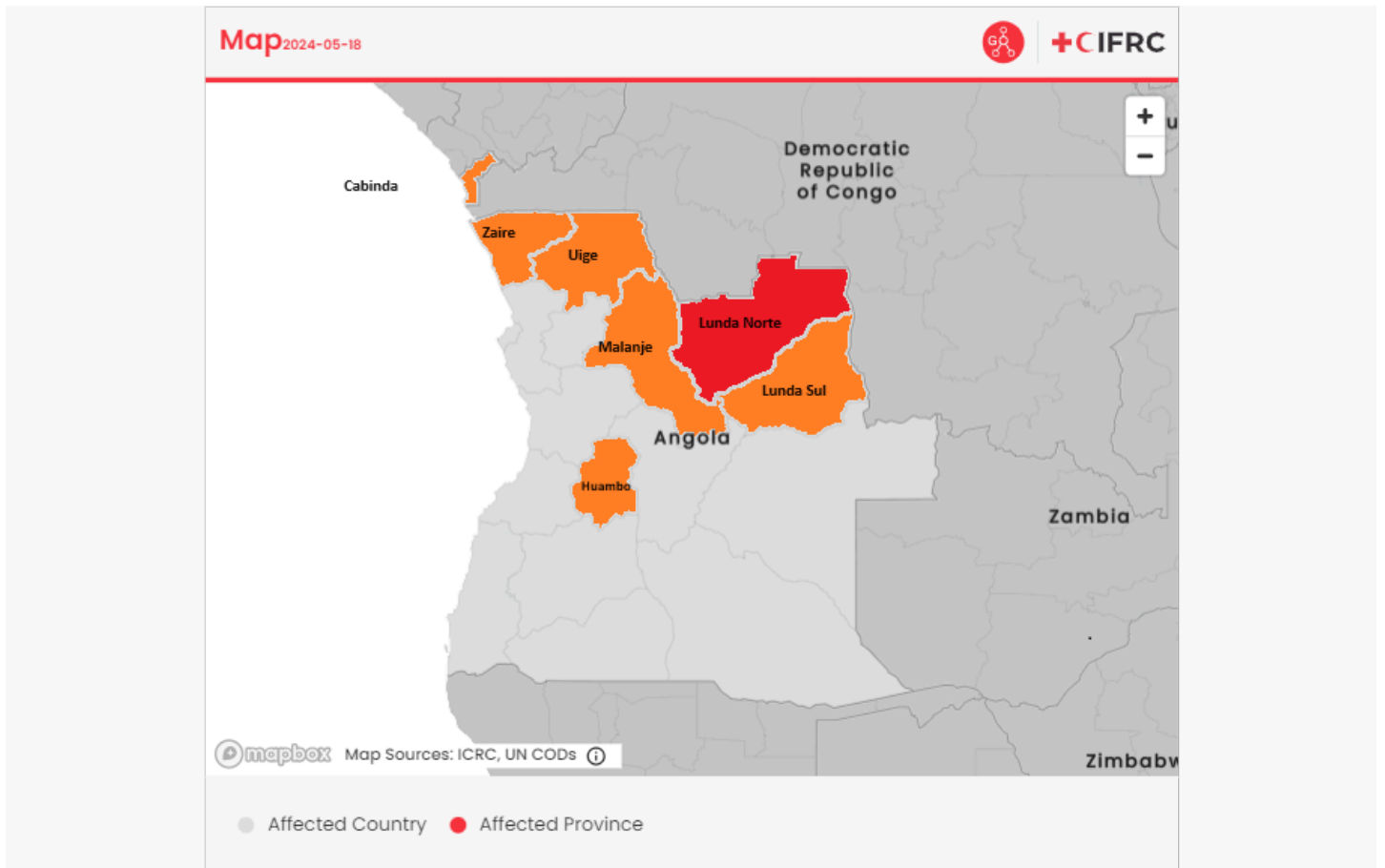




CVA Volunteers supporting Polio Vaccination Campaign

Appeal: MDRAO009	Total DREF Allocation: -	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2024-000078-AGO	People Affected: 5,549,140 people	People Targeted: 1,465,417 people	People Assisted: -
Event Onset: Sudden	Operation Start Date: 22-05-2024	Operational End Date: 30-11-2024	Total Operating Timeframe: 6 months
Targeted Regions: 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 3, 2024, Angolan health authorities announced the detection of polio in Chitato Municipality, Lunda Norte province, which shares a border with the Democratic Republic of Congo (DRC). A case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was confirmed in an individual. While a polio outbreak had already been declared by the government on February 27, 2024, due to environmental samples identified in the provinces of Luanda and Huambo, the May 3 case marked the first human case reported.

The Government of Angola classified the outbreak as a Grade 2 emergency (moderate level), consistent with the World Health Organization (WHO) classification, citing the high risk of virus transmission. This risk was further exacerbated by inadequate water and sanitation infrastructure and the presence of hard-to-reach populations. Additionally, the potential for cross-border transmission along the DRC-Angola border heightened concerns, with genetic sequencing linking the virus to a cVDPV2 case previously reported in Kasai Oriental province, DRC.

