



CVA Volunteers setting up Safe Water Points for the Cholera Response

Appeal: <b>MDRAO011</b>	Total DREF Allocation: <b>CHF 627,608</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>-</b>	People Affected: <b>7,200,000 people</b>	People Targeted: <b>720,000 people</b>	
Event Onset: <b>Sudden</b>	Operation Start Date: <b>21-01-2025</b>	New Operational End Date: <b>31-10-2025</b>	Total Operating Timeframe: <b>9 months</b>
Reporting Timeframe Start Date: <b>21-01-2025</b>		Reporting Timeframe End Date: <b>15-07-2025</b>	
Additional Allocation Requested: <b>-</b>		Targeted Regions: <b>Bengo, Benguela, Cabinda, Cuanza Norte, Cuanza Sul, Huila, Huambo, Luanda, Namibe, Uige, Zaire</b>	

# Description of the Event

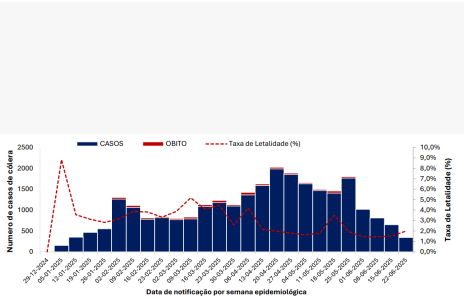
## Date of event

07-01-2025

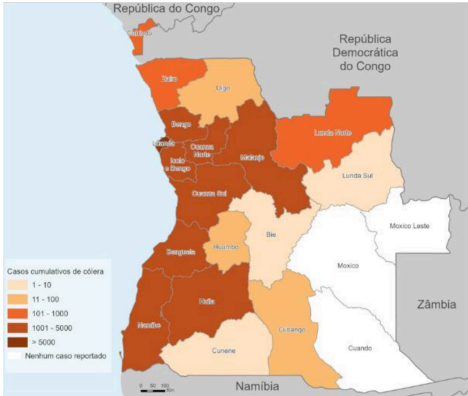
## What happened, where and when?

Bairro Paraíso, Municipality of Cacuaco, Luanda Province, registered on January 7, 2025, 25 suspected cases of cholera, of which 5 died. Until January 8th, more than 30 suspected cases were recorded. On January 8th, the Ministry of Health held a meeting to launch the 2025 National Response Plan to Control Cholera, requesting partners, including Angola Red Cross, to support with the planned response. By June 28th, 2025, cases had increased to 27,008, with 759 deaths and a Case Fatality Rate of 2.8%. The situation is improving, with a reduction of 47% in cases reported in the last week of June and only in 10 provinces (out of 18 that have reported cases at some point of the epidemic)

At the same time, the start of the year coincided with the rainy season in Angola, with documented flooding across numerous provinces of the country. Combined with heavy rainfall, poor sanitation and limited access to clean water, there is an increase of risk of outbreaks of cholera and other waterborne diseases, especially in children. The rainy season in Angola is underway, INAMET - National Institute of Meteorology and Geophysics, predicts above-average rainfall for the current rainy season. Since the start of the year, multiple risk alerts for imminent flooding have been issued on the Disaster Alert platform across various provinces, including Luanda and those at higher risk of diseases outbreak. Flooding risk according to IFRC risk watch, remains through the month of May for Angola. Reports from Provincial Government indicated multiple impacts of floods including lives and livelihoods lost or damaged, as well as houses and public infrastructure across various provinces. While these provincial reports do not have disaggregated data by date of flooding event, but cover seasons across years, they still show impacts from the floods. On May 7th, the NS submitted a qualitative assessment carried out by the NS with support from this DREF operation on the vulnerabilities and risks of people affected by floods and cholera across 6 provinces. This report was accompanied by official government data (where available and with various time periods). The qualitative assessment from the NS indicates that across the rainy season, there has been significant loss of livelihoods in communities, and an increased risk of disease outbreaks. The most reported needs are those of reinforced shelter as homes are built with weak materials, household items such as mosquito nets, health and hygiene items such as soap and clean water, and food (given loss of agricultural inputs and ongoing food insecurity across Angola). Data from the government indicates there have been deaths and injuries and thousands of houses damaged or destroyed. However, the impacts are not linked to 1 specific event, but to entire seasons worth of flooding. While the impacts of the floods cannot be linked to a single flooding event, the May 7th report from NS is the official request for support for the impact of the floods and continued cholera response as floods worsen cholera. By end of June, most of flooded areas have already dried, while households have come back to their areas, needs are still high due to the loss and the impact of floods.



