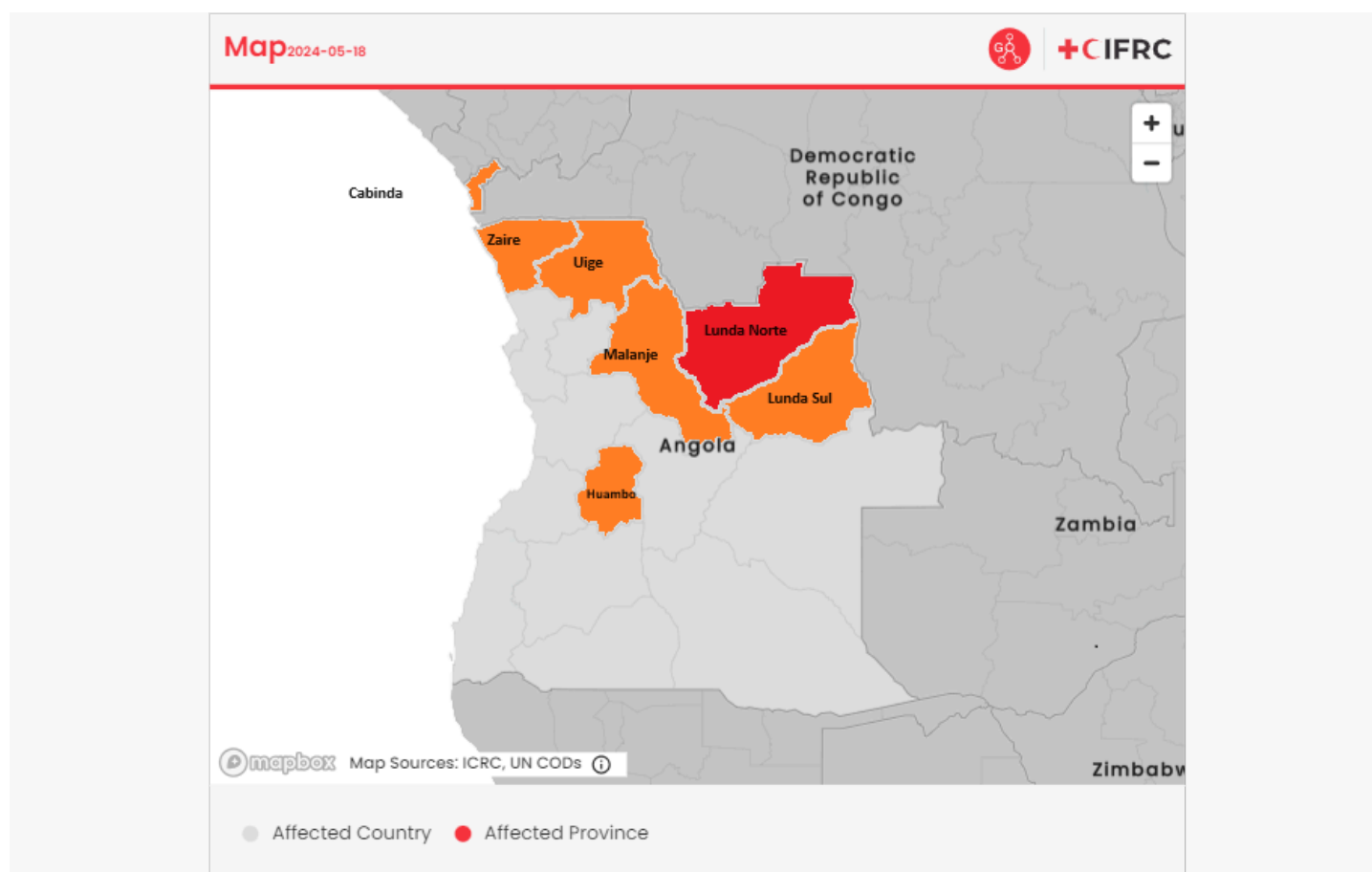




CVA volunteer during door-to-door visits for polio vaccination

Appeal: <b>MDRAO009</b>	Total DREF Allocation: -	Crisis Category: <b>Yellow</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2024-000078-AGO</b>	People Affected: <b>5,549,140 people</b>	People Targeted: <b>1,465,417 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>22-05-2024</b>	New Operational End Date: <b>30-11-2024</b>	Total Operating Timeframe: <b>6 months</b>
Reporting Timeframe Start Date: <b>22-05-2024</b>		Reporting Timeframe End Date: <b>24-09-2024</b>	
Additional Allocation Requested: -		Targeted Areas: <b>Cabinda, Cuando Cubango, Huambo, Luanda, Lunda Norte, Malanje, Moxico, Uige, Zaire</b>	