In September, the third round of vaccination began, with the Ministry of Health once again requesting support from the National Society's Cash and Voucher Assistance (CVA), following the success of previous collaboration.

Two major challenges required operational adjustments during the response: the rising threat of Mpox and in-country financial restrictions. The Ministry of Health shifted public health messaging to prioritize Mpox, temporarily pausing polio communications to avoid confusion. At the same time, financial constraints caused delays in payments, forcing the National Society to revise its implementation plan to maintain operational relevance and stakeholder accountability.

By the end of the operation in November 2024, no new human cases of polio had been reported since July 2024, when five cases of Acute Flaccid Paralysis (AFP) associated with poliovirus were confirmed. The cumulative total for the outbreak remained at 13 vaccine-derived

poliovirus type 2 (VDPV2) cases: five AFP cases, one healthy contact, and seven environmental detections. The most affected provinces included Luanda, Huambo, Lunda Norte, and Moxico.

The third and final national immunization campaign (September 3–9, 2024) reached 6.8 million children under five, exceeding initial targets, thanks in part to strong coordination and support from CVA volunteers. No further environmental detections or AFP cases had been reported as of November 30, indicating that transmission may have been successfully interrupted.



CVA volunteer during door-to-door vaccinating campaign



CVA volunteer supporting polio vaccination



Group photo of the health-related training session conducted by CVA and IFRC.

Scope and Scale

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 September 3-9. The government 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 July 20, 2024, the Angolan Ministry of Health (MOH) confirmed five cases of Acute Flaccid Paralysis (AFP) linked to polio across the country. The total number of vaccine-derived poliovirus type 2 (VDPV2) cases recorded was 13 (12 cVDPV2, 1 VDPV2), categorized as follows: five AFP cases, one contact case (healthy child), and seven environmental detections. The affected provinces included Luanda, Huambo, Lunda Norte, and Moxico.

To interrupt transmission, the MOH, in collaboration with WHO and other partners, including CVA, the government carried out 3 rounds of Vaccination Campaigns and CVA participated in two (second and third).

- The first round was from May 17 to 19 (All municipalities in the country) covering 5.5m children.
- The second round of the polio vaccination campaign was from June 28 to 30, 2024. The objective was increase the immunity of children under five in order to quickly interrupt the poliovirus transmission in the country and to achieve this goal, 3,787,544 children under the age of 5 were identified in the selected provinces to be vaccinate, with 4,423,190 doses of polio vaccine available. This round took place in all districts of the provinces of Luanda, Zaire, Uíge, Malanje, Huambo, Lunda Norte, Lunda Sul, and in some districts of Bengo (Dande), Cuanza Sul (Sumbe, Porto Amboim, Cassongue), Benguela (Benguela, Lobito, Catumbela e Baia Farta) and Moxico (Luena, Alto Zambeze, Luau, Luacano). The selection of these provinces/districts was based on three main factors, namely their border proximity with the south of the Democratic Republic of Congo considering higher risk of cross-border transmission, provinces that have reported poliovirus and districts in the main corridor of the Angolan capital. A Lot Quality Assurance Sampling (LQAS) and independent monitoring for the second round revealed poor vaccination coverage in three provinces: Moxico, Cuando Cubango, and Malange. The primary challenges identified were inadequate infrastructure, such as poor road access, and gaps in community awareness, communication, and engagement.
- The third campaign was from September 3 to 9 and CVA was part of the response to the outbreak in the country (supporting part of the provinces), and was carried out throughout the national territory, covering the 18 provinces and 170 municipalities, for all children

under 5 years with the forecast of vaccinating 6,298,320 with 7,438,018 nOPV2 doses available where 6,845,583 were vaccinated. As of the end of the intervention in November 2024, the polio outbreak in Angola appeared to be under control, with no new human or environmental detections reported since July. While transmission had not been officially declared interrupted, the combined efforts of national authorities and partners resulted in over 3.8 million children vaccinated, with improved outreach to high-risk and hard-to-reach communities. However, significant humanitarian needs remained, particularly in areas with poor water and sanitation infrastructure, limited health access, and persistent community vaccine hesitancy. Continued surveillance and community engagement were essential to sustain progress and prevent resurgence.

Source Information

Source Name	Source Link
1. MDRAO009_DREF application and update 1	https://www.ifrc.org/fr/appeals?date_from=&date_to=&location%5B%5D=6478&search_terms=&search_terms=&appeal_code=MDRAO009&search_terms=&text=
2. GPEI Polio updates	https://polioeradication.org/where-we-work/polio-outbreak-countries/

IFRC Network Actions Related To The Current Event

Secretariat	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.
Participating National Societies	No PNS is supporting this response.

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	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.
UN or other actors	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.



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.

- 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



Health

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 Zaira), 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 outbreaks 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 due 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 have 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 was to target children under five during the second and third rounds of the polio vaccination campaign. This involved training and mobilizing volunteers, mobilizers, and registrars in seven high-risk provinces during the second



round and in three hard-to-reach areas during the third round. The operation also included additional health, campaign support, and polio training, as well as the procurement of necessary materials.

