

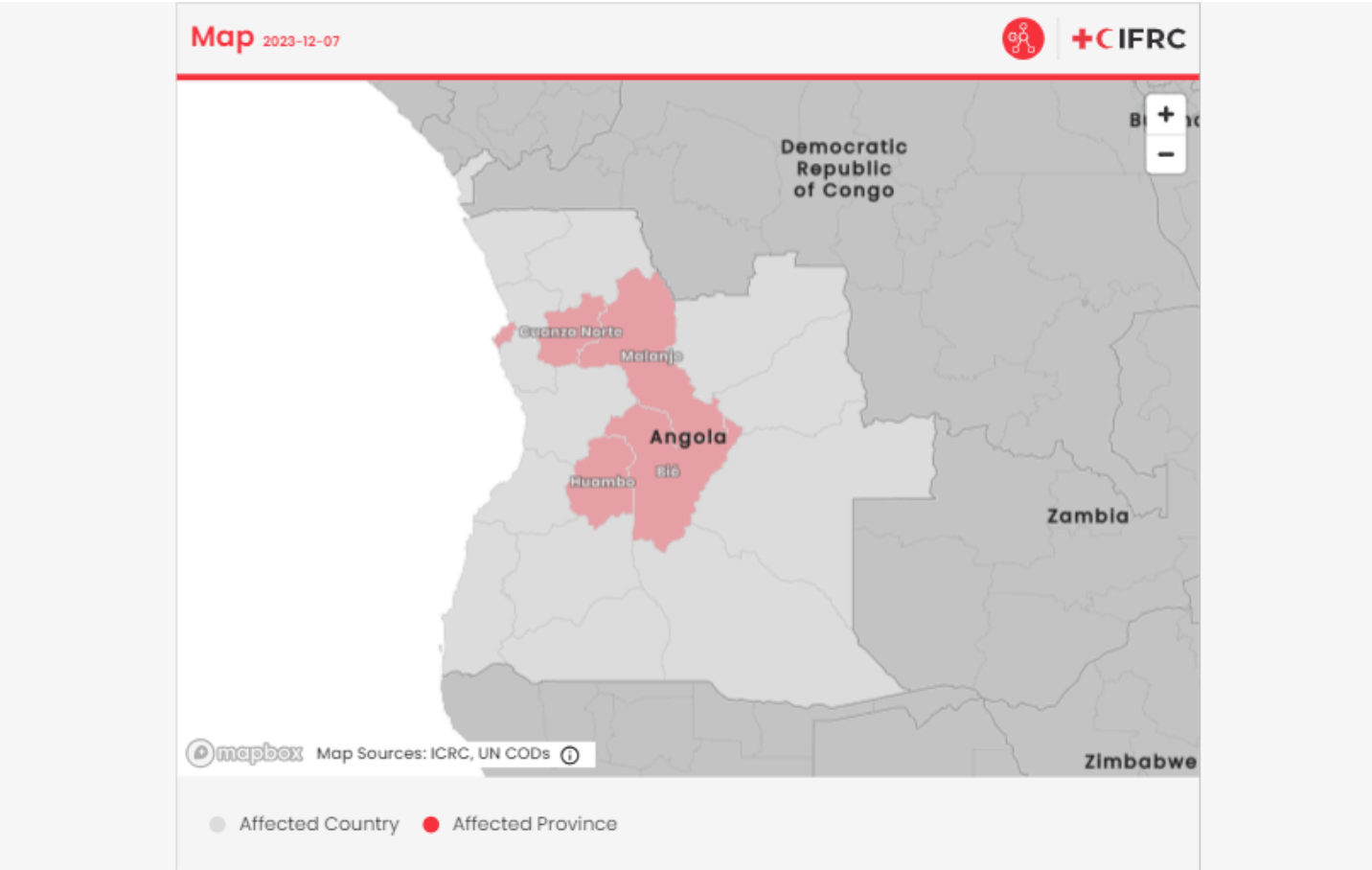


CVA volunteer during assessment households affected by the floods

Appeal: MDRAO008	Total DREF Allocation: CHF 499,927	Crisis Category: Yellow	Hazard: Flood
Glide Number: FL-2023-000249-AGO	People Affected: 116,275 people	People Targeted: 19,200 people	People Assisted: 19,200 people
Event Onset: Slow	Operation Start Date: 10-12-2023	Operational End Date: 30-06-2024	Total Operating Timeframe: 6 months
Targeted Regions: Bié, Luanda, Malanje			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map from IFRC_GO alert on affected areas as of November 2023

Date when the trigger was met

30-11-2023

What happened, where and when?

In late November, Angola experienced a period of intense cumulative rainfall that had a significant impact on various communities. On November 30, five consecutive days of heavy rains resulted in severe flooding across the country. Preliminary data from the Angolan Civil Protection and Fire Service (SPCB) indicate 30 deaths and 5,292 affected households, comprising approximately 26,460 individuals in the provinces of Luanda, Huambo, Bie, Malanje and Cuanza Norte. Additionally, 10,895 households reported crop submersion due to the floods. In total, 15 of the 18 provinces were affected, with Luanda, Huambo, Bié, Malanje, and Cuanza Norte being the most critically impacted. The Government actively conducted assessments nationwide.

Reports of flooding came across the country until the end of 2023, affecting over one hundred thousand individuals cumulatively. According to the government 116,275 people were affected by the floods, of whom 24,224 were displaced and 103 injured. Among the displaced, 2,276 families experienced total loss of their homes, 2,179 had their homes damaged and 90,769 had their homes flooded. The 116,275 individuals primarily represented those impacted by the cumulative heavy rains over a five-day period. Isolated flooding events occurred in November and December, with a few smaller incidents in early January; however, the main impact that contributed to this situation was the five days of rain reported on November 30th, 2023.

In January 2024, recognizing the high vulnerability of the unassisted communities, the Government of Angola reached out to partners for extended support to the affected families. A letter of support was issued on January 25 to the Angola Red Cross, requesting an escalation of assistance to additional communities.

