

Final report



International Federation
of Red Cross and Red Crescent Societies

Angola: Cholera

Final report
Emergency appeal n° MDRAO001
28 May, 2008

Period covered by this Final Report: 18 May 2006 to 31 December, 2007

Appeal target (current): CHF 1,392,404 (USD 950,000 or EUR 740,000); to assist one million people. Final Appeal coverage: 33%

[<click here to go directly to the final financial report, or here to view the contact details>](#)

Appeal history:

- This Emergency Appeal was initially launched on 18 May 2006 for CHF 1,206,656 (USD 957,287 or EUR 764,190) for six months to assist 30,000

beneficiaries.

- CHF 200,165 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in responding by delivering assistance.



Angola Red Cross volunteers during a house-to-house education on the prevention of cholera in Luanda

Summary: In response to the cholera outbreak, Angola Red Cross (ARC) implemented activities in ten most affected provinces, towards preventing further spread of cholera and providing relief assistance to the affected families. The operation exceeded its intended timeframe due to the increased demand of water and sanitation services within the affected provinces. Since February 2006 to end of 2007, the cumulative figure for cholera cases was 83,520, with 3,140 deaths. ARC reached approximately 247,000 households though the cholera outbreak emergency operation.

Technical support to the National Society was provided by the Federation Zone office in Southern Africa through a water and sanitation delegate deployed to the country. The Federation Country Representative was the focal person for coordination, in support of the National Society management.

The situation

From February 2006, Angola experienced one of its worst ever cholera outbreak in history. A total of 55,212 cholera cases and 2,247 deaths were recorded between the period February and December 2006; 16,731 cases and 435 deaths recorded between January and September 2007. This gives cumulative figures of 83,520 cases and 3,140 deaths over a period of 19 months since February 2006. By April 2007, mortality rate was reduced from 4% to 3%. Luanda, Benquela, Bengo, Cunene, Uige, Huila, Huambo, Kwanza Norte, Kwanza Sul and Malange were the most affected.

The cholera outbreaks in Angola are reported to be mainly due to poor access to basic services such as clean water supply and sanitation facilities by majority of improvised population of the 15 million people in the country. While acknowledging the success of all relief interventions in controlling the cholera outbreak, the absence of long-term and sustainable provision of clean water and sanitation and improved health services still makes many people vulnerable to cholera and other related diseases such as Marburg, polio etc.

Coordination

During the emergency operation, ARC represented and remains part of the national and provincial cholera task force fora, chaired by the Vice Minister of Health at national level and the Provincial Governors at provincial level. The National Society is a permanent member of the National Civil Protection unit and its mandate is enshrined in the law regulating the unit.

UNICEF provided in kind materials consisting of 315,960 water purification tablets, 634,000 oral dehydration salts (ORS), and 59,250 bars of soap, and also funded training for 290 volunteers in social mobilization and community surveillance. At provincial level, some agreements were reached between government departments and the National Society. For example, in Huila, the Department of Water and Energy had an agreement with Huila Red Cross provincial office to construct a water supply system in Chioko suburb benefiting over 5,000 households.

Established partnerships with government and key organizations have opened new opportunities for future collaboration on other developmental issues in the country. The developments ensured greater involvement of the National Society in other fora. For example, the Secretary General of ARC was elected as President of the National Malaria forum. The National Society technical staff participated in the development of national cholera contingency plan as key resource persons.

Red Cross and Red Crescent action

A total of 247,000 households (145% of the 170,000 appeal target) benefited from Red Cross activities, which included social mobilization, provision of clean water and relief items distribution. A total of 700 trained volunteers were active throughout the operation, conducting social mobilisation, hygiene promotion and other relief activities at community level.

Water, sanitation, and hygiene promotion

Overall Objective 1: To reduce cholera related morbidity and mortality of one million people in five provinces over the next six months through immediate provision of community-based therapy and prevention; and preparation of response capacity of the communities in the event of future cholera epidemics.