The CVA played a pivotal role in supporting the MOH and WHO in implementing the vaccine campaigns, leveraging its extensive volunteer network. While the MOH and WHO primarily focused on coordination and planning, they relied heavily on third parties like the CVA to execute and promote the campaigns. The CVA's contributions in the second and third campaigns were highly valued, and it was anticipated that this partnership would continue to build upon its success in the third campaign.

The overall objective of the operation was to cover 7+3 provinces—Zaire, Cabinda, Lunda Norte, Uíge, Huambo, Malanje, and Luanda, along with Malanje again, Moxico, and Cuando Cubango through health, WASH, and RCCE (Risk Communication and Community Engagement) activities. The campaign aimed to support the vaccination of 1,465,417 children under five while simultaneously reaching the same number of families with a mass communication campaign focused on health and hygiene promotion. Additionally, 5,600 households in priority municipalities would benefit from community sessions on health and hygiene promotion. These efforts sought to halt 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 ongoing polio outbreak.

Operation strategy rationale

The DREF operation was initially planned for a five-month implementation period but was later extended to six months, ending on 30 November 2024, through a no-cost extension. The Angola Red Cross (CVA) informed stakeholders of this extension, which did not involve any changes to the overall strategy outlined in the original plan. The implementation schedule was rearranged to fit the extended timeframe. This additional month enabled the National Society to complete remaining activities, resolve payment delays caused by in-country financial restrictions, and maintain accountability to partners. It also provided flexibility to align with the Ministry of Health's shift in public health messaging priorities, allowing hygiene promotion and vaccination support related to polio to continue through November.

The operation maintained the strategic focus defined at the outset, particularly to accommodate the third round of the national vaccination campaign. The intervention was structured around the following pillars:

1. Vaccination Campaign Support:

Under direct support to the Ministry of Health of Angola, the National Society supported the vaccination campaigns. The Ministry of Health, through its coordination platforms, conducted two national vaccination campaigns (May 17–19 and June 28–30) as the primary response to the outbreak. A third round was carried out in September.

Through planning sessions with the National Society, it was agreed that CVA would support the vaccination of 1,465,417 children under age 5 in seven provinces: Zaire, Cabinda, Lunda Norte, Uíge, Huambo, Malanje, and Luanda, during the second round, and in Malanje, Moxico, and Cuando Cubango during the third round. The targeted provinces and the number of volunteers assigned to each were determined in consultation with the Government and relevant stakeholders to ensure national coverage.

Support was provided by trained volunteers who administered vaccines as instructed by the government, disseminated information on the importance of vaccination, and promoted health and hygiene practices. Vaccinations took place at community-designated spots, where volunteers served in roles related to vaccination, mobilization, and registration. CVA volunteers had already been trained during microplanning sessions, together with personnel from WHO, UNICEF, and other community health workers.

2. Mass communication campaign:

In parallel, the National Society implemented a broader health and hygiene promotion campaign in the provinces where vaccination was conducted, as well as in Luanda (due to its high risk and confirmed environmental samples of the virus) and Malanje (bordering the DRC). Across the 10 provinces (7+3), CVA conducted mass awareness activities through radio broadcasts and distributed IEC materials focusing on polio and other waterborne diseases.

3. Community-based health and hygiene promotion:

In priority municipalities, based on risk vulnerability, CVA volunteers conducted community-based health and hygiene promotion sessions that addressed safe water and sanitation practices. These sessions also included active case finding. The selected municipalities were aligned with government priorities.

4. WASH awareness:

Through the DREF, a mass communication campaign using radio and IEC material distribution raised awareness of waterborne diseases primarily polio and cholera and promoted safe hygiene practices. CVA collaborated with the Ministry of Health to mobilize communities



and ensure message dissemination in local languages across the targeted areas.

5. Health Interventions:

CVA worked in close coordination with the Ministry of Health to deploy volunteers during all three rounds of the vaccination campaign. In addition, volunteers carried out health and hygiene promotion sessions in high-risk municipalities from mid-May through mid-July. Prior to implementation, CVA provided volunteers with training on RCCE, EPiC, and WASH topics to ensure they were equipped to conduct sensitization and outreach on polio and other health risks.

6. Protection, Gender & Inclusion (PGI) and Community Engagement (CEA):

The DREF operation also focused on protecting vulnerable groups such as children under five, orphans, elderly persons, and individuals with disabilities or chronic illnesses, by ensuring they were properly identified and supported. Staff and volunteers were briefed on the Code of Conduct and protocols to prevent and respond to child protection issues, sexual exploitation, and abuse. All personnel involved in the operation signed the Code of Conduct prior to implementation. Strong Risk Communication and Community Engagement (RCCE) measures were integrated, including a two-way feedback mechanism. Messages were translated into local languages, and CVA facilitated orientation sessions to strengthen volunteer capacity in PGI and CEA.