# 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 Cassai 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 stakeholders accountability.



CVA volunteer during door-to-door vaccinating campaign

## 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 Sept 6-8. 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.

- Third Round was finally scheduled for September 3-9, 2024 and for a Nationwide coverage across 18 provinces. This round aimed to reach 6,298,320 children with 7,438,018 doses available.

## Source Information

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

## Summary of Changes

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

**Please explain the summary of changes and justification:**

This operation update informs stakeholders of a no-cost extension of the MDRAO009 operation’s timeframe from 5 to 6 months, with a new end date of 30 November 2024. It also provides an update on the evolving situation and response activities since the last publication in August 2024 (see SOURCE).

Following the Government’s decision to extend the vaccination campaign to a third round, the National Society (NS) was requested to continue its support, building on the success of previous rounds. The request also included continued support for Ministry of Health monitoring and hygiene promotion activities. So far, as indicated under the update 1 of this operation, the NS has been actively implementing the vaccinations rounds and at the time of this update was supporting the third vaccination round as per request from Government (September 2024). However, financial restrictions in-country have caused cash flow challenges, affecting payments to suppliers and stakeholders, and prompting the need for an extension to uphold accountability.

This no-cost extension ensures the NS has sufficient time to finalize remaining activities, settle outstanding payments for services already delivered (such as the vaccination campaign), and avoid risks of incomplete implementation or unclaimed receivables. Activities involving external partners—such as community health visits and radio messaging—have been temporarily paused until payments can resume.

Additionally, between late August and September, the Ministry of Health directed messaging priorities toward Mpox, leading to a temporary halt of polio-related communications to prevent confusion. The extension allows for the resumption and refocusing of community-based and mass media hygiene promotion on polio messaging from mid-October to November.



# Current National Society Actions

## Start date of National Society actions

26-03-2024

Health	<p>After successfully initiating 2 polio vaccination campaigns, the MOH has developed a plan to support the roll-out of a 3rd nationwide vaccination campaign through microplanning sessions. The NS, as well as other stakeholders such as UNICEF, were part of the microplanning process during the interagency coordination platforms. Since the first and second campaign took place between May and June, 220 CVA volunteers supported with the community mobilization, registration, and vaccination activities.</p> <p>This need is replicated for the upcoming 3rd campaign, however whereas these campaigns focused on 7 high risk provinces, the intervention from the CVA in the 3rd campaign will be in 3 "hard to reach" provinces. After discussions with relevant stakeholder it was decided that CVA's strength was to mobilize its volunteers in these specific regions where they had trouble accessing in the previous two campaigns.</p>
Coordination	<p>Coordination of the response efforts continues to be facilitated through government mechanisms at both the national and local levels. The National Society is actively engaged in government-led platforms and participates in coordination meetings at the provincial and district levels. On March 26th, 2024, the government requested support from the Angola Red Cross for implementing the polio vaccination campaign, and since then, the National Society has been actively participating in weekly coordination meetings.</p>
National Society Readiness	<p>The National Society is currently active in all 18 provinces of Angola, with approximately 9,000 volunteers and 80 staff members. In the three affected provinces, there are 19 staff members and 600 active volunteers, all ready to be mobilized. For the vaccination campaigns, 220 CVA volunteers have been trained by other stakeholders, including the Ministry of Health and partners, a further 380 will be trained for the 3rd campaign. A ToT for staff and volunteers across all provinces covered by the DREF took place with this DREF for health and hygiene promotion topics.</p>
Assessment	<p>The Government carried out a needs assessment through the National Directorate of Public Health and partners. A risk analysis regarding the degree of spread has revealed that 11 out of 18 provinces are at high risk of polio virus transmission, with 3 provinces with confirmed virus samples. The national society and other stakeholders worked together with the Government to conduct the needs assessments to inform the response operation. These remain high-risk. Similarly, the hard-to-reach areas were a response to the post campaign monitoring carried out during the first two campaigns.</p>