Expected Result 1: Improved access to adequate safe water in five provinces reaching 170,000 households within six months

ARC distributed 33,597 litres of calcium hypochlorite (1% concentration solution) enough to purify over 567 million litres of water. Each household received a litre of hypochlorite to purify 4,000 litres of water. Additionally 373,946 aqua tablets (for water purification) enough to purify 7.5 million litres of water were distributed. In total the water purification detergents distributed over 11 months to 246,700 households is enough to purify 642 million litres of water.

A beneficiary at a newly constructed water points (borehole) of the Huila water supply project



Angola Cholera: MDRAO001: Final Report

A total of 17,500 water tanks were disinfected at household level. The Red Cross volunteers assisted communities with cleaning of the water tanks, normally a concrete box of about 1,000 litres capacity used to store water delivered by trucks. The tanks were cleaned and rinsed with chlorine before storing water. The exercise was accompanied with training of households on how to purify water using aqua tablets or hypochlorite solution.

A water supply system benefiting 20,000 households in Chioko open market in Huila Province was constructed. Water was pumped into a 30m³ plastic tanks erected on a five-metre iron stand using submersible electrical pump, 400 metres from the water source using diesel generator. The electrical pump with capacity of 5m³ of water per hour was installed in a 30 metres depth borehole with 16 m³ yielding capacity. The tanks are supplying water by gravity to four water points' constructed 500 metres from each other. The system replaced a manual hand pump and gives a solution to long queues of households waiting to collect water. Chioko suburb was the most affected area in Huila Province.



Long cue at water point in Chioko market in Huila Province before it was replaced with electrical pump. *"We thought it was just a joke, but now it's a reality no more long cues and we do not have to work long distances to collect water"* says one of the beneficiary.

The project was supported through the Federation, and was completed with funding support from the Federation Zone office amounting to CHF 24,900 due to low funding against the cholera emergency appeal. The government, Directorate of Water and Energy was responsible for the implementation, therefore seconded some technical staff to the project. The government also facilitated establishment and training of water-point committees and will continue to provide technical and managerial support on the maintenance and operation of the project. Communities are required to pay 67 US cents per 50 litres of water. The money generated will be used to pay water point care takers, fuel for the generator and the rest is kept as savings for any other eventualities. The project is estimated to generate over 1,000 USD per month with a net income of about 500 USD per month.

In Kabeledo suburb, Bengo Province, a 9m³ water tank to serve 500 households was constructed. The tank is made from sand and cement blocks, plastered with cement mortar. A hand pump will be installed for water extraction and the water will be supplied to the beneficiary communities by trucking. The community members will be paying the water supplier at a cost recovery rate. It is being managed by a water-point committee composed of members from the community. These interventions relieved some communities who have been buying water from local vendors at exceptionally high costs and those travelling long distances to collect water from an open dam, which could further expose them to water borne diseases.

Expected Result 2: Improved hygiene and sanitation awareness in 170,000 households

The trained Red Cross volunteers sensitized and mobilized communities on health, hygiene and cholera prevention practices such as washing of hands with soap and water, using clean utensils, treatment of corpses for burial and environmental hygiene. A total 76,000 bars of soap (1 kg/bar) were distributed in Malange, Luanda, Huila and Uige provinces alongside the hygiene promotion campaigns.

A total of 247,000 households were reached with health and hygiene education sessions in ten provinces. Within ten months, 137,240 information, education and communication (IEC) materials were distributed during public lectures and house-to-house visits in ten provinces. Some 1,000 flipcharts were developed and printed in collaboration with UNICEF. These coloured and glossy flipcharts have been designed to provide the volunteers with more effective and simple education materials when conducting awareness campaigns. The flipchart were developed with input from targeted communities through focus group discussions and government authorities. Other organisations involved in cholera social mobilisation are reprinting the same flipcharts.