7. Contribution to the National Society branch capacity and CVA operational learning for epidemic intervention (NSD):

CVA mobilized 620 active volunteers across the selected provinces to support the vaccination campaign. In each province, 20 volunteers also conducted health and hygiene promotion activities. Volunteers received training on WASH and health promotion. The National Society further benefited from lessons learned workshops and visits from IFRC teams including PMER and Finance, enhancing institutional capacity in key operational areas.

Targeting Strategy

Who was targeted by this operation?

The operation aimed to initially reach 1,465,417 children under 5 with vaccination through 3 vaccine campaigns. The project would also indirectly reach the same number of families through health and hygiene promotion mass communication campaign. Additionally, it aimed to 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, Uíge, 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. By the end of the operation, a total of 3,892,239 children under the age of five were vaccinated in the areas supported by the Angola Red Cross (CVA). Vaccinations were conducted across the provinces identified as high-risk or hard-to-reach due to geographical, infrastructural, or epidemiological factors. These included Luanda, which recorded the highest number of vaccinations with 1,688,657 children reached, followed by Huambo (618,961), Uíge (457,938), Lunda Norte (270,275), Moxico (228,557), Malanje (228,229), Cabinda (150,059), Zaire (126,503), and Cuando Cubango (123,060). Communities in these provinces also received IEC materials and health and hygiene promotion messaging as part of the vaccination campaign.

The mass communication was 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).

Additional health and hygiene promotion and disease prevention community-based sessions were carried out by volunteers twice a week for 2 months in each province to reach out 178,467 people (35,693 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.

A total of 620 volunteers were mobilized by the Angola Red Cross (CVA) across nine provinces to support the national polio vaccination campaign. These volunteers were assigned roles as vaccinators, mobilizers, and registrars to ensure effective coverage in high-risk and hard-to-reach municipalities. The highest deployment was recorded in Moxico and Cuando Cubango, with 150 volunteers each, reflecting the logistical challenges and vast territory of these provinces. Malanje followed with 120 volunteers, distributed across three municipalities. In Luanda, 60 volunteers supported activities in Cacucaco, Cazenga, and Viana. Both Huambo and Lunda Norte had 40



volunteers each, while Cabinda and Uíge engaged 20 volunteers respectively. Zaire recorded the smallest team, with 16 volunteers supporting activities in Mbanza Kongo.

Explain the selection criteria for the targeted population

For the polio vaccination campaign, the Government of Angola, through the Ministry of Health (MINSa), led the targeting and vaccination efforts, focusing on children under five years of age. Over 5.5 million children were identified nationwide as needing the polio vaccine, with approximately 1.4 million of them located in provinces where the Angola Red Cross (CVA) provided operational support. The selection of these provinces was conducted jointly with MoH, WHO, and other health partners, based on priority status determined through epidemiological risk mapping and planning sessions aimed at ensuring comprehensive national coverage.

Target provinces included Luanda, Huambo, Lunda Norte, Malanje, Uíge, Zaire, Moxico, Cuando Cubango, and Cabinda, many of which are border regions or had confirmed cases and environmental detections of poliovirus. Coordination with the Interagency Coordination Committee (CCI) and municipal health authorities ensured that CVA's volunteers were integrated into local vaccination teams, assigned specific roles (vaccinators, mobilizers, registrars), and deployed where support was most needed.

The selection of provinces for mass communication and hygiene promotion activities was also guided by government data. Provinces bordering the Democratic Republic of Congo (DRC) and Luanda, which had confirmed environmental poliovirus samples, were considered high risk for polio and other waterborne diseases. In total, approximately 2.9 million children under five were considered at risk across the targeted 7+3 provinces. The mass communication campaign on health and hygiene indirectly reached an estimated 4.3 million people (around 870,000 families) through the distribution of Information, Education, and Communication (IEC) materials and radio broadcasts.

In addition to national-level mobilization, CVA implemented community-based health, hygiene, and disease prevention sessions in selected municipalities, using risk and vulnerability criteria such as weak WASH infrastructure and proximity to cross-border zones. These sessions were conducted in collaboration with local authorities and aimed to reach 28,000 people (5,600 families) across seven provinces, through 112 sessions delivered by 140 trained volunteers.

The third round of the vaccination campaign was based not only on national immunization criteria but also informed by recent findings from the National Immunization Days (NID), Sub-National Immunization Days (SNID), and Lot Quality Assurance Sampling (LQAS) data. Discussions with WHO and national stakeholders highlighted critical coverage gaps, leading to the targeted inclusion of provinces such as Moxico, Cuando Cubango, and Malanje, where CVA's engagement was expected to significantly strengthen overall campaign impact.