Cholera Epi curve 28th June 2025



Map total accumulated cholera cases at 28th June 2025



Flooding in Cacuaco, Cholera hotspot April 2025

## Scope and Scale

The Municipality of Cacuaco is considered the epicenter of cholera transmission in Luanda. Due to the high mobility of the population and the movement of goods, all of Luanda's municipalities are classified as High-Risk areas for the spread of cholera. Furthermore, Bengo, Benguela, Cuanza Norte, Cuanza Sul, Huila, Icolo e Bengo, Malanje, and Namibe emerged as provinces where number of cases exceed the thousands. Other provinces as Bie, Cabinda, Cubango, Cunene, Huambo, Lunda Norte, Lunda Sul, Uige, and Zaire also presented cases. Cholera and other Acute Diarrheal Diseases are significant public health challenges, with a high potential for causing epidemics and mortality, especially when they are not treated in a timely manner.



Flooding deteriorates sanitation conditions in communities, increasing the risk of cholera. Floods have been reported in over 6 provinces of Angola this season (Q1 of 2025). With the exception of Moxico and Cuando Cubango, other provinces affected by floods already have confirmed cholera cases. Preliminary data from the Government is incomplete, but reporting damages from floods to lives and livelihoods, beyond the spread of disease. The NS conducted a qualitative assessment in end of March 2025 to assess the risks and vulnerabilities of people at risk (or already affected) by floods and cholera. The assessment took place across 6 provinces: Luanda, Bengo, Kuanza Sul, Kuanza Norte, Huila and Huambo., The qualitative assessment from the NS indicates that across the rainy season, there has been significant loss of livelihoods in communities, and an increased risk of disease outbreaks. The most reported needs according to the NS assessment are those of reinforced shelter as homes are built with weak materials, household items such as mosquito nets, health and hygiene items such as soap and clean water, and food (given loss of agricultural inputs and ongoing food insecurity across Angola).

Cholera is a disease caused by an intestinal infection, which is spread mainly through the ingestion of contaminated water and food. Other forms of transmission include person-to-person contact and contact with contaminated objects and surfaces. Community transmission of cholera occurs rapidly, often culminating in epidemic outbreaks. These outbreaks require the immediate implementation of robust, effective and coordinated multi-sectoral control strategies to prevent the spread of the disease in communities. The incidence of the disease is intrinsically linked to inadequate sanitation conditions in communities. Densely populated cities in Luanda pose a high risk for rapid spread, due to crowded areas and lack of adequate sanitation infrastructure. Rural communities that also lack access to washing materials and safe water are also at high risk.

## Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	Yes
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

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

This MDRAO011 DREF operation is implemented to respond to cholera and floods for 9 months with an allocation of CHF 627,608 ending on 31/10/2025. Since the launch of this DREF operation, two previous vaccination campaigns (Feb & April) were successfully supported by CVA under the IFRC-DREF allocation. With the NS contribution to the reach of the previous campaign, NS was requested to support the third vaccination campaign by the Ministry of Health. Government of Angola 3rd vaccination campaign covered from 10th to 19th July in the provinces of Cabinda, Cuanza Sul, Huila, Lunda Norte, Namibe, and Zaire.

Following this expansion of the OCV, NS has revised the DREF intervention scope as follow:

- Extend the operation scope to support the third cholera vaccination campaign. Include Increasing the OCV support team of the NS from 400 volunteers to 450 additional volunteers mobilised for the 3rd round.
- Expend the targeted provinces to cover the priority provinces selected by MoH for the 3rd OCV. Bringing the targeted provinces for cholera activities to 7 provinces. New ones: Cabinda, Cubango, Huila, Lunda Norte, Namibe, and already in the target: Zaire and Cuanza Sul.

On the implementation so far, CVA achievements since the last update include:

- Health and WASH messages reached over 311,000 people VS 14,000 reached during the last update. At least 66,025 people reached with OCV and health prevention messages.
- Referrals of cases/suspected cases increased from 148 to 504 suspected cases.
- 23 of 60 handwashing stations completed
- 200,000 units of aqua tabs distributed, no progress since last update but further distribution planned.
- 22 Clean-up campaigns completed
- Planning and training for cash completed cash activities yet to be completed.



# IFRC Network Actions Related To The Current Event

Secretariat	IFRC CCD for Mozambique and Angola, based in Mozambique, has supported the Angola Red Cross in the operation of their response plan in alignment with the Government of Angola, Ministry of Health, cholera response plan. It has also networked with external stakeholders to assist the NS in strengthening its presence in health-related coordination mechanisms and platforms and establish new partnerships with UNICEF. IFRC has supported NS with the creation of communications materials that serve to promote NS actions and fundraise. IFRC CCD also continues offering technical, reporting, and operational support to the operation. IFRC Finance Surge (3 months) and WASH Lead/PHICO (3 weeks) also offer in country (Angola) support to the NS.
Participating National Societies	So far, the response has received the support from Swedish RC, and German RC through Surge deployments, WASH Co and PhiECO respectively.

# Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Ministry of Health, through the Luanda Provincial Health Office, immediately activated the appropriate measures recommended by the World Health Organization for these cases. In coordination with other related institutions, it began the implementation of disinfection measures in contaminated areas, the identification and tracking of contacts, as well as in-depth epidemiological and laboratory investigation to confirm suspected cases. In addition to these measures, the government is working with partners including Angola Red Cross to map and mobilize volunteers on the ground for a home and home information campaign and distribution of Information, Education and Communication (IEC) material and calcium hypochlorite (bleach) mother solution to allow families to disinfect their drinking water at home, as well as latrines and toilets. The Municipal and Provincial Government has started sharing impacts of the rainy season on people's lives and livelihoods, though data is not disaggregated by year nor by date of flooding episode.
UN or other actors	WHO and UNICEF have been requested to support with the organization of vaccination campaign under the Ministry of Health's response plan. OCHA has called a taskforce with WHO, UNICEF, World Vision, and CVA/IFRC to discuss response plans on January 17th. Application for OCV to ICG was approved for 948,500 doses. A second round of vaccination was approved, and third one is under discussion. For Floods, Government has been collecting data across the years on different flooding events, however, formal reports have only been shared in April 2025 with NS for a few selected provinces.

Are there major coordination mechanism in place?	Government led provincial coordination meetings are in place. At the national level the coordination seems to be challenging. OCHA called a taskforce with WHO, UNICEF, World Vision, and CVA/IFRC to discuss response plans on January 17th. Ad-hoc provincial meetings with Government and stakeholders take place when key activities are to comments such as vaccination campaigns. There is also the Cholera Coordination platform, between UNICEF, WHO, and RCRC, who are meeting on a bi-weekly basis online to discuss ongoing operation plans and support request. WHO is coordination the 3Ws with the broader network and government.
--	--

# Needs (Gaps) Identified



Shelter Housing And Settlements

Data from Government on flooding impacts include:

- Kuanza Norte province (not disaggregated by year including data from 2023 through 2025): 1,294 houses destroyed; 1,549 houses





flooded, 593 houses flooded. Total of 15,593 people with housing affected.

- Huambo province (data from August 2024, to 31 March 2025 only shared in April 2025): 442 houses damaged, 955 houses destroyed, 1397 families affected approximately 6985 people impacted. Deaths and injuries amount to 167 victims.

- Moxico province (data from January and February 2025, shared April 2025): 97 houses destroyed, 151 houses damaged, and 5 houses flooded, with approximately 1,155 people left without proper shelter and an estimate of 3015 people still at risk if there are more rains.

Qualitative assessment:

Bengo: houses were flooded, communities cutting Baobab trees, which impact the environment and may lead to further increased risk of droughts and flooding, to use as shelter material.

Other provinces covered by the qualitative assessment are: Lunada, Hambo, Kuanza Norte, Kuanza Sul, and Huila. Among the top 3 highest mentioned issues by community focus groups was damage to houses and infrastructure and loss of income. The third was contaminated water.

In the qualitative assessment it was noted that housing materials are fragile. Houses are built close to rivers or water sources which are more prone to flooding. Houses are built by the people themselves, with materials that are not the most durable with a combination of adobe blocks, metal scraps, and untreated wood. These materials are unable to withstand multiple seasons of rain and floods. When floods occur, people move to improvised community shelters such as schools or churches. However, these spaces do not have the proper infrastructure to sustain many people (sanitation). In areas that are more urban, informal settlements have houses made from aluminum sheets, which are easily destroyed with floods. These informal settlements already have weak and insufficient sanitation structures. Apart from Bengo, where communities have more permanently relocated to the Mabubas areas, the people interviewed at homes and in focus groups were not currently displaced, but they did note that their main needs are rehabilitation of the household, food, and basic household and hygiene items.



## Health

The number of confirmed cases of Cholera as of April 29th is 16,719, with 558 deaths. Cases have been 45% males and 55% females. New hotspots have emerged, including the original hotspot in Luanda, followed by Belguela, Bengo, Cuanza Norte, and Icolo e Bengo. ORPs and CTCs are being set up by the government and managed by the Government.

The KAP survey also highlighted a mixed level of cholera awareness. While most respondents recognized cholera as a personal risk, only 34% viewed it as a problem in their community, and over half had not received cholera-related information recently. Preventive knowledge was limited, and although most participants said they would seek medical help for cholera, 15% said they would do nothing. Awareness of the Oral Cholera Vaccine (OCV) was particularly low, with many respondents unaware of its existence or how it is administered, underscoring the urgent need for public education and vaccine campaigns.

Ministry of Health has noted the immediate need for:

- Vaccination campaign support. Doses of vaccines have been approved by ICG and WHO will lead planning on vaccination campaigns. Two vaccination campaigns have been completed and a third one is planned for mid-July. Based on current implementation, challenges around vaccination are the lack of enough vaccines, and the RCCE to inform communities about the vaccine, increase uptake, but also to inform those communities that have not received it why they have not been prioritized. The NS is requested to support the third vaccination campaign with community mobilization, RCCE and vaccination itself. This campaign will be conducted in the provinces of Cabinda, Cuanza Sul, Huila, Namibe. Therefore, Cabinda, Huila, and Namibe are included in this DREF.

