



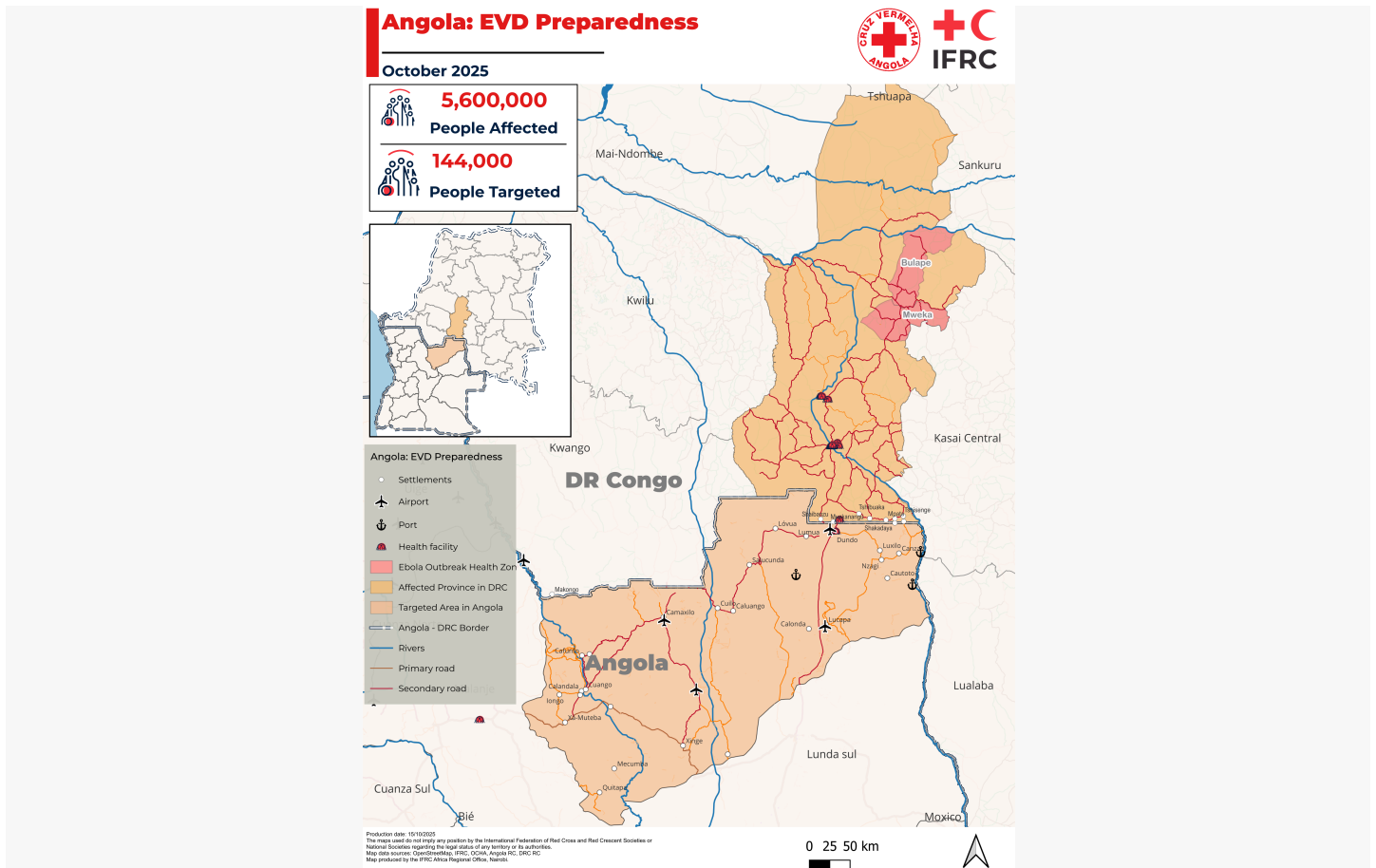
Volunteer mobilisation key to Effective Preparedness against Ebola

Appeal: MDRAO013	Hazard: Epidemic	Country: Angola	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 78,002	
Glide Number: -	People Affected: 5,600,000 people	People Targeted: 144,000 people	
Operation Start Date: 10-10-2025	Operation Timeframe: 2 months	Operation End Date: 31-12-2025	DREF Published: 20-10-2025
Targeted Regions: Lunda Norte			

Description of the Event

Date when the trigger was met

10-06-2025



What happened, where and when?

