



Rapid Response Fund

Approval

Project Code RRF No. 09 /2026 Angola Floods

Project Name Benguela Floods Response

The ACT Secretariat has approved the use of **USD 50,000** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines

SitRep (<i>one month after approval</i>)	1 Jun 2026
Final Reports (narrative and financial)	30.08.2026
Audit Report (<i>for projects >USD50,000</i>)	N/A

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Approved by the RRF review Panel.

23.04.2026



Project Proposal

Do you have an EPRP	YES
When was the last update?	22/04/2026
Do you have a Needs Assessment for this	YES
	21/04/2026

Please submit this form to the Humanitarian Coordinators in your region

Date submitted to ACT Secretariat

22.04.2026

Section 1 Project Data

Project Information

Project Name	ANGOLA Benguela Floods Response
Project Code	09/2026
Country Forum	Angola.
ACT Requesting Member	CICA- The Council of Churches of Angola
Name of person leading the project	Rev. Vladimir Agostinho
Job Title	Secretary General
Email	vladimir.agostinho@cica-angola.org
Location(s) of project (city / province)	Benguela province, municipalities of Benguela and Lobito
Project start date (dd/mm/yyyy)	01.05.2026
Project end date (dd/mm/yyyy)	01.07.2026

Which sectors do your response activities most relate to?

(please indicate number of planned beneficiaries per organization in each sector where you plan to give assistance)

Sectors	Member 1 (CICA)		Member 2 (please write the name of your organization)		Member 3 (please write the name of your organization)	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers						
Food						
Health						
Household items						
Livelihood						
Psychosocial	28	12				
Shelter						
WASH	750	1750				

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (extend rows 43, 44 and 45 if more space is needed)

Since early April 2026, Benguela Province has experienced exceptionally heavy and prolonged rainfall, causing severe flooding in urban and peri-urban areas of Benguela and Lobito municipalities. The overflow of river systems, including the Cavaco River basin, led to rapid inundation of low-lying neighborhoods and informal settlements.

As a result, hundreds of houses were destroyed or rendered uninhabitable, forcing families to flee abruptly, often without essential household items. Rapid assessments conducted by CICA, ACT Angola Forum members, and local authorities estimate that over 1,500 people were displaced, many of whom are currently living in temporary displacement camps and collective shelters, including Campismo Novo, Campismo Antigo, and the Ombaka Stadium area.

These sites were established as emergency solutions but do not meet minimum standards for safe and dignified living, particularly regarding water, sanitation, hygiene, and protection. Displaced households rely on water supplied through cisterns, with no systematic household water treatment, while sanitation infrastructure is extremely limited, forcing many people to practice open defecation.

Overcrowding, unsafe water, and poor hygiene conditions have significantly increased the risk of waterborne diseases, and cases of diarrhea have already been observed. At the same time, displacement, loss of homes and livelihoods, and uncertainty about return have generated serious protection and psychosocial concerns, including stress, anxiety, and emotional distress.

Women, children, older persons, and persons with disabilities are particularly vulnerable. Women and female-headed households face increased protection risks and caregiving burdens, while children are exposed to health and psychosocial stress. Older people and people with disabilities experience additional barriers in accessing basic services and assistance. Over the expected three-month duration of the project, the situation is likely to remain highly fragile. Displacement sites are temporary and unsafe, and any additional rainfall may further deteriorate living conditions, increase public health risks, and exacerbate psychosocial distress. Displaced families have limited capacity for self-recovery and remain dependent on external assistance.

While government authorities and other actors are providing limited support, in shelter materials and food, significant gaps persist in WASH services and basic protection and psychosocial support within displacement sites. The situation therefore requires an urgent, focused, and complementary humanitarian response, prioritizing WASH kits, household water treatment, and hygiene promotion, alongside community-based protection and basic psychosocial support activities.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specifically to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?

The floods in Benguela Province have had a severe and direct impact on displaced households living in temporary camps and collective shelters, who are the primary target of this intervention. These families lost their homes, household assets, and livelihoods, and are currently living in overcrowded and unsafe conditions with limited access to basic services. The most critical impacts relate to lack of access to safe water, sanitation, and hygiene, which exposes displaced households to high risks of waterborne diseases, including diarrhea and cholera. Reliance on untreated water supplied through cisterns, combined with extremely limited sanitation facilities and widespread open defecation, has created unsafe living environments that threaten health, dignity, and well-being.