Below is a breakdown of the targeted population and required volunteers during the operation were in total,

Luanda

1,688,657 children vaccinated

Municipalities: Cacuaco, Cazenga, Viana

60 volunteers involved: 14 vaccinators, 34 mobilizers, 12 registrars

Huambo

618,961 children vaccinated

Municipalities: Huambo, Ecuinha, Tchicala Tcholonhanga

40 volunteers involved: 16 vaccinators, 13 mobilizers, 11 registrars

Malanje

228,229 children vaccinated

Municipalities: Massango, Marimba, Malanje

120 volunteers involved: 30 vaccinators, 82 mobilizers, 8 registrars

Lunda Norte

270,275 children vaccinated

Municipalities: Chitato, Lucapa, Cambulo

40 volunteers involved: 8 vaccinators, 22 mobilizers, 10 registrars

Cabinda

150,059 children vaccinated

Municipality: Cabinda

20 volunteers involved: 10 vaccinators, 10 mobilizers

Additional 30 volunteers mobilized upon request from municipal health services

Uíge



457,938 children vaccinated
 Municipality: Kimbele
 20 volunteers involved: 5 vaccinators, 14 mobilizers, 1 registrar

Zaire
 126,503 children vaccinated
 Municipality: Mbanza Kongo
 20 volunteers involved: 5 vaccinators, 14 mobilizers, 1 registrar

Moxico
 228,557 children vaccinated
 Municipality: Luena
 150 volunteers involved: 35 vaccinators, 115 mobilizers

Cuando Cubango
 123,060 children vaccinated (mobilization only; vaccination not assigned)
 Municipality: Menongue
 150 volunteers involved: all as mobilizers

Total Assisted Population

Assisted Women	-	Rural	30%
Assisted Girls (under 18)	-	Urban	70%
Assisted Men	-	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	-		
Total Targeted Population	1,465,417		

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
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.



<p>Expected financial delays due to changes on financial processes and rules internally and country-wide:</p> <p>a. Delayed second transfer of funds to NS. Unfortunately, we have experienced a few delays with the transition to the ERP system which has delayed the transfer of the second tranche of funding to the NS.</p> <p>b. Delayed delivery of funds to NS from Angola banks. It has come to our attention by the NS, that the Angola Banks are taking longer than expected to convert money (from CHF/USD/to local currency) and it is now taking anywhere from 10 days to 20 days to get funds released into the NS account.</p> <p>c. New limits on how much money NS can withdraw from banks have been set-up by some banks, include the NS bank. This limits payments and delays executions of activities.</p> <p>d. Higher & changing bank charges. The NS has noted that bank charges are fluctuating by large amounts, and we will have to wait until the money is there to see how it will affect the budget for other activities. This new extra planning stage when new funds arrive takes additional time and may delay some final activities.</p>	<p>The strong monitoring of the DREF allows the NS and CCD to already identify the above challenges and their incidence on the implementation. CCD is also actively engaging finance and NS team to assess the possible solutions and mitigations measures. In the meantime, the NS continue to implement most of the activities, except the ones with contractual engagement with external stakeholders. This will minimize any financial or reputational risks associated to delay payment. Communication is also planned toward internal team if any payment is delayed for them.</p> <p>NS is also actively engaging with all the involved stakeholders, ensuring clear communication and pro-active decision making on financial arrangements or payments, to align with this situation.</p> <p>The NS with IFRC delegation is also working toward resource management that could give some room on rapid resource allocations depending on priorities areas and activities within all the projects that are ongoing.</p>
<p>Outbreak worsens rapidly and more cases are confirmed.</p>	<p>Increase health and hygiene promotion measures to cover more provinces.</p>
<p>Security risk for NS volunteers and staff in some province sin Angola.</p>	<p>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.</p>
<p>Communities with children under 5 are not accessible in rural areas.</p>	<p>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.</p>
<p>Please indicate any security and safety concerns for this operation:</p> <p>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.</p> <p>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).</p>	
<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p>Yes</p>



Implementation



Budget: CHF 76,148

Targeted Persons: 1,465,417

Assisted Persons: 3,892,239

Targeted Male: 186,827

Targeted Female: 202,396

Indicators

Title	Target	Actual
# volunteers involved in vaccination campaigns.	600	620
# children under 5 vaccinated.	1,465,417	3,892,239
# volunteers trained in health promotion topics and EPIC.	140	620

Narrative description of achievements

- 620 volunteers participated in the two rounds of the national polio vaccination campaign across the targeted areas. During the campaign, these volunteers undertook critical roles, serving as vaccinators (of the oral vaccines), mobilizers, and registrars. In their role as mobilizers, volunteers conducted door-to-door and mass mobilization efforts, encouraging parents to vaccinate their children and comply with routine vaccination schedules. Additionally, CVA volunteers served as registrars in both rounds, ensuring the accurate documentation of vaccinated children. Beyond this support, CVA also provided logistical support, with a vaccine storage site set up at the CVA Technical School of Health in Viana for storing vaccines and other materials.

- With support from CVA through mobilization campaigns, the government managed to vaccinate 3,892,239 children under the age of five. This achievement far exceeded the initial target of 1,464,417 vaccinations, illustrating a robust response to the health initiative. Additionally, CVA volunteers played a direct role in administering the oral vaccine (volunteers have been trained by the MoH for vaccine administration) to about 160,384 children (82,696 girls and 77,688 boys), demonstrating effective community engagement and execution of the vaccination drive.