According to the WHO, the epicenter of the outbreak in DRC is in the vicinity of the city of Tshikapa, capital of Kasai province, and the border with Angola (approximately 100 to 200 kilometers, depending on the nearest border crossing point).

Although this area is rural and difficult to access, population movements within the province are frequent, particularly between Bulape and Tshikapa. Angola shares a 2,511-kilometre border with the DRC, featuring several active crossing points. Along the provinces bordering DRC, Angola has an estimated population of 5.6 million people who could be at risk. The border is highly porous, with frequent land, sea, and air movements. Daily crossings at formal borders are estimated between 5,000 and 10,000 people, in addition to numerous informal crossings. Movements occur for trade, employment, and family visits, with travelers often using informal routes that do not require documentation. Angola also hosts about 57,000 refugees and asylum seekers, mainly from DRC, where conflict and instability continue to drive displacement.

Given that Ebola is transmitted through direct contact with infected bodily fluids or contaminated animals, this high level of population movement significantly increases the risk of cross-border transmission favored by the large population movement. Transport across the border is mainly by commercial vehicles, motorcycles, bicycles, or on foot.

Ebola poses significant risks to various groups, including those who work across the borders. Additionally, refugees in camps and informal settings, living in close quarters are at a heightened risk of infection due to lack of space and sufficient sanitation infrastructure. Refugees often face challenges in accessing formal crossings, leading to increased reliance on informal routes. Common transportation modes include commercial vehicles, motorcycles, bicycles, and walking. However, the region faces challenges such as security concerns due to illegal activities, health risks associated with cross-border movement, and varying infrastructure quality at crossing points.

The risk of rapid escalation in case of Ebola in the country is also high due to additional challenges such as insecurity, other ongoing health threats and the overall humanitarian challenges in the at-risk areas. The case fatality rate of Ebola averages around 50% in past



outbreaks and can worsen with no proper care and no preventive measures, especially in areas with weak health systems, insufficient infection prevention and control (IPC), and poor sanitation. In northern Angola, many health facilities lack essential equipment, medicines, and trained personnel. Limited infrastructure and long travel distances further hinder access to care. On the preventive part, Angola also faces low vaccination coverage, with over 700,000 under-immunized children recorded in 2021, and widespread water, sanitation, and hygiene (WASH) challenges. Open defecation, unsafe water, and poor waste management contribute to high rates of infectious diseases. These vulnerabilities increase the risk of rapid spread and severe outcomes if Ebola cases are imported. Along the provinces bordering DRC, approximately 5.6 million people are considered at potential risk, underscoring the urgent need for robust preparedness, surveillance, and response measures to prevent the spread of Ebola into Angola.

The Government of Angola has developed an Ebola contingency plan (September 2025), with this DREF operation aligned to the National Society's defined role within the government's overall preparedness and response framework.

Scope and Scale

Ebola is an acute, severe and extremely lethal viral disease. It is characterised by sudden onset of fever, intense weakness, muscle pain, headache, nausea and sore throat. This may be followed by vomiting, diarrhoea, kidney and liver dysfunction, and in some cases, internal and external bleeding.

Between August 10 and September 5, 2025, there were 42 cases (15 deaths) due to Ebola in the DRC. Given the land border of 4,837 km, bordering the Republic of Congo and the Democratic Republic of Congo to the north, the Democratic Republic of Congo and Zambia to the east, and Namibia to the south. Angola is considered a high-risk country due to the existence of several points of entry (land, sea and air) between the two countries.