Displacement has also generated significant protection and psychosocial impacts. The sudden loss of shelter, uncertainty about return or recovery, overcrowding, and prolonged dependency on assistance have caused high levels of stress, anxiety, and emotional distress. These conditions increase protection risks and negatively affect coping mechanisms, social cohesion, and mental well-being within displacement sites.

The project prioritizes displaced households living in camps and collective shelters because they are the most exposed to immediate health and protection risks and have the lowest capacity to recover without external assistance. Unlike households staying with host families, camp residents rely entirely on collective services, which are currently

insufficient to meet basic needs.

Within the displaced population, women, children, older persons, and persons with disabilities are particularly vulnerable. Women and female-headed households face increased caregiving responsibilities and heightened protection risks in overcrowded environments. Children are more susceptible to health and psychosocial harm linked to poor hygiene conditions. Older people and people with disabilities experience additional barriers in accessing water points, sanitation facilities, and assistance, increasing dependency and exclusion.

The criteria applied for the beneficiary selection are Families/households living in the camps, families with minors (under 5), families with elderly members, families with chronically ill members, and families who are entirely dependent on the support from the camp. The decision to focus on assistance to this group is based on clear evidence of unmet needs, high severity of impact, and comparative advantage of the implementing organizations in delivering community-based WASH interventions alongside basic protection and psychosocial support. Addressing these needs is essential to reduce immediate health risks, restore dignity, and support the mental well-being of displaced populations during the acute phase of the crisis.

3. CHS Commitment 9. Explain the availability of funding each of your organizations can access for this crisis.

The requested organization, CICA, currently has limited internal financial resources available to respond to the flooding crisis in Benguela Province. CICA does not have dedicated emergency reserves that can be mobilized at this scale. and speed required to address the urgent WASH, protection, and psychosocial needs of displaced households living in camps and collective shelters.

Some kind and ad hoc contributions have been mobilized through church and community networks, primarily supporting temporary shelter arrangements, community-based food assistance, and initial psychosocial support. While these efforts have been critical in the immediate aftermath of the floods, they are insufficient to address priority unmet needs, particularly in relation to water, sanitation, hygiene, and structured protection and psychosocial support services within displacement sites.

Government authorities and other humanitarian actors are providing partial assistance, focusing on shelter materials, basic relief items, and food. However, no confirmed funding is currently available to CICA or ACT Angola Forum members to adequately address displacement site-level WASH services and protection/PSS needs, which remain significantly under-resourced.

As a result, access to the ACT Alliance Rapid Response Fund is essential to enable a timely, focused, and complementary humanitarian response. RRF funding will allow organizations to rapidly mobilize resources to deliver WASH kits, household water treatment solutions, hygiene promotion activities, and basic protection and psychosocial support, addressing critical gaps that cannot be covered through existing funding streams.

Without RRF support, the capacity of CICA and its partners to respond effectively to the crisis would remain severely constrained, and displaced populations would continue to face preventable health risks, protection concerns, and deterioration of dignity and wellbeing.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis, and the length of time needed to respond. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The proposed project aims to provide a rapid, focused, and complementary humanitarian response to the flooding crisis in Benguela Province, targeting displaced households living in temporary camps and collective shelters. The intervention prioritizes Water, Sanitation, and Hygiene (WASH) assistance, combined with basic protection and psychosocial support (PSS), to address the most urgent and life-saving needs identified through recent assessments.

This response was selected based on clear evidence that displaced populations in camps face the highest immediate health and protection risks. Unsafe and untreated water, extremely limited sanitation facilities, and overcrowding have created conditions that significantly increase the risk of waterborne diseases, while displacement, loss of shelter, and uncertainty have led to high levels of stress, emotional distress, and protection concerns, particularly among women, children, older people, and people with disabilities.

The project will therefore focus on the distribution of WASH kits, including hygiene materials and household water

treatment options, alongside hygiene promotion activities in displacement sites. In parallel, community-based protection and basic psychosocial support activities will be implemented through trained volunteers to help mitigate protection risks, support coping mechanisms, and safeguard dignity during the acute phase of displacement. The MHPSS will be

implemented within the community/camp in existing church structures (community kitchen, places of worship).

This targeted approach reflects both the most critical unmet needs and the comparative advantage of implementation organizations, which have strong community-based networks and experience in delivering WASH and psychosocial support in emergency contexts. The response is designed to complement government and other humanitarian assistance, which has focused primarily on shelter materials and food support.

