



CVA Volunteers supporting Polio Vaccination Campaign May 17th, 2024

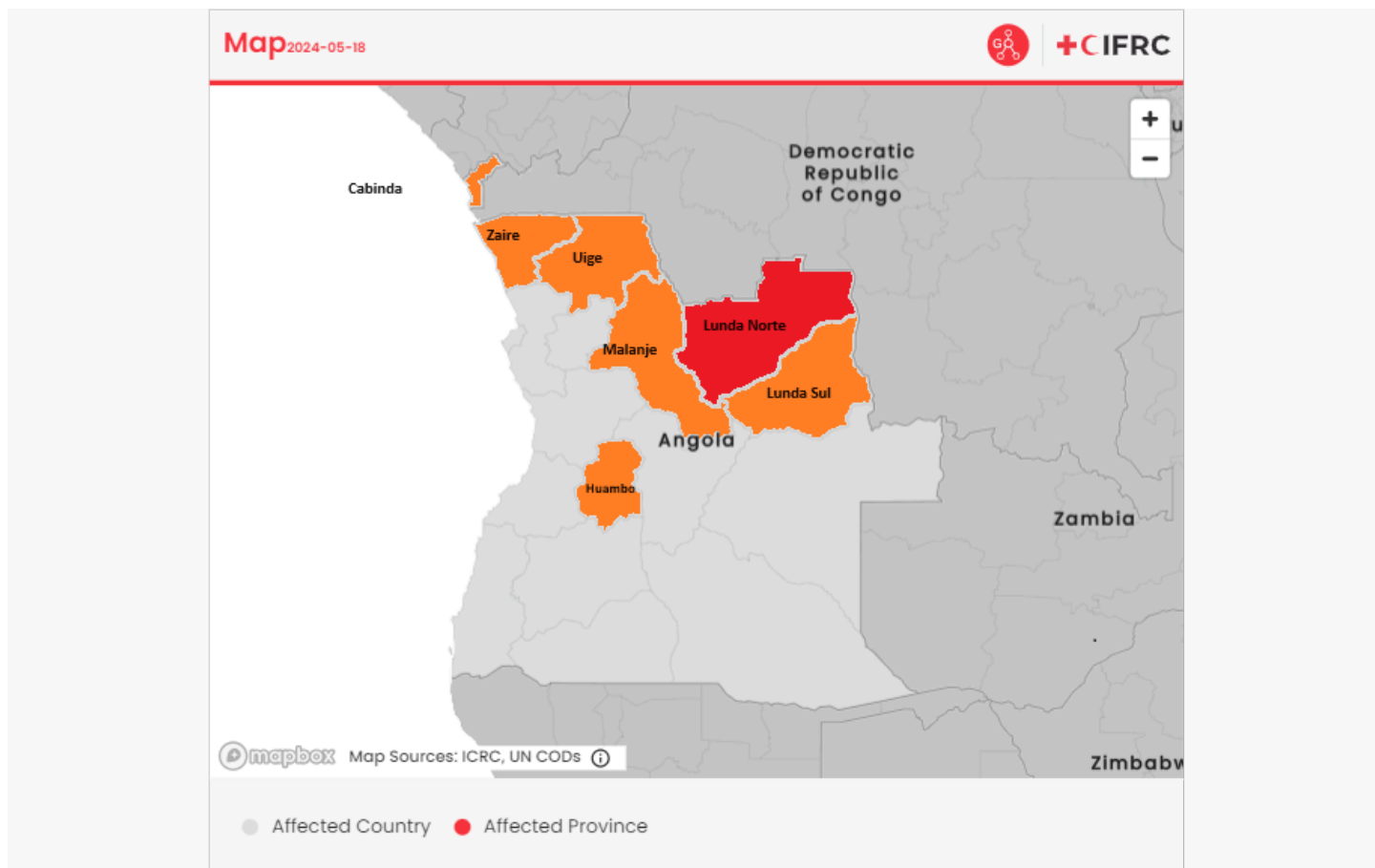
Appeal: <b>MDRAO009</b>	Country: <b>Angola</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 111,181</b>	
Glide Number: <b>-</b>	People Affected: <b>1 people</b>	People Targeted: <b>1,271,532 people</b>	
Operation Start Date: <b>2024-05-22</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>30-09-2024</b>	DREF Published: <b>24-05-2024</b>

Targeted Areas: **Cabinda, Huambo, Luanda, Lunda Norte, Malanje, Uige, Zaire**

# Description of the Event

## Date of event

2024-05-10



Map of affected areas in red and at risk areas targeted in orange

## What happened, where and when?

In the week of May 3rd, 2024, Angolan health authorities announced that polio had been detected in Chitato Municipality, Lunda Norte province, which borders the Democratic Republic of Congo (DRC). A person infected with 'circulating vaccine-derived poliovirus type 2' (cVDPV2) was confirmed. Although a polio outbreak had already been declared by the government on February 27th, 2024, due to environmental samples found in the provinces of Luanda and Huambo, the case on May 3rd was the first human case reported.