By the conclusion of the Angola Red Cross (CVA) response operation in June 2024, significant progress had been made in stabilizing the situation in the flood-affected provinces. The emergency phase successfully addressed the immediate humanitarian needs. Volunteers and staff, in coordination with local authorities, conducted awareness sessions on hygiene and disease prevention to mitigate public



health risks. Additionally, households began receiving support through cash and voucher assistance, which allowed families flexibility to address urgent needs and begin recovery.

By the end of the intervention (by June 2024), most displaced families had either returned to their homes or secured alternative accommodation, although some continued to face challenges related to rebuilding and restoring livelihoods, especially in areas where agriculture had been heavily impacted.

Coordination with government and partners remained active to ensure that recovery efforts would transition smoothly into longer-term solutions. Key activities such as safe shelter promotion, replenishment of essential household items, and community sensitization on disaster risk reduction had been completed.

Although critical needs were addressed, residual vulnerabilities persisted, particularly concerning food security, livelihoods recovery, and the resilience of damaged infrastructure. These elements were identified for future support under ongoing and upcoming programs, in coordination with national authorities and partners.



CVA volunteers, during field visits for household mobilization



Household member beneficiary, during registration for cash and voucher assistance

Scope and Scale

Early December 2023, the preliminary report of the Civil Protection and Fire Service indicated that the floods caused by heavy rain had killed more than 30 people and displaced around 5,000 families. The limited assessment conducted at that time did not provide a complete picture of the individuals affected and the associated livelihood losses. Initial figures indicated:

- 15 of the 18 provinces of Angola were affected, of which the provinces of Luanda, Huambo, Bie, Malanje and Cuanza Norte were reported to be the most affected.
- Over 5,292 homes were destroyed and around 5,000 families displaced.

The initial allocation was requested based on the data from the five-day cumulative rainfall reported as of November 30, 2023. The number of victims and damages continued to rise due to the amount of rainfall that was recorded, causing rivers to overflow and flooded the neighboring communities in the main city of Luanda, the capital and other regions. The populations living in the urban areas lost their houses; basic sanitation was depleted. The Government continued with the assessments at country level in collaboration with various actors to determine the impacts. The January 25, 2024 assessment report from the Civil Protection and Fire Service with support of Cruz Vermelha De Angola volunteers showed that:

- 116,275 people had been affected by the floods of which 24,224 people were displaced and 103 people injured.
- Out of the 24,224 people, 2,276 families had their houses destroyed, 2,179 damaged and 90,769 flooded.

Despite a general delay of the rainy season and below average rainfall in Angola, floods persisted following some events of heavy rainfall witnessed across northwestern Angola resulting in rising river levels, especially across the borders of Zambezi River eastern Angola.

The high number of people displaced following the floods since November 2023 and existing vulnerability of these communities with the food insecurity and living conditions in general with health risk and poor WASH access was a growing concern. The health risk was especially high due to scarcity of drinking water, contamination of water sources and the long-term stagnation of mixed water, and obstructed drainage routes that could lead to the increase of water-borne diseases such as diarrhea, cholera and the proliferation of malaria and dengue, diseases that are considered endemic in Angola.

In April 2024, recognizing the magnitude of the disaster and the ongoing need for assistance, the Angola Red Cross, in partnership with the IFRC, decided to extend the operation for an additional three months. This extension allowed for an increased reach of humanitarian aid, benefiting an additional 2,200 families in critical situations. Among these, 355 families would receive assistance in Luanda Province, 1,000 in Malanje Province, and 845 in Bié Province. In total, 3,200 families would benefit from the assistance provided during both the first and second phases of the operation.

The response provided multi-purpose cash transfers, which reached 100% of the target population, empowering affected families to meet their immediate needs. Alongside cash, the operation integrated essential services including health and hygiene promotion, reaching over 17,600 people, with a strong focus on preventing malaria, cholera, and dengue. WASH interventions complemented these efforts through the distribution of hygiene materials and Aquatabs, improving access to safe water.

In addition, shelter support activities, including evacuation assistance and safe construction messaging, reached 7,500 people, helping communities to recover and rebuild safely. The operation also prioritized Protection, Gender and Inclusion (PGI) to ensure women, elderly, and persons with disabilities were prioritized, while Community Engagement and Accountability (CEA) mechanisms were strengthened through feedback systems and community participation.

By June 2024, as the operation concluded, the immediate humanitarian situation had improved. Affected communities had regained access to basic needs and services, critical health risks had been mitigated, and populations were better prepared for recovery. However, vulnerabilities remained, especially in livelihoods and housing, highlighting the need for continued recovery efforts beyond the emergency phase.

Source Information

Source Name	Source Link
1. DREF operation_Angola Floods - APPROVED	https://www.ifrc.org/fr/appeals?date from=&date to=&search terms=&search terms=&appeal code=MDRAO008&search terms=&text=

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	IFRC Maputo Cluster for Mozambique and Angola, has directly supported the NS since the start of the floods in the country, through joint participation in coordination meetings with Civil Protection, data collection and processing, activation and preparation of the DREF proposal. The IFRC's direct, face-to-face technical support for the CVA continued for the implementation, monitoring, coordination, closure, conclusion, and lessons learnt of this DREF.
Participating National Societies	There were no PNS supporting this response.

ICRC Actions Related To The Current Event

National Society's experience is based on the RFL programme, which assists refugees from the DRC in Angola, with the support of the ICRC. NS is integrating this initiative into its Disaster Management platform.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Government of Angola, through the Civil Protection and Fire Service, led the coordination of the operation to manage the floods across the country. This included all activities related to search and rescue, needs assessment, and assistance for affected communities. The government led a needs assessment while the situation was being monitored.
UN or other actors	The Disaster Response Coordination Team (DRCT) is led by the United Nations Resident Coordinator in Angola, and Angola Red Cross is a permanent member, set up in the country in 2022, supported by the IFRC. In terms of assistance to the affected people, the government provided cash assistance similar to the Angola Red Cross intervention.
Are there major coordination mechanism in place? The National Society (NS) is part of the protection agent in Angola and worked in coordination with the Government. This included participating in the assessments and the general operation coordination for this response. Cruz Vermelha de Angola worked in collaboration with the Civil Protection and Fire service in the operation and strategic meeting.	