The project is planned for a maximum duration of two months, in line with RRF requirements. This time frame is considered appropriate to address immediate lifesaving WASH needs and urgent protection and psychosocial concerns, while recognizing that longer-term recovery and reconstruction needs fall outside the scope of this rapid emergency intervention.

Within the coordinated response framework outlined in the EPRP Contingency Plan, CICA will lead overall implementation, coordination, and community engagement through its church-based networks. ACT Angola Forum members will provide technical and operational support, particularly in WASH activities, hygiene promotion, and community-based psychosocial support. Coordination mechanisms within the Forum will ensure harmonization, avoidance of duplication, and adherence to Core Humanitarian Standards throughout the project cycle.

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

The project is designed to ensure a rapid and immediate start of activities, with implementation commencing immediately the project is approved, in line with RRF requirements. This prompt start is possible due to the existing presence and engagement of CICA member churches within the displacement camps.

Several CICA member churches are already operating inside the camps and collective shelters, where they are actively involved in managing community kitchens, providing basic psychosocial support, and supporting community mobilization. This ongoing engagement ensures established access, community trust, and real-time knowledge of needs.

reducing start-up time and operational barriers.

Building on this existing presence, the project will rapidly scale up targeted activities, including the distribution of WASH kits, household water treatment solutions, and hygiene promotion, alongside basic protection and psychosocial support activities. Church-based volunteers who are already active in the camps will be mobilized and briefed immediately to support distributions, hygiene promotion, and psychosocial support in a structured and coordinated manner.

From an operational perspective, suppliers for WASH items have been pre-identified at the local and national levels, enabling immediate procurement once funding is released. Logistics arrangements between Luanda and Benguela are already in place, allowing for rapid transportation and storage of relief items without delay.

Coordination with local authorities, camp management structures, and ACT Angola Forum members is ongoing and will continue throughout implementation, ensuring safe access, validation of beneficiary lists, and alignment with others.

assistance provided in the camps. This coordination further supports a smooth and accelerated startup phase.

The project will be implemented over a maximum duration of two months, well within the RRF ceiling of six months. This timeframe is appropriate to address urgent lifesaving WASH needs and immediate protection and psychosocial risks.

During the acute phase of displacement, while longer-term recovery needs will be addressed through separate programming.

3. CHS Commitment 6. How are you coordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximize the use of our resources and will address all unmet needs*

The response is implemented through strong coordination mechanisms at community, forum and local authority levels to ensure complementarity, avoid duplication and maximize the effective use of available resources.

At forum level, coordination is led through the ACT Angola Forum, in line with the EPRP Contingency Plan. CICA works closely with ACT Forum members, including harmonizing targeting, technical approaches, and community engagement. Particularly in relation to WASH activities, hygiene promotion, and community-based protection and psychosocial support. Regular information sharing and joint planning within the Forum ensures that interventions are aligned and complementary.

At local level, CICA maintains continuous coordination with provincial and municipal authorities, including Civil Protection and local administration structures, to align activities with the overall emergency response and ensure access to displacement sites. This coordination supports validation of beneficiary lists, safe implementation of activities, and Alignment with government-led assistance, which is primarily focused on shelter materials and food support.

Coordination also takes place directly within displacement camps and collective shelters through engagement with the camp.

management structures, community leaders, and church representatives. Several CICA member churches are already active in the camps, managing community kitchens and providing psychosocial support, which enables daily coordination, real-time information sharing, and rapid identification of emerging needs.

Engagement with other humanitarian actors, including national and local NGOs operating in Benguela Province, is ongoing to ensure sectoral complementarity. While other actors are addressing shelter and food needs, this project focuses on critical gaps in WASH and protection/PSS services, thereby strengthening the overall response and addressing unmet needs.

Through these coordination mechanisms, the project contributes to a coherent, complementary, and accountable humanitarian response, ensuring that scarce resources are used efficiently and that assistance reaches the most vulnerable displaced populations in a timely and effective manner.

4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply. *Goods and services procured locally support and revitalize economic activity either as livelihood for people or income for small businesses.*

Locally or within the affected areas	yes	Nationally	yes	Regionally or neighboring countries	no	Internationally	no
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Do you have a procurement policy? What factors did you consider when you made this decision?