## IFRC Network Actions Related To The Current Event

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

## ICRC Actions Related To The Current Event

N/A
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# 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	<p>CVA and IFRC have met with WHO and UNICEF's key focal points to discuss potential support and collaboration. The meetings took place on 12 July (UNICEF) and 18 July (WHO). Follow up meetings are planned. These two meetings in particular (but also not limited to), were to reintroduce the CVA to WHO and UNICEF. These two UN bodies (along with the MOH) are the key players in the coordination and operations of the polio campaigns, CVA and IFRC saw this as a great opportunity to express desire to increase capacity in collaboration, as well as utilize RC volunteers more.</p> <p>WHO and UNICEF continued to attend coordination meetings and plan to support implementation of the response activities at a National Level, through human resources, training necessary for the vaccine rollout, communication around vaccination campaign, transportation, and logistics around necessary materials needed for the operation.</p> <ul style="list-style-type: none"> <li>• CORE group will conduct post-vaccination monitoring.</li> <li>• Rotary and OSC are coordinating to be involved in community mobilization and vaccination support.</li> </ul>
<p><b>Are there major coordination mechanism in place?</b></p> <p>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.</p> <p>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.</p>	

## Needs (Gaps) Identified



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

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

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



5,549,140 children under the age of 5 need to be vaccinated against Polio across the country in round 1 and 3, with a smaller more targeted approach for round two. This large number puts pressure and constraints the health system. The risk assessment also revealed that 11 out of 18 provinces are at high risk of Polio (i.e., Bengo, Benguela, Bie, Cabinda, Cuanza Sul, Huila, Lunda Sul, Malanje, Moxico, Uige, and Zaire), and 3 out of 18 provinces already have reported confirmed cases. Recent conversation with the MOH and WHO have shown 3 provinces (Moxico, Malanje (also high risk), and Cuando Cobango) to be hard to reach, and need additional support.

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

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

Since 2019, Angola has not faced any polio outbreak. However, in the recent years, Angola has experienced one of the largest vaccine derivate polio outbreak in Africa with 121 cases. The outbreak trend analysis is an important information source to understand the risk of the current outbreak. The 2019 outbreak started in March (approximatively 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 has been no confirmed cases of cholera as of yet, the MOH is at a "level 2" alert for potential outbreak (level 3 is the maximum and when the disease is confirmed).

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

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



## Protection, Gender And Inclusion

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



## Community Engagement And Accountability

Angola is one of the countries with low adherence to vaccines due to cultural and religious beliefs. Hence, there is a need to strengthen risk communication in at risk areas due to parents' and care takers' vaccine resistance.

During the initial roll out of the DREF activities, key TOTs and community based messages were carried out (see update section). These aimed to focus on the limitations the country faces in the prevention campaign due to insufficient IEC materials. That there is only one community radio with national coverage (Rádio Nacional de Angola). Most of target population are in hard-to-reach areas, making it more challenging to reach them with information. Consequently, it is crucial to continue to scale up the effort to reach target population with risk communication to provide them with necessary information. This information must be translated to local languages and shared through local radio channels to improve reach and accessibility.

## Operational Strategy

### Overall objective of the operation

The overall objective of this operation is to cover 7+3 provinces—Zaire, Cabinda, Lunda Norte, Uige, Huambo, Malanje, and Luanda, and then Malanje again, Moxico and Cuando Cubango —through health, WASH, and RCCE activities. The operation aims to support the vaccination campaign, reaching 1,465,417 children under the age of 5. Additionally, the same number of families will be targeted by a mass communication campaign for health and hygiene promotion. A subset of families (5,600 households) in priority municipalities will benefit from community sessions focused on health and hygiene promotion. This initiative will help stop the spread of the polio virus, improve living conditions, and complement the Angolan government's response led by the Ministry of Health to address the polio outbreak.