Needs (Gaps) Identified



Shelter Housing And Settlements

The assessment report from the Civil Protection and Fire Services demonstrated that 24,224 houses were impacted (2,276 destroyed, 2,179 damaged, and 19,769 flooded). This entails that safe shelter construction information dissemination was essential and that would be carried out during this DREF operation. However, the report did not provide data on total damage and partial damaged houses, and this needed to be assessed further. Some families were hosted in the accommodation shelter while others were hosted by the neighbors.

The lack of basic construction materials meant that many displaced families continued to live in precarious conditions, with risks of exposure to new shocks and diseases.



Livelihoods And Basic Needs

The floods not only disrupted homes and infrastructure but also adversely affected the socio-economic stability of the communities and their sources of income. Local authorities estimated that 10,000 families lost their agricultural production fields. The most affected crops included massango in Malange, massambala in Bié, paddy rice, vegetables, and maize, all of which were completely lost. Additionally, aquaculture ponds became irretrievable, and over 50 animals, including cattle and goats perished, while livestock and poultry were swept away. This situation exacerbated the food insecurity issues experienced in various parts of the country.

The targeted provinces were identified as both rural and urban, characterized by challenging terrain and severe weather conditions. Consequently, the loss of livelihoods had a significant impact on people's lives. Reports from the affected areas indicated that restoring livelihoods was one of the most pressing needs of the communities, especially as further rainfall was anticipated in the region, which could lead to additional damage to agricultural production and livestock. Data regarding the specific number of affected individuals was undergoing assessment at the time.



Health

The effects of the floods in the three provinces of Bié, Malanje, and Luanda significantly impacted the health sector. The situation led to an increased risk of waterborne diseases due to the contamination of water sources, disruption of sanitation facilities, and scarcity of clean drinking water, which exacerbated challenges for individuals living with chronic diseases. Furthermore, the Ministry of Health (MINSA) faced ongoing battles against diseases such as malaria and cholera. Although cholera cases were not reported at the time, the National



Society (NS) response plan included measures for the prevention of waterborne diseases, including cholera.

The country encountered limitations in its prevention campaigns, including the unavailability of information, education, and communication (IEC) materials such as posters and leaflets on preventing waterborne diseases. There was a recognized need for broadcasting radio messages to raise awareness and promote health and hygiene within communities. Malaria remained a year-round concern in Angola, and with the increased rainfall, it continued to be a priority for the authorities. The distribution of mosquito nets, Certeza, and hygiene items was essential to help communities protect themselves. Cholera cases had been recurrent in certain areas of Angola, with the last outbreak occurring in 2017, while malaria was endemic, and reports indicated that cases were higher than normal during this period. In terms of information dissemination, volunteers integrated the information pack on all aspects of the operation through door-to-door and in-person visits.

The floods had heavily compromised water sources and sanitation infrastructure, leaving communities at high risk of waterborne diseases. Although cholera was not reported by the time, the endemic nature of malaria and potential for cholera outbreaks remained major threats. Although health promotion activities were carried out, behavior change, and disease prevention measures still required reinforcement to sustain impact beyond the operation.



Water, Sanitation And Hygiene

Hygiene conditions, environmental sanitation, and availability of water among the affected population were significantly inadequate, characterized by low latrine coverage that increases the risk of exposure to various waterborne diseases. Approximately 60% of the urban population has access to drinking water, compared to only 28% in rural areas. Furthermore, 52% of the urban population has access to basic sanitation, while only 24% of rural residents can access similar facilities.

The lack of drinking water in certain rural regions and informal urban settlements presented a significant concern. The main issues identified were:

- Limited access to drinking water in vulnerable communities exacerbated the already precarious hygiene and sanitation conditions in these affected areas.
- The absence of water purifiers and appropriate containers for storing water for domestic use.
- The lack of personal hygiene items, such as soap, toothpaste, toilet paper, and sanitary products for women and girls.

Inadequate access to clean water and sanitation remained a concern, especially in rural and informal urban settlements. Many families continued lacking water purification means and basic hygiene materials.



Protection, Gender And Inclusion

During the floods, vulnerable groups including women, children, the elderly, and persons with disabilities—faced limited access to information and resources, making them more susceptible to exploitation and abuse. To address these concerns, protection and inclusion were prioritized to ensure that the specific needs of these groups were effectively met. Targeted awareness campaigns were necessary to raise awareness about issues related to gender-based violence and discrimination.

Additionally, staff and volunteers would be briefed on the Code of Conduct and the protocols for preventing and responding to sexual exploitation, abuse, and child protection as they implemented flood response interventions. The operation would ensure that all National Society (NS) staff, International Federation of Red Cross and Red Crescent Societies (IFRC) personnel, and volunteers sign the Code of Conduct. All training sessions would include dedicated segments on Protection, Gender, and Inclusion (PGI) to reinforce its implementation.

The needs assessment report indicated that the elderly and individuals with physical disabilities were among the most affected and required urgent assistance.

Operational Strategy

Overall objective of the operation

The overall objective of this operation was to directly assist 3,200 families (19,200 individuals) – 1,000 HH in the first phase and 2,200HH after the scale up - affected by floods in the regions of Bié, Malanje, and Luanda by addressing humanitarian needs in health, WASH (water, sanitation, and hygiene), livelihoods, and shelter through a multi-purpose cash intervention and a health and hygiene promotion



campaign. This initiative aimed to improve living conditions and complement the response efforts of the Angolan government, which were led by the National Civil Protection and Fire Service, actively engaged in supporting evacuations and shelter activities. To achieve the stated objectives, the initial operational timeframe was extended by two months, resulting in a new end date of June 30, 2024.

Operation strategy rationale

To address the urgent humanitarian needs caused by flooding, the Angola Red Cross (CVA) implemented a targeted operation designed to provide immediate relief to affected individuals and communities. This strategy leveraged provincial coordination structures to ensure efficient delivery of assistance and aimed to mitigate the severe impacts of the flooding on vulnerable populations.

Cash Assistance Prioritized an unrestricted multi-usage cash

The NS prioritized the distribution of multi-purpose cash assistance to meet immediate needs and provide relief to flood-affected families. This method was selected for its flexibility and capacity to empower beneficiaries to address their specific requirements, including shelter repairs, food provisions, and hygiene supplies. Each beneficiary was allocated 86,000 Kwanzas (equivalent to 89 CHF), distributed in envelopes due to limitations in financial service provider infrastructure. By enabling families to allocate funds according to their urgent priorities, the cash intervention was expected to yield several outcomes:

- Enhanced resilience through tailored assistance.
- Faster response times compared to procuring and delivering non-food items.
- Greater autonomy for families in addressing their specific needs.

