulnerable people in the Cunene, Huila, Luanda, and Namibe provinces with food, hygiene parcels, hand sanitizers and face masks. This was done in collaboration with the Angolan government in all provinces except Huila.

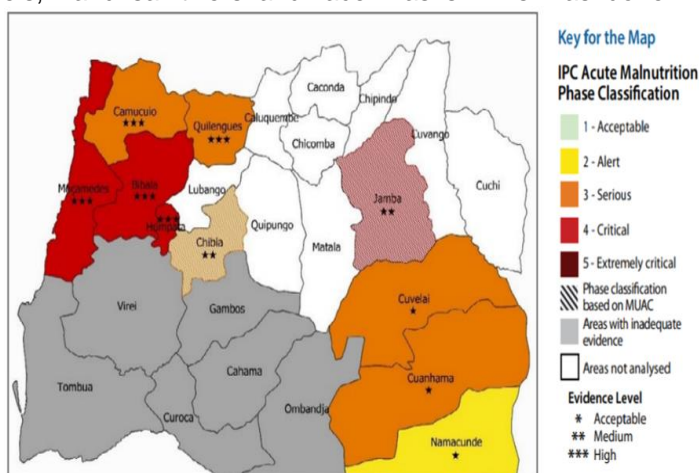
### Overview of other actors' actions in country

UNICEF successfully screened 215,407 children for acute malnutrition in Huila, Cunene, Namibe and Cuando Cubango between January to September 2021 and admitted 35,720 children for severe acute malnutrition (SAM) treatment. With support from the Ministry of Health (MoH), they conducted a partnership mapping and analysis and have ongoing training for provincial and Municipal Nutrition Supervisors, health facility staff and caregivers on essential nutrition actions. Additionally, UNICEF is currently conducting 3 SMART surveys in collaboration with WFP.

WFP has initiated a program to provide treatment to children suffering from moderate acute malnutrition (MAM) children in the Huila and Cunene provinces. OCHA and the

Province	Total # (pp)	Phase 3 (Crisis)		Phase 4 (Emergency)	
		#	%	#	%
Cunene	1,271,638	538,282	42	212,601	17
Huila	827,986	411,525	50	130,387	16
Namibe	650,500	217,531	33	73,671	11

IPC Angola - Population affected in Cunene, Huila & Namibe



Snapshot of the acute malnutrition situation (Oct 2021 to March 2022)  
 ©IPC

Government civil society are currently collecting data on the drought impact.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

The IPC analysis indicated that between April and September 2021, Huila Province, and Namibe Province had Serious levels of acute malnutrition. Factors contributing to the high levels of acute malnutrition include inadequate and poor dietary intake, mainly due to high levels of acute food insecurity and inadequate care and feeding practices, and the high prevalence of infectious diseases, mainly due to inadequate access to safe drinking water and improved sanitation, low vaccination coverage and low health seeking behaviour.

The Angola Red Cross (ARC) is currently relying on data from the government civil society. Immediate needs identified by the UNICEF, UNFPA, Government, civil society and ARC are:

- Nutritional support for children and the elderly
- Provision of water to families
- Health and hygiene promotion
- Psychological First Aid services to first responders and affected communities.

There is need to conduct detailed assessments to understand needs of the community and how the red Cross Movement can provide adequate support.

