



CVA Volunteers setting up Safe Water Points for the Cholera Response

Appeal: MDRAO011	Country: Angola	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 337,271	
Glide Number: -	People Affected: 384,000 people	People Targeted: 384,000 people	
Operation Start Date: 21-01-2025	Operation Timeframe: 4 months	Operation End Date: 31-05-2025	DREF Published: 24-01-2025

Targeted Areas: **Bengo, Cuanza Norte, Cuanza Sul, Luanda, Uige, Zaire**

Description of the Event

Date of event

07-01-2025

What happened, where and when?

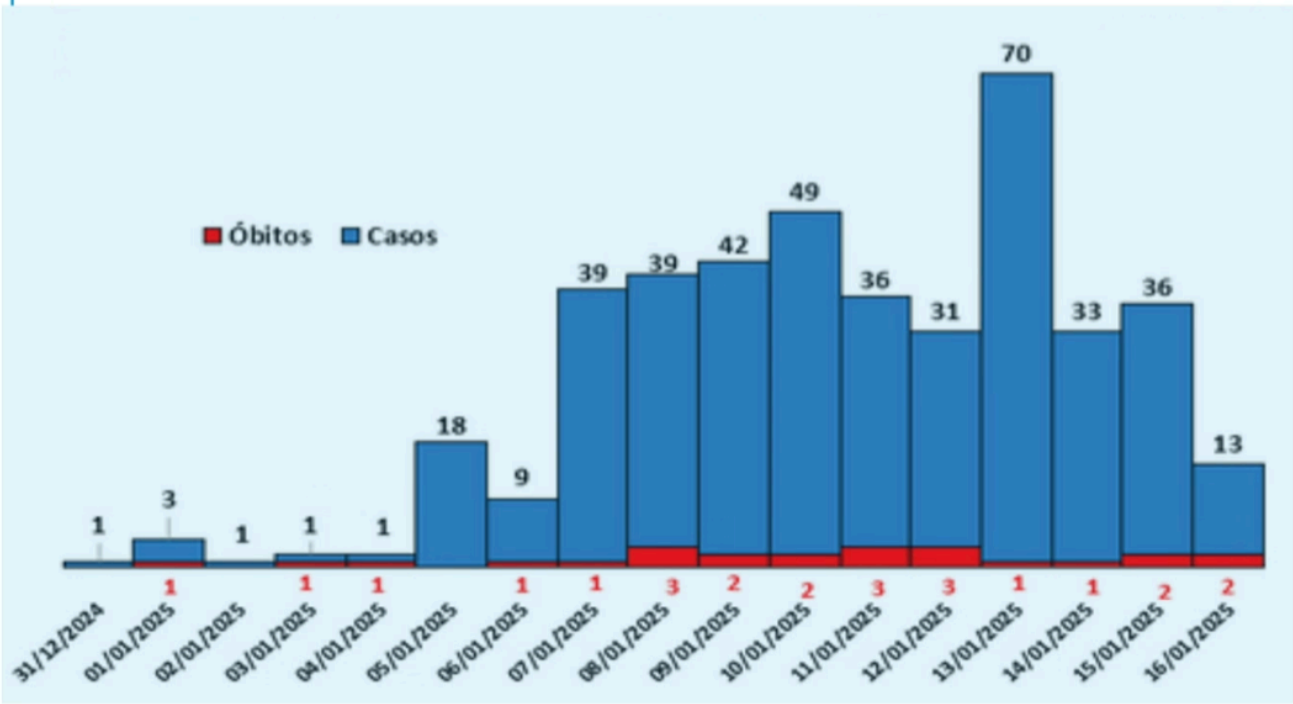
Bairro Paraíso, Municipality of Cacuo, Luanda Province, registered on January 7, 2025, 25 suspected cases of cholera, of which 5 died. Until January 8th, more than 30 suspected cases were recorded.

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 January 11th, 170 suspected cases were recorded with 30 confirmed cases across 3 provinces (Luanda, Bengo, Icolo & Bengo). By January 17th, 422 cases have been reported with 24 deaths leading to a high case fatality rate (5.7%)

Combined with heavy rainfall, poor sanitation and limited access to clean water, which increases the 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. In the past two months, 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.

EPI CURVE OF THE CASES AND DEATHS



Scope and Scale

The Municipality of Cacuo is currently 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, this situation represents a significant risk for all the country's provinces, especially those bordering Luanda Province. 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.



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.