NS used an Integration of Health and WASH Services to improve community awareness of health and hygiene practices, reduced vulnerability to disease outbreaks, and empowered decision-making on health-related matters. This approach recognized the increased risk of waterborne and vector-borne diseases following the flooding and aimed at promoting safe practices. Main output of the intervention included:

- Health and hygiene promotion via community visits, IEC material distribution, and a national radio campaign.
- Advocacy for safe water storage, treatment, and hygiene practices to prevent waterborne diseases.
- Raising awareness about vector-borne diseases, such as malaria and dengue fever, and encouraging protective measures like using bed nets and insect repellents.
- Communication and Outreach were scale-up through mass media channels. To maximize awareness and participation, the CVA employed radio campaigns with messages in local languages, estimated to reach 10% of the population during the intervention. These efforts targeted prime broadcast times to ensure widespread reach and meaningful engagement.

The services and outreach helped reduce vulnerabilities during and post-flooding events. It also ensured communities were equipped with knowledge and resources to sustain safe practices that were observed to go beyond the intervention period.

Approach of the intervention

The CVA relied on its network of trained volunteers to execute these activities. Volunteers received instruction in EPiC/CBHFA methodologies, health and hygiene promotion, and cash and voucher assistance, alongside training in Protection, Gender, and Inclusion (PGI), and Community Engagement and Accountability (CEA). Holistic support was provided to volunteers to facilitate their active participation in community activities, ensuring seamless implementation of the strategy.

Community participation was central to the flood response operation, ensuring that interventions were aligned with the real needs of affected families. The Angola Red Cross (CVA), in partnership with IFRC, prioritized working through existing community structures, which included local authorities, neighborhood committees, religious leaders, traditional leaders, and youth representatives. These structures were instrumental in mobilizing communities and ensuring local ownership of the response.

To promote inclusive decision-making, these community structures played a critical role in defining and validating the beneficiary selection criteria. This participatory approach ensured that the most vulnerable groups — such as women, elderly persons, people living with disabilities, and female-headed households — were not overlooked. Through community meetings, focus group discussions, and consultations, CVA and its volunteers worked alongside these structures to ensure that voices from all segments of society were heard and reflected in the selection process.

Additionally, the community structures actively contributed to the harmonization and coordination of the intervention at the local level, supporting the implementation of activities such as cash transfer distribution, health and hygiene promotion, and shelter messaging. Their involvement helped foster transparency and build trust between the Red Cross and the affected populations.

A community-based targeting approach was central to the intervention, and to strengthen its effectiveness, a cash risk update and rapid market assessment were also conducted with the participation of local leaders. Furthermore, Community Engagement and Accountability (CEA) mechanisms — including feedback and complaints systems such as suggestion boxes, direct contact with volunteers, and local office visits — allowed community members to voice concerns and suggestions, which were integrated into the operation's ongoing activities.



The DREF operation was designed as an emergency response to address immediate needs. As the operation ended in June 2024, the CVA and partners coordinated closely with national and local government authorities to ensure continued support through:

- Integration of remaining needs into national disaster risk reduction and health programs, particularly in WASH and malaria prevention.
- Community sensitization and empowerment through trained volunteers and local committees who continued to promote safe hygiene and health practices.
- Ongoing efforts by the Government of Angola and humanitarian actors to restore livelihoods and rehabilitate basic services in the affected provinces, including water systems and public health campaigns.

Targeting Strategy

Who was targeted by this operation?

The goal was to reach a total of 40,000 people, of whom 19,200 people would be directly targeted through cash assistance and direct interventions within the communities, whereas 20,800 people would be indirectly targeted through sensitization activities disseminating messages on health and WASH with focus on the prevention of waterborne diseases.

The direct target represented 3,200 households, equating to 19,200 individuals. The National Society's (NS) targeting strategy involved a selection process conducted in coordination with the Angolan Government Civil Protection and Fire Services (SPCB). Despite the widespread impact of the crisis across almost the entire country, the NS remained focused on three regions identified as the most vulnerable due to the high number of affected individuals and the existing gaps in assistance: Bié, Luanda, and Malanje. The primary gaps were identified in suburban areas, as the government had primarily concentrated its support efforts in the central urban areas of Luanda. The distribution of the direct target for this operation was as follows:

Provinces	Affected	Initial target HHs	Additional HHs	Total HHs target
Bie	10,710	300	845	1,145
Luanda	13,850	400	355	755
Malanje	17,176	300	1,000	1,300
Total	41,736	1,000	2,200	3,200

To ensure that assistance reached the most vulnerable families, the Angolan Red Cross, in coordination with local authorities and community committees, established clear selection criteria that prioritized the groups most at risk. The identification of beneficiaries was carried out with the active participation of community structures, including sobas (traditional authorities), neighborhood coordinators, religious leaders and local councils.

The selection of beneficiaries was based on multiple factors that reflected the severity of the impacts suffered and the socioeconomic conditions of the families. The main criteria included:

- Location in risk and severely affected areas: Families living in flooded areas, in ravines or in areas with difficult access were prioritized, due to the high degree of destruction and vulnerability.
- Destroyed or severely damaged homes: Families that completely lost their homes or whose infrastructure was compromised were included in the priority list.
- Social vulnerability: Families with specific vulnerability characteristics were prioritized, including:
 - Female-headed families.
 - Orphans and vulnerable children.
 - The elderly.
 - People with disabilities.
 - Large families (more than six children).
 - Families with no source of income or with unemployed adults.
 - People living with chronic diseases.

In addition, community meetings were held and focus groups were formed to validate the list of beneficiaries and ensure that all segments of the population were represented, ensuring diversity and inclusion in the process. Community engagement was essential to ensure that the intervention was transparent and acceptable to all.

Beneficiary selection and targeting was coordinated with local authorities and community leaders, affected communities and working with community stakeholders to identify the most affected people. The PGI and CEA staff members accompanied the process to ensure that the most vulnerable members of the community have been prioritized.



