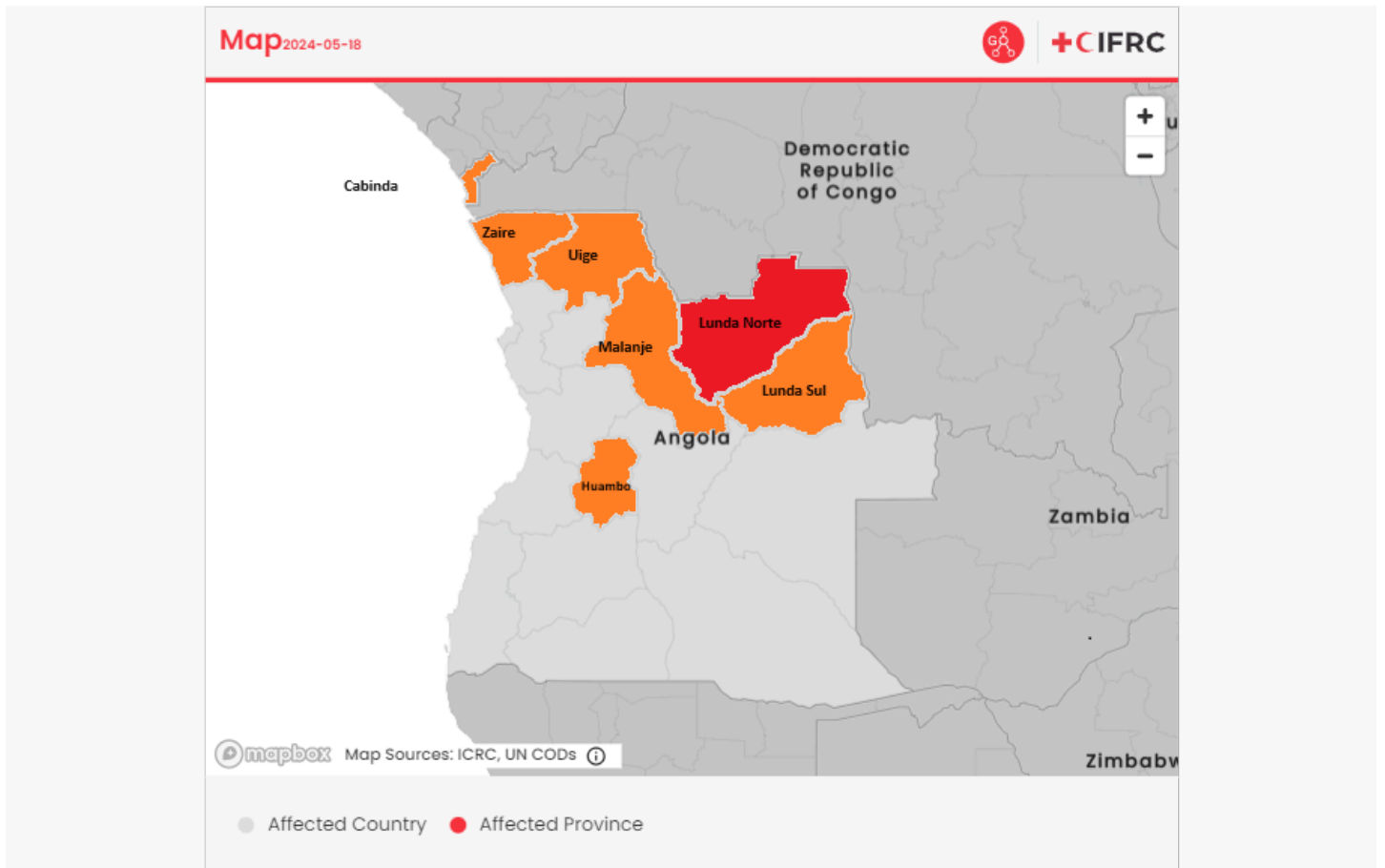




CVA Volunteers supporting Polio Vaccination Campaign May 17th, 2024

Appeal: MDRAO009	Total DREF Allocation: CHF 172,536	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: -	People Affected: 5 people	People Targeted: 1,465,417 people	
Event Onset: Sudden	Operation Start Date: 22-05-2024	New Operational End Date: 31-10-2024	Total Operating Timeframe: 5 months
Reporting Timeframe Start Date: -		Reporting Timeframe End Date: -	
Additional Allocation Requested: 61,355		Targeted Areas: Cabinda, Cuando Cubango, Huambo, Luanda, Lunda Norte, Malanje, Moxico, Uige, Zaire	

Description of the Event



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

Date of event

10-06-2024

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 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 three-round national vaccination campaign, scheduled for May 17-19, June 28-30 and Sept 6-8. 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.