Training of trainers (ToT) for nine coordinators from nine provinces using the Participatory Hygiene and Sanitation Transformation (PHAST) methodology and use of designed flip charts was conducted in April 2007. The coordinators were hence able to support and motivate the volunteers, who were heavily involved with the community activities.

Expected Result 3: Adequate community based response- rehydration and active case finding of the current epidemic in hot spots, reaching 170,000 vulnerable families in five provinces within six months

An established referral system and distribution of ORS improved community access to immediate treatment of water within ten provinces with Red Cross presence. A total of 640,000 sachets of ORS (donated by UNICEF) were distributed at household level through volunteers' structures and government health facilities. Through social mobilisation activities, communities were educated on the identification of cholera cases and sensitized on the importance of referrals to health centres. Since the beginning of the operation in February 2006, social mobilization activities have reached over 247,000 households (1,481,000 people) in ten provinces.

Some eight cholera kits received from Danish Red Cross arrived in March 2007 and only cleared in May 2007. All medical items such as antibiotics, oral feeding tubs, syringes were donated to the National Cholera Coordinating body and received by the Ministry of Health represented by the Vice Minister of Health. The balance, 40 volunteer cholera kits with items such as ORS, soap disinfectant was kept by the NS and is being distributed as contingency stock to all provinces.

Expected Result 4: Within six months, mitigate the effects of likely future epidemics by developing the capacity of five provincial branches to implement surveillance systems and respond rapidly to out breaks

The capacities of ten provinces was developed by training 15 staff in vulnerability capacity assessment (VCA), 700 volunteers from ten provinces trained in social mobilisation, proper administration of ORS, case findings and referrals and household water purification methods. As part of strengthening response capacity of National Society a contingency plan was developed in December 2006. The contingency plan was later used as a framework for the operation in 2007, which resulted in revision and extension of the appeal for another six months.

Furthermore, ORS, Aqua tabs and soap were pre-positioned in key provinces, this was followed by an effective and efficient distribution of the materials later during the operation (February - March 2007), as cases alarmingly started to increase in some provinces. As a result of the combined efforts from all other stakeholders, cholera cases were contained or in some provinces such as Huila Province were completely eradicated and the case fatality rate slightly dropped from 4% to 3% by April 2007.

National Society Capacity Building

The ARCS capacity is strengthened in the following aspects:

- Strengthened volunteer network and capacity to respond to cholera from 75 volunteers before the emergency to 700 volunteers in ten provinces.
- Staff in ten provinces and at national level skilled in conducting basic VCA and social mobilization activities including the use of PHAST.

- The National Society capacity to coordinate, monitor and report emergency related activities is relatively strengthened.
- Established partnership with government and other organizations has improved credibility of NS and creates opportunities for future collaboration.

Conclusion (Lessons Learnt)

- Training and development of volunteer structures at community level has ensured community participation and, in turn, improved community-level response to the epidemic.
- The strong volunteer resource has enabled increased access to basic health services by the beneficiaries and improved knowledge among the target populations through social mobilization activities.
- Social mobilization activities have significantly improved community knowledge on the prevention and management of cholera and have influenced behavioural change. In the long run, will contribute to the reduction and ultimate eradication of cholera cases within the communities. However, development of IEC materials – particularly in local languages – could create a greater impact.
- The relief materials distributed (chlorine solution and ORS) have contributed to the decrease and control of cholera cases in the affected provinces. However, such interventions are short-term measures and focus should be directed towards sustainable interventions, particularly in the area of capacity building of the National Society and communities, in health, water and sanitation. These should be coupled with strong advocacy for more resource investment by the government as well as other local and international stakeholders.
- Funding for the cholera emergency operation has been low, equipments and relief materials ordered from out side the country takes long to clear due to bureaucratic customs service in the country.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