- A total of 620 CVA volunteers, exceeding the initial target of 140, were trained in EPIC, basic hygiene and sanitation and health promotion topics, including polio. The total number of volunteers surpassed the initial target due to additional requests from the WHO in a meeting with the CVA, WHO, and the IFRC. Initially set at 140 volunteers, coverage was expanded to include two more provinces critically in need of increased vaccination efforts (Cuando Cubango and Moxico provinces, and Malanje's allocation was also bolstered, reflecting the urgency to enhance the vaccination coverage in these areas. The MoH, through its Public Health Departments, also delivered trainings on topics including vaccination procedures and social mobilization techniques. These trainings were delivered to CVA volunteers at the municipal level.

Lessons Learnt

- The key lessons learned from the home visits highlight the need for targeted outreach, particularly for vulnerable groups like malnourished children and pregnant women, to ensure they receive proper care. The importance of integrating vaccination campaigns into health education is also evident, given the number of children without vaccination cards or incomplete doses. Additionally, the collaboration with local health services and focal points proved effective for referring sick individuals, demonstrating the value of strengthened community-based referral systems. Finally, the findings emphasize the need for continuous community engagement, volunteer capacity building, and sustained follow-up to reinforce health messages and ensure long-term behavior change.

Challenges

- A key challenge during the vaccination campaign was the difficulty in reaching children. Security restrictions in some buildings limited volunteer access, and the absence of parents delayed immunization efforts, as domestic workers were not authorized to consent to



vaccination in their absence. Additionally, religious and personal beliefs contributed to the non-vaccination of 82 children, highlighting the need for stronger community engagement strategies to address misinformation and concerns.



Water, Sanitation And Hygiene

Budget: CHF 26,202

Targeted Persons: 28,000

Assisted Persons: 178,467

Targeted Male: 85,664

Targeted Female: 92,802

Indicators

Title	Target	Actual
# of volunteers trained in hygiene and sanitation.	140	586
# of community-based health and hygiene promotion sessions conducted.	112	3,440
# families reached through community-based sessions.	5,600	35,693

Narrative description of achievements

- A total of 586 volunteers were trained in hygiene and sanitation, exceeding the target due to the previous justification. Similarly to the health sector, the plan was to train the same number of volunteers (620); however, the training coincided with school examinations, which resulted in a reduced number of attendances as many volunteers are students. These trainings equipped volunteers with the necessary knowledge and skills to promote healthier and more hygienic practices within local communities. Following the training, volunteers were deployed to conduct health and hygiene promotion sessions, focusing on waterborne diseases and the importance of Polio vaccination.
- A total of 3,440 community-based health and hygiene promotion sessions were conducted in the targeted areas, exceeding the initial target. Volunteers carried out these sessions at least two days per week for one month in public places such as markets, churches, and schools and made use of IEC printed materials, such as posters to upskill the communities on health and WASH related topics.
- Moreover, volunteers mobilized the communities through door-to-door visits. According to records, volunteers visited 35,693 households, reaching approximately 178,467 individuals, including 36,387 children under five years old. Among those children, 2,485 did not possess a routine vaccination card, and 3,344 had not received all required vaccine doses. During these home visits, volunteers also identified 881 malnourished children and 208 pregnant women who were not attending prenatal consultations, and 616 people were found to be ill and referred to health facilities. In some provinces, volunteers received support from the National Institute of Medical Emergencies of Angola (INEMA) to facilitate patient referrals. These findings highlighted critical health gaps within communities and reinforced the importance of continued health promotion efforts. Additionally, through community focal points, volunteers were alerted to cases of bedridden individuals in need of medical attention. Utilizing the community awareness techniques acquired during training, volunteers successfully encouraged these patients to seek care. In collaboration with INEMA, the Fire Department, and Provincial Directorate of Public Health (Direcção Provincial de Saúde Pública (DPSP)), they facilitated the referral and transportation of these individuals to appropriate health facilities. This comprehensive approach effectively contributed to the achievement of key humanitarian indicators, ensuring widespread hygiene promotion, disease prevention, and improved access to healthcare within the targeted communities.

Lessons Learnt

- The key lessons learned from the home visits highlight the need for targeted outreach, particularly for vulnerable groups like malnourished children and pregnant women, to ensure they receive proper care. The importance of integrating vaccination campaigns into health education is also evident, given the number of children without vaccination cards or incomplete doses. Additionally, the collaboration with local health services and focal points proved effective for referring sick individuals, demonstrating the value of strengthened community-based referral systems. Finally, the findings emphasize the need for continuous community engagement, volunteer capacity building, and sustained follow-up to reinforce health messages and ensure long-term behavior change.



Challenges

• A significant challenge encountered during the intervention was the unavailability of hygiene kits for water purification. Explaining the importance of water treatment and sanitation to communities without having water purification tablets readily available (the project did not plan to distribute) proved particularly challenging, as it limited the ability to demonstrate and reinforce key messages on safe water consumption and hygiene practices.