### Operation strategy rationale

CVA informs stakeholders of a no-cost extension of the operation from 5 to 6 months, now ending on 30 November 2024. The strategy outlined in the application remains unchanged. The implementation plan is just rearranged for the 6 months implementing timeframe. Indeed, this extension allows the National Society to complete activities, resolve payment delays caused by in-country financial restrictions, and uphold accountability to partners. It also accommodates the Ministry of Health's shift in messaging priorities, enabling the continuation of polio-focused hygiene promotion and vaccination support through November.

This DREF maintain the response strategy outlined in the initial plan and scaled-up under the operation update 1 to accommodate the 3rd round vaccination campaign. It remained focused on 3 main pillars: contribute towards the government efforts in prevention of the spread of the polio virus by supporting the Ministry of Health carry out the vaccination campaign and improving the sanitation, hygiene and health behaviors of communities and interrupting the chain of transmission through a comprehensive community-based approach including risk communication and PGI.

Details of the strategy below in the DREF planning document, see SOURCE 2. Main expected output remains as follows based on that strategy:

#### 1) Vaccination Campaign Support:

620 trained NS volunteers mobilized to support three rounds of polio vaccination, CVA targeting over 1.4 million children under 5 across 10 provinces. Contribution of the NS on the vaccination plan included mobilization and availability of team, registration for vaccination, and vaccination. CVA also contributed to the vaccination planning and reporting debrief ; monitoring of the progress on the campaign.

The extended objective of this operation is to support in targeting children under 5 in the 2nd and 3rd polio campaign in (tentatively 6-8th September). This will be carried out by training and mobilizing; volunteers, mobilizers, and registrar in the 7 high risk provinces (2nd round) and 3 hard to reach areas (3rd round). It will also include additional health/campaign support/polio training and the procurement of additional materials.

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

#### 2) Mass Communication Campaign:

Radio broadcasts and distribution of IEC materials rolled out across 10 provinces to raise awareness on polio, cholera, and hygiene practices.





### 3) Community Health & Hygiene Promotion:

Community-based sessions conducted in high-risk municipalities to promote WASH practices, support case finding, and strengthen local health awareness.

### 4) WASH Awareness:

Integration of polio-focused hygiene messaging with broader water-borne disease prevention, in coordination with MoH, using local languages and culturally appropriate tools.

### 5) Health Interventions:

RCCE, EPIC, and WASH training delivered to volunteers to ensure informed, accurate health and hygiene messaging during community engagement activities.

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

Targeting of vulnerable groups with safe, inclusive interventions; Code of Conduct signed by all involved; feedback mechanisms and complaint systems established.

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

620 mobilised volunteers are expected to represent a good resource to the NS, despite the observed turnover. The IFRC delegation was also called to contribute to reinforce the staff and branches team during the monitoring mission, ensuring peer exchanged but also tools and guidance sharing. This included health through the surge presence; PMER & Finance missions that will help on strengthening NS operational readiness.

## Targeting Strategy

### Who will be targeted through this operation?

The operation aims to reach 1,465,417 children under 5 with vaccination through 3 vaccine campaigns. The project will also indirectly reach the same number of families through health and hygiene promotion mass communication campaign. Additionally, it will directly reach a subset of 28,000 people (5,600 families out of the above) through targeted health and hygiene promotion community awareness sessions. CVA has already supported the Ministry of Health in carrying out their first vaccination campaign on May and June and will aim to continue this support in September.

For the vaccination campaign, initially aimed to support the Ministry of Health to vaccinate 1,243,532 children in 13 Municipalities across the 7 selected provinces of Zaire, Cabinda, Lunda Norte, Uige, Huambo, Luanda and Malanje. This was carried out, it then will increase that total to 1,465,417, by covering 3 areas that are hard to reach - Malanje again, Moxico and Cuando Cubango. Communities in these provinces will also receive IEC materials and health and hygiene promotion messaging as part of the vaccination campaign. CVA has already supported the Ministry of Health in carrying out their first vaccination campaign on 17-19 May. During this campaign, CVA volunteers supported with community mobilization, registration, and vaccination activities. CVA will continue to support the third campaign in September.