Previous outbreaks of cholera and other epidemics (Polio, Mpox) in Angola suggest similar hot-spot patterns, with high-risk areas including the northern provinces sharing a border with DRC as well as Luanda and main cities. Cholera outbreaks can be deadly. The last major cholera outbreak occurred between 2016 and 2017 with a total of 252 cases and 11 deaths, affecting the provinces of Cabinda (73 cases and 3 deaths), Zaire (174 cases and 8 deaths) and Luanda (5 cases and zero deaths). Additionally, in 2018 there was a limited outbreak in Uíge Province.

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:

Cholera and other epidemics are always of concern, particularly in densely populated areas such as Luanda as well as in the provinces bordering DRC in the north of the country. No Cholera response operation took place in the past 3 years. However, lessons learned from other operation such as the Floods operation includes the importance of multi-hazard and integrated approach in response, as floods can drastically worsen health conditions. If Cholera is already present, floods can accelerate the spread of the disease.

Current National Society Actions

Start date of National Society actions

10-12-2024

Coordination	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 and is part of the National, Provincial and municipal platforms for coordinating epidemics. Angola Red Cross has worked with the Ministry of Health throughout the Polio Vaccination Campaign and currently supporting withe activities to prevent spread of MPox in the country.
National Society Readiness	In December 2024, the Angolan Red Cross conducted a Trainer or Trainers, training 14 trainers from the provinces of Cabinda, Zaire, Uíge, Malange, Moxico, Lunda Norte and



Lunda Sul and 30 volunteers from Luanda in Cholera Oral Rehydration Point (ORP) and Oral Cholera Vaccine (OCV). as anticipatory actions in the event of a cholera outbreak.

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 operationalization of their response plan in alignment with the Government of Angola, Ministry of Health, cholera response plan.

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.

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.

Are there major coordination mechanism in place?

Government led provincial and national health coordination meetings are in place. OCHA has called a taskforce with WHO, UNICEF, World Vision, and CVA/IFRC to discuss response plans on January 17th.

Needs (Gaps) Identified



Health

The number of confirmed cases is expected to increase as testing is underway. 422 cases have been identified, out of which 24 people have died with a CFR of 5.7%. Cases have been 45.3% males and 54.7% females. 65.6% of the cases are in the municipality of Cacuo in Luanda province. ORPs and CTCs are being set up by the government in Cacuo and there is need for partners to manage the ORPs and CTCs. NS will be managing the ORPs.

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 campaign.
- Management of Oral Rehydration Points and CTCs
- Household visits for early detection of symptoms



Water, Sanitation And Hygiene

As cholera can quickly spread with poor 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).
- 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.



Community Engagement And Accountability

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. 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.

Operational Strategy

Overall objective of the operation

This DREF aims to reach 384,000 people in the provinces of Luanda, Bengo, Cuanza Sul, Cuanza Norte, Zaire, and Uíge through social mobilization, early detection, and health promotion and vaccination activities to contribute to prevent the spread of 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. 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 bordering province of Bengo, and Icolo/Bengo. This project aims to outline an integrated approach to address the current cholera outbreak in the province of Luanda, and the high-risk neighboring provinces of Zaire, Uíge, Bengo, Cuanza Norte and Cuanza Sul, as per the National Cholera Response Plan. 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, Health, WASH, and CEA interventions, to reach the following objectives:

1. Support early detection and preliminary treatment. Volunteers will strengthen epidemiological surveillance through community agents properly trained to inform and refer any suspected case to the health authorities and provide ORT at oral rehydration points. ORPs are set up by the government and are being managed/run by CVA volunteers. Additionally support, such as management or support with supplies of CTCs has not been requested by the Government to CVA at this time but it could arise if the operation escalates.
2. Contribute to reducing spread of disease through social mobilization on health & hygiene promotion campaign, and support to vaccination activities. In order to support the actions to reduce the risk of transmission and under the coordination of the health authorities, the CVA will deployed 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. For key activities like disinfection and aquatab distribution, BORT methodology will be applied where targeting is based on existing cases and surrounding houses in the communities with affected households. Broader mass communication radio campaigns will also take place to address rumors and clean up campaigns of key water sources. The vaccines have been approved (over 900,000 doses) however, 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.
2. Strengthen risk communication and community engagement, creating focus groups and systems to address 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.

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 BORT (Branch Outbreak Response Training (BORT) for cholera), OCV, ORP (as CVA volunteers will be running the ORPs set up by government) and general Health & Hygiene Promotion.

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 in case management and can be transformed into oral rehydration and vaccination posts.

Targeting Strategy

Who will be targeted through this operation?

The operation focused on the provinces with active cases (Luanda and Bengo) and those that share a border with these provinces and are recognized as key high-risk areas under the Ministry of Health Cholera National Response Plan, 2025. These are Zaire, Uige, Cuanza Norte, Cuanza Sul.