Protection, Gender And Inclusion

Budget: CHF 0

Targeted Persons: 140

Assisted Persons: 620

Targeted Male: 339

Targeted Female: 281

Indicators

Title	Target	Actual
# of Volunteers simultaneously oriented and briefed in PGI sensitization, minimum standards, safety CEA, and RCCE	140	620

Narrative description of achievements

• A total of 620 CVA volunteers received orientation on PGI minimum standards, safety CEA, and RCCE. This comprehensive training empowered them to effectively conduct 3,440 PGI sessions, utilizing Information, Education, and Communication (IEC) materials to educate the community. Additionally, 2,000 pamphlets on PGI were distributed, enhancing public understanding and engagement.

Lessons Learnt

• One valuable lesson learned during the vaccination campaign relates to addressing PGI issues effectively within community engagement activities. As symptoms of the targeted diseases often include flaccid paralysis, it became crucial to involve the National Institute of Medical Emergencies of Angola (INEMA). This collaboration ensured that volunteers were equipped to identify individuals with mobility impairments and refer them promptly to medical facilities for further treatment. Integrating medical referral systems into mass mobilization and door-to-door campaigns not only streamlined the process but also ensured that community members, especially those with severe symptoms, received the necessary medical attention in a timely manner.

Challenges

• No significant challenges have been identified.



Community Engagement And Accountability

Budget: CHF 15,484

Targeted Persons: 440,000

Assisted Persons: 318,000

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
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# feedback mechanisms established.	7	5
# of radio channels broadcasting health & hygiene messages.	7	9
# of families reached with health & hygiene promotion messages through mass communication	440,000	318,000

Narrative description of achievements

• The CEA framework has facilitated effective communication and feedback mechanisms within the targeted communities. About 620 CVA volunteers were trained on community engagement and accountability. To ensure that the communities actively participated in decision making process and that their voices, concerns, during community mobilization, volunteers collected and addressed feedback. In light with this, 5 (71% of the target achievement) feedback mechanisms were established. These mechanisms of feedback included:

- Contact Information on IEC Material: Each piece of Information, Education, and Communication (IEC) material distributed included a telephone number and an email address for the public to provide feedback.
- CEA Sessions: A total of 140 CEA sessions were conducted. These sessions involved weekly meetings with the community, facilitated CEA focal points. These meetings served as a platform for discussing the campaign's progress and gathering direct feedback from the community members.
- Community Leader Validation: Feedback was also systematically collected through community leaders who were responsible for signing off and validating the activities conducted by volunteers. This process ensured that there was a formal record of community approval and feedback regarding the campaign's execution.
- Door-to-Door Feedback Collection: Volunteers collected feedback directly from households during their door-to-door activities. This method provided personal and immediate insights into the community's reception of the campaign and any concerns they had.
- Radio Programs: The campaign leveraged the National Radio of Angola (RNA) to broadcast 9 radio programs in both Portuguese and local languages through its local branches. This provided a broad platform for disseminating information and also for receiving feedback, as the national radio reaches over 10 million listeners daily. An example that the team utilized the feedback to shape the operation, is the fact that CVA had to reschedule their mobilization community activities in Lunda Norte to accommodate the community cultural practices.

The feedback gathered from communities was instrumental in adapting and improving sensitization strategies throughout the intervention. In response to concerns and misconceptions, volunteers increased their engagement with religious and traditional leaders, who played a key role in building trust and promoting vaccine acceptance within their communities. To further strengthen outreach efforts, additional training was provided to volunteers on how to address vaccine hesitancy and effectively counter misinformation.

Health messages were also refined to emphasize the safety and importance of the polio vaccine, helping to reassure caregivers and increase uptake. In areas where urgent health needs were identified during door-to-door visits, the National Institute for Emergency Medical Assistance (INEMA) and local health authorities were mobilized to provide support and transport ill individuals to nearby health facilities, ensuring timely medical care. These adaptations contributed to a more responsive, inclusive, and trusted intervention.

• This DREF operation made use of mass communication to disseminate health and hygiene promotion messages. It is strongly believed that about 318,000 households, about 1,590,000 people, were reached with these messages at national level. This represents 72% achievement, against the target.

Reaching a wide audience and informing communities about the prevention of polio and other waterborne diseases was possible because the team disseminated these messages through the Angola Public Television (Televisão Pública de Angola -TPA), Angola National Radio (Rádio Nacional de Angola-RNA) as well as Jornal de Angola, which have a national coverage. The Radio Nacional de Angola broadcasted using the 7 local channels at municipality levels, in 9 different programs these messages for 3 months (June-October 2024). These messages were disseminated in Portuguese as well as in four local languages, namely Kimbundo, Kikongo, Fiote and Tchokwe. Televisão pública de Angola (TPA) and Jornal de Angola provided coverage of the operation, raising awareness and informing the public about its goals.

Additionally, IEC materials were printed and distributed by volunteers during community mobilization sessions to share information and encourage positive behaviors. Approximately 10,000 copies of IEC materials were distributed.