### Targeting

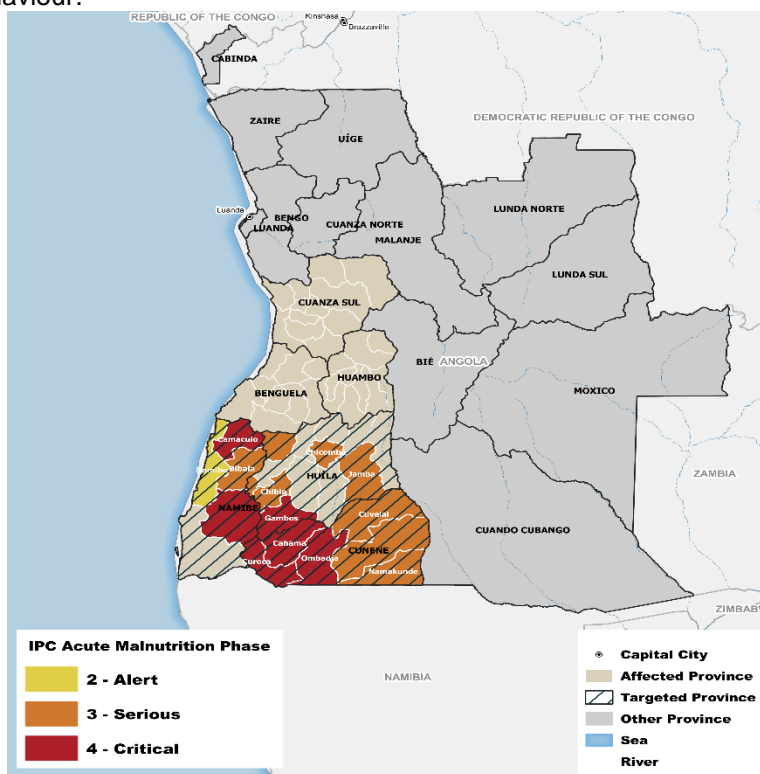
This operation aims to reach at least 2,500 persons (500 HH) in the provinces of Cunene, Huila, and Namibe. The National Society will support 250 household in three provinces, while awaiting conclusion of the detailed assessment.

Children have the highest level of vulnerabilities and will be prioritized amongst those who are suffering from malnutrition. Pregnant and lactating mothers, female headed households, the elderly and the disabled will also be included in the selection criteria due to their increased level of vulnerability. Persons in need will further be identified through findings from the in-depth assessment conducted by the ARC branch with support from the IFRC Pretoria and Mozambique Delegations.

Disaggregated data will be made available once the in-depth assessment is concluded and the targeting will equally be revised based on these results. This will be made available in future updates or reports.

### Scenario planning

Scenario	Humanitarian consequence	Potential Response
<b>Scenario 1:</b> The general food security situation improves due to improved rainfall conditions within the next six weeks.	Access to water improves People are able to grow crops to reduce food insecurity and malnutrition.	ARC will present the assessment result. The NSs response will be limited to the current DREF operation with a revised operational strategy, an extended timeframe to accommodate medium term emergency response activities, with a second allocation to the operation.
<b>Scenario 2:</b> The crisis persists and worsens within next 2 months with expansion of geographical areas in IPC 4 levels.	<ul style="list-style-type: none"> <li>• More malnutrition cases are recorded</li> <li>• WASH situation deteriorates due to insufficient or lack of water</li> <li>• Population movements to other regions for food starts intensifies</li> <li>• Increased pressure is exerted on host communities which are already stressed or in crisis themselves.</li> </ul>	More emergency and recovery assistance will be required, hence the NS and CCSD will use the results of the assessment to launch an Emergency Appeal in line with Africa Region's <a href="#">Pan African Zero Hunger Initiative</a> .



Map indicating affected by acute malnutrition ©IFRC

	<ul style="list-style-type: none"> <li>- High likelihood of severe crop damage due to drought</li> <li>• Low-income families struggle to access food through the markets</li> </ul>	
<b>Scenario 3:</b> The chronic crisis persists and an acute watery disease outbreak emerges due to poor WASH conditions, in addition to already raging COVID-19 pandemic.	<ul style="list-style-type: none"> <li>• Death toll rises</li> <li>• Malnutrition cases surge</li> <li>• High risk of famine (IPC 5)</li> </ul>	A large mobilization of resources to save lives and protect human dignity through the Emergency Appeal, while pursuing long-term recovery and resilience actions through the <a href="#">Pan-African Zero Hunger Initiative</a> .

### Operation Risk Assessment

The full operation risk assessment will be provided when the in-depth assessment has been conducted and the full operational strategy is developed.

The potential increase in scope on humanitarian needs due to the persistent drought shows that there is a high chance of having more people in the provinces affected. There is a risk of stretching the capacity of ARC to manage and mobilise enough resources.