Explain the selection criteria for the targeted population

The selection criteria combined different factors:

- The evaluated impact of floods and their repercussions.
- The gaps and level of severity among the provinces.

The government focused on addressing risks in the city center of Luanda where at the time of assessment, there were more victims.

The needs identified were based on and adjusted according to the assessment reports, that would be conducted by volunteers prior to the cash distribution. The assessment mission in targeted areas made it possible to collect more information and review the target based on actual needs. Apart from multi-sector assessment, the NS focused on livelihood assistance and market to provide a comprehensive response.

Total Targeted Population

Women	9,792	Rural	40%
Girls (under 18)	-	Urban	60%
Men	9,408	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	19,200		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Delay in operations or activities due to lack of funds, Standard Operation Procedures (SoPs)	<ul style="list-style-type: none">- Training and capacity building.- Update Standard Operation Procedures.
Disrupted communication infrastructure may hinder information sharing and coordination.	<ul style="list-style-type: none">- Establish alternative communication systems, such as satellite phones and radio networks.- Train response teams in effective communication protocols.
Fraud, corruption, integrity issues	<ul style="list-style-type: none">- Closely monitor the risk register to ensure mitigation measures were in place.- Robust operational and financial oversight and monitoring.- Staff adherence to code of conduct.

- Fraud and corruption training/briefing.
- Monitoring missions.

Please indicate any security and safety concerns for this operation:

Angola has a significantly high level of crime. Crimes of opportunity, such as armed robbery, remained the primary threat to local Angolans and the expatriate community in Luanda. Additionally, armed assaults and premeditated home invasions were on the rise in the capital. There were regular violent incidents, including sexual abuse and harassment, murder, and kidnappings involving both expatriates and Angolans in the province of Cabinda. Although major roads between Luanda and the provincial capitals are improving, driving standards and some road conditions are poor, making travel outside major towns typically require convoys of two or more four-wheel drive vehicles. Outside of major towns, mines and unexploded ordnance continued to pose a problem, found on roads, verges, bridges, in buildings, and throughout the countryside.

Luanda and Cabinda were classified as high-security risk areas by the IFRC.

To reduce the risk of personnel becoming victims of crime, violence, or road hazards, active risk mitigation measures were adopted. This included situation monitoring and the implementation of minimum-security standards. IFRC security plans applied to all IFRC personnel throughout the implementation of the operation. All Red Cross Red Crescent (RCRC) personnel actively involved in the operations were required to complete 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

Implementation



Shelter Housing And Settlements

Budget: CHF 1,163

Targeted Persons: 7,500

Assisted Persons: 7,500

Indicators

Title	Target	Actual
# of people evacuated by NS	1,000	1,300
#of people reached with safe construction messages	10,000	7,500

Narrative description of achievements

In light of the impact of the floods on the population, the Government of Angola evacuated families from critical areas. The Angola Red Cross (CVA) participated in these evacuations conducted by the government, which approximately 1,300 people were taken to a location organized by the government to serve as temporary shelter for those who had lost their homes. This represents 130% achievement, exceeding the target.

Through this DREF operation, 120 CVA volunteers across the three provinces of Bie, Luanda, and Malanje reached approximately 7,500 (75%) people with safe construction messages. The volunteers conducted campaigns in affected localities to raise awareness on the importance of constructing homes in safe locations, promote safe shelter and construction practices as well as provide guidance on the effective use of the grants provided by CVA. In addition, CVA made use of community radio stations and IEC printed materials, such as posters to enhance community resilience by upskilling them in new construction methods and preventive measures against environmental factors that contribute to destruction of homes.

Lessons Learnt

The response in shelter highlighted the critical need for basic materials such as roofing sheets, blocks, clothing, and blankets, to meet the needs of individuals who lost their homes after the floods. While the government facilitated evacuations to a selected location, the conditions at that site were not adequate to properly shelter the affected individuals.

An important lesson learned is that the Angola Red Cross (CVA) should seek mechanisms to support the government not only with evacuations but also by providing essential materials and, if necessary, temporary tents to ensure that affected individuals have safe and dignified shelter during the recovery period. This integrated approach will enable a more effective response to the needs of impacted communities. Also, the acquisition of first aid materials is very necessary, so that each province can provide rapid assistance.

Challenges

Challenges included the scarcity of construction materials and essential items, such as clothing and blankets, which were urgently needed by the displaced families. Due to an unfavorable budget, it was impossible to meet these basic needs. Furthermore, the lack of first aid equipment hindered our ability to assist the government in evacuating affected individuals. Additionally, the absence of a clear plan for establishing temporary shelters resulted in unsuitable conditions, exposing the displaced individuals to further risks, such as illness and insecurity. The need for a more coordinated and structured approach to shelter response was identified as crucial for future interventions.

Despite initially planning to reach 10,000 individuals with safe construction messages, the operation was only able to reach 7,500 people. Competing community priorities in the aftermath of the disasters, such as urgent needs for food and shelter, may have diverted people's attention from participating in mobilization campaigns focused on construction safety awareness, resulting in lower engagement. However, beyond the 7,500 individuals directly reached, community radio campaigns and the distribution of informational flyers likely extended the reach to an even larger audience, though this figure has not been calculated.

Challenges also included the scarcity of construction materials and essential items, which were urgently needed by the displaced families. The lack of first aid equipment further hindered the ability to assist the government in evacuating affected individuals. Additionally, the absence of a clear plan for establishing temporary shelters resulted in unsuitable conditions, exposing displaced individuals to further risks, such as illness and insecurity.



Multi Purpose Cash

Budget: CHF 310,100

Targeted Persons: 19,200

Assisted Persons: 19,200

Indicators

Title	Target	Actual
# of households supported with multi-purpose cash after being identified	3,200	3,200
# of NS and volunteers trained in cash and voucher assistance	120	307
# of volunteers trained for data collection and PDM	120	120
% of beneficiaries who have indicated that are satisfied with cash distribution process	80	94
% of assisted HHs who report being able to meet the basic needs of their households, according to their priorities	80	94
PDM conducted and reported	4	3

Narrative description of achievements

In response to the floods, the Angola Red Cross implemented multi-purpose cash assistance aimed at supporting vulnerable families affected by the disaster in Bie, Luanda, and Malanje provinces. The National Society successfully reached 100% of its total target. A total of 3,200 families (1,145HH in Bie, 755HH in Luanda and 1,300HH in Malanje), nearly 19,200 people, received financial support after being identified as in need. Each household was given 86,000 Kwanzas to allow them to address their immediate needs and invest in their recovery.