- Household visits for early detection of symptoms and surveillance. A gap seen in the current response is the formal information sharing on case surveillance, from community to local MoH, and from local MoH to national information banks. Currently NS volunteers are supporting by referring cases to health centers as needed and providing data to health centers, but a formal surveillance system that is triangulated at community level is not in place. The daily Cholera Bulletins may show incomplete information, however, volunteers are utilizing this data to track case fatality rate over time.

- Risk communication and community engagement actions are key to supporting and expanding cholera prevention efforts in communities. Strong community engagement is needed to ensure rumors are addressed regarding the spread of cholera. RCCE is also essential now that there are confirmed Oral Cholera Vaccination campaigns.

Flooding also impacts health of communities. The NS qualitative assessment in areas of floods was the impact of floods increasing the risk of spread of diseases. Particularly given that the areas flooded already had cases of cholera confirmed. Malaria also was noted as potential problem and the need for mosquito nets could help families. The focus groups also mentioned that access to health centers is limited due to distance, but also due to lack of transportation and sometimes lack of medicines in the health centers themselves. Limited access to health facilities is an issue if cholera cases worsen. While NS is not providing treatment for cholera (as this is done by the Government), it can create a challenge when referring cases. It heightens the need for ongoing health and hygiene promotion



interventions to minimize further spread of disease. It was also noted that the Government had informally requested for contact of suppliers for Cholera Treatment Beds, but did not specify how many. NS and IFRC have been looking for suppliers or potential Cholera beds to provide to the Government.



## Water, Sanitation And Hygiene

As cholera can quickly spread with poor sanitation conditions, and floods worsen those sanitation conditions, the Ministry of Health has identified immediate needs in ensuring populations at risk have:

- Access to safe water (distribution of water purification to households). According to the KAP survey conducted by CVA, only 16% of the respondents have access to water piped into housing/dwellings.
- Access to sanitary facilities (Set up of latrines and handwashing stations).
- Promotion of hygienic practices for disease prevention including on defecation and food preparation. As cholera can spread quickly, Ministry of Health identified the need for rapid scale-up of sensitization materials in particular education about risks, prevention and treatment.
- Provision of disinfectants at household level to decrease spread of disease
- Campaign to clear up stagnant water and drains to avoid further spread and minimize impacts of potential floods from the rainy season
- For rural communities' safe water must be guaranteed by treating water from wells with chlorine or boiling methods.

Overall, in Angola, the Ministry of Health estimates that 26% of all deaths in Angola are linked to issues with water and sanitation (contaminated water, inadequate sanitation practices, and others). A study from World Bank in 2021 estimated that in Angola, 6 million people still practice open defecation, 42% of the population don't have access to handwashing stations, and only 66% of population reported having access to a safe drinking water. The WHO risk assessment indicated that flood-prone provinces are at heightened risk of the spread of cholera due to contamination of water sources.

Data from Government on flooding impacts include:

- Cuanza Norte province (not disaggregated by year including data from 2023 through 2025): 2 water collection points damaged and in 2025 still non-functional.
- Huambo province (data from August 2024 to 31 March 2025, shared in April 2025): 1 septic tank damaged

Qualitative assessment from NS in 6 provinces:

Bengo particularly, with a flat geography surrounding the Dande area, was flooded with houses empty. Open drainage channels were completely full (not draining) with children using it for washing and play. Standing water was full of garbage. This is the area that has high concentration of cholera. People who lost homes have moved to a nearby reallocation area indicated by the Government called Mabubas and they remain there, however there is no electricity, and they only get water from the nearby host community. There is 1 place where they can get water in their reallocation area. Government had set up water reservoirs, but community mentioned they were mostly empty. This is one area in need of aqua tab distributions.

Other provinces covered by the qualitative assessment are: Lunada, Hambo, Kuanza Norte, Kuanza Sul, and Huila. The highest mentioned issue by community focus groups was contaminated water and the increase of diseases. The focus groups reported that there is accumulation of rubbish in stagnant water points, lack of potable water or use of contaminated water sources, and lack of basic sanitation infrastructure and urban drainage systems. The needs reported by communities is of cleaning, having safe water, and having hygiene items such as soap.

KAP survey in 8 communities of Bengo, Cuanza Norte, Cuanza Sul, Huambo, Huila, Luanda, Uige, and Zaire confirmed significant gaps in access to safe water, sanitation, and hygiene. While public taps and piped water were the main sources of drinking water, a large portion of rural and urban households reported occasional water shortages, and only 42% treated their water effectively. Sanitation practices were concerning, with 47% of respondents sharing toilet facilities—an important risk factor for cholera transmission—and many households having toilets located dangerously close to water sources. Additionally, only 33% had toilets inside their homes, and over half had never emptied their latrines.



## Community Engagement And Accountability

Need to set up two-way communication channels to share and receive critical information as well as feedback mechanisms for communities to express needs and if response is adequate. The focus groups from the NS qualitative assessment noticed that women, young people, and people with disabilities have limited engagement in decision-making at local levels, and that they are missing a defined space where to have community dialogue to discuss prevention and response to emergencies as a community.