Source Name	Source Link
1. Efficacy News	https://efficacynews.africa/2025/09/23/angola-steps-up-preparedness-as-ebola-outbreak-declared-in-neighbouring-drc/
2. WHO	https://www.afro.who.int/countries/angola/news/angola-strengthens-ebola-outbreak-preparedness-measures

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Angola has faced different type of outbreaks in country with experience on outbreak risk mitigation/prevention and response. These responses include POX intervention under the Africa regional Appeal where the DREF provided a contribution; the Cholera response and the Polio DREF response. Even though the actions under these various interventions were not necessarily in the same current at risk areas, National society has gain valuable experience and positioning at National level that will serve effective and coordinated intervention here.

In another hand, past experiences, such as the 2024 Mpox epidemic, demonstrated that early preparedness and coordination between the Government and the Red Cross Movement are essential to prevent disease importation and manage potential outbreaks



effectively. The Mpox DREF (CHF 150,000) showed that investing in readiness measures—particularly surveillance, infection prevention and control (IPC), risk communication, and community engagement—significantly reduces the risk of cross-border transmission.

Building on this lesson, the current Ebola preparedness DREF adopts the same proactive approach. Close collaboration with the Government of Angola and alignment with its national contingency plan ensure that the National Society's role in preparedness and response is clearly defined, coordinated, and immediately actionable should cases arise.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
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Current National Society Actions

Start date of National Society actions

24-09-2025

Coordination	NS has been active in MoH coordination and planning meetings regarding the outbreak of Ebola in DRC and the development of the Angola Gov. Contingency plan for Ebola preparedness and response.
National Society Readiness	<p>The Lunda Norte Provincial Secretary has alerted 48 active volunteers at the border with DRC to be on high alert. They are currently and provide any information.</p> <p>The province has 200 active volunteers who can be trained to support the MoH and response efforts. These are organised at Provincial level through the Provincial branch and secretariat. The province staff is recognised and active in stakeholder meetings. The NS has a Health Coordinator at HQ level and is in the process of recruiting a Health Officer who will have focus on such priority emergencies.</p>
Activation Of Contingency Plans	NS has finalized and shared with IFRC their Ebola Contingency Plan (October 2025) in alignment with the Government's Ebola Contingency Plan (September 2025).

IFRC Network Actions Related To The Current Event

Secretariat	IFRC CCD for Mozambique and Angola is supporting the NS in launching a preparedness DREF, as well as bringing in Surge technical support (Ops Manager and Public Health in Emergencies Coordinator) for Ebola preparedness. Regional IFRC Africa office is also supporting development of the preparedness and response plan through guidelines for Viral Hemorrhagic Fevers (including Ebola) and coordination based on the DRC Emergency Appeal that is active.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>Developed and socialized the National Ebola Contingency Plan (2025). - Focused interventions in Lunda Norte province, which borders the DRC. Deployment of a multidisciplinary team including Ministry of Health, National Institute for Health Research for assessments and planning.</p> <p>Training Activities: 140 officials trained in Ebola identification; Infection prevention and control; Active case finding; Disease surveillance at community and entry points; Sample collection and safe transport; Risk communication to counter misinformation</p>



	Community Engagement: Over 150 traditional and religious leaders, midwives, hunters, and healers engaged. Activities aimed at building trust and aligning response with municipal outbreak action plans.
UN or other actors	WHO working with Angola and neighboring countries on readiness assessments and contingency planning.

Are there major coordination mechanism in place?

National multisectoral commission for emergencies was activate led by the MoH, with participation of other Ministries and external partners. Commissions at the provincial and municipal level are also active. The commission is supported by a technical working group for Ebola preparedness and response.

In past outbreaks such as cholera The Angola Red Cross has been a strong ally of the Government for the prevention and fight against outbreaks, epidemics and pandemics in the country (notably MPOX, Cholera, Polio) and is part of the National, Provincial and municipal platforms for coordinating epidemics.