Goods and services required for this project will be procured locally and nationally, with priority given to suppliers based in Benguela Province, Lobito and Luanda. This approach ensures a rapid startup of activities, reduces logistics time, and costs, and supports local markets affected by the floods.

All key items required for the response, including WASH kits, hygiene materials, household water treatment products and supplies for hygiene promotion and psychosocial support activities—are available on local and national markets. As such, regional or international procurement will not be required, allowing the project to avoid delays related to importation and customs clearance.

CICA has an established procurement policy aligned with ACT Alliance principles, which is applied across all emergency and development interventions. This policy ensures transparency, accountability, value for money, fair supplier selection, and quality assurance. All procurement processes will be documented and subject to internal oversight.

The decision to prioritize local and national procurement was based on several factors, including:

The urgency of the response and the need to commence implementation within two weeks;

Immediate availability of required items on local and national markets.

Cost efficiency and reduced transportation and storage costs.

The need to support and revitalize local economic activity, contributing to livelihoods and income for small businesses;

The capacity of national suppliers to meet required quality standards and delivery timelines.

This procurement approach supports timely delivery of assistance, strengthens accountability, and ensures responsible use of resources, in line with CHS Commitments 3 and 9.

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the participants of this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

The number of participants for this project is calculated based on verified displacement data from the rapid needs assessment conducted by CICA, ACT Angola Forum members, and local authorities, focusing on displaced households living in camps and collective shelters.

The project will target households from high population density and informal settlements in flood-prone zones, those who have extensive shelter damage and asset loss, and those with limited access to safe water and sanitation post-flooding and elevated health and protection risks due to overcrowding and displacement.

The primary unit of assistance for WASH interventions is the household, as hygiene kits and household water treatment solutions are distributed at the family level. Based on assessment findings, an average household size of five (5) people has been used, which is consistent with local demographic patterns observed in the displacement sites.

The project plans to support:

500 displaced households with WASH kits and household water treatment supplies.

1 household = 5 individuals

This results in a total of 2,500 direct beneficiaries (500 households × 5 people = 2,500 individuals).

In addition, all households receiving WASH kits will be reached through hygiene promotion and basic protection and psychosocial support activities, which are delivered at the community level within the displacement camps. These activities reinforce safe hygiene practices, disease prevention, and psychosocial well-being, benefiting the same targeted population.

Priority in beneficiary selection is given to the most vulnerable households, including female-headed households, families with children, older persons, and persons with disabilities, identified through community validation processes within the camps.

This calculation method ensures transparent, realistic, and accountable use of resources, aligned with CHS Commitments 1 and 9, and reflects the scale of assistance that can be effectively delivered within the project timeframe and budget.

3. CHS Commitment 4. Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?

The target population has been actively involved in the planning of this intervention through consultations conducted during the rapid needs assessment phase. Displaced households living in camps and collective shelters, community leaders, and church representatives were engaged to identify priority needs, existing gaps, and feasible response options. Feedback from these consultations directly informed the decision to prioritize WASH assistance alongside basic protection and psychosocial support.

CICA member churches that are already present in the displacement camps played a key role in facilitating community consultations, sharing information on living conditions, vulnerabilities, and coping mechanisms, and supporting the identification of the most vulnerable households. This participatory approach ensured that the

The proposed intervention reflects real needs, local priorities, and community preferences.

During project implementation, the affected population will continue to be meaningfully involved. Community Representatives and church-based volunteers will support beneficiary identification and validation, mobilization of households for distributions, and dissemination of information related to hygiene practices, assistance schedules and available support services.

Displaced community members will also be engaged in hygiene promotion and community-based psychosocial support activities, contributing to peer-to-peer awareness, trust building, and collective problem solving within the camps. This promotes ownership, inclusion, and accountability throughout the response.

Throughout the project cycle, CICA will maintain accessible feedback and complaint mechanisms, including direct communication with volunteers, community meetings, and designated focal points within the camps. Feedback received from the affected population will be reviewed regularly and used to adjust activities as needed, ensuring the response remains relevant, appropriate, and accountable.

This participatory approach strengthens dignity, transparency, and effectiveness of the intervention, in line with CHS Commitment 4, while reinforcing community ownership and trust.

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones, including dates.*

The success of this project will be measured by the timely delivery of life-saving WASH assistance and basic protection and psychosocial support to displaced households living in camps and collective shelters in Benguela.