The provision of this assistance was conducted in coordination with the local government, such as the Department of Risk Reduction and Disaster Management, Civil Protection and Fire Services, Social Action, and community leaders. Beneficiary selection was conducted in collaboration with the community and government, using selection criteria established by the government, the National Society, and community members. After triangulating these criteria, the community supported the NS identifying the most vulnerable groups within their population. The grant was distributed in envelopes and was completed in two cycles.

For cash and voucher assistance, a total of 307 members (including staff, volunteers, community focal groups and partners) were trained in preparations for the cash distribution exercise.

Regarding data collection, three provincial coordinators were trained on methods for collecting and reporting data on community activities, including home visits and campaigns. Following this training, the coordinators cascaded their knowledge by training 120 volunteers, equipping them with essential skills for accurate data collection and reporting. Volunteers were then tasked with gathering data at the community level and reporting it to their respective National Society branches, where it was compiled and forwarded to the National PMER Coordinator. Additionally, 28 volunteers (8 in Bié, and 10 each in Luanda and Malanje) received specialized training in Post-Distribution Monitoring (PDM), enhancing the operation's effectiveness. During PDM, beneficiaries reported high levels of satisfaction with the cash distribution process, with 94% of participants indicating that the support helped meet their basic needs. Beneficiaries emphasized that the assistance was vital in restoring dignity and providing their families with resources to rebuild their livelihoods.

Lessons Learnt

The implementation of the multi-purpose cash assistance program demonstrated its effectiveness in providing flexible support tailored to the diverse needs of beneficiaries. The training provided to staff, volunteers, focal groups, and partners on cash distribution processes proved beneficial in ensuring efficient and transparent operations. The direct involvement of community members in the beneficiary selection process fostered trust and enhanced the operation's acceptance.

Challenges

During the cash distribution process, several significant challenges were encountered. Delays in availability of funds in the CVA account (due to transfer processes from the Bank) led to setbacks, resulting in the postponement cash distribution activities. Initially, these activities were scheduled to start in May, but due to these issues, they only began in June. This delay directly impacted the cash distribution schedule. To address the delays caused by the late availability of funds, CVA adapted the distribution plan by rescheduling activities in close consultation with local authorities and community leaders to ensure transparency and maintain community trust. Furthermore, CVA mobilized its internal resources to prepare distribution sites, train volunteers, which enabled rapid implementation once funds were received.

Despite the positive impact of the support even considering the setbacks, any other important challenges were identified, particularly relating to community dynamics and security. Exclusion of traditional and community leaders from the beneficiary selection process led to tensions and accusations of favoritism, particularly in Malange and Bié, which in some cases escalated to conflicts between beneficiaries and non-beneficiaries. Volunteers and focal group members faced significant pressures, including threats and inadequate financial and logistical support, often using their own resources to fulfil their roles. In Luanda, additional concerns emerged related to post-distribution security, where isolated incidents of theft and domestic violence were reported after cash was disbursed. Feedback mechanisms were generally functional and accessible, although concerns about clarity and timeliness of responses were raised. Based on these findings, the PDM recommended strengthening community engagement and inclusion in beneficiary selection, improving communication to manage expectations, enhancing security protocols for both volunteers and recipients, and considering psychosocial support for individuals affected by conflicts and post-distribution tensions.



Health

Budget: CHF 11,696

Targeted Persons: 40,000

Assisted Persons: 40,000



Indicators

Title	Target	Actual
# of volunteers trained in EPIC/CBHFA/and health & hygiene promotion	120	179
# of Health and hygiene campaigns implemented in targeted areas	24	71
# of times of radio spots broadcast, for 3 months at national level	30	145
% of people reached with messages on waterborne diseases prevention on the target	100	100

Narrative description of achievements

A total of 179 volunteers, surpassing the initial target of 120, were trained in EPIC, CBHFA, and health promotion, equipping them with essential skills to respond effectively to health challenges. The increase in trained volunteers was possible due to the availability of additional volunteers, and CVA took the opportunity to train more individuals to keep them prepared and updated for potential future situations, such as the need for replacements. This expanded training capacity enhances the readiness and resilience of the response team.

It is strongly believed that 100% of the target audience was reached with messages on waterborne diseases prevention. Extensive radio broadcasts (supported by the Angolan social media who have provided spots for free) disseminated vital health messages nationally, reaching a wide audience and informing communities about the prevention of cholera and malaria. In the target provinces, Angola Red Cross staff participated in radio educational programmes to promote basic sanitation, malaria prevention and proper use of water purification tablets. Three community radio stations (1 in each province) broadcasted these messages at least once a week during the operation implementation period. The Public Television of Angola as well as the National Newspaper also reported the launch of this DREF operation as well as the commencement of cash distribution.

Furthermore, the implementation of 71 health and hygiene campaigns by the volunteers in targeted areas has raised awareness about the prevention of communicable diseases, including cholera, malaria and dengue, and encouraged healthy practices. Approximately 17,609 people were reached with these campaigns. The campaigns included conducting sensitization sessions at markets, bus stops and door to door visits in communes across all three provinces. These health promotion sessions focused on educating communities about safe water storage, treatment, and hygiene practices to prevent the spread of waterborne diseases, as well as raising awareness about vector-borne diseases, such as malaria and dengue fever, and encouraging protective measures such as the use of bed nets and insect repellents. The volunteers also utilized IEC materials, including posters, and megaphones to disseminate information during the community visits.

Lessons Learnt

The health interventions showcased the effectiveness of integrated health and hygiene promotion strategies in preventing disease outbreaks. Community workshops and health education campaigns were successful in raising awareness about waterborne diseases and preventive measures. The collaboration with local health authorities strengthened the overall health response.

Challenges

No significant challenges have been reported under this pillar.