Needs (Gaps) Identified



In September 2025, the Ministry of Health (MoH), with support from WHO and UNICEF, assessed the main border crossings in Lunda Norte Province to evaluate Angola’s preparedness for the EVD outbreak in the DRC. The assessment confirmed a high risk of cross-border transmission and identified several urgent needs: training of health authorities and frontline workers on EVD detection, case management, infection prevention and control (IPC); risk communication and community engagement (RCCE) to counter misinformation and increase public awareness about EVD prevention; Strengthened disease surveillance and early-warning systems, especially in high-risk border districts; Health and hygiene promotion to ensure communities remain alert and adopt safe practices.

Health system constraints remain significant. Many facilities lack essential equipment, medicines, and qualified personnel. Poor infrastructure and limited transport impede access to healthcare, as confirmed by the National Society’s assessment across six provinces earlier in 2025. Communities reported long distances to health centres, transport barriers, and frequent stock-outs of medical supplies. Furthermore, Angola health system capacity is threatened by endemic or concurrent outbreaks could complicates EVD response and even preparedness as they further strain the health system. Other recurrent diseases such as typhoid, respiratory infections, diarrhoeal diseases, rabies, measles, yellow fever, malaria, and cholera also compete for limited health resources. These weaknesses increase the risk of disease spread and reduce the country’s capacity to manage an EVD outbreak effectively.

In another hand, recent population health data indicates low vaccination coverage, with over 700,000 under-immunized children reported in 2021. While this is not directly linked to Ebola, it represents a potential risk factor for prevention efforts, as the same barriers contributing to low routine immunization—such as access constraints, misinformation, or community hesitancy—could also hinder Ebola vaccination uptake in the event of an outbreak. At present, no Ebola vaccination campaign has been confirmed, but it remains a potential area of intervention highlighted in the Ministry of Health’s contingency plan. Should vaccination be prioritized and vaccine availability confirmed, the National Society’s engagement would be essential, building on its proven role and experience in previous national vaccination campaigns.

Strengthening preparedness, surveillance capacity and alert systems, but also community awareness is therefore critical to contain potential importation and transmission of Ebola cases.



Lack of access to clean water and sanitation and poor hygiene practices are the major causes of infectious diseases, contributing to malnutrition and child mortality. Lack of latrine facilities often lead to open defecation, contaminating water and contributing to an increased number of diseases such as diarrhoeal which has become the main cause of infant mortality in the country. Qualitative assessment from NS in regard to the risk and vulnerability of populations in the face of climatic and epidemiological hazards conducted earlier in 2025, found that across 6 assessed provinces, 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.



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. Earlier in 2025, the NS conducted focus group assessments to understand risks and vulnerabilities in regard to climate and epidemiological hazards. It was noted 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. Particular emphasis and care must be taken with refugee and migrant communities at the borders, as they move, they may often be excluded from formal decision-making or not be able to benefit from services.

Operational Strategy

Overall objective of the operation

This DREF operation aims to strengthen the readiness of the Angola Red Cross and border communities in Lunda Norte province if the Ebola Virus Disease is imported into the country from the Democratic Republic of Congo (DRC) by focusing on early detection, infection prevention and control (IPC), risk communication, and community engagement.

Operation strategy rationale

Under the MoH National Contingency strategy for Ebola, the strategy has been developed in a 4 phased approach focused across 8 provinces for a duration of 6 months. The phases are preparation, alert, control, and evaluation. The NS contingency plan aligns with the MoH plan, in terms of risk analysis and priorities. This DREF focuses on supporting the preparation phase starting with 1 province (Lunda Norte) as identified priority by the Government for 2 months. If other provinces become focus preparedness targets and/or if cases are imported, a scale-up plan will be requested. This preparedness DREF is also aligned to the IFRC guidance on preparedness activities for VHF, including Ebola. The preparedness stage is as follows:

Preparedness phase strategy areas:

1. Early Detection and Case Referral:

Train and mobilize 100 volunteers among nurses and mobilizers for early detection of cases in their communities, in alignment with the role of NS support to the government's plan on early detection. This activity will also be coordinated cross-border, with neighboring National Societies to intensify joint surveillance efforts.