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 400 volunteers with the following household reach, with volunteers reaching 8 houses a day, 2 days a week for 3 months. This equals 64 houses per volunteer per month.

		No. of Volunteers per Province	Number of Households Targeted
1	Luanda	150	28,800
2	Zaíre	50	9,600
3	Uíge	50	9,600
4	Bengo	50	9,600
5	Cuanza Sul	50	9,600
6	Cuanza Norte	50	9,600
Totals		400	76,800

76,800 HH has on average 5 people per household: 348,000 people targeted.

The municipalities targeted are:

Luanda: Cazenga, Viana, Cacuaco, Luanda

Zaire: Mbanza Kongo

Uige: Maquela do Zomboro

Cuanza Norte: Cazengo

Cuanza Sul: Sumbe

Bengo: Dande

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 before any consideration of any other factors. These are the places we know have the disease. 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:

- 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).

Total Targeted Population

Women	195,835	Rural	-
Girls (under 18)	-	Urban	-
Men	188,165	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	384,000		

Risk and Security Considerations

Please indicate about potential operation risk for this operations 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 could exacerbate the spread of the epidemic.	Integration of key messages of flooding into social communications, monitoring situation, trainings for volunteers.

Please indicate any security and safety concerns for this operation

- Contamination of NS staff is a major risk. Infected sta 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).

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Budget: CHF 104,635

Targeted Persons: 384,000

Indicators

Title	Target
number of volunteers trained in ORP and OCV and data collection	400

number of household visits by volunteers for early detection	76,800
# of government-led OCV campaigns supported	1
#of ORPs run by CVA volunteers	-

Priority Actions

- 400 volunteers trained in OCV and ORP (360 volunteers +40 volunteer team leaders/supervisors)
- availability to support OCV (vaccination) campaign
- procurement of PPE and items necessary for ORP set up
- volunteer management of ORPs
- early detection of cases and referral to health centers
- Ongoing coordination meetings with MoH and external partners on cholera response plan



Water, Sanitation And Hygiene

Budget: CHF 85,357

Targeted Persons: 384,000

Indicators

Title	Target
number of handwashing station built	60
number of people reached with health & hygiene promotion information	384,000
number of aquatabs distributed	168,000
number of clean-up campaigns	4

Priority Actions

- 400 volunteers trained in health & hygiene promotion active in communities doing door to door visits reaching 76,800 households to convey cholera prevention messages
- hand washing stations set up in key community areas (10 per province)
- Procurement and distribution of aquatabs and disinfecting materials to impacted households in confirmed case areas (1 household estimate consuming 5.5L water per day). PDM after distribution.
- 4 drainage cleaning campaigns (focused on key stagnant water sources estimated 2 areas, twice across the 3 months)
- Mass communication and IEC material on cholera prevention related to WASH including messages on floods distributed:
- 6 radio talk shows & mass sensibilization sessions



Community Engagement And Accountability

Budget: CHF 29,041

Targeted Persons: 384,000

Indicators

Title	Target
# opportunities for community participation to help guide the response	27

% of complaints and feedback recieved and responded to by the NS	100
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Priority Actions

- Set up of community led focus groups to provide feedback and shape the response in the 6 provinces (1 per municipality, 9 municipalities meeting once a month for 3 months) led by community members, these groups collect information that is then given to the CVA volunteer to address feedback.
- Ensure IEC material and information is adapted based on community feedback, local languages, and literacy levels



Secretariat Services

Budget: CHF 58,302

Targeted Persons: 3

Indicators

Title	Target
number of surge deployed	3
number of technical and monitoring visits	2

Priority Actions

- One CEA surge delegate, one finance officer, and one operations coordinator delegate deployed to support the operation
- 2 monitoring and technical support visits from IFRC



National Society Strengthening

Budget: CHF 59,936

Targeted Persons: 420

Indicators

Title	Target
number of coordination meetings attended	12
number of monitoring visits	6

Priority Actions

- training of 400 volunteers/supervisors
- coordination meetings with MoH
- monitoring visits
- 20 staff supporting (2 per province + 8 HQ)
- visibility material for volunteers

About Support Services

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

400 volunteers and 20 staff will be involved in this response.

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

An Operations Coordinator and a CEA delegate may be requested for this operation.

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

NS will do the procurement with support from IFRC.

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.

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 - Angolan Red Cross Cholera Response

Operating Budget

Planned Operations	219 033
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	104 635
Water, Sanitation & Hygiene	85 357
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
Enabling Approaches	118 238
Coordination and Partnerships	0
Secretariat Services	58 302
National Society Strengthening	59 936
TOTAL BUDGET	337 271

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](#)