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

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

### Explain the selection criteria for the targeted population

For the vaccination campaign, the Government is has focused and will continue to focus on children under 5 years old and will lead the targeting and vaccination efforts. They have identified over 5.5 million children across the country who will need the polio vaccine, with close to 1.4 million of them in the provinces where the National Society (NS) will support the campaigns. These provinces were selected in collaboration with the Government based on their priority status, determined through planning sessions with stakeholders to ensure comprehensive coverage in the national campaign. The CVA aims to target over 1.4m children under 5 in 7+ provinces to receive vaccines through vaccination campaigns.

The selection of target provinces for NS to support a broader mass communication campaign aligns with government information indicating that provinces bordering the DRC are at high risk of polio and other water-borne diseases, along with Luanda province, which has confirmed environmental samples of Polio. In total, there are 2.9 million children under 5 at risk across the 7+3 provinces. Mass communication campaigns on health and hygiene promotion are expected to indirectly reach 30% of the affected population (approximately 4.3 million people across 870,000 families with children under 5) through Information, Education, and Communication (IEC) materials in public areas and radio messages.

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

Selected target areas for rounds 3.

The selection criteria for the 3rd round of polio is due to both the overall factors of the NID campaign (national coverage, under 5), but most specifically because of recent results from the NID and SNID carried out previously this year. The independent monitoring, Lot Quality Assurance Sampling data (LQAS), and the conversations CVA have had with WHO focal point in Luanda have shown that supporting the targeting of these 3 provinces could have a great impact on the overall coverage in those areas

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

Malanje:

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

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

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

TOTAL: 100

Moxico:

Vaccinators: 113

Mobilizers: 30

Registrars: 7

TOTAL: 150

Cuando Cubango:

Vaccinators: 113

Mobilizers: 30

Registrars: 7

TOTAL: 150

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

## Total Targeted Population

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



# Risk and Security Considerations

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

Risk	Mitigation action
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.
Expected financial delays due to changes on financial processes and rules internally and country-wide: 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. 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. 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. 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.	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.  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.  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 project that are ongoing.
Outbreak worsens rapidly and more cases are confirmed	Increase health and hygiene promotion measures to cover more provinces.
Security risk for NS volunteers and staff in some province sin Angola	NS staff is already active across the country, including in provinces that have high security risks as per the IFRC classification. These volunteers will receive trainings on how to stay safe and also receive visibility materials to promote protection. To reinforce the mitigation actions for protection of volunteers a security briefing will also be conducted by the security officer to provide staff and volunteers with information on the organization's security approach and aware of current risks and make sure risks are handled properly.

Please indicate any security and safety concerns for this operation

Angola has significant high level of crime. Crimes of opportunity, such as armed robbery, remain the primary threat to local Angolans and the expatriate community in Luanda. However, armed assaults and premeditated home invasions are also on the rise in the capital. There are regular violent incidents including sexual abuse and harassment, murder and kidnappings involving expatriates and Angolans in the province of Cabinda. Major roads between Luanda and the provincial capitals are improving but driving standards and some road conditions are poor and travel outside major towns is usually in convoys of two or more 4-wheel drive vehicles. Outside major towns, mines and unexploded ordnance remain a problem, including on roads, verges, and bridges, in buildings and in the countryside. Lunda Norte and Cabinda are in red security classification by IFRC.

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

Has the child safeguarding risk analysis assessment been completed?

## Planned Intervention



**Budget:** CHF 76,148

**Targeted Persons:** 1,465,417

### Indicators

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

### Progress Towards Outcome

- Deployed 220 volunteers to support the 2nd round of the polio campaign,
- Trained 25 volunteers on basic hygiene, sanitation, and health topics (including polio), 9 CVA staff and 16 volunteers
- Monitoring visits have been carried out during the vaccination campaign
- Visibility and awareness raising materials have been distributed to volunteers, who will in turn distribute them throughout 7 provinces.
- By September, 1 243 532 children under 5 were supported by CVA to get the vaccine.