- **In Angola:** Warter Bombo Guange Quifica, Secretary General, Email cruzvermelha@netangola.com; Phone: Tel: +244. 2.33.39.91; Fax +244.2.39.11.70
- **In Operational Zone for Southern Africa:** Françoise Le Goff, Head of Zone Office, Johannesburg; Email françoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230
- **In Geneva:** John Roche, Operations Coordinator, Email: john.roche@ifrc.org; Phone: +41.22.730.4400, Fax: +41.22.733.03.95

[<Final financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRAO001 - Angola - Cholera

Final Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2008/2
Budget Timeframe	2005/1-2008/2
Appeal	MDRAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		2,305,164				2,305,164
B. Opening Balance		0				0
Income						
<u>Cash contributions</u>						
<i>British Red Cross</i>		48,640				48,640
<i>Canadian Red Cross</i>		110,000				110,000
<i>Czech Government</i>		113,376				113,376
<i>DREF</i>		200,166				200,166
<i>Finnish Red Cross</i>		118,085				118,085
<i>Finnish Red Cross (from Finnish Government)</i>		118,495				118,495
<i>Japanese Red Cross</i>		38,868				38,868
<i>Monaco Red Cross</i>		11,900				11,900
<i>Portuguese Red Cross</i>		3,792				3,792
<i>Spain - Private Donors</i>		236				236
<i>Unidentified donor</i>		-0				-0
C1. Cash contributions		763,557				763,557
C. Total Income = SUM(C1..C5)		763,557				763,557
D. Total Funding = B + C		763,557				763,557
Appeal Coverage		33%				33%

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		763,557				763,557
E. Expenditure		-763,557				-763,557
F. Closing Balance = (B + C + E)		0				0

International Federation of Red Cross and Red Crescent Societies

MDRAO001 - Angola - Cholera

Final Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2008/2
Budget Timeframe	2005/1-2008/2
Appeal	MDRAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		2,305,164					2,305,164	
Supplies								
Water & Sanitation	521,095		60,462			60,462	460,633	
Medical & First Aid	131,596		36,653			36,653	94,943	
Teaching Materials			7,483			7,483	-7,483	
Utensils & Tools	350,189						350,189	
Other Supplies & Services	50,340		26,920			26,920	23,420	
Total Supplies	1,053,220		131,519			131,519	921,701	
Land, vehicles & equipment								
Land & Buildings	26,520						26,520	
Vehicles			11,029			11,029	-11,029	
Office/Household Furniture & Equipm.			1,879			1,879	-1,879	
Total Land, vehicles & equipment	26,520		12,908			12,908	13,612	
Transport & Storage								
Storage	63,800		12,962			12,962	50,838	
Distribution & Monitoring			22,886			22,886	-22,886	
Transport & Vehicle Costs	66,546		23,596			23,596	42,950	
Total Transport & Storage	130,346		59,444			59,444	70,902	
Personnel								
International Staff Payroll Benefits	191,799		106,961			106,961	84,838	
Regionally Deployed Staff	277,478		3,754			3,754	273,724	
National Staff			21,158			21,158	-21,158	
National Society Staff	211,586		180,123			180,123	31,463	
Consultants			4,315			4,315	-4,315	
Total Personnel	680,863		316,311			316,311	364,552	
Workshops & Training								
Workshops & Training	84,750		53,205			53,205	31,545	
Total Workshops & Training	84,750		53,205			53,205	31,545	
General Expenditure								
Travel	46,592		68,867			68,867	-22,275	
Information & Public Relation	52,560		37,926			37,926	14,634	
Office Costs	31,359		5,305			5,305	26,054	
Communications	26,008		14,969			14,969	11,039	
Professional Fees	13,850						13,850	
Financial Charges	9,260		13,472			13,472	-4,212	
Other General Expenses			0			0	-0	
Total General Expenditure	179,629		140,538			140,538	39,090	
Programme Support								
Program Support	149,836		49,631			49,631	100,204	
Total Programme Support	149,836		49,631			49,631	100,204	
TOTAL EXPENDITURE (D)	2,305,164		763,557			763,557	1,541,606	
VARIANCE (C - D)			1,541,606			1,541,606		