As of 20th of July, 2024 the MOH of Angola have confirmed there has been 5 (five) cases of Acute Flacid Paralysis (AFP) from polio throughout the country. The total number of vaccine derived polio virus (VDPV2) was recorded at 13 (12 cVDPV2, 1 VDPV2). This was split into; AFP cases: 5, Contact: 1 (Healthy Child), Environment: 7. The infected provinces of Angola are: Luanda, Huambo, Lunda Norte, and Moxico.



MOH, WHO and other partners (including CVA) carried out two polio campaigns to interrupt the transmission, both targeted children under 5 years. Below is the coverage:

Round 1: NID (All municipalities in the country) 5.5m children (17-19 May)

Round 2: SNID (11 provinces and 88 municipalities) 3.7m children (28-30 June)

Recent Lot Quality Assurance Sampling (LQAS) and independent monitoring (for round 2) have shown that 3 provinces have poor coverage. These are Moxico, Cuando Cubango and Malange. The main reason is both infrastructure i.e road and community awareness, communication and engagement.



CVA volunteer vaccinating child



Training on health related matters carried out by CVA and IFRC

Scope and Scale

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Source Information

Source Name	Source Link
1. GPEI Polio updates	https://polioeradication.org/where-we-work/polio-outbreak-countries/

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Is this a request for a second allocation	Yes
Has the forecasted event materialize?	No

Please explain the summary of changes and justification:

Since the initial submission on the DREF, the number of polio cases have increased from 1 (one) to 5 (five) in total. This increase has meant that the Ministry of Health (MOH) and World Health Organization (WHO) will conduct a 3rd National Immunization Day (NID) campaign targeting 5.5m children (under the age of five). This will be in September 2024.

After discussions with WHO, whereby clearer understanding on where and why access to certain areas remained a challenge. These discussion led to the belief (by both WHO and Angolan Red Cross (CVA)) that the CVA were in an excellent position to support these specific areas in the 3rd campaign. It was decided that an extension to scope, target range, timeframe and ultimately budget will be required

Below are specific reason as to why each are amended:

Timeframe: The WHO/MOH campaign will be carried out in mid-September. To be an active participant in this campaign, it is important to ensure that enough time is available both during and post campaign. A short extension of one month will allow not only for any delays in the campaign initiation but also for reporting, monitoring and feedback.

Geographical and Target Population: The target population (TP) has increased by 193,885. This increase is because the CVA will now target two additional provinces those of Moxico and Cuando Cubango. These (along with the already covered Malanje) are seen to be the provinces with the least coverage and in need of the most support.

Budget: As CVA aims to support the 3rd campaign, additional volunteers are needed in the three targeted areas. Also more trainings and materials are needed both for the 2 new provinces and as top-ups or refreshers for Malanje.