Water, Sanitation And Hygiene

Budget: CHF 39,791

Targeted Persons: 19,200

Assisted Persons: 17,609

Indicators

Title	Target	Actual
# of people reached by hygiene promotion activities in the response period	19,200	17,609
# of trained volunteers on basic hygiene and sanitation promotion	120	179
# of safe water demonstrations	120	100
#of families that received purification tabs for 1 month treatment	3,200	2,982

Narrative description of achievements

The WASH program played a crucial role in mitigating the impact of the floods on public health and hygiene in the affected communities. During the response period, 17,609 individuals were reached with health and hygiene promotion activities. To ensure effective access to water-related actions, Aquatabs (water purification tablets) were provided directly to 2,982 (93% of the target) households. This allowed families to experience the efficiency and utility of these tablets while promoting continued access through cash installments. Trained volunteers were deployed for sensitization through door-to-door visits, campaigns in public places, FGDs on specific thematic or disease such as malaria, cholera, radio and printing messages.

The training of 179 volunteers in basic hygiene and sanitation empowered local communities to adopt healthier practices. Volunteers did door-to-door visits to promote good personal and collective hygiene practices amongst the communities, while another group of volunteers formed small groups in places of high population density, such as markets, streets, and neighborhood, to convey WASH related messages and demonstrate how to properly treat and manage water, resulting therefore in 100 (83% on the planned target) sessions on water treatment demonstrations. IEC materials, megaphones, and radio broadcasts were used to reach a larger number of people with knowledge and skills that will enable them to make healthier decisions about their lives.

According to the PDM findings, satisfaction with this support was generally high. Beneficiaries reported using the Aqua Tabs as instructed, and satisfaction rates ranged from 74% in Luanda to over 84% in Bié and Malange. This indicates that the intervention helped improve access to safe drinking water and raised awareness on waterborne disease prevention.

Additionally, the hygiene promotion sessions often linked with other awareness activities such as shelter safety and nutrition were well received. Communities appreciated learning about disease prevention, with many participants indicating that they had adopted safer hygiene practices as a result. However, gaps were noted in the sufficiency of the Aqua Tabs distributed. In Luanda in particular, some households reported that the number of tablets provided was not adequate for ongoing needs, highlighting a mismatch between distribution quantities and household water consumption levels.

Lessons Learnt

The WASH interventions underscored the critical need for community engagement in promoting hygiene practices. Education on safe water storage and treatment effectively raised awareness and improved community health outcomes. The distribution of aquatabs was well-received, and ongoing community workshops helped reinforce safe practices.

Challenges

The Lessons Learned Workshop also highlighted the importance and positive impact of WASH activities, particularly in strengthening knowledge about safe water practices during emergencies. Nonetheless, challenges related to resource constraints, short training times for volunteers, and the need for better coordination between community groups and leaders were identified. Participants emphasized the need for enhanced planning and inclusion of WASH in future contingency plans, as well as the necessity to budget appropriately for hygiene and water treatment needs. Furthermore, recommendations were made to better integrate WASH components into community structures and ensure clearer communication about their use, especially in contexts where traditional leaders and focal groups play important roles in information dissemination.





Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 105

Assisted Persons: 307

Indicators

Title	Target	Actual
# of staff and volunteers trained in beneficiary selection criteria to meet the most vulnerable	135	307
# of staff and volunteers briefed on PGI and PSEA concepts	135	307
# of volunteers who have signed the code of conduct	120	179

Narrative description of achievements

The PGI pillar has been instrumental in ensuring that the needs of the most vulnerable populations are prioritized in the disaster response efforts. Initially, training was planned solely for staff and volunteers. However, given the need to involve the community and local authorities in the process of identifying and selecting vulnerable groups, CVA decided to include community members and local authorities in the training on selection criteria. As a result, a total of 307 individuals (including staff, volunteers, community focal groups and partners) were trained in beneficiary selection criteria, ensuring inclusivity and protection for those most at risk. This training has enabled the team to identify and assist marginalized groups effectively. During community visits, the Angolan Red Cross volunteers also raised awareness about issues related to gender-based violence and discrimination.

Furthermore, the code of conduct was signed by 179 volunteers, underscoring the commitment to safeguarding the rights and dignity of all individuals involved in the response. By focusing on gender and inclusion, the operation empowered affected communities and ensured that all voices were heard in the recovery process.

Lessons Learnt

The emphasis on Protection, Gender, and Inclusion throughout the response highlighted the importance of addressing the specific needs of vulnerable groups. Training sessions focused on gender-sensitive matters increased awareness among staff and volunteers, facilitating more equitable assistance. Engaging community leaders in discussions around inclusion fostered a sense of ownership among beneficiaries.

Challenges

Challenges were faced in ensuring that all community voices were heard during the response, particularly from marginalized groups. Some beneficiaries expressed concerns regarding the transparency of beneficiary selection processes. Additionally, the integration of PGI principles into all operational aspects required ongoing training and reinforcement. To address these challenges, the National Society held regular meetings with community leaders, neighborhood coordinators, focus groups, and government representatives. These sessions provided a platform to clarify selection criteria, addressing misconceptions and explaining the prioritization of the most vulnerable groups. Many concerns from non-beneficiaries were resolved through this open dialogue, fostering trust, transparency, and stronger community support for the intervention.



Community Engagement And Accountability

Budget: CHF 4,009

Targeted Persons: 5,105

Assisted Persons: 1,198



Indicators

Title	Target	Actual
# of volunteers briefed on CEA and RCCE	120	179
# of FGD at start of health & hygiene promotion sessions	15	17
# of feedback systems created for distributions	1	3
% of community feedback responded to	90	92

Narrative description of achievements

The CEA framework has facilitated effective communication and feedback mechanisms within the affected communities. A total of 179 volunteers were trained in community engagement and accountability, enabling them to conduct focus group discussions on health and hygiene promotion activities.

Based upon CVA records, 17 focal group discussions were held with the purpose of analyzing, consulting, and planning activities. Mediators between the CVA and the community were selected based on the criteria of diversity in terms of age, ethnicity, and gender, including religious and traditional leaders as well as youth. During the operation, the meetings served to assess the impact of the implemented activities and evaluate whether the planned actions were effectively reaching and benefiting the communities.