In addition, Covid 19 is a potential risk for the operation with the current uncertainty around the Omicron variant and ARC staff and volunteers may not be able to provide the required support in terms of activity implementation. Based on data from [Africa CDC](#), Angola is now experiencing the third wave of the epidemic with 65 648 cases of COVID-19 of which 276 are active. ARC will align the support to IFRC global emergency appeal, and will ensure, even as it responds to the drought situation, COVID-19 prevention measures are adhered to in line with regional plan of action and its national COVID-19 plan.

Due to scarcity of water, there is also the likelihood of having Cholera or diarrhoea cases due to poor hygiene practices. ARC will work with the MoH to intensify Health promotion for community members.

## B. Operational strategy<sup>1</sup>

### Overall Operational objective

This operation aims to provide a start-up assistance through food distribution, as well as provide potable water to families through provision of water collection and conservation items, as well as purification tablets to 2,500 people (500 households) in rural and urban Cunene, Huila, and Namibe provinces. In addition, because Angola Red Cross has limited capacity and areas affected are vast, the operation aims to ensure technical support in conducting in-depth needs assessments of the impact of the drought on the most affected communities in above mentioned provinces, to refine its response strategy. Indeed, the operational plan will be revised in four weeks to include a full operational strategy.

### Operational Strategy

Based on current information, the response strategy will be to contribute to alleviating the impact of the drought on communities by:

1. Supporting Angola Red Cross to provide immediate assistance through food distributions, health care and WASH services to targeted persons in the most affected provinces
2. Deploy relevant surge profiles to support NS in implementing the EPoA
3. Deploy a surge team to support the National Society in identifying gaps and develop an appropriate response strategy by conducting an in-depth assessment in collaboration with the Government and other humanitarian partners.

The operational strategy will include the below activities in the following areas of focus:

#### 1. In-depth needs assessment (Target: Cunene, Huila, and Namibe provinces)

The response plan has an initial phase of four weeks, during which ARC and IFRC Surge team will conduct detailed needs assessment (including market assessment) in the three target provinces. The deployed surge team is expected to carry out coordinate with the ARC to update this Emergency Plan of Action for either an extension of the DREF operation or an Emergency Appeal – the way forward will depend on the context analysis.

<sup>1</sup> The plan should be prepared by the National Society, with support from the Secretariat technical departments and support services.

The plan includes the deployment of a team of up to 3 surge personnel during the first four weeks of the operation. The team will include a team leader, preferably a FSL profile and a finance profile, depending on the number of qualified and available personnel for deployment. The team leader will be deployed for the entire period to oversee the implementation of activities.

Some of the activities to be carried out by the surge team includes, but will not be limited to:

- Identify the support delivered and planned by the Government, UNICEF and any other partners in country, as well as identify the gaps to be addressed by the Red Cross Red Crescent Movement in the response.
- Assist the National Society and IFRC Delegation with formulating a detailed strategy for the operation and update the emergency plan of action.
- Participate in coordination meetings as needed and in agreement with National Society.
- Conduct field visits where necessary.
- Monitor the potential for population movement triggered by food insecurity and persons seeking work or assistance in other locations.
- Train and support the National Society in implementing activities safely and effectively including monitoring and reporting.
- Support the National Society in the response interventions as required.
- Support the National Society with the possible use of further IFRC disaster response tools if appropriate including further technical support.

## **2. Livelihoods and Basic needs (Target: 2,500 people or 500 HH)**

While the assessment is underway, the National Society with support from a dedicated Surge member will engage in immediate lifesaving intervention using available capacity to engage in the following activities in line with the government and other stakeholders.

- Conduct training of staff and volunteers on basic emergency response areas – focus on FSL/Health/WASH using the CEA approach in compliance with Sphere Standards and minimum standards for PFI emergencies
- Identification and registration of beneficiaries
- Procure and distribute food rations to 500 HH. The food package will include maize, cooking oil, salt, sugar, and beans, which are basic cooking items.
- Post Distribution Monitoring

The scale up of the above actions shall depend on the results of the assessment and close coordination with other actors to refine and modify the operational strategy as necessary for an effective response.