The Government of Angola has classified the current outbreak as a Grade 2 emergency (i.e., moderate level – aligned with WHO classification) due to the high risk of virus spread, exacerbated by poor water and sanitation infrastructure and hard-to-reach populations. Additionally, there is an increased risk of cross-border transmission along the DRC-Angola border, with genetic sequencing indicating a link to a polio virus reported in the DRC's Cassai Oriental province, classified as cVDPV2 (Circulating Vaccine-Derived Poliovirus Type 2).

The detection of these cases necessitated a large-scale, rapid emergency response in line with international polio outbreak response standard operating procedures and the sub-regional emergency response plan. The Government of Angola has planned a two-round national vaccination campaign covering over 5.5 million children, scheduled for May 17-19 and June 28-30. The government verbally requested the Angola Red Cross's support for the vaccination campaign during the Ordinary Meeting of the CCI (Interagency Coordination), held on March 26th, 2024, at the National Directorate of Public Health in Luanda.

Following microplanning sessions over the past two weeks, May 10th marked the finalization of microplanning, detailing the support the NS would provide, and triggered this DREF. CVA was involved in the planning and has already participated in the first round of vaccination support.

## Scope and Scale



In the week of May 3rd, 2024, a human case of vaccine-derived polio was confirmed in Lunda Norte province, Angola, marking the first human case since the 2019-2020 outbreak, which saw a total of 124 cases across 18 provinces (121 in 2019 and 3 in 2020). Additionally, four cases of Poliovirus Type 2 have been detected in environmental samples of sewage water collected in the Luanda, Huambo, and Lunda Norte provinces in 2024. The risk of outbreak spread is high, with less than 60% of children having immunity to poliovirus types 1, 2, and 3 as of 2023. Furthermore, there are 36 cases of Acute Flaccid Paralysis awaiting classification by the National Committee of Polio Experts, which may or may not be related to the polio virus. Sampling for the virus remains a challenge, as most samples fail to comply with the recommended sampling times, rendering them inadequate.

Provinces bordering the DRC are also at high risk, as cases in Angola show a link to the virus in the DRC. Angola is prone to the spread of water-borne diseases due to poor water supply and sanitation infrastructure, limited access to health facilities, and recent heavy rains. The Government of Angola has classified three out of 18 provinces with confirmed cases (one human case and four cases in environmental samples), 11 out of 18 as high-risk provinces (Bengo, Benguela, Bié, Cabinda, Cuanza Sul, Huíla, Lunda Sul, Malanje, Moxico, Uíge, and Zaire), and four out of 18 as medium-risk provinces.

High-risk population groups include children under five years old, unvaccinated individuals, or those who have received fewer doses of polio vaccines, particularly in urban areas and areas with poor water and sanitation infrastructure. Nationwide, the government has identified 5,549,140 children under the age of five in need of vaccination. In the provinces where the virus has been found (Luanda, Lunda Norte, and Huambo), there are 2,130,932 children under five years old.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

-

### Lessons learned:

There are no specific lessons learned from the current polio outbreak, as it is the first in several years. However, the National Society (NS) has applied insights from past DREF operations to address common challenges proactively. This intervention has been planned with mitigation measures to overcome or avoid similar issues. The main priorities include ensuring the quick deployment of operational teams and surge support necessary for an effective and successful start to the intervention. Additionally, the NS's prefinancing capacity was crucial to cover the first vaccination campaign. The Angola National Society has mobilized in-country resources, which will be replenished through this DREF, to ensure timely field deployment of branches.

Operationally, significant learnings from the quality assurance and effectiveness of past operations have been applied. One key lesson is the essential role of community engagement, recognized as crucial for sustainable community change and resilience. This aspect has been further strengthened and is a main pillar of this intervention. The NS aims to ensure that, beyond the vaccination campaign, communities take the lead in prevention efforts and are fully engaged in promoting key messages for long-term impact.

## Current National Society Actions

### Start date of National Society actions

2024-03-26

<b>Health</b>	The Ministry of health has developed a plan to support the roll-out of the vaccination campaign nationally through microplanning sessions. The NS, as well as other stakeholders such as UNICEF, have been part of the microplanning process during the interagency coordination platforms. Since the first campaign took place between 17-19
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	May, 220 CVA volunteers supported with the community mobilization, registration, and vaccination activities.
<b>Coordination</b>	Coordination of the response efforts has been facilitated through government mechanisms at both the national and local levels. The National Society is actively engaged in government-led platforms and participates in coordination meetings at the provincial and district levels. On March 26th, 2024, the government requested support from the Angola Red Cross for implementing the polio vaccination campaign, and since then, the National Society has been actively participating in weekly coordination meetings.
<b>National Society Readiness</b>	The National Society is currently active in all 18 provinces of Angola, with approximately 9,000 volunteers and 80 staff members. In the three affected provinces, there are 19 staff members and 620 active volunteers, all ready to be mobilized. For the vaccination campaign, 220 volunteers have been provided by CVA and trained by other stakeholders, including the Ministry of Health and partners.
<b>Assessment</b>	The Government is leading the needs assessment through the National Directorate of Public Health and partners. A risk analysis regarding the degree of spread has revealed that 11 out of 18 provinces are at high risk of polio virus transmission, with 3 provinces with confirmed virus samples. The NS and other stakeholders work together with the Government to conduct the needs assessments to inform the response operation.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	The IFRC Maputo Delegation has been working closely with the National Society offering technical support in the development and coordination of response operation. Together with its Regional Office based in Nairobi, IFRC continuously provides strategic technical support, allowing for preparedness actions in Polio response.
<b>Participating National Societies</b>	No PNS is supporting this response.