## Any identified gaps/limitations in the assessment

Data from the Government on the impact of floods is not disaggregated by flooding event and sometimes combines multiple years of impact. It has also only been shared for a few provinces, with further documents forthcoming. Therefore, under the Cholera DREF, the NS conducted a risk and vulnerabilities assessment to check the double burden of floods and cholera in 6 provinces. This qualitative data has been reflected in the needs assessment and is used as the basis for the selection of the provinces that will receive the specific flood response assistance in addition to the Cholera response interventions. Besides that, in March, the NS conducted a KAP survey in 8 communities of Bengo, Cuanza Norte, Cuanza Sul, Huambo, Huila, Luanda, Uíge, and Zaire, with 285 respondents.

## Operational Strategy

### Overall objective of the operation

This DREF operation aims to reduce the risk of cholera transmission and improve the health and well-being of people affected by floods and cholera in Luanda, Bengo, Huambo, Cuanza Sul, Cuanza Norte, Zaire, Benguela, and Uíge provinces. This will be done by reaching at least 720,000 people with health promotion, safe water access and early detection, while of these, 7,500 people (1,500 HH) will receive targeted cash assistance to mitigate the double burden of floods and cholera.

### Operation strategy rationale

Cholera is an acute infectious disease that spreads rapidly in situations of poor sanitation, limited access to clean water, and poor living conditions. Floods exacerbate Cholera, and Angola is experiencing a heavy rainy season with multiple floods across the first quarter of the year. Luanda, Angola's capital, is facing a cholera outbreak making rapid and effective response a priority for health authorities and nongovernmental organizations such as the Angolan Red Cross. Confirmed cases have already been found in 17 provinces. This project aims to outline an integrated approach to address the current cholera outbreak in the province of Luanda, and the high-risk provinces of Luanda, Zaire, Uíge, Bengo, Cuanza Norte, Cuanza Sul, and Benguela. All activities listed in this operation are a direct contribution to the MoH National Response Plan, as coordinated through stakeholder meetings on how UNICEF, WHO, and other partners can contribute to the MoH plan. This operation highlights preventive actions, treatment and community education in alignment with the national cholera response plan set forth by the Ministry of Health, 2025. The operation focuses on three key sectors, CASH, Health, WASH, and CEA interventions, to reach the following objectives:

Health - Cholera response:

1. Support early detection and refer cases. Volunteers will strengthen epidemiological surveillance through community agents properly trained to inform and refer any suspected case to the health authorities. ORPs are set up and run by the government, and CVA volunteers can refer cases first to the ORPs or directly to CTCs as necessary.
2. Support Cholera Vaccination Campaigns. The vaccines have been approved (over 900,000 doses) as first round, with two additional rounds planned. MoH and WHO will lead the implementation of vaccination campaign and CVA volunteers will play roles within that campaign including sensitization, vaccine post management and registration, and administration of vaccines itself.
3. Continue active coordination with MOH and external stakeholders on Cholera response.
4. Strengthening of risk communication and community engagement, a key activity under CEA, creating focus groups and systems to address Cholera rumors and any feedback on the operation led by community members; additionally, ensuring information is accessible (language and format) will be key to addressing all rumors effectively and delivering health and hygiene promotion sessions appropriately.

WASH: Cholera & Floods response

1. Contribute to reducing spread of disease through social mobilization on health & hygiene promotion campaign. In order to support the actions to reduce the risk of transmission and under the coordination of the health authorities, the CVA will deploy volunteers who, in coordination with the local authorities, will participate in community awareness actions for health promotion in the communities, adequate sanitation and promotion of individual and collective hygiene practices, fundamental factors in preventing the transmission of the disease. Broader mass communication radio campaigns and dissemination of IEC material in various local languages will also take place.
2. Safe water: CVA volunteers are supporting at Government run ORP points with the provision of cleaning supplies (safe water). They are not supporting ORP itself as the Government is doing that part. CVA is also distributing aqua tabs (water purifiers) to those most in need.



Additionally, CVA works with municipalities to support clean up campaigns of key water sources that may become contaminated and pose higher risk of spread of disease, particularly after floodings. Additionally, the setup of handwashing stations in key areas in the community to ensure clean water supply.

MULTI-PURPOSE CASH:

1. CVA will support 1,500HH that have been affected by both floods and cholera with cash assistance to ensure the most vulnerable are able to purchase what they need to restore the lives and livelihoods, belongings, food, or hygiene items as needed. There will be a quick market assessment in selected provinces impacted most heavily by the combination of rains and cholera, based on this, beneficiary selection and distribution of cash to target households. CVA is cash ready and has been doing cash distributions across operations.

The cash per household will be 1 distribution of AOA 86,000,000 (approximately 80 CHF) per household of 5 people for 1 month. This will be a 1-time distribution and the value is based on previous recent operations where it was calculated that 80CHF can cover a combination of food, hygiene and other items as needed. The value will be confirmed with a quick market assessment. The cash is distributed in hand, as many beneficiaries do not have bank accounts.