As part of this activity, it is key to finalize MoU/agreement with MoH on the role of NS in CBS and establishing a formal CBS system. This builds on ongoing work between the NS and the MoH implemented in 2025, including a feasibility assessment for CBS and internal training on epidemic data collection and reporting at the NS.

Under this pillar, NS also aims to improve preparedness by supporting rapid mapping of health facilities through coordination with other stakeholders and volunteers at the community level to understand health capacity and ensure referral pathways are clear.

2. Health Promotion and Community Hygiene and Disease Prevention:

Provide health promotion and disease prevention to raise awareness of Ebola signs and symptoms, how it is transmitted, what to do in cases of symptoms for early treatment, and protection-related prevention measures. This shall be done through training of volunteers and health professionals and key community members on ways to reduce risk of transmission respecting local customs. NS will also support the MoH in the development and reproduction of graphic, audio, and video materials for social mobilization & community engagement. Additionally, due to transmission possible through infected animals, hygiene safe practices will also be socialized. Groups targeted for this activity will be further refined with the government but include at-risk populations due to the type of work and activity they partake in at the border including hunters, sobas, religious leaders, sex workers, and teachers.

Improve community engagement: Intensify risk communication and community engagement efforts to promote understanding of Ebola transmission and prevention from communities, particularly in high-risk areas.



3. Preparing for scale-up (Safe & Dignified Burial and EVD Vaccination):

In coordination with the MoH, continue assessing the role NS can play in SDBs, including supporting as needed in training personnel on SDB and developing SDB protocols. Additionally, if MoH applies for vaccine stock, NS will support the vaccination campaign with volunteers including nurse volunteers, mobilizers, and team leaders. This is aligned with prior support the NS offers the MoH, having supported successfully with vaccination campaigns for Polio in 2024 and Cholera in 2025.

Additionally, in the process of preparing for scale-up, to guide the transition to response, the NS will promote a people-centered approach through meaningful community participation so that their voices are heard and considered and in ways that help drive outcomes as well as foster ownership and collaboration among stakeholders and make communities increasingly resiliency.

Coordination:

The NS will continue participating in MoH coordination meetings and defining roles and responsibilities in the preparedness and response phases of the Ebola contingency plan. They will also continue strengthening their relationship with civil society groups working with target high-risk groups (e.g. truck drivers, sex workers, refugees, and others). The strategy also aims to strengthen collaboration with the National Red Cross Societies of the DRC, Angola and Zambia, sharing information and best practices through the Epidemic Network to ensure a harmonized preparedness and response approach.

HR & Training needs:

The operation will start by mobilizing 100 volunteers in Lunda Norte, in municipalities close to the borders. The focus is on preparedness in border communities, including training local volunteers and volunteer healthcare workers and establishing rapid response teams to quickly address potential outbreaks.

Volunteers and key stakeholders at community level will be trained with the technical support of health authorities and local partners in the topics of IPC, case surveillance, risk communication, and health and hygiene promotion in the context of Ebola. The 100 volunteers will be trained in EPIc which will include module on CEA and PGI. These trainings shall build on the previously gained capacity developed through the MPox and Cholera operations. Volunteers will be active 3 times a week for 2 months. PPE is also necessary for volunteers supporting preparedness activities in the community.

Visibility and communications needs:

All materials and supplies for implementation of preparedness activities including training materials, surveillance materials (data management), visibility, IEC, and PPE, will be purchased in country. All purchases must comply with the logistics and purchasing rules in use at CVA and IFRC.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The DREF preparedness activities will aim to reach 144000 people in the highest-risk zones currently being in Lunda Norte province and adjoining northeastern border provinces. Priority being communities along formal and informal crossings and the Kwango/Cuango River corridor, Chitato and Luvua.

Primarily target for institutional and community readiness will include:

- At Ns level: 100 volunteers from the targeted communities to facilitate integration, acceptance and RCCE
- At community level: at least 20 sex workers, 6 hunters, 6 sobas, 6 villagers' committee members, 6 Teachers and 6 religious leaders – 5 per province).

The selection for both groups will focus in the same high-risk areas prioritised.