Current National Society Actions

Start date of National Society actions

26-03-2024

Health	<p>After successfully initiating 2 polio vaccination campaigns, the MOH has developed a plan to support the roll-out of a 3rd nationwide vaccination campaign through microplanning sessions. The NS, as well as other stakeholders such as UNICEF, were part of the microplanning process during the interagency coordination platforms. Since the first and second campaign took place between May and June, 220 CVA volunteers supported with the community mobilization, registration, and vaccination activities.</p> <p>This need is replicated for the upcoming 3rd campaign, however whereas these campaigns focused on 7 high risk provinces, the intervention from the CVA in the 3rd campaign will be in 3 "hard to reach" provinces. After discussions with relevant stakeholder it was decided that CVA's strength was to mobilize its volunteers in these specific regions where they had trouble accessing in the previous two campaigns.</p>
Coordination	<p>Coordination of the response efforts continues to be 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.</p>
National Society Readiness	<p>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 600 active volunteers, all ready to be mobilized. For the vaccination campaigns, 220 CVA volunteers have been trained by other stakeholders, including the Ministry of Health and partners, a further 380 will be trained for the 3rd campaign. A ToT for staff and volunteers across all provinces covered by the DREF took place with this DREF for health and hygiene promotion topics.</p>
Assessment	<p>The Government carried out a 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 national society and other stakeholders worked together with the Government to conduct the needs assessments to inform the response operation. These remain high-risk. Similarly, the hard to reach areas were a response to the post campaign monitoring carried out during the first two campaigns</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>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.</p>
Participating National Societies	<p>No PNS is supporting this response.</p>

ICRC Actions Related To The Current Event

N/A



Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Ministry of Health in Angola, through its coordination platforms, has responded to the outbreak with 2 vaccination campaigns. This included 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 three rounds: May 17th-19th and June 28th-30th. A third round is planned for early September (6-8th). The National Society was included in the planning process and participated in the first round of the vaccination campaign.</p>
UN or other actors	<p>CVA and IFRC have met with WHO and UNICEF's key focal points to discuss potential support and collaboration. The meetings took place on 12 July (UNICEF) and 18 July (WHO). Follow up meetings are planned. These two meetings in particular (but also not limited to), were to reintroduce the CVA to WHO and UNICEF. These two UN bodies (along with the MOH) are the key players in the coordination and operations of the polio campaigns, CVA and IFRC saw this as a great opportunity to express desire to increase capacity in collaboration, as well as utilize RC volunteers more.</p> <p>WHO and UNICEF continued to attend 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.</p> <ul style="list-style-type: none"> • CORE group will conduct post-vaccination monitoring. • Rotary and OSC are coordinating to be involved in community mobilization and vaccination support.

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



Following the successful support of the second polio campaign in Angola, CVA met with WHO, UNICEF and the Government of Angola to discuss follow up collaboration. From these meetings it was suggested that CVA volunteers could once again support the upcoming 3rd campaign (6-8th September), but in a specifically targeted manner. WHO stated that 3 provinces showed poor coverage (Malanje, Moxico, Cuando Cubango) and the reasons believed were largely down to poor access to certain locations and lack of overall community engagement and awareness.

The upcoming campaign is an national immunisation day (NID), and will target the whole of Angola's under five population once again (5.5m). Drawing on the success of the previous campaign support, CVA will once again mobilize its volunteers in the upcoming campaign, in these specific locations.

This third round support is complimentary to the governments collaboration with the NS is leading the response in the affected areas targeted in rounds 1 and 2. However, the specific information on resource availability and capacity across different provinces is yet to be determined.



5,549,140 children under the age of 5 need to be vaccinated against Polio across the country in round 1 and 3, with a smaller more targeted approach for round two. 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 Zaire), and 3 out of 18 provinces already have reported confirmed cases. Recent conversation with the MOH and WHO have shown 3 provinces (Moxico, Malanje (also high risk), and Cuando Cobango) to be hard to reach, and need additional support.

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 lower 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.

Recently, water borne diseases, particularly cholera continues to be a significant health burden for Angola. In April 2024 GAVI stated that the government of Angola are readying for a potential cholera outbreak, due to the bordering outbreaks in DRC and Zambia. New measures are being carried out by MOH and WHO to prepare for potential outbreaks. This includes building emergency health facilities in high risk areas.

Though there has been no confirmed cases of cholera as of yet, the MOH is at a "level 2" alert for potential outbreak (level 3 is the maximum and when the disease is confirmed).

GAVI also states that other waterborne diseases are a concern in Angola due to the recent heavy rainfall and poor sanitation.

This is confirmed by recent meetings with WHO and MOH who state that cholera remains a concern, along with other waterborne diseases.



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.