## ICRC Actions Related To The Current Event

N/A	
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## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	The Ministry of Health in Angola, through its coordination platforms, is planning to respond to the outbreak with a national vaccination campaign. This will include home-based visits, monitoring activities, regular meetings with community and local leaders, community awareness raising through media, training local health committees, and holding regular coordination meetings. Provincial-level microplanning sessions for the vaccination campaign have been completed in all 18 provinces, involving government community health workers and health technicians. The vaccination campaign is scheduled for two rounds: May 17th-19th and June 28th-30th. The National Society was included in the planning process and participated in the first round of the vaccination campaign.
<b>UN or other actors</b>	<ul style="list-style-type: none"> <li>• WHO and UNICEF are attending the coordination meetings and plan to support implementation of the response activities at a National Level, through human resources, training necessary for the vaccine rollout, communication around vaccination campaign, transportation, and logistics around necessary materials needed for the operation.</li> <li>• CORE group will conduct post-vaccination monitoring.</li> <li>• Rotary and OSC are coordinating to be involved in community mobilization and vaccination support.</li> </ul>

**Are there major coordination mechanism in place?**



Weekly Global Polio Eradication Initiative meetings are held, and the ICC coordinates and organizes weekly meetings at the national, provincial, and municipal levels. The Global Polio Eradication Initiative, in collaboration with provincial and municipal public health directorates, also organizes coordination meetings.

The National Society continues to monitor the situation internally through its branches in the affected provinces. Internal coordination within the National Society is conducted through regular meetings and field visits.

## Needs (Gaps) Identified



### Health

The government in collaboration with the NS is leading the response in the affected areas. However, the specific information on resource availability and capacity across different provinces is yet to be determined. According to the available information, 5,549,140 children under the age of 5 need to be vaccinated against Polio across the country. This large number puts pressure and constraints the health system. The risk assessment also revealed that 11 out of 18 provinces are at high risk of Polio (i.e., Bengo, Benguela, Bie, Cabinda, Cuanza Sul, Huila, Lunda Sul, Malanje, Moxico, Uige, and Zaira), and 3 out of 18 provinces already have reported confirmed cases.

Polio is a crippling and potentially fatal infectious disease. There is no cure, but there are safe and effective vaccines, which given multiple times can protect a child for life. Vaccine-derived version of the poliovirus is affecting African countries with low immunization coverage, particularly among remote communities and those experiencing migration or conflict. Angola immunization rate based on 2023 WHO reports is low than 60%. The border exchanges with countries like DRC increase the risk of transmission.

Eradicating polio requires immunizing every child until transmission stops. Hence, the vaccination campaign planned by the Government is to be supported and outreach associated activities scaled-up to ensure the effective vaccination of the largest range of children possible. Angola red cross through their 9,000 volunteers has an important presence in country and represent an incomparable efficient structure for outreach activities and social mobilization to reach the most vulnerable communities.

Since 2019, Angola has not faced any polio outbreak. However, in the recent years, Angola has experienced one of the largest vaccine derivate polio outbreak in Africa with 121 cases. The outbreak trend analysis is an important information source to understand the risk of the current outbreak. The 2019 outbreak started in March (approximately the same period as the current one) and was characterize by large hotspots in the south-central provinces of Luanda, Cuanza Sul, and Huambo. Most cases were reported mainly during the rainy season.



### Water, Sanitation And Hygiene

Angola has limited access to safe drinking water for vulnerable communities, which has led to poor hygiene and sanitation and can worsen the polio outbreak due to the nature of the transmission of the disease. Irregularities in the water supply and lack of access to the public network has pushed the population to seek unsafe alternative sources. There is also a significant gap in the availability of proper disposal of waste storage containers and inadequate sanitation especially in the rural areas. While there are existing limitation and challenges with WaSH facilities, there is a need to expand services and infrastructure to cope with population growth estimated at 3% per year.