Methodology:

Volunteers will be trained in the selected provinces, leveraging existing knowledge on WASH trainings volunteers have received under previous operations such as the Polio Response and those trained under the readiness Cholera ORP and OCV training that took place in December 2024 will be leveraged to provide further trainings to volunteers as well as participate in the vaccination campaign being planned by the Government and WHO. The trainings are specific on OCV and general Health & Hygiene Promotion.

CEA and PGI will be integrated across the response. While Cholera and Floods impact both males and females at similar rates, the impact of them is exacerbated for those who do not have the same access to health services, water points, and other infrastructure. For example, women and children who play and wash in contaminated water may increase their risk of contracting diseases, and those in rural areas and far from health centers are at risk of not getting support when needed. The interventions focus on reaching these communities and deciding with them who is most vulnerable and in need of additional support. Together, NS also has planned community activities to reduce ongoing risks for the most vulnerable without putting the burden of responsibility on them. Community efforts include clean-up campaigns. Community feedback mechanisms and focus group discussions are done across the intervention, as well as PDMs after distributions of aqua tabs to ensure community feedback is incorporated in the response.

With local delegations in the provinces of Zaíre, Uíge, Lunda Norte and Malange and more than 900 active volunteers, the Angolan Red Cross (CVA) is well placed to support the rapid increase in social mobilization activities to respond to cholera prevention actions. Additionally, if the outbreak worsens, the Angolan Red Cross has health posts in the provinces of Cabinda, Zaíre, Benguela and Cuanza Sul, which can be used to strengthen the response capacity.

# Targeting Strategy

## Who will be targeted through this operation?

The operation focused on the provinces with active cases and emerging hotspot areas, as well as areas with high overlap between flooding and cholera. These are Bengo, Benguela, Cuanza Norte, Cuanza Sul, Huambo, Luanda, Uíge, and Zaire. Besides that, punctual support for the third vaccination campaign will be given in the provinces of Cabinda, Huila and Namibe.

Within these provinces, the municipalities at highest risk have been identified with the Government. Within municipalities, risk assessments will determine which communities are targeted for the door-to-door communication and hygiene and health activities. Other activities such as information disseminated through radios and social media will have broader reach. The Angola Red Cross aims to mobilize 450 volunteers in the 7th initial provinces with the following household reach, with volunteers reaching 8 houses a day, 2 days a week for 5 months. This equals 64 houses per volunteer per month for a total of: 144,000 HH (720,000) people targeted for health & hygiene promotions activities.

No. of Volunteers per Province		
1	Luanda	150
2	Zaíre	50
3	Uíge	50
4	Bengo	50
5	Cuanza Sul	50
6	Cuanza Norte	50
7	Benguela	25





8	Huambo	25
	Totals	450

Besides that, another extra 450 volunteers will be mobilized to support the 3rd vaccination campaign in the provinces of Cabinda, Cuanza Sul, Huila, Namibe and Zaire.

No. of Volunteers per Province for OCV campaign		
1	Cabinda	50
2	Cuanza Sul	100
3	Huila	100
4	Namibe	100
5	Zaire	100
	Total	450

With the Government, CVA will utilize their qualitative assessments and municipality information, as well as community discussions to identify the Households most impacted or at risk of both floods and cholera. Current priority is Bengo, Huambo, and Cuanza Sul provinces. To target the 1,500 HH that will receive the CASH assistance, a beneficiary selection process with local government and community members will take place.

## Explain the selection criteria for the targeted population

There are environmental, population and service factors that should be considered when defining and delimiting risk areas, which impact the targeting strategy. Targeting should initially concentrate on case households and areas impacted by both floods and cholera before any consideration of any other factors. These are the places we know have the disease and floods that have increased the risk of disease spread. Angola Red Cross will align further with the targeting criteria of the Ministry of Health which defines high-risk areas and populations as those that with:

- Impacted by floods with absence, deficiency or intermittency of drinking water supply.
- Inadequate disposal and treatment of feces.
- Absence or deficiency in the disposal and treatment of solid and liquid waste.
- Low and waterlogged soils that allow water contamination by fecal materials (especially in areas with flood and drought cycles).
- High population density.
- Low socio-economic income of populations.
- Communities with very low coverage of water, sanitation and hygiene services.
- Isolated communities and especially those historically prone to cholera.
- Inadequate personal hygiene habits that lead to oral contamination through feces.
- Communities with difficult access to information (can create rumors and misconceptions about the disease).

For the support to the third vaccination campaign, selection is done by the government.