Explain the selection criteria for the targeted population

Volunteers will be selected from 1 high risk province that border DRC where there are cases, in the municipalities that are at highest risk i.e. Lunda Norte - Chitato and Lovua. Areas selected are considered based on risk assessed under the contingency plan and National planning. The risk analysis considered where population movement with DRC is most intense.

The volunteers will be a mix of nurses, mobilizers, and team leaders to be able to support the various preparedness activities best. Additionally, specifically vulnerable groups are targeted due to their higher rate of cross-border movement which heightens their risk. These include community leaders from refugee settlements and communities, hunters/poachers, sex workers, truck drivers and others.

Total Targeted Population

Women	72,000	Rural	-
Girls (under 18)	-	Urban	-
Men	72,000	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	144,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

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

Risk	Mitigation action
there may be interruptions in the availability and delivery of inputs, due to logistical constraints or market prices.	To minimize this risk, local procurement will be preferred, using multiple suppliers and close coordination with the logistics actors involved, ensuring the continuity of the supply chain.
there is a risk of resistance or mistrust on the part of communities towards hygiene promotion activities, due to misinformation or previous negative experiences with humanitarian actors.	This risk will be mitigated through early and ongoing engagement with local leaders, community volunteers, and the use of culturally appropriate RCCE approaches that promote dialogue and trust-building.
limited technically capacity at the level of the Angolan Red Cross national and provincial delegations on Ebola specific interventions such as SDB and biosecurity protocols.	deployment of PhiE Co Surge to support with Ebola specific planning, SOPs and preparedness activities



The area of operation is marred with potential conflict and categorised as a red zone under IFRC Security risk categorisation.	Security assessments and travel clearance will be sort for IFRC staff whilst maintaining the utmost duty of care for NS staff and volunteers. Security guidelines according whilst desk top assessments will be carried for the affected areas.
in the area of safety, there is the risk of exposing workers and volunteers to health hazards, especially in areas with a high risk of Ebola.	This risk will be reduced through the provision of personal protective equipment, safety protocols, as well as regular health and safety training and briefings
Risk of immediate importation of cases and large outbreak before preparedness measures can be established	Strengthen cross-border coordination, be ready for a scale-up, request more support as needed, accelerate preparedness measures.
Please indicate any security and safety concerns for this operation:	
Bordering areas in Lunda Norte are classified as Red Phase for IFRC staff due to heightened security conditions. For any planned deployment to Lunda Norte, an assessment will be needed, and the activities will follow the Security measures in place.	
Has the child safeguarding risk analysis assessment been completed?	Yes

Planned Intervention



Budget: CHF 28,005

Targeted Persons: 144,000

Indicators

Title	Target
# volunteers trianed in EPiC focusing on Ebola health and hygiene promotion	100
# of community members and key target stakeholders trained in Ebola health and hygiene promotion IEC and RCCE	50
# of people aware of the causes and preventive measures for EVD in targeted areas	144,000
# protocols for Ebola epidemic prepardness developed with NS (SDB, biosecurity, CBS)	3
	100

Priority Actions

- Activity 1. Training of 100 volunteers and target populations in Lunda Norte province in Ebola information, RCCE, EpiC, and best hygiene practices.
- Activity 2. Strengthening early detection and referral. replica training for NS on strengthening CBS/data collection and reporting for epidemics, case definition with MoH, forms and protocols developed for CBS.
- Activity 3. Deploy health and hygiene promotion team. 100 volunteers active 12 times a month (3x per week for 2 months) in Lunda Norte.
- Activity 4. continue coordination with MoH for development of SDB and biosafety protocols, as planning on scale up and vaccination campaign.





Community Engagement And Accountability

Budget: CHF 5,559

Targeted Persons: 144,000

Indicators

Title	Target
# community focus groups and consultations with community completed during preparedness phase	8

Priority Actions

• Activity 1. Establish community engagement and feedback mechanism through focus groups in Lunda Norte and involve them in preparedness and response planning.