As Angola is not yet fully out of its rainy season, there are still risks of waterborne diseases sue to the potential contamination of water sources and disruption of sanitation facilities as the result of past or near future floods. This potential risk calls for immediate attention to curb the situation as polio is a water-borne disease and that the country is already at high risk for other water-borne disease transmission including cholera and acute diarrhoea. There is a concerning rise in cases of acute diarrhoea since January 2024 in the provinces of Zaire and Luanda, and provinces bordering DRC. The risk of simultaneous increase in cases of waterborne diseases could significantly strain the public health system.



### Protection, Gender And Inclusion

In emergency context, vulnerable groups including women, children, elderly, and persons with disabilities may have limited access to information and other resources making them more vulnerable to exploitation and abuse. As children under 5 are the priority target group during the polio outbreak, the need to safeguard them against risks such as violence, abuse, exploitation, neglect, and any other risk to their safety within the communities is essential. There is also the need to address issues around protection, gender-based violence and discrimination during vaccination campaign periods.





## Community Engagement And Accountability

Angola is one of the countries with low adherence to vaccines due to cultural and religious beliefs. Hence, there is a need to strengthen risk communication in at risk areas due to parents' and care takers' vaccine resistance. The country faces limitation in the prevention campaign due to insufficient IEC materials and that there is only one community radio with national coverage (Rádio Nacional de Angola). Most of target population are in hard-to-reach areas, making it more challenging to reach them with information. Consequently, it is crucial to scale up the effort to reach target population with risk communication to provide them with necessary information. This information must be translated to local languages and shared through local radio channels to improve reach and accessibility.

# Operational Strategy

## Overall objective of the operation

The overall objective of this operation is to cover 7 provinces—Zaire, Cabinda, Lunda Norte, Uige, Huambo, Malanje, and Luanda—through health, WASH, and RCCE activities. The operation aims to support the vaccination campaign, reaching 1,243,532 children under the age of 5. Additionally, the same number of families will be targeted by a mass communication campaign for health and hygiene promotion. A subset of families (5,600 households) in priority municipalities will benefit from community sessions focused on health and hygiene promotion. This initiative will help stop the spread of the polio virus, improve living conditions, and complement the Angolan government's response led by the Ministry of Health to address the polio outbreak.

## Operation strategy rationale

During the proposed 4-month period, the DREF intervention will contribute towards the government efforts in prevention of the spread of the polio virus by supporting the Ministry of Health carry out the vaccination campaign and improving the sanitation, hygiene and health behaviours of communities and interrupting the chain of transmission through a comprehensive community-based approach including risk communication and PGI. This DREF will have a three-pronged approach:

### 1. Support to vaccination campaign:

Under direct support to the Ministry of Health of Angola, the NS will support the vaccination campaigns. The Ministry of Health in Angola, through its coordination platforms, has planned a national vaccination campaign in two rounds (May 17-19th, and June 28-30th) as the main response to the outbreak. Through planning sessions with the NS, it was decided that the NS would support with vaccinating 1,243,532 children under age 5 in seven provinces of Zaire, Cabinda, Lunda Norte, Uige, Huambo, Malanje, and Luanda. These provinces and the number of volunteers involved in each were decided throughout the planning process with Government and other stakeholders involved in the response to ensure national coverage of the campaign. The support will be through volunteers who will be able to deliver the vaccine as instructed by the government, provide information and sensitization about the vaccine, and deliver health and hygiene promotion messages to affected communities. Vaccination will happen at community designated spots, where volunteers is part of a vaccination team consisting of a "vaccination", "mobilization", or "registration" role. Volunteers involved in this response have already been trained by the Government during the microplanning sessions alongside other individuals who will be part of these teams from WHO, UNICEF, and community health workers. A detailed vaccination plan can be provided upon request. CVA has already supported the Ministry of Health in carrying out their first vaccination campaign on 17-19 May. During this campaign, CVA volunteers supported with community mobilization, registration, and vaccination activities. CVA will continue to support the second campaign in 28-30 June 2024.

### 2. Mass communication campaign:

In parallel, the NS will have a broader health and hygiene promotion approach, targeting the provinces where NS will support vaccination in addition to Luanda province (given that the capital is at high risk of the spread of polio and has confirmed environmental samples of the virus) and the northern province of Malanje bordering the DRC. Across the 7 provinces (Zaire, Cabinda, Lunda Norte, Uige, Huambo, Luanda, Malanje), health & hygiene mass awareness campaigns through radio and IEC material distributed to communities will be prioritized to cover polio and other water-borne diseases.

### 3. Community-based health & hygiene promotion activities:

In priority municipalities of the selected provinces, based on risk vulnerabilities, NS volunteers will engage in community-based health & hygiene promotion sessions to discuss safe water and sanitation practices, during which active-case finding will also take place. Municipalities for these interventions will be selected in alignment with government priorities.

## WASH

Through the DREF, a mass communication campaign using radio and distribution of IEC materials in communities will raise awareness on water-borne diseases focusing on polio but also including cholera and provide health & hygiene promotion practices. The NS will collaborate with MoH on community mobilization and sensitization to ensure that information dissemination is widely shared in the selected areas in the preferred local language.