Additional feedback mechanisms (apart of the focus group discussions) included an internal telephone line from the NS and suggestion boxes, established to enhance transparency and responsiveness during the operation, particularly for cash and aqua-tabs distribution. Although the telephone line was set up for community feedback, no complaints were received, as community members preferred to address issues directly with focus groups or by visiting the provincial office. The suggestion boxes were positioned in all distribution centers to allow beneficiaries to present their grievances. Volunteers also collected and addressed feedback while conducting community mobilization. Some concerns were redirected to the appropriate authorities, who, along with CVA returned to the community to clarify the matters. An example of a common concern raised was related to beneficiary registration. Many non-beneficiaries expressed frustration over not being registered to receive support, making this the most frequent issue throughout the project. These cases were reported to local leaders and the provincial delegation for further review and clarification. According to CVA records, community feedback indicates a 92% response rate, demonstrating the commitment to listening to and addressing the concerns of beneficiaries.**

Lessons Learnt

Community engagement proved essential to the success and acceptance of the operation but also revealed important lessons. Early and inclusive involvement of traditional leaders and focal groups is vital, as their exclusion in some areas led to tensions and perceptions of unfairness. Clear and consistent communication was also shown to be critical, with some misunderstandings about selection criteria and cash amounts highlighting the need for stronger messaging strategies.

Additionally, the operation demonstrated the importance of defining roles within community structures, as overlaps created confusion and undermined local authority. Volunteers and focal groups, who played central roles in engagement efforts, often felt unsupported and exposed to community pressures, underlining the need for better recognition, support, and protection.

Challenges

Despite efforts to engage communities, some groups felt excluded from the decision-making process, leading to dissatisfaction. Coordinating feedback collection and addressing community concerns in a timely manner proved challenging, particularly in areas with limited access to communication channels. Enhancing transparency and continuous engagement were identified as areas needing improvement. This challenge also served as a lesson learned for future CVA activities.



Secretariat Services

Budget: CHF 46,206

Targeted Persons: 105

Assisted Persons: 179

Indicators

Title	Target	Actual
#of surge deployed for Operations Management	1	1
# of Ops field visits	5	5
# of IFRC field monitoring	4	4
# of volunteers insured	120	179

Narrative description of achievements

IFRC supported deployment of an operations manager who has been working with CVA but also supporting field monitoring of the operations. IFRC ops, finance, PMER, and logistics staff also travelled to Angola in support of the operation scale-up, refresher trainings on logistics and financial administration, reporting and monitoring.

The Ops manager and IFRC technical team conducted field monitoring to appreciate the progress of the activities being implemented but also provided guidance on areas requiring improvements such timely submission of reports and returns.

Volunteer insurance was paid to ensure their safety while coordinating and supporting the operations.

Lessons Learnt

Increases in bank rates and delays with payments, as well as external factors such as changes in purchasing power, drastically impacted the operation and required constant reevaluation and workplan to ensure the goals of the operation as met. In this sense, support from IFRC staff and surge deployments were essential in order to support NS to navigate these changes and support finding solutions to mitigate the impact of the changes on the operation.

Challenges

After the operation was scaled up, it was hard to find a second rotation for the Surge profile, leading to a gap in operational support to the NS. This was mitigated by providing more support from the cluster with longer field visits with different technical backgrounds to support across the operation.



National Society Strengthening

Budget: CHF 86,962

Targeted Persons: 105

Assisted Persons: 307

Indicators

Title	Target	Actual
# of staff and volunteers who have receive capacity building	120	307
# of follow-up visits performed by branch officials.	6	6
# of reporting provided for this intervention.	3	6



# of lessons learnt workshops conducted (reflection workshop).	2	1
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Narrative description of achievements

The actual number of staff and volunteers who received capacity building far exceeded the original target. This larger-than-expected turnout was a result of effective mobilization efforts, increased interest from local volunteers, and a strong recognition of the critical role capacity building plays in enhancing the overall operation. Furthermore, the NS extended capacity-building opportunities to community mediators, and key partners. This broader inclusion helped ensure that a wide range of stakeholders were equipped with the necessary skills and knowledge to support the intervention more effectively, fostering greater collaboration and strengthening the overall impact of the operation.

The intervention was closely monitored by branch officials, ensuring consistency and accountability throughout the operations. The number of reports produced doubled the initial target, driven by the need for more detailed and frequent updates to enhance transparency and accountability. This approach aimed, as much as possible, to ensure that operational issues, challenges, and other factors that could potentially have a negative impact on the operation were identified, communicated, and addressed promptly.

Lessons Learnt

Including a broad range of stakeholders in capacity-building efforts proved highly effective in increasing acceptance, transparency, and the overall impact of the operation. By extending training opportunities beyond the Red Cross team to include community mediators and key partners, the NS ensured that all participants were aligned with program objectives and equipped with the skills necessary to support the intervention.

Challenges

The fund transfer process at the bank in Angola experienced delays, leading to necessary adjustments in the activity schedule. Additionally, fluctuating bank fees required CVA to implement cost-saving measures. Consequently, the initial plan to hold two lessons-learned workshops was compromised, resulting in only one workshop being conducted. This limited opportunity for reflection impacted the depth of insights gained and shared across teams, potentially reducing the comprehensive assessment of each response effort.



Financial Report

I. Summary

Opening Balance	0
Funds & Other Income	499,927
DREF Response Pillar	499,927
Expenditure	-485,803
Closing Balance	14,124

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		13,931	-13,931
AOF2 - Shelter	1,163		1,163
AOF3 - Livelihoods and basic needs	310,100	324,078	-13,978
AOF4 - Health	11,696	170,767	-159,071
AOF5 - Water, sanitation and hygiene	39,791	4,460	35,330
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	362,750	513,236	-150,486
SF11 - Strengthen National Societies	90,972	-59,686	150,658
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	46,206	32,253	13,953
Strategy for implementation Total	137,177	-27,434	164,611
Grand Total	499,927	485,803	14,125

[Click here for the complete financial report](#)

Please explain variances (if any)

The IFRC-DREF allocation to the Angola Red Cross for the December 2023 flood response was CHF 499,927. A total of CHF 485,803 was spent to achieve the above results. Following the closure of this DREF operation, the closing balance of CHF 14,125 will be returned to the DREF pot.



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[Click here for reference](#)