## Total Targeted Population

Women	360,000	Rural	-
Girls (under 18)	-	Urban	-
Men	360,000	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	720,000		

## Risk and Security Considerations (including "management")

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



Risk	Mitigation action
Health risk for the NS staff in the field.	PPE/Training/Volunteer insurance.
The current rainy season brings the risk of flooding, which has exacerbated the spread of the epidemic.	Integration of key messages of flooding into social communications, monitoring situation, trainings for volunteers. Inclusion of a risk and vulnerability analysis for floods and cholera in the initial DREF application to start getting data on floods to be able to scale up the operation as necessary.
<p><b>Please indicate any security and safety concerns for this operation:</b></p> <p>- Contamination of NS staff is a major risk. Infected that can become sources of transmission in their community. Providing appropriate PPE for the tasks performed by staff, as well as training, will help to mitigate this risk. - Stigmatization of staff involved in the cholera response (misunderstanding of the disease by the population, rumors and fears), which could lead to violence against them. This risk can be mitigated by Risk Communication and Community Engagement (RCCE).</p>	
Has the child safeguarding risk analysis assessment been completed?	Yes

## Planned Intervention



### Multi Purpose Cash

**Budget:** CHF 156,199

**Targeted Persons:** 7,500

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
#HH receiving cash assistance	1,500	0

### Progress Towards Outcome

Coordination with all the provinces have already been done to prepare for the MPC activities. Besides that, in Bengo the following activities already started:

- Feasibility Analysis (to be finalised)
- Workshop with stakeholders to define selection criteria.
- Training of volunteers for MPC activities



### Health

**Budget:** CHF 93,116

**Targeted Persons:** 720,000

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
number of volunteers trained in ORP and OCV and data collection	400	400
number of households visits by volunteers for early detection	76,800	66,025
# of government-led OCV campaigns supported	3	2
number of early detection cases referred to health centers	-	504

## Progress Towards Outcome

- 400 volunteers trained and active in all provinces, planning to add 50 volunteers for Benguela province.
- Up to April around 14,000 households visited for early detection. Community-based monitoring and surveillance system set up. 151 suspected cases detected, of which 148 were referred to the hospital.
- Angolan Red Cross participated during the 5 days of the campaign. Vaccinations given by World Bank to MoH Angola. A total of 871,189 people were vaccinated, coverage of 93.6% of the target population. In total, 7750 people were vaccinated by the 52 CVA volunteers. Volunteers from Angolan Red Cross contributed 0.9% of the target population vaccinated of the 1st vaccination round. 2nd vaccination round took place end of April and data from volunteer support is being finalized. Third vaccination campaign TBD based on availability of vaccines.
- Meetings with: Presidential secretary MoH, UN, UNICEF, WHO.
- Cuanza Sul province: Meetings with province governor, local leaders, municipal health administrators.



## Water, Sanitation And Hygiene

**Budget:** CHF 116,398

**Targeted Persons:** 720,000

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
number of handwashing station built	60	23
number of people reached with health & hygiene promotion information	720,000	311,236
number of aquatabs distributed	468,000	200,000
number of clean-up campaigns	6	22

## Progress Towards Outcome

- 400 of volunteers are now trained and active in all targeted provinces.
- Up to June, an estimate of around 60,000 households and 311,000 people have been reached with awareness raising activities.
- Procurement of material for the set-up of handwashing stations is complete and some stations have already been installed. Volunteers already trained in this activity.
- Around 200,000 aqua tabs procured and distributed. Teams distributing other water treatment products as well from the MoH at community points. More Aqua tabs in process to be purchased and distributed during July.
- Cleaning campaigns are being planned at the province level, as they need of close coordination with local and community leaders and



municipal Government. As the focus from Government for the first few months of the response was the oral cholera vaccination campaign and health and hygiene promotion, the clean-up campaigns and the handwashing stations had been postponed and are now planned for May and June implementation.

- Mass communication campaigns and IEC materials: All provincial delegations of the CVA participate in the provincial radios every 15 days to raise awareness on cholera. IEC materials are being distributed



## Community Engagement And Accountability

**Budget:** CHF 29,041

**Targeted Persons:** 720,000

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
# opportunities for community participation to help guide the response	27	12
% of complaints and feedback recieved and responded to by the NS	100	0

### Progress Towards Outcome

- All provinces should be meeting with the communities. Up to now, 4 organized in Uíge, 4 in Zaire, 1 in Luanda, 1 in Bengo, 1 in Cuanza Norte, 1 in Cuanza Sul.
- IEC material has been translated into local languages.
- Interview in Angola National Radio in English.



## Secretariat Services

**Budget:** CHF 117,448

**Targeted Persons:** 5

**Targeted Male:** -

**Targeted Female:** -

### Indicators

Title	Target	Actual
number of surge deployed	6	6
number of techincal and monitoring visits	4	2

### Progress Towards Outcome

- One PhiECO surge delegate (3 weeks, completed), one developing PHiECo (1 month, completed), one finance officer (4 months, ongoing), and one WASH Co surge (3 months, ongoing), and one Ops Manager (6 weeks, ongoing) have been deployed to support the operation. Second rotation of Ops Manager being prepared.
- 2 monitoring and technical support visits from IFRC including from Operations and NSD.
- Launching alerts for PhiCo second rotation and Ops Manager.