## Health

To deliver on Health, CVA has agreed with the MoH for volunteers to support the vaccination campaign with support from 220 volunteers. Additionally, linked to WASH activities, volunteers will be engaged in health & hygiene promotion community sessions in high-risk municipalities in the selected provinces during and after the vaccination campaign (2 months – mid-May through mid-July). CVA will provide trainings in RCCE, EPIC, and WASH trainings before activities begin to ensure that volunteers are properly equipped with information to deliver on community sensitization and information regarding polio and other water-borne diseases.

## PGI & CEA

The planned DREF operation will focus on targeting the most vulnerable persons by ensuring the safety and well-being of these people is protected. The NS will also address protection concerns, including gender-based violence and child protection issues. The staff and volunteers will be briefed on the code of conduct and on preventing and responding to child protection, sexual exploitation, abuse as they implement the response. Furthermore, staff and volunteers involved in the operation will be briefed and asked to sign the Code of Conduct as they implement the response interventions. Children under the age of 5, orphans, elderly persons, and those with disabilities or chronic illnesses will be included in appropriate interventions by making sure they are properly registered and targeted for the assistance through the local community leader and other authorities. It is imperative to have strong RCCE throughout the operation by ensuring that the volunteers and staff members establish a two-way feedback mechanism for community complaint and feedback, and that messages are translated to local languages. The NS will facilitate orientation for volunteers and staff to strengthen their capacity.

## NSD

The NS is planning to mobilize 220 of its active volunteers under this DREF to support Vaccination campaign across seven selected provinces in alignment with the Government. 20 volunteers in each selected province (of those involved in vaccination) will further support with health & hygiene promotion activities. Volunteers will be receiving trainings related to WaSH and Health activities. The NS will also benefit from lesson learned workshops and IFRC visits including PMER and Finance staff, creating an opportunity for building the capacity of the NS in these areas.

# Targeting Strategy

## Who will be targeted through this operation?

The operation aims to directly reach 1,243,532 children under 5 with vaccination through the vaccine campaign and to directly reach 28,000 people (5,600 families) through health & Hygiene promotion community awareness sessions. The project will also indirectly reach approximately 4.3 million people (870,000 families with children under the age of 5) through health and hygiene promotion mass communication campaign. CVA has already supported the Ministry of Health in carrying out their first vaccination campaign on 17-19 May.

For the vaccination campaign, CVA will aim to support the Ministry of Health to vaccinate 1,243,532 children in 13 Municipalities across the 7 selected provinces of Zaire, Cabinda, Lunda Norte, Uige, Huambo, Luanda and Malanje. Communities in these provinces will also receive IEC materials and health and hygiene promotion messaging as part of the vaccination campaign. CVA has already supported the Ministry of Health in carrying out their first vaccination campaign on 17-19 May. During this campaign, CVA volunteers supported with community mobilization, registration, and vaccination activities. CVA will continue to support the second campaign in 28-30 June 2024.

Across these 7 provinces, there are approximately 2.9 million children under the age of 5, equaling approximately 2.9 million families with children under the age of 5. The mass communication is expected to reach at least 30% of these families through mass communication channels including radio and distribution of IEC materials across communities therefore reaching an estimated 870,00 families (approximately 4.3 million people).

Additional health & hygiene promotion and disease prevention community-based sessions will be carried out by 20 volunteers twice a week for 2 months in each province to reach 28,000 people (5,600 families). The provinces selected were based on their risk status for polio, including already having confirmed cases and bordering DRC since the virus has been linked to coming from DRC.

## Explain the selection criteria for the targeted population

For the vaccination campaign, the Government is focusing on children under 5 years old and will lead the targeting and vaccination efforts. They have identified over 5.5 million children across the country who will need the polio vaccine, with close to 1.2 million of them in the provinces where the National Society (NS) will support the campaign. These provinces were selected in collaboration with the Government based on their priority status, determined through planning sessions with stakeholders to ensure comprehensive coverage in the national campaign. The Community of Volunteers in Angola (CVA) aims to target 1,243,532 children under 5 in 13 municipalities across 7 provinces to receive vaccines through vaccination campaigns.

The selection of target provinces for NS to support a broader mass communication campaign aligns with government information indicating that provinces bordering the DRC are at high risk of polio and other water-borne diseases, along with Luanda province, which has confirmed environmental samples of Polio. In total, there are 2.9 million children under 5 at risk across the 7 provinces. Mass communication campaigns on health and hygiene promotion are expected to indirectly reach 30% of the affected population (approximately 4.3 million people across 870,000 families with children under 5) through Information, Education, and Communication (IEC) materials in public areas and radio messages.



Specific health, hygiene promotion, and disease prevention activities carried out by volunteers through community sessions will be selected based on risk vulnerability criteria, including municipalities with weak WASH and health infrastructure, as well as those that are more urban and closer to the borders, which have a higher risk of water-borne diseases spreading. The selection of municipalities and communities will also be done in collaboration with the Government. Overall, 140 volunteers will aim to reach 28,000 people (5,600 families) through 112 community sessions (2 per week for 2 months in each of the 7 provinces), estimating that at least 1 family member from 50 families can be represented in each community session.