## **3. Health (Target: 2,500 people or 500 HH)**

It is widely known that food insecurity has negative effects on the nutritional health of children and elderly persons. The percentage of children impacted by SAM and GAM highlighted in the IPC report sheds light on the risks the groups of concern is exposed to. Psychological First Aid will be provided throughout the operation to ARC staff, volunteers, and the target population. As such, ARC will undertake below actions, which may be scaled up depending on results of the assessment:

- Provision of Psychological First Aid to NS staff and volunteers
- Conduct joint health and hygiene promotion campaigns on prevention and control of communicable diseases.
- Reproduce and distribute IEC materials on community-based disease prevention and health promotion.

## **4. Water, Sanitation and Hygiene - WASH (Target: 2,500 people or 500 HH)**

There is a direct linkage between food insecurity and water scarcity, which exposes communities to dirty water related diseases. As such, ARC will engage in below actions in this sector:

- Provision of buckets (14L) and jerricans (10L) for water collection and storage to 250 HH (1 bucket and 2 jerricans);
- Procure and distribute Aqua tabs for water purification, sufficient for 30 days. Based on Sphere standards, each person should have access to 5L of water per day. So, for a full month, each household needs 5L X 5 persons x 30 days, which sums up to 750 litres of water per month. Each tablet of Aquatabs is meant to purify 20litres of pure water, as it is not good for turbid water. Thus, each household needs 37.5 tablets of Aquatabs per month. Based on above, a total of 18,750 tablets of Aquatabs will be procured and distributed to 250 households to serve for one month.
- Monitor treatment and storage of water through household surveys and quality tests.

- Conduct hygiene and sanitation campaigns twice a month for 3 months. This activity will be coupled with health promotion, with emphasis on awareness against Covid-19. Some 15 volunteers will be deployed to conduct these sessions. They will also conduct home visits as part of their rounds, to enforce hygiene promotion.
- Continued assessments and monitoring are also integrated in the operation to ensure that the operation is in line with the evolving situation on the ground.

### **Protection, Gender, and Inclusion (PGI)**

Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation will pay particular attention to protection and inclusion of vulnerable groups base and on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in health promotion activities.

Given that PGI will be streamlined across all sectors, capacity strengthening of volunteers, community members, and stakeholders on how to apply IFRC minimum PGI standards throughout the response will be needed. This will be done by ensuring that vulnerable groups i.e., elderly, people living with disability, women, child headed families are represented in training and awareness raising sessions.

### **Community Engagement and Accountability (CEA)**

CEA will be mainstreamed throughout the intervention to guarantee maximum and meaningful participation of the affected communities. Participatory approaches to setting selection criteria and validation, for example through working with community committees, and will ensure communities fully participate in the process. Information about the response will be shared with communities and a community feedback system will be established to ensure the community's views are integrated in the operation design, implementation, and evaluation phases. To clarify and for a good flow of information, clear roles and responsibilities will be agreed with representatives, community leaders and committees and information will be shared widely about selection criteria, distribution processes and response activities with the whole community. The selection process of people to be reached will be clearly communicated to all affected. Mobile cinema sessions on hygiene and health promotion will be considered and can be instrumental in collecting feedback and respond to community concerns.

### **Operational support services**

#### **Human resources**

An initial 60 volunteers will be deployed to support the initial activities. All volunteers will be insured and will be equipped with protective gear. The volunteers will be supervised by the branch coordinators from the Cunene, Huila, and Namibe provinces and national headquarters, under the coordination of the ARC Disaster Manager.

IFRC will deploy two surge profiles for the entire duration of this operation i.e., food security and livelihoods (FSL) and finance to provide technical and financial management support to the NS.

#### **Logistics and Procurement**

Logistics responsibilities include sourcing the most urgent and relevant relief items, delivered and distributed equitably to those in need, in a timely, transparent, and cost-efficient manner. When the full operational strategy is developed, it will be assessed if technical support can be provided through the IFRC Pretoria or Mozambique cluster, or if a logistic surge will be needed.

#### **Procurement**

Local procurement will be carried out in accordance with the IFRC and ARC standard procurement procedures.

#### **Warehousing**

Warehousing plays a significant role in this operation. The National Society will use their national warehouse to store items in advance of distribution activities.

#### **Communication and Visibility**

To support volunteers, as well as the visibility of Red Cross actions on the ground, ARC will provide its volunteers with protection and visibility i.e., Red Cross bibs. IEC materials will be made available to promote hygiene and health awareness.