**Budget:** CHF 26,202

**Targeted Persons:** 28,000

### Indicators

Title	Target	Actual
# of volunteers trained in hygiene and sanitation.	140	220
# of community-based health and hygiene promotion sessions conducted.	112	0
# families reached through community-based sessions.	5,600	0

### Progress Towards Outcome

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





## Protection, Gender And Inclusion

**Budget:** CHF 0

**Targeted Persons:** 140

### Indicators

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

### Progress Towards Outcome

It was initially planned to train 140 volunteers. However, a total of 640 volunteers were trained, greatly surpassing the initial target. Among them, 620 CVA volunteers received orientation on Protection, Gender and Inclusion (PGI) minimum standards, Community Engagement and Accountability (CEA), and Risk Communication and Community Engagement (RCCE), strengthening their capacity to ensure safe, inclusive, and community-driven responses.



## Community Engagement And Accountability

**Budget:** CHF 15,484

**Targeted Persons:** 440,000

### Indicators

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

### Progress Towards Outcome

- Radio spots have been initiated in Luanda, translation of radio spots for other provinces were ongoing by the time of this update
- IEC materials have been given to volunteers for distribution
- Communities representatives and community structures mapped out and volunteers deployed to engaged with the existing structure during their visits and for the IEC dispatching.



## Secretariat Services

**Budget:** CHF 35,171

**Targeted Persons:** 1

### Indicators

Title	Target	Actual
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# surge deployed.	1	2
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## Progress Towards Outcome

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.



## National Society Strengthening

**Budget:** CHF 19,531

**Targeted Persons:** 19

## Indicators

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

## Progress Towards Outcome

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.

# About Support Services

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

The operation will involve 19 staff members and 600 volunteers, stationed in Luanda, Lunda Norte, Huambo, Cabinda, Zaire, Uige, and Malanje provinces. 600 volunteers will be directly engaged in the vaccination campaign, and on community outreach for health and hygiene promotion. Furthermore, the National Society (NS) will receive technical support from the International Federation of Red Cross and Red Crescent Societies (IFRC) through the Cluster Delegation and regional office.

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

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

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

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

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

## How will this operation be monitored?

The IFRC Maputo country cluster delegation with the support from the regional office, will work in coordination with the National Society and provide support in the monitoring of the response. IFRC is able to conduct coordinated monitoring visits with key stakeholders. The monitoring process will focus on adherence to minimum standards in humanitarian service delivery, compliance to humanitarian



principles guiding the Movement's humanitarian operations, timeliness in the delivery of supplies and services to beneficiaries, management of supplies during storage, accuracy, completeness, and timeliness of reporting among others.

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

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



# Budget Overview



## DREF OPERATION

### MDRAO009 - Angolan Red Cross Angola- Polio

Budget Group	CHF Value
<b>RELIEF ITEMS, CONSTRUCTION, SUPPLIES</b>	<b>5,114</b>
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	0
Teaching Materials	5,114
Utensils & Tools	0
Other Supplies & Services	0
Emergency Response Units	0
Cash Disbursement	0
<b>LAND, VEHICLE &amp; EQUIPMENT</b>	<b>0</b>
Land & Buildings	0
Vehicles	0
Computers & Telecom	0
Office & Household Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
<b>LOGISTICS, TRANSPORT AND STORAGE</b>	<b>4,160</b>
Storage	0
Distribution & Monitoring	0
Transport & Vehicles Costs	4,160
Logistics Services	0
<b>PERSONNEL</b>	<b>58,729</b>
International Staff	0
National Staff	0
National Society Staff	25,969
Volunteers	32,760
<b>CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Consultants	0
Professional Fees	0
<b>WORKSHOPS &amp; TRAINING</b>	<b>28,205</b>
Workshops & Training	28,205
<b>GENERAL EXPENDITURE</b>	<b>65,798</b>
Travel	31,984
Information & Public Relations	23,712
Office Costs	0
Communications	1,144

Internal

23/08/2024

V2022.01

[Click here to download the budget file](#)





# Contact Information

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

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[Click here for the reference](#)