Table. CVA Targeted Population of Children Under 5 for Vaccination

Província	Município	População Alvo	Atividades	Total		
	Vacinação	Mobilização	Registo	Supervisor		
Cabinda	120,902	4	15	1	20	
Cabinda	4	15	1	20		
Huambo	175,597	3	10	1	14	
Tchikala Tchilohanga	25,516	3	10	1	14	
Ecunha	20,320	3	8	1	12	
Huambo	9	28	3	40		
Cacuaco	147,672	5	15	1	21	
Cazenga	246,686	5	10	1	16	
Viana	335,503	5	16	2	23	
Luanda	15	41	4	60		
Lucapa	31,795	2	10	1	13	
Cambulo	24,769	2	8	1	11	
Chitato	40,253	4	10	2	16	
Lunda Norte	8	28	4	40		
Massango	6,991	5	14	1	20	
Malanje	5	14	1	20		
Quimbele	29,555	5	14	1	20	
Uige	5	14	0	1	20	
Mbanza Congo	37,973	5	14	1	20	
Zaire	5	14	0	1	20	
Total Targetted	1,243,532	51	154	0	15	220

## Total Targeted Population

Women	14,000	Rural	30%
Girls (under 18)	621,766	Urban	70%
Men	14,000	People with disabilities (estimated)	-
Boys (under 18)	621,766		
Total targeted population	1,271,532		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Outbreak worsens rapidly and more cases are confirmed	Increase health and hygiene promotion measures to cover more provinces.
Security risk for NS volunteers and staff in some province sin Angola	NS staff is already active across the country, including in provinces that have high security risks as per the IFRC classification. These volunteers will receive trainings on how to stay safe and also receive visibility materials to promote protection. To reinforce the mitigation actions for protection of volunteers a security briefing will also be conducted by the security officer to provide staff and volunteers with information



	on the organization's security approach and aware of current risks and make sure risks are handled properly.
Communities with children under 5 are not accessible in rural areas	Widespread RCCE communication campaign with support for local volunteers to reach children in hard-to-reach locations, support for transportation of volunteers to reach communities.

**Please indicate any security and safety concerns for this operation**

Angola has significant 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. Lunda Norte & Cabinda are in red security classification by IFRC.

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 the operation implementation. 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).

**Has the child safeguarding risk analysis assessment been completed?**

Yes

## Planned Intervention



**Budget:** CHF 32,840  
**Targeted Persons:** 1,243,532

### Indicators

Title	Target
# volunteers involved in vaccination campaigns.	220
# children under 5 vaccinated.	1,243,532
# volunteers trained in health promotion topics and EPIC.	140

### Priority Actions

- Deploying trained volunteers to vaccination campaigns as per planning with government
- Volunteers will be simultaneously trained on basic hygiene and sanitation and health topics.
- The monitoring visits will be conducted both during the vaccination campaign and health & hygiene sessions.
- PPE and visibility materials for items.
- Conduct monitoring visits.



**Budget:** CHF 23,988  
**Targeted Persons:** 28,000

### Indicators

Title	Target
# of volunteers trained in hygiene and sanitation.	140



# of community-based health and hygiene promotion sessions conducted.	112
# families reached through community-based sessions.	5,600

### Priority Actions

- Simultaneous training of volunteers on basic hygiene and sanitation and health topics.
- Conducting community visits twice a week for 2 months and distribution of IEC materials.
- Equipping volunteers with materials to go to communities.



## Protection, Gender And Inclusion

Budget: -

Targeted Persons: -

### Indicators

Title	Target
# of Volunteers simultaneously oriented and briefed in PGI sensitization, minimum standards, safety CEA, and RCCE	140

### Priority Actions

- Briefing of volunteers on the code of conduct and on preventing and responding to child protection, sexual exploitation, abuse as they implement the response. Same volunteers will be simultaneously briefed on CEA and minimum requirement for feedback management and RCCE.
- Training budgeted under comprehensive training in WASH.



## Community Engagement And Accountability

Budget: CHF 12,959

Targeted Persons: 877,600

### Indicators

Title	Target
# feedback mechanisms established.	7
# of radio channels broadcasting health & hygiene messages.	7
# of families reached with health & hygiene promotion messages through mass communication	877,600

### Priority Actions

- Two-way feedback system in established and/or activated.
- Signing contract with radio stations and procurement of radios spots (minimum 1 station per province at provincial level, with possible municipal local radio slots as applicable). Ideally, the aim will be to broadcast hygiene messages three times a day for three months.
- Translation of key messages to local languages.
- Printing of IEC material and distribution in community public spots.