#### **Planning, Monitoring, Evaluation, and reporting (PMER)**

IFRC Pretoria and Mozambique cluster will provide ARC with necessary PMER support, especially with regards to monitoring and reporting of this DREF operation. Regular field visits by ARC teams will ensure daily/weekly supervision of activities, in the first few weeks of the operation. Continuous needs and situation assessments will be carried out during the DREF implementation to inform decision-making.

Field staff will provide weekly updates/reports about the ongoing operation to the National Disaster Manager. ARC will be responsible for providing an operational and financial report (2 months after the end of the operation). This way, IFRC Pretoria and Mozambique cluster can consolidate and ensure publishing within 1 months from the end of operation.

The ARC, with IFRC support, will organize a lesson learnt workshop for the National Society and other stakeholders of this operation. This workshop will allow for informed planning in future operations planned and implemented by ARC, but also will allow the National Society to reflect on its disaster response capacities, given that the country is experiencing persistent drought conditions.

## **Security**

Angola has a significantly high level of crime. Crimes of opportunity, such as armed robbery, remain the primary threat to local Angolans and the expatriate community in Luanda. However, armed assaults and premeditated home invasions are also on the rise in the capital. There are regular violent incidents including sexual abuse and harassment, murder and kidnappings involving expatriates and Angolans in the province of Cabinda. Major roads between Luanda and the provincial capitals are improving but driving standards and some road conditions are poor and travel outside major towns is usually in convoys of two or more 4-wheel drive vehicles. Outside major towns, mines and unexploded ordnance remain a problem, including on roads, verges, and bridges, in buildings and in the countryside. There have been incidents of mines exploding with loss of life in places previously thought to be safe. Cabinda province falls under IFRC security phase red because of the risk of rural banditry and militancy, including operations by residual elements of the separatist Front for the Liberation of the Cabinda Enclave (FLEC), thus a No-go zone to IFRC personnel.

To reduce the risk of personnel falling victim to crime, violence or road hazards active risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. IFRC security plans will apply to all IFRC personnel throughout. All RCRC personnel actively involved in the operations must have completed the respective IFRC security e-learning courses (i.e., Stay Safe Personal Security, Security Management, or Volunteer Security).

## C. Detailed Operational Plan



### Livelihoods and basic needs

People targeted: 2,500

Male: 1,200

Female: 1,300

Requirements (CHF): 37,159

**Needs analysis:** The worst drought in the last 40 years and rising food prices have resulted in high acute food insecurity in the Cunene, Huila and Namibe provinces of South-Western Angola. The poor harvests have severely affected people's access to food in this region, which is highly dependent on agriculture, and has also adversely affected the nutrition situation.

**Risk analysis:** There is a potential risk of IPC 4 classification increase due to the continued impacts of the prolonged drought. Prices may continue to rise with food access and availability being limited in rural vulnerable communities. Access to assistance could trigger persons moving to more. Distribution of relief items in big numbers increases the risk of COVID-19 transmission, therefore, the ARC will organise distributions in smaller groups to make sure people can socially distance.

**Population to be assisted:** 250 households to be supported with food incentives. This number will be reviewed following findings from the assessments.

**Programme standards/benchmarks:** The affected community will be consulted through community meetings where they will be informed about the process and they will have an opportunity to provide input on issues, challenges and opportunities, beneficiary selection and dissemination of messaging. ARC will ensure that the needs of the elderly, children, women and persons with different disabilities are considered, as well as ensure their participation in the process. The Livelihoods sector will seek to meet the Sphere standards.

P&B Output Code	Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities	<ul style="list-style-type: none"> <li>- # of volunteers trained in Emergency response (Target: 60 volunteers)</li> <li>- # of households reached with monthly food rations (Target: 500 HH)</li> <li>- # of sensitization sessions conducted on PGI sensitive food distributions (Target: 2 sessions)</li> </ul>																
		Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP008	Training volunteers in integrated sectors relevant to the operation																	
AP081	Beneficiary identification and targeting																	
AP081	Community sensitisation and awareness sessions to strengthen PGI-sensitive food distributions																	
AP008	In-kind food distributions																	
AP081	Post distribution monitoring																	





## Health

People targeted: 2,500

Male: 1,200

Female: 1,300

Requirements (CHF): 175

**Needs analysis:** The persistent drought poses increased risks that require urgent attention. There is a need to provide health information and promotion to the communities to reduce the risk of further spread of diseases, especially cholera and diarrhoea. A situational analysis will be conducted within the first two weeks of the response, which will inform the content and approach of the health and hygiene promotion campaigns. Psychosocial support needs will be assessed and inform the revised operational strategy and plan.