Province, within the planned three-month implementation period.

Project success will be demonstrated by improved access to safe water, hygiene materials, better hygiene practices, reduced public health risks, and strengthened psychosocial wellbeing among the targeted population.

Key milestones and timeline include:

Week 1–2 (Project start up):

Project approval received; coordination meetings held with local authorities, camp management, and ACT Angola Forum members; detailed implementation plan finalized; suppliers contracted and procurement of WASH items initiated.

Week 3–4:

Arrival of WASH supplies in Benguela; beneficiary lists validated with community representatives; mobilization and Briefing of church-based volunteers; preparation of distribution sites and hygiene promotion materials.

Month 2:

Distribution of WASH kits and household water treatment supplies to 500 displaced households completed: hygiene. Promotion sessions are conducted in all targeted camps; community-based protection and basic psychosocial support activities are ongoing.

Follow-up hygiene promotion and psychosocial support activities reinforced; monitoring of distributions and community feedback collected; identification of lessons learned and any remaining gaps; project activities concluded.

By the end of the project, 2,500 displaced people will have received essential WASH assistance and benefited from hygiene promotion and psychosocial support, contributing to reduced health and protection risks during the acute phase of displacement.

2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?

Several factors may affect the achievement of the project's targets. Key risks and corresponding mitigation measures have been identified based on the current context and operational experience.

Continued rainfall and difficult access conditions may temporarily delay the movement of supplies or field activities. This risk will be managed through flexible scheduling, close monitoring of weather conditions, and the use of church facilities and community structures inside the camps as decentralized distribution and activity points.

Delays in procurement or delivery of supplies could affect the timing of distributions. To mitigate this, local And national suppliers have been pre-identified, procurement will begin immediately after approval, and alternative suppliers will be available to avoid dependency on a single source.

Overcrowding and public health risks in displacement camps may complicate the safe implementation of activities. This will be addressed through careful planning of distributions, hygiene promotion sessions conducted in small groups, and coordination with camp management and local authorities.

Protection risks and psychosocial distress among affected populations may limit participation in activities or increase vulnerability. This risk will be mitigated through the presence of trained church-based volunteers, already active in the camps, who provide community-based psychosocial support, facilitate safe participation, and identify cases requiring referral.

Potential changes in needs or population movements may occur during the implementation period. This will be managed through continuous community feedback mechanisms, regular coordination meetings, and adaptive planning to adjust activities if needed.

By proactively identifying these risks and implementing the above mitigation measures, the project aims to ensure the timely, safe, and effective delivery of assistance, despite the challenging operating environment.

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

The project will be monitored through a combination of regular field-based monitoring, community feedback mechanisms, and internal review processes to ensure timely implementation, quality, accountability, and learning. Monitoring will focus on tracking delivery of planned activities, achievement of outputs and immediate outcomes, particularly access to WASH services, hygiene practices, and participation in protection and psychosocial support. Key monitoring tools will include distribution records, beneficiary lists, simple monitoring checklists, volunteer activity reports, and documentation where appropriate.

Church-based volunteers already present in the displacement camps will play a key role in day-to-day monitoring, providing real-time information on implementation progress, challenges, and emerging needs. CICA staff will conduct regular site visits to verify activities, support volunteers, and ensure adherence to Core Humanitarian Standards.

Feedback from affected populations will be gathered through community meetings, direct interaction with volunteers, and designated community focal points within the camps. Feedback and complaints will be recorded and reviewed regularly, and used to adjust activities where necessary, ensuring responsiveness to community needs. Learning will be captured through periodic internal reflection sessions with staff, volunteers, and ACT Angola Forum partners to review what is working well and what can be improved. Key lessons learned will be documented at the end of the project and reflected in the final narrative report, contributing to continuous improvement of future emergency responses.

This monitoring and learning approach ensures the project remains responsive, accountable, and adaptive throughout the implementation period, in line with CHS Commitment 7.

2. CHS Commitment 8. Does your organization have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organization does not have one.*

CICA has a Code of Conduct in place, which is aligned with ACT Alliance standards and safeguarding principles.

The Code of Conduct outlines expected behavior related to integrity, accountability, respect, prevention of sexual exploitation and abuse (PSEA), safeguarding and appropriate conduct towards affected populations.