## Secretariat Services

Budget: CHF 31,626

Targeted Persons: 3

### Indicators

Title	Target
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# surge deployed.	1
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### Priority Actions

- Surge deployment for Public Health/Ops Manager.
- Monitoring activities from IFRC cluster to support NS with narrative and financial reporting, and trip for communications officer.
- Support RCRC coordination internal and external.
- Support Planning.
- volunteer insurance.



## National Society Strengthening

**Budget:** CHF 9,768

**Targeted Persons:** 19

### Indicators

Title	Target
# HQ staff involved in the response.	19

### Priority Actions

- 220 volunteers to support vaccination and RCCE, health and hygiene promotion activities, plus staff at HQ and provincial levels involved in the response.
- Coordination and planning harmonization through regular meetings.
- Lessons learnt workshop.
- Monitoring visits & volunteers trainings.

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation will involve 19 staff members and 220 volunteers, stationed in Luanda, Lunda Norte, Huambo, Cabinda, Zaire, Uige, and Malanje provinces. Of these, 220 volunteers will be directly engaged in the vaccination campaign, while 140 will focus on community outreach for health and hygiene promotion. Furthermore, the National Society (NS) will receive technical support from the International Federation of Red Cross and Red Crescent Societies (IFRC) through the Cluster Delegation and regional office.

### Will surge personnel be deployed? Please provide the role profile needed.

A Public Health Coordinator in Emergency/Ops Manager as Surge for 3 months.

### If there is procurement, will it be done by National Society or IFRC?

There is no large procurement expected for this DREF beyond visibility and PPE materials for volunteers. This will be done by the NS.

### How will this operation be monitored?

The IFRC Maputo country cluster delegation with the support from the regional office, will work in coordination with the National Society and provide support in the monitoring of the response. IFRC is able to conduct coordinated monitoring visits with key stakeholders. The monitoring process will focus on adherence to minimum standards in humanitarian service delivery, compliance to humanitarian principles guiding the Movement's humanitarian operations, timeliness in the delivery of supplies and services to beneficiaries, management of supplies during storage, accuracy, completeness, and timeliness of reporting among others.

### Please briefly explain the National Societies communication strategy for this operation

The National Society's communication strategy for this Polio Outbreak response operation includes use of social media platforms and updates to the organization's websites. These digital channels will serve as essential tools for real-time information sharing, community engagement, and resource mobilization. The IFRC will provide crucial support through the communication team and will work closely with the National Society's communication team to optimize the use of social media platforms such as Facebook, Twitter, and Instagram.



This collaboration will involve crafting impactful social media messages, sharing updates on relief reports, and actively responding to community inquiries and feedback.