Secretariat Services

Budget: CHF 30,354

Targeted Persons: 2

Indicators

Title	Target
# surge deployed in support of operation	2

Priority Actions

• Activity 1. Support development of protocols and preparedness of NS to Ebola through deployment of 2 surge (Ops Manager and PHIE Coordinator).

• Activity 2. Support NS coordination (internal and external) and cross border to ensure alignment with operation in DRC.



National Society Strengthening

Budget: CHF 14,084

Targeted Persons: 110

Indicators

Title	Target
% of staff and volunteers working in the preparedness phase that receive the duty of care PPE and visibility material	100
# monitoring visits/field visits from HQ to provinces	4
% of mobilised and deployed team with adequate access to personal protective equipment (PPE) in this preparedness phase	100
% of volunteers deployed covered by insurance	100



Priority Actions

- Activity 1. Continue coordination with MoH.
- Activity 2. Ensure duty of care of volunteers and staff active in preparedness phase including PPE and visibility.
- Activity 3. Strengthen NS capacity in Ebola preparedness through development of protocols.
- Activity 4. Monitoring of HQ/field visits to Lunda Norte and accompanying MoH in requested activities for preparedness in other provinces as needed.
- Activity 5. Ensure adequate duty of care for the volunteers with skills transfer, protection, monitoring and regular reporting. All the team to access adequate personal protective equipment (PPE) for this preparedness phase.
- Activity 6: Ensuring continuous capacity mapping through existing platform of coordination and as an internal exercise.

About Support Services

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

100 volunteers. A combination of nurse, mobilizer, and team lead volunteers. They will be engaged in health and hygiene promotion, dissemination of IPC information and IEC material, mapping and assessing health facilities, and supporting MoH in activities as requested. Staff involved will be 10: 1 provincial secretaries, 2 drivers, and 7 HQ staff including NS/NSD health focal point and health officer, PMER, finance, admin, logistics, DM coordinator.

Through this DREF allocation, NS will ensure they are trained and able to deliver preparedness activities and improve their readiness to respond if cases are imported. Duty of care will be taken care of through adequate protection, regular checking and monitoring of the team, volunteers' insurance already covered under other ongoing programs.

Volunteers will be active at least 3 times a week for 2 months during the preparedness phase. The estimated reach of health and hygiene promotion, community awareness campaigns and other activities is 30 households per volunteer per week for 2 months, with each household containing an average of 6 people. It is expected to reach 24,000 households and 144,000 people reached by house-to-house preparedness actions. More people will benefit indirectly from community awareness campaigns, such as distribution of IEC materials in community areas or radio spots.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes, the volunteers will be from the province targeted and selected by community members to ensure acceptance. A gender balance will be promoted in the volunteer team composition.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
Public Health in Emergencies Coordinator and Operations Manager.

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

The procurement will be done by NS locally when possible to avoid delays. The procurement is primarily for volunteers performing preparedness activities and IPC readiness. Support from IFRC CCD for logistics will be provided to NS logistics counterpart as needed.

How will this operation be monitored?

Monitoring visits to the affected communities will be carried out regularly, with the aim of assessing progress and guiding the necessary adjustments to the proposed response, under the coordination of the PMER team and operations of the National Society, at the level of the delegations and National Headquarters. The PMER team will also follow up daily with the provincial staff, ensuring the quality of the



data and the timely delivery of reports. After the operation, a lessons learned workshop is planned to reflect on the intervention.

To strengthen the system, supervisors will be trained in each province, trained to report activities to headquarters, to ensure timely data collection, using an ITT tracker. Support from IFRC CCD and Regional support to PMER will be provided.

Please briefly explain the National Societies communication strategy for this operation

The National Society's communication strategy for this Ebola preparedness 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. The IFRC will provide crucial support through the communication team to ensure alignment with regional outbreak key messages 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

MDRAO013 - Angola Red Cross Ebola Preparedness

Operating Budget

Planned Operations	33,564
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	28,005
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	5,559
Environmental Sustainability	0
Enabling Approaches	44,437
Coordination and Partnerships	0
Secretariat Services	30,354
National Society Strengthening	14,084
TOTAL BUDGET	78,002

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