During the initial roll out of the DREF activities, key TOTs and community based messages were carried out (see update section). These aimed to focus on the limitations the country faces in the prevention campaign due to insufficient IEC materials. 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 continue 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 extended objective of this operation is to support in targeting children under 5 in the 2nd and 3rd polio campaign in (tentatively 6-8th September). This will be carried out by training and mobilizing; volunteers, mobilizers, and registrar in the 7 high risk provinces (2nd round) and 3 hard to reach areas (3rd round). It will also include additional health/campaign support/polio training and the procurement of additional materials.

It is important to note that: The Angolan Red Cross, has used its wide network of volunteers to support the MOH and WHO in the vaccine campaigns. The MOH/WHO rely heavily on third parties to actually implement (and promote) the campaigns. With them relying mainly on coordination and planning. The CVA was very well received as an implementing partner in the 2 previous campaigns, and it is hoped they can build upon that valuable role for the upcoming third campaign.

The overall objective of this operation is to cover 7+3 provinces—Zaire, Cabinda, Lunda Norte, Uige, Huambo, Malanje, and Luanda, and then Malanje again, Moxico and Cuando Cubango —through health, WASH, and RCCE activities. The operation aims to support the vaccination campaign, reaching 1,465,417 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 newly proposed 5-month period (one month extension on the original timeframe), 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, initiated two national vaccination campaign (May 17-19th, and June 28-30th) as the main response to the outbreak. Additionally a further third round is planned for September. Through planning sessions with the NS, it was decided that the NS would support with vaccinating 1,465,417 children under age 5 in seven provinces of Zaire, Cabinda, Lunda Norte, Uige, Huambo, Malanje, and Luanda in the 2nd round and then Malanje, Moxico and Cuando Cubango in the 3rd round. 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 are 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 in May and their 2nd round in June. During these campaigns, CVA volunteers supported with community mobilization, registration, and vaccination activities. CVA will continue to support the third campaign in September



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+3 provinces, health and 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 and hygiene promotion activities:

In priority municipalities of the selected provinces, based on risk vulnerabilities, NS volunteers will engage in community-based health and 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 and 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 volunteers for all 3 rounds. Additionally, linked to WASH activities, volunteers have been engaged in health and 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 have begun to 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 has begun to 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 620 of its active volunteers under this DREF to support Vaccination campaign across seven selected provinces in alignment with the Government. 20 volunteers in each specifically selected province (of those involved in vaccination) will further support with health and 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 reach 1,465,417 children under 5 with vaccination through 3 vaccine campaigns. The project will also indirectly reach the same number of families through health and hygiene promotion mass communication campaign. Additionally, it will directly reach a subset of 28,000 people (5,600 families out of the above) through targeted health and hygiene promotion community awareness sessions. CVA has already supported the Ministry of Health in carrying out their first vaccination campaign on May and June and will aim to continue this support in September.

For the vaccination campaign, initially aimed 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. This was carried out, it then will increase that total to 1,465,417, by covering 3 areas that are hard to reach - Malanje again, Moxico and Cuando Cubango. 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 third campaign in September.



The mass communication is expected to reach at least 30% of all of these families with children under 5 through mass communication channels including radio and distribution of IEC materials across communities therefore reaching an estimated 440,000 families (approximately 2.6 million people). Mass communication has begun, and will continue through the DREF timeframe.

Additional health and 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 and areas of hard to reach, including already having confirmed cases and bordering DRC since the virus has been linked to coming from DRC, and also the large provinces of Angola.

Explain the selection criteria for the targeted population

For the vaccination campaign, the Government is has focused and will continue to focus 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 1.4 million of them in the provinces where the National Society (NS) will support the campaigns. 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 CVA aims to target over 1.4m children under 5 in 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+3 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 for rounds 1 and 2

Província	Município	População Alvo	Actividades	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 Tcholohanga		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

Selected target areas for rounds 3.