# Budget Overview

International Federation of Red Cross and Red Crescent Societies

V2022.01

## DREF budget tool for National Societies

National Society

Angolan Red Cross

Appeal Code

MDRCCxxx

Date

04/12/2023

Operation

Polio

Currency (LC) &

AOA

Exchange Rate

0.00104

Output Code	Description	Budget Group	Quantity	Unit	Unit Cost	Total Cost LC	Total Cost CHF
<b>PO01</b>	<b>Shelter and Basic Household Items</b>					<b>0.00</b>	<b>0.00</b>
<b>PO02</b>	<b>Livelihoods</b>					<b>0.00</b>	<b>0.00</b>
<b>PO03</b>	<b>Multi-purpose Cash</b>					<b>0.00</b>	<b>0.00</b>
<b>TOT_AP107</b>	<b>NS health capacity</b>					<b>0.00</b>	<b>0.00</b>
<b>TOT_AP108</b>	<b>Health services</b>					<b>0.00</b>	<b>0.00</b>
AP109	Volunteer per diem for vaccination support (20 days x 5000kw per volunteer)		667	220.00 Volunteers	50,000.00	11,000,000.00	11,440.00
AP109	Monitoring trips		662	7.00 Lumpsum	650,000.00	4,550,000.00	4,732.00
AP109	Fuel for field surpersion, coordination, monitoring costs		593	1.00 Lumpsum	2,000,000.00	2,000,000.00	2,080.00
AP109	Training package for 140 volunteers on EPIC/WASH/RCC&PFI (ToT & replicas) - cost split with wash		680	1.00 training	5,000,000.00	5,000,000.00	5,200.00
AP109	Procurement for visibility and PPE materials		710	220.00 material sets	30,000.00	6,600,000.00	6,864.00
AP109	Volunteer fuel/mobilization costs		667	1.00 Lumpsum	500,000.00	500,000.00	520.00
<b>TOT_AP109</b>	<b>Health services in emergencies</b>					<b>29,650,000.00</b>	<b>30,836.00</b>
<b>PO04</b>	<b>Health</b>					<b>29,650,000.00</b>	<b>30,836.00</b>
<b>TOT_AP110</b>	<b>WASH</b>					<b>0.00</b>	<b>0.00</b>
AP111	Procurement of material for health & hygiene promotions sessions (1 per volunteer)		550	140.00 kits	14,550.00	2,037,000.00	2,118.48
AP111	Conduct Health and hygiene promotion sessions (2 times a week per 2 months in 7 provinces = 112 sessions (2 voluntee		680	224.00 per-diems	5,000.00	1,120,000.00	1,164.80
AP111	Training package for 140 volunteers on EPIC/WASH/RCC&PFI (ToT & replicas) - cost split with health		680	1.00 training	5,000,000.00	5,000,000.00	5,200.00
AP111	Assessment and confirmation of municipalities for interventions		662	7.00 provinces	1,500,000.00	10,500,000.00	10,920.00
<b>TOT_AP111</b>	<b>WASH in emergencies</b>					<b>21,657,000.00</b>	<b>22,523.28</b>
<b>PO05</b>	<b>Water, Sanitation &amp; Hygiene</b>					<b>21,657,000.00</b>	<b>22,523.28</b>
<b>PO06</b>	<b>Protection, Gender and Inclusion</b>					<b>0.00</b>	<b>0.00</b>
<b>PO07</b>	<b>Education</b>					<b>0.00</b>	<b>0.00</b>
<b>PO08</b>	<b>Migration</b>					<b>0.00</b>	<b>0.00</b>
<b>PO09</b>	<b>Risk Reduction, Climate Adaptation and Recovery</b>					<b>0.00</b>	<b>0.00</b>
AP129	Induction workshop		680	1.00 Lumpsum	3,000,000.00	3,000,000.00	3,120.00
AP129	Set up a feedback mechanism		662	7.00 Lumpsum	300,000.00	2,100,000.00	2,184.00
AP129	Printing and distribution of IEC materials on community-based disease prevention, epidemic preparedness and health		550	1.00 Lumpsum	2,400,000.00	2,400,000.00	2,496.00
AP129	Radio spots for health & hygiene awareness messaging for 2 months, national campaign		710	7.00 Lumpsum	600,000.00	4,200,000.00	4,368.00
<b>TOT_AP129</b>	<b>Community engagement/accountability</b>					<b>11,700,000.00</b>	<b>12,168.00</b>
<b>PO10</b>	<b>Community Engagement and Accountability</b>					<b>11,700,000.00</b>	<b>12,168.00</b>
<b>PO11</b>	<b>Environmental Sustainability</b>					<b>0.00</b>	<b>0.00</b>
<b>EA01</b>	<b>Coordination and Partnerships</b>					<b>0.00</b>	<b>0.00</b>
AP122	Bank charges		760	1.00 Lumpsum	500,000.00	500,000.00	520.00
AP122	IFRC monitoring visits		700	2.00 field visits	3,200,000.00	6,400,000.00	6,656.00
AP122	Volunteers insurance (volunteers insured for full year so no cost here)		657	0.00 Volunteers	2,000.00	0.00	0.00
AP122	Communications support		740	1.00 Lumpsum	500,000.00	500,000.00	520.00
AP122	Flight surge Ops manager 3 months_surge deployment		700	2.00 Flights	1,923,076.92	3,846,153.85	4,000.00
AP122	Ops manager 3 months_surge deployment		700	3.00 Months	5,769,230.77	17,307,692.31	18,000.00
<b>TOT_AP122</b>	<b>Secretariat services strengthening</b>					<b>28,553,846.15</b>	<b>29,696.00</b>
<b>EA02</b>	<b>Secretariat Services</b>					<b>28,553,846.15</b>	<b>29,696.00</b>
AP124							
AP111	Lessons learnt workshop		680	1.00 Lumpsum	3,000,000.00	3,000,000.00	3,120.00
AP124	Admin & finance coordinator salary contribution national staff		662	3.00 Months	180,000.00	540,000.00	561.60
AP124	provincial staff contribution (7, 1 per province)		662	21.00 Months	120,000.00	2,520,000.00	2,620.80
AP124	Drivers contribution (2)		662	4.00 Months	140,000.00	560,000.00	582.40
AP124	Communication, printing, and internet cost HQ & provinces		740	1.00 Lumpsum	500,000.00	500,000.00	520.00
AP124	Admin fee 7%		790	0.07 Lumpsum	67,127,000.00	4,698,890.00	4,886.85
<b>TOT_AP124</b>	<b>National Society Development</b>					<b>8,818,890.00</b>	<b>9,171.65</b>
<b>TOT_AP125</b>	<b>Volunteering development</b>					<b>0.00</b>	<b>0.00</b>
<b>TOT_AP126</b>	<b>Leadership development</b>					<b>0.00</b>	<b>0.00</b>
<b>EA03</b>	<b>National Society Development</b>					<b>8,818,890.00</b>	<b>9,171.65</b>
	<b>DIRECT COSTS total</b>					<b>100,379,736.15</b>	<b>104,394.93</b>
	<b>INDIRECT COSTS</b>					<b>6,524,682.85</b>	<b>6,785.67</b>
	<b>TOTAL BUDGET</b>					<b>106,904,419.00</b>	<b>111,180.60</b>

Internal

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