**Budget:** CHF 115,406

**Targeted Persons:** 472

**Targeted Male:** -

**Targeted Female:** -

## Indicators

Title	Target	Actual
number of coordination meetings attended	60	43
number of monitoring visits	15	11

## Progress Towards Outcome

- 400 volunteers trained, they are insured. 150 volunteers in Luanda province and 50 volunteers in other provinces.
- Coordination meetings with MoH happening regularly in most of the provinces. In Bengo daily, in Cuanza Norte and Luanda 2-3 times per week, Uige and Zaire weekly. Cuanza Sul is not participating in regular coordination meetings. Up to April, meetings the CVA has participated in at national level: 2, in Bengo: 12, in Cuanza Norte: 2, in Uige: 8, in Zaire: 8, Icolo e Bengo: 2, Cuanza Sul: 3, Luanda: 8
- Monitoring: 4 Bengo, 1 Cuanza Norte, 1 Cuanza Sul, 1 Uige, 1 Zaire, 3 Luanda (1 Ícolo e Bengo)

## About Support Services

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

450 volunteers and 22 staff will be involved in this response. The volunteers are trained and conduct health and hygiene promotion in their communities. They also support with safe water points, disinfection, and distribution of aqua tabs. Volunteers are also involved in OC Vaccination campaigns where they do vaccination, monitoring, and communications/risk communication (RCCE). Staff are involved in technical and operational support, liaising with government and other entities, and coordinating and implementing activities with volunteers. The HQ staff team comprise the core leadership operations team with finance, logistics, ops manager (NSD/health focal point), PMER, and DM coordinator. Key provincial staff is supporting in each province to organize volunteers provincially as well as the daily supervision with selected volunteers who provide data to province, and province to HQ.

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

At the start of the operation the NS benefited from technical support from Public Health in Emergencies Coordination Surge position under the MPox EA based in Luanda. Once that deployment ended, they received support from a new PHiCo surge/WASH lead (3 weeks) and a developing PHICO surge (1 month) in Luanda to continue with Cholera health activities. In April, a WASH Co was deployed to Angola (6 weeks) to support with some more specific WASH activities that had not taken place as the response first prioritized the health activities in alignment with Government. Finance Surge and Wash Co will be were extended with the scale-up for 4 and 3 months respectively. An Operations Manager Surge was deployed in June (preparing now the second rotation) and a second rotation Public Health Co Surge for 2 months was deployed early July.

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

NS will do the procurement with support from IFRC. IFRC CCD has a logistics officer who works closely with NS team online or in-person when needed (trip to Luanda) to support with procurements including conducting comparative bidding processes when necessary. The priority is to have local procurement to ensure the rapid availability of items as well as their acceptability. All items procured are for distribution and use during the operation. For Cash, the NS does Cash in-hand and does not utilize a financial service provider as many recipients do not have bank accounts.



## How will this operation be monitored?

Monitoring visits to the affected communities will also be conducted to assess progress regularly and guide any required adjustments to the proposed response by the NS PMER and operations team. The PMER will also undertake a daily team monitoring with provincial staff to ensure the data quality and timely reporting. After the operation, a lesson learned workshop to reflect on the intervention. Additionally, monthly monitoring visits by the International Federation of Red Cross and Red Crescent Societies (IFRC) have been planned, along with the deployment of the surge members. Weekly meetings are also organized with the operational team in the country and IFRC CCD in Maputo.

To date, one monitoring visit has taken place from IFRC CCD to Angola, during which a close follow up to the workplan was done. Surge support in Angola is accompanying visits to the field with NS, which also serve both for implementation and monitoring of activities in the ground. The challenge is the vastness of the country and small HQ team to do the monitoring in the field, as it takes a lot of time to go to each province. Current monitoring visits have been focused on the provinces with higher cholera cases. To ensure proper monitoring, supervisors have been trained in each province to be able to report on activities back to the HQ. This system needs close PMER follow up, and there is NS and IFRC CCD PMER colleagues working with this team to ensure data is collected on time with an ITT tracker. The scale-up increased number of monitoring visits from both NS HQ and IFRC CCD.

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

The National Society's communication strategy for this Cholera 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

### MDRAO011 - Angola Red Cross Cholera and Floods Response

Operating Budget

<b>Planned Operations</b>	<b>394,754</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	156,199
Health	93,116
Water, Sanitation & Hygiene	116,398
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	29,041
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>232,854</b>
Coordination and Partnerships	0
Secretariat Services	117,448
National Society Strengthening	115,406
<b>TOTAL BUDGET</b>	<b>627,608</b>

all amounts in Swiss Francs (CHF)



# Contact Information

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

**National Society contact:** Catarina Laurinda, NSD and Health Coordinator, catarina.laurinda@cruzvermelha-angola.org, +244 911 871 658

**IFRC Appeal Manager:** Naemi Heita, Head of Delegation, naemi.heita@ifrc.org

**IFRC Project Manager:** Rachel Fowler, Manager - IFRC Mozambique & Angola, rachel.fowler@ifrc.org, +258850109601

**IFRC focal point for the emergency:** Rachel Fowler, Manager - IFRC Mozambique & Angola, rachel.fowler@ifrc.org, +258850109601

**Media Contact:** Edgardo Ricardo, Senior Communications Officer, Edgardo.RICARDO@ifrc.org

[Click here for the reference](#)