Lessons Learnt

• Angola RC employed a flexible planning approach, adapting strategies based on weekly reviews of field experiences and feedback from communities. A significant cultural insight was identified in Lunda Norte, where Wednesdays play a crucial role in community engagement due to local customs. According to these customs, the women in this community observe Wednesday as "Women's Day" (dedicated to their health), during which they refrain from working in the fields and instead gather for socializing. Volunteers incorporated this cultural



understanding into their micro plans, demonstrating both sensitivity and responsiveness. This experience reinforces the importance of involving the community in the planning of activities and considering their cultural practices.

Challenges

• One of the main challenges identified during community engagement activities was vaccine hesitancy fueled by misinformation and religious beliefs, particularly in rural areas and among certain faith groups. In response, volunteers increased their engagement with religious and traditional leaders, who played a key role in building trust and promoting vaccine acceptance within their communities.



Secretariat Services

Budget: CHF 35,171

Targeted Persons: 1

Assisted Persons: 3

Targeted Male: 1

Targeted Female: 2

Indicators

Title	Target	Actual
# surge deployed.	1	3

Narrative description of achievements

• IFRC supported deployment of a Public Health Coordinator to assist CVA with the implementation of the operation and supported the coordination between CVA and other agencies, such as WHO, and UNICEF. Furthermore, IFRC health and care and finance officers from the Maputo cluster traveled to Angola to provide in-country support.

Lessons Learnt

• The presence of health and finance officers from the cluster further exemplified the importance of hands-on support, enabling real-time problem solving and capacity building.

Challenges

• No significant challenges have been identified.



National Society Strengthening

Budget: CHF 19,531

Targeted Persons: 19

Assisted Persons: 19

Targeted Male: 12

Targeted Female: 7

Indicators

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



Narrative description of achievements

- This DREF operation successfully trained 19 CVA staff from both headquarters and branch levels in health-related areas, Community Engagement and Accountability (CEA), and Protection, Gender, and Inclusion (PGI). Additionally, they received training to enhance their administration and finance skills. Among them, nine staff members were directly involved in the response at the headquarters office.
- This operation was closely monitored by branch officials, ensuring consistency and accountability throughout its implementation. To assess performance and progress, the branches conducted 26 field visits, driven by the need for detailed progress tracking to enhance transparency and accountability. This approach aimed to identify, communicate, and promptly address any operational challenges or factors that could negatively impact the response.
- A lessons learned workshop held in December 2024 brought together Angola Red Cross staff, volunteers, and partners to reflect on the implementation of the DREF Polio operation. The workshop highlighted strong collaboration with government health authorities, which facilitated volunteer integration into vaccination teams, particularly in hard-to-reach areas. However, challenges emerged due to limited early engagement with community leaders, delays in volunteer payments, and logistical issues stemming from poor transport and communication infrastructure. Coordination gaps between provincial and municipal levels, along with a lack of visibility and protective materials for volunteers, also impacted the operation. Despite these challenges, the operation demonstrated adaptability and commitment, with cultural insights incorporated into planning and volunteers showing strong initiative in reaching communities. Moving forward, the need for improved coordination, timely volunteer support, and better operational resources was emphasized to strengthen future emergency responses.

Lessons Learnt

- This operation represented an opportunity for the CVA staff at branch level to upskill their skills in areas such as finance, CEA, PGI and health and WASH related topics.
- One key lesson that emerged from the workshop was the critical importance of early and continuous engagement with community leaders. In some provinces, initial resistance to vaccination efforts was linked to the lack of prior consultation with local leaders. This highlighted that involving trusted community figures from the outset is essential to building trust, increasing acceptance, and ensuring the success of public health interventions.

Challenges

- The team experienced a slight delay with funds processes.
- The delay in the receipt of amounts from the IFRC to the CVA and the constant delay in the processing of transactions by the Angolan investment bank (BAI), caused many payments to be made outside the scope despite all activities having been carried out until November 30. As a way to mitigate this gap, CVA decided to change banks.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRAO009 - Angola - Polio

Operating Timeframe: 22 May 2024 to 30 Nov 2024

Selected Parameters			
Reporting Timeframe	*	Operation	MDRAO009
Budget Timeframe	2024/05-2025/09	Budget	APPROVED

Prepared on 29/Oct/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	172,536
DREF Response Pillar	172,536
Expenditure	-152,852
Closing Balance	19,684

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	115,363	142,392	-27,029
PO05 - Water, Sanitation & Hygiene	5,200	34,972	-29,772
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	10,530	9,711	820
PO10 - Community Engagement and Accountability	2,371	4,663	-2,292
PO11 - Environmental Sustainability			0
Planned Operations Total	133,465	191,738	-58,274
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	31,984	19,293	12,691
EA03 - National Society Strengthening	7,087	-58,179	65,266
Enabling Approaches Total	39,071	-38,886	77,958
Grand Total	172,536	152,852	19,684

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

Please explain variances (if any)

IFRC-DREF allocation to Angola Red Cross response to the polio outbreak of 2024 was CHF 172,536. CHF 152,852 was spent to achieve the above results. Following the closure of this DREF operation, the closing Balance of CHF 19,684 will return to the DREF pot.



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[Click here for reference](#)