**Risk analysis:** The provinces are prone to waterborne and communicable diseases and due to contaminated water sources and limited access to basic services for evacuees, there is an increased risk of waterborne disease outbreak.

**Population to be assisted:** Health and hygiene promotion campaigns on prevention and control of common waterborne and communicable diseases will be conducted, targeting the entire affected population.

**Programme standards/benchmarks:** MoH and WHO standards

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	% Of targeted households reached with health activities (Target: 100%)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	# Number of assessments conducted (target 1)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	In-depth assessment in 3 provinces to assess behavioural challenges, local cultures, customs, concerns and risk behaviours and practices of communities as well as and track myths and knowledge gaps																
P&B Output Code	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of CEA feedback mechanisms established (Target: 1)															
	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	# of health and hygiene campaigns conducted in the 3 provinces (target 9)															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP084	CEA activities to promote community-based disease control and health promotion																
P&B Output	Health Output 4.6: Improved knowledge about public health issues among [target population] in [area].	# of health and hygiene campaigns conducted in the 3 provinces (target 9)															

Code	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Health and hygiene promotion campaigns on prevention and control of Malnutrition and on common communicable diseases such as Acute Watery Diarrhoea, and Bloody Diarrhoeas.																
AP021	Reproduce and distribute IEC materials on Malnutrition and community-based disease prevention, epidemic preparedness and health promotion																
P&B Output Code	<b>Health Outcome 6: The psychosocial impacts of the emergency are lessened</b>	<b># of PSS assessments conducted (target 1)</b>															
	<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP023	Assessment of PSS needs and resources available in the community																



### Water, sanitation and hygiene

**People targeted: 2,500**

Male: 1,200

Female: 1,300

**Requirements (CHF): 18,536**

**Needs analysis:** A study conducted on the Water, sanitation, and hygiene (WASH) found that many water points in the most drought-affected communes are not working. Water, sanitation and hygiene assessments need to be conducted to inform the operational strategy for the WASH sector. The operational strategy and plan will be revised based on the assessments within one week after DREF publication.

**Risk analysis:** There is a potential risk of outbreak of water borne diseases due to the contamination of water sources. The displaced population is experiencing lack of access to safe and clean water.

**Population to be assisted:** Targeting for other activities will be concluded after WASH needs assessments have been conducted.

#### Programme standards/benchmarks:

P&B Output Code	<b>WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>	<b>% of targeted households reached with health activities (Target: 100%)</b>
	<b>WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>	<ul style="list-style-type: none"> <li><b># of WASH assessments conducted (target 1)</b></li> <li><b># of buckets distributed (target 500)</b></li> <li><b>#of jerry cans distributed (target: 1000)</b></li> </ul>

	Activities planned Week	<ul style="list-style-type: none"> <li># of aquatabs distributed (target 18,750)</li> <li># of families reached with WASH items (Target: 500 HH)</li> </ul>															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Conduct initial assessment of the water, sanitation and hygiene situation in targeted communities																
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																
AP026	Procure and distribute water collection and conservation items to 500 HH																
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																
P&B Output Code	WASH Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population																
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP030	Awareness session on hygiene by the volunteers																
AP031	Procurement and di																
AP030	Design/Print IEC materials																

## Strategies for Implementation

Requirements (CHF): 103,838

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform															
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected															
Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	Ensure that volunteers are insured															
AP042	Provide psychological first aid to volunteers															
AP042	Provide visibility materials to volunteers															
AP042	Provide protective wear for volunteers															