All staff and volunteers involved in the implementation of this project, including church-based volunteers currently active in the displacement camps, are required to sign the Code of Conduct prior to participating in project activities. Refresher briefings will be provided at the start of the project to ensure that all personnel clearly understand their responsibilities and expected standards of behavior.

Signed copies of the Code of Conduct are maintained by CICA and can be made available upon request, in line with ACT Alliance requirements. This approach ensures that the response is delivered in a safe, ethical, and accountable manner, protecting the dignity and rights of affected populations throughout the project cycle.

3. How will you ensure you and all stakeholders will be accountable to the affected population? How will you share information? How will you collect and use feedback and complaints? CHS 4 and 5

CICA is committed to ensuring strong accountability to affected populations throughout the entire project cycle, in line with the Core Humanitarian Standard. Accountability mechanisms are designed to promote transparency, participation, trust, and responsiveness among displaced households living in camps and collective shelters.

Information sharing will be conducted in a timely and accessible manner. Key project information—including selection criteria, type of assistance, distribution schedules, rights, and responsibilities of beneficiaries—will be shared through community meetings, church structures within the camps, and trained volunteers. Information will be communicated in clear and understandable language, using appropriate community channels to ensure inclusiveness.

To ensure effective two-way communication, CICA will establish and maintain feedback and complaint mechanisms within the displacement sites. These will include:

Direct feedback to trained church based volunteers presents in the camps, designated community focal points.

Regular community meetings and follow-up discussions.

In addition, CICA will establish a resolute and safe reporting channel for complaints involving staff and volunteers. All feedback and complaints will be systematically recorded, reviewed, and responded to by project staff. Sensitive complaints, including protection and safeguarding concerns, will be managed confidentially by designated focal points aligned with ACT Alliance CoC and policies. Serious cases will be handed over to the appropriate authorities. Issues raised by the community will be used to adjust implementation approaches where necessary, improve service quality, and address concerns promptly, including sensitivity.

protection-related issues.

Special attention will be given to ensuring that women, older persons, and persons with disabilities can safely access feedback mechanisms without fear of retaliation or exclusion. Where appropriate, confidential handling and referral mechanisms will be applied.

Through these measures, CICA ensures that affected populations are informed, heard, and able to influence the response, strengthening transparency, dignity, and trust, in line with CHS Commitments 4 and 5. All staff



Rapid Response Fund

Consolidated Budget and Financial Report

Project Code

Project Name ANGOLA Benguela Floods

Budget Exchange rate (local currency to 1 USD) | 1.000000000 |

Exchange rate for revised budget (local currency to 1 USD)

Please use exchange rate from this site: <http://www.floatrates.com/historical-exchange->

	Approved Budget				Reported Expenses				Unspent Amount	Burn Rate
	Member 1	Member 2	Member 3	Total Budget	Member 1	Member 2	Member 3	Total Expenditure		
1 Total Project Staff Costs	2,449	-	-	2,449	-	-	-	-	2,449	0%
2 Project Activities	38,565	-	-	38,565	-	-	-	-	38,565	0%
2.1 Cash/Vouchers	-	-	-	-	-	-	-	-	-	0%
2.2 Food/Nutrition	-	-	-	-	-	-	-	-	-	0%
2.3 Household items	-	-	-	-	-	-	-	-	-	0%
2.4 Water, Sanitation, and Hygiene (WASH)	37,180	-	-	37,180	-	-	-	-	37,180	0%
2.5 Shelter	-	-	-	-	-	-	-	-	-	0%
2.6 Disaster Risk Reduction (Max 10% of the budget):	-	-	-	-	-	-	-	-	-	0%
2.7 Mental Health and Psychosocial Support	1,385	-	-	1,385	-	-	-	-	1,385	0%
2.8	-	-	-	-	-	-	-	-	-	0%
2.9	-	-	-	-	-	-	-	-	-	0%
2.10	-	-	-	-	-	-	-	-	-	0%
3 Project Implementation	2,906	-	-	2,906	-	-	-	-	2,906	0%
4 Quality and Accountability	877	-	-	877	-	-	-	-	877	0%
5 Logistics	658	-	-	658	-	-	-	-	658	0%
6 Assets and Equipment	-	-	-	-	-	-	-	-	-	0%
Direct Costs	45,455	-	-	45,455	-	-	-	-	45,455	0%
Overhead Costs	4,545	-	-	4,545	-	-	-	-	4,545	0%
Total Budget	50,000	-	-	50,000	-	-	-	-	50,000	0%