The selection criteria for the 3rd round of polio is due to both the overall factors of the NID campaign (national coverage, under 5), but most specifically because of recent results from the NID and SNID carried out previously this year. The independent monitoring, Lot



Quality Assurance Sampling data (LQAS), and the conversations CVA have had with WHO focal point in Luanda have shown that supporting the targeting of these 3 provinces could have a great impact on the overall coverage in those areas

Below is a breakdown of the intended target population and required volunteers:

Malanje:

Vaccinators: 75 (up from 15 from the previous rounds)

Mobilizers: 20 (up from 4 from the previous rounds)

Registrars: 5 (up from 1 from the previous rounds)

TOTAL: 100

Moxico:

Vaccinators: 113

Mobilizers: 30

Registrars: 7

TOTAL: 150

Cuando Cubango:

Vaccinators: 113

Mobilizers: 30

Registrars: 7

TOTAL: 150

Please note that although Moxico and Cuando Cubango have smaller TP, the size of the provinces and difficulty to access certain areas means more volunteers are needed.

Total Targeted Population

Women	-	Rural	30%
Girls (under 18)	732,709	Urban	70%
Men	-	People with disabilities (estimated)	-
Boys (under 18)	732,708		
Total targeted population	1,465,417		

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 and 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 76,148

Targeted Persons: 1,465,417

Indicators

Title	Target	Actual
# volunteers involved in vaccination campaigns.	600	220
# children under 5 vaccinated.	1,465,417	1,243,532
# volunteers trained in health promotion topics and EPIC.	140	20

Progress Towards Outcome

- Deployed 220 volunteers to support the 2nd round of the polio campaign,
- Trained 20 volunteers on basic hygiene, sanitation, and health topics (including polio),
- Monitoring visits have been carried out during the vaccination campaign
- visibility and awareness raising materials have been distributed to volunteers, who will in turn distribute them throughout 7 provinces.



Budget: CHF 26,202

Targeted Persons: 28,000



Indicators

Title	Target	Actual
# of volunteers trained in hygiene and sanitation.	140	20
# of community-based health and hygiene promotion sessions conducted.	112	0
# families reached through community-based sessions.	5,600	0

Progress Towards Outcome

- Volunteers have been trained on basic hygiene and sanitation and health topics (via portions of EPIC and BORT training packages)
- Volunteers have been equipped with a selection of materials to be distributed throughout the targeted provinces



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 0

Indicators

Title	Target	Actual
# of Volunteers simultaneously oriented and briefed in PGI sensitization, minimum standards, safety CEA, and RCCE	140	20

Progress Towards Outcome

- Sessions on PGI have been carried out,
- Sessions on CEA, and community awareness have been carried out
- Replicas of sessions are being carried out the second week of August across provinces.



Community Engagement And Accountability

Budget: CHF 15,484

Targeted Persons: 440,000

Indicators

Title	Target	Actual
# feedback mechanisms established.	7	0
# of radio channels broadcasting health & hygiene messages.	7	1
# of families reached with health & hygiene promotion messages through mass communication	440,000	0

Progress Towards Outcome

- Radio spots have been initiated in Luanda, translation of radio spots for other provinces is ongoing
- IEC materials have been given to volunteers for distribution



Secretariat Services

Budget: CHF 35,171

Targeted Persons: 3

Indicators

Title	Target	Actual
# surge deployed.	1	1

Progress Towards Outcome

- Public Health Coordinator has been surged
- IFRC cluster visits have been carried out (including public health, and financial support)
- IFRC have supported coordination between the secretariat and CVA and CVA and other agencies (WHO, UNICEF, etc)



National Society Strengthening

Budget: CHF 19,531

Targeted Persons: 19

Indicators

Title	Target	Actual
# HQ staff involved in the response.	19	19

Progress Towards Outcome

- 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.

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 600 volunteers, stationed in Luanda, Lunda Norte, Huambo, Cabinda, Zaire, Uige, and Malanje provinces. 600 volunteers will be directly engaged in the vaccination campaign, and 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.

During the third campaign the operation will engage and additional 380 volunteers for the third round of vaccination. They will be trained by the ToTs that were trained as part of the DREF operation.



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



DREF OPERATION

MDRCCxxx - Angolan Red Cross
Polio

Operating Budget

Planned Operations	117,834
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	76,148
Water, Sanitation & Hygiene	26,202
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	15,484
Environmental Sustainability	0
Enabling Approaches	54,701
Coordination and Partnerships	0
Secretariat Services	35,171
National Society Strengthening	19,531
TOTAL BUDGET	172,536

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