P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	# of IFRC Surge deployments (target 2)															
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.	<ul style="list-style-type: none"> <li># of multisector needs assessments conducted (Target: 1)</li> <li># of assessment reports produced (Target: 1)</li> <li># of IFRC monitoring visits (Target: 1)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP046	Initial operational start up support implemented by IFRC for ARC and other common services such as ops centre and basecamp costs																
AP046	Conduct IFRC monitoring visits																
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	<ul style="list-style-type: none"> <li># of community feedback mechanisms established (Target; 1)</li> <li># of lessons learned workshops conducted (Target: 1)</li> </ul>															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	AP084	Community communication activities ensure people are kept informed of operational plans and progress and have they information they need about the response															
AP084	Community feedback systems (including rumour and/or perception tracking) are established, and feedback acted upon and used to improve the operation																
AP084	CEA conduction for volunteers is conducted																
AP046	Conduct lessons learned																

## Funding Requirements

Overall amount allocated for implementation of this EPoA is CHF 159,708 as detailed in below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss  
Francs (CHF)*

### DREF OPERATION

MDRAO007 - ANGOLA - DROUGHT

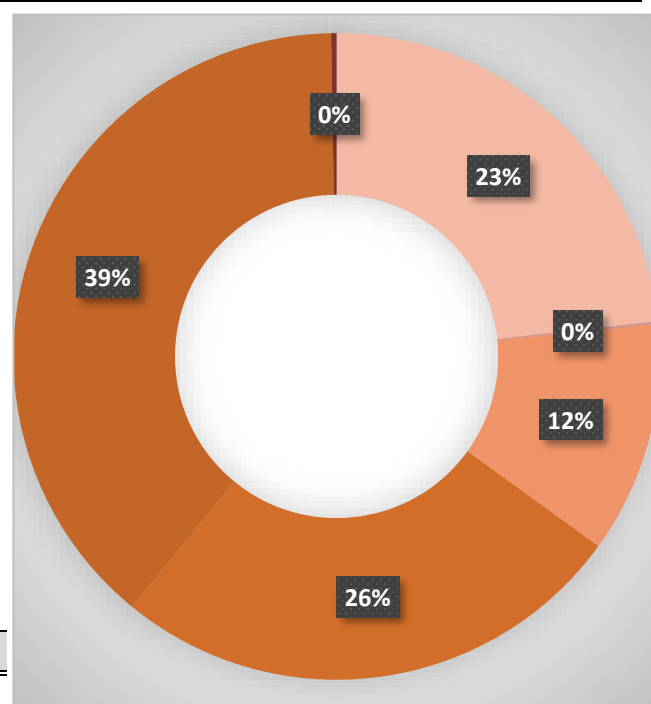
17/12/2021

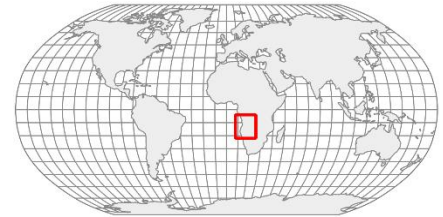
### Budget by Resource

Budget Group	Budget
Food	34,891
Water, Sanitation & Hygiene	17,405
<b>Relief items, Construction, Supplies</b>	<b>52,296</b>
Transport & Vehicles Costs	3,149
<b>Logistics, Transport &amp; Storage</b>	<b>3,149</b>
International Staff	39,360
National Staff	3,280
National Society Staff	7,011
Volunteers	16,832
<b>Personnel</b>	<b>66,483</b>
Workshops & Training	10,168
<b>Workshops &amp; Training</b>	<b>10,168</b>
Travel	11,480
Financial Charges	410
Other General Expenses	5,975
<b>General Expenditure</b>	<b>17,865</b>
DIRECT COSTS	149,960
INDIRECT COSTS	9,747
<b>TOTAL BUDGET</b>	<b>159,708</b>

### Budget by Area of Intervention

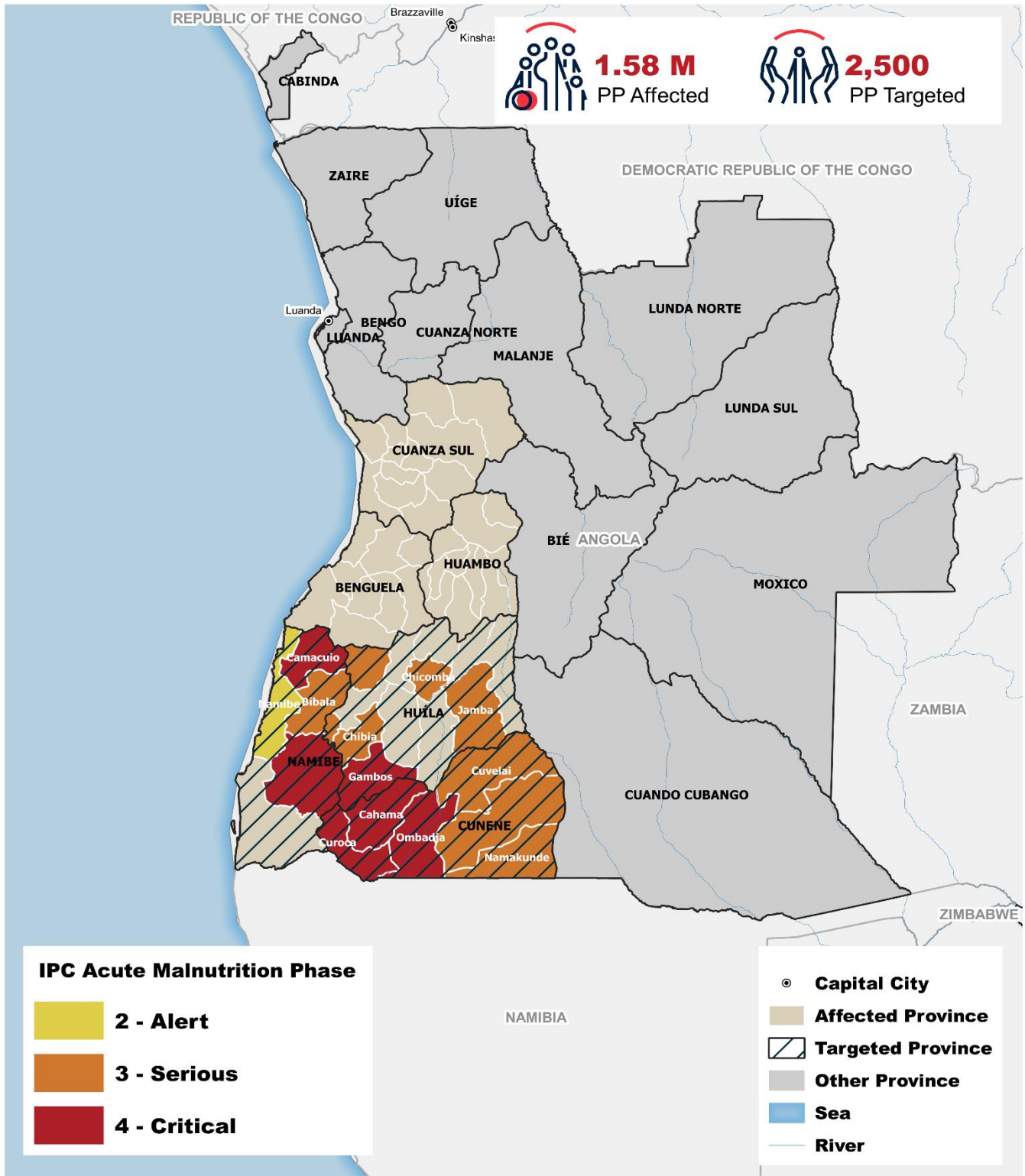
AOF3	Livelihoods and Basic Needs	37,159
AOF4	Health	175
AOF5	Water, Sanitation and Hygiene	18,536
SFI1	Strengthen National Societies	41,397
SFI2	Effective International Disaster Management	62,004
SFI4	Ensure a strong IFRC	437
<b>TOTAL</b>		<b>159,708</b>





# Angola : Drought

17 December 2021 • DR-2021-000149-AGO



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
 Map data sources: GADM, IPC, Angola RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



## Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

**For further information, specifically related to this operation please contact:**

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**For In-Kind donations and Mobilization table support:**

- **IFRC Africa Regional Office for Logistics Unit:** Rishi Ramrakha, Head of Africa Regional Logistics Unit, Email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org) ; phone: +254 733 888 022

**For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)**

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## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



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



Enable **healthy**  
and **safe** living.



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