

# Programme Update 2007



International Federation  
of Red Cross and Red Crescent Societies

## Angola

Appeal No. MAAAO001

Programme Update No. 3

This report covers the period of 01/01/2007 to 01/06/2007 of the 2006-2007 Appeal.

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



Women and children from Lunachi of Cazombo municipality in Moxico province were beneficiaries of non-food items during the Moxico floods operation/May 2007

### In brief

**Programme Summary:** Since February 2007, Angola Red Cross (ARC) has been responding to the needs of people affected by floods in Luanda and Moxico province. The International Federation allocated CHF 90,764 from its Disaster Relief Emergency Fund (DREF), followed by an Emergency Appeal for CHF 1.4 million to assist 5,000 households for a period of three months. Due to increased needs in Moxico province, available relief items and funds were reallocated from Luanda and the two operations were merged. In addition, ARC has been responding to a cholera outbreak that started in February 2006. More than 1.5 million people have been reached through the cholera and floods operations.

ARC continues to focus on long-term health and care, HIV and AIDS, disaster management and organizational development. Under community-based health, the National Society (NS) provided primary health care services through its 24 basic health posts in peri-urban and rural areas in eight provinces. The long-term activities included community-based health care (CBHC), hygiene education, reproductive health, HIV and AIDS prevention and promotion of behavioural change.

**Goal:** ARC aims to improve the general health conditions of vulnerable communities, whilst building and expanding upon its capacity and volunteer base. ARC has made bold steps towards becoming a well-functioning NS and is recognized and respected as a key actor in the humanitarian sector by community members, the government, local and international humanitarian agencies.

**Needs:** Total 2006-2007 budget CHF 1,627,713 (USD 1,351,143 or EUR 986,492) out of which 35.2 per cent covered. Outstanding needs are CHF 1,054,636 (USD 875,943 or EUR 990.27) There were no changes made to the 2007 appeal plan/budget since the ARC will be consolidating its activities. [Click here to go directly to the attached financial report.](#)

For more detailed information on Floods and Cholera operation, please see operation update. Angola Cholera: refer to: <http://www.ifrc.org/docs/appeals/06/MDRAO001.pdf>

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Angola Floods: refer to :<http://www.ifrc.org/docs/appeals/07/MDRAO002.pdf>

**No. of people we help:** ARC reached a cumulative total of 96,294 families directly through its long-term programme and emergency operation between January to May 2007. The National Society (NS) plans to reach 166,000 families through community-based health and care (CBHC), disaster management and community empowerment projects at the end of 2007.

### Our Partners:

<b>Movement partners</b>	<b>Summary of activities</b>
British Red Cross	Disaster response
French Red Cross	Community- based health care.
ICRC	Tracing, community-based mine awareness and orthopaedic hospital support.
Finnish Red Cross	Disaster response.
Swedish Red Cross	Disaster response, health and care and organizational development.
<b>Other Organizations</b>	
Consortium; Royal Netherlands Embassy (RNE) Swedish International Development Agency (SIDA) Swedish Red Cross and Development Cooperation Ireland (DCI), through the Federation.	HIV and AIDS
British Government's Department for International Development (DFID).	Disaster management.
Angola Government	Health and care, community based health care.
National organization for people living with HIV	Coordination in HIV and AIDS.
National Networking of no-governmental organization working in HIV and AIDS activities	Coordination in HIV and AIDS.
International Organization for Migration (IOM)	Disaster response.
United Nations High Commission for Refugees (UNHCR)	HIV and AIDS for returnee.
National Civil Protection Service	Disaster management.
Medecins Sans Frontieres (MSF)	Health emergency response.
United Nations Children Funds (UNICEF)	Health emergency response.
World Health Organization (WHO)	Health emergency response.

## Current context

Angola Red Cross (ARC) has been responding to a cholera epidemic that affected 16 of 18 Angola's provinces. Persistent rains were experienced in Luanda and Moxico provinces, which extensively damaged infrastructure in four municipality of Luanda and two municipalities in Moxico. More than 18,000 people were displaced, 11 went missing and 117 were confirmed dead. The floods exacerbated the already precarious public health situation and triggered an increase of cholera cases in the affected municipalities in Luanda.

As in 2006, the high demand for humanitarian assistance and human resource capacity towards the floods and cholera operation affected the implementation of long-term programmes at the national level. The Federation Angola Representation<sup>1</sup> and Operation Zone for Southern Africa<sup>2</sup> coordinated the disaster response operations and assisted ARC by deploying technical support staff. In addition to the

<sup>1</sup> Former Federation Angola Delegation

<sup>2</sup> Former Federation Regional Delegation in Southern Africa

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WatSan delegate the Federation Operation Zone for Southern Africa deployed a relief coordinator, health delegate and Regional Disaster Response Team (RDRT) member from western Africa to support both operations.

## Progress towards objectives-by sector

### Health and Care

**Goal:** Sustainable improvement in the general health conditions of vulnerable communities, whilst building and expanding upon ARC capacity and volunteer base.

**Objectives:** ARC basic health care provision to targeted communities (with emphasis on refugees/returnees, former internally displaced people and demobilized combatant) is improved and contributes to the mitigation of priority health problems.

#### **Achievements**

In response to the floods and cholera outbreak, ARC reached over 96,294 families through community sensitization on health and hygiene practices, Access to safe water, hygiene and sanitation was improved and dialogue with community leaders in the affected communities was strengthened. Through the cholera operation, ARC reached 89,932 households directly with social mobilization activities including promotion of proper hygiene practices, cholera prevention and referrals. A total of 22,762 information, education and communication (IEC) materials were distributed during public lectures and house-to-house visits in ten provinces alongside 6,696 bars of soap and 5,115 jerry cans. New coloured and plasticized flipcharts on cholera prevention was printed with support of United Nations Children's Fund (UNICEF), providing the Red Cross volunteers more attractive and effective method to educate the people.

In April 2007, a training of trainers (ToT) course to, enhance the communication skills and introducing the new flipcharts was organized for ten provincial health coordinator and headquarters staff. The trained trainers went on to train volunteers in the respective provinces to improve the quality of social mobilization activities.

In collaboration with the Ministry of Health, community-based health care (CBHC) services were provided to 91,928 people in eight provinces where ARC has health posts. A total of 33,974 children under five years (nine months to five years) were vaccinated against polio and given vitamin A, during the National Polio Vaccination campaign, as part of the social mobilization activities in these eight provinces.

During the first three months of 2007, ARC finalized the implementation of the orphans and vulnerable children (OVC) project with support of the Royal Netherlands Embassy (RNE) through the Federation Operation Zone for Southern Africa. The OVC project was carried out within the expected timeline, and most objectives have been effectively fulfilled, with a satisfactory coverage. More than 60 volunteers were deployed in the three selected provinces and 600 OVC were selected. The volunteers carried approximately 4,500 home-based care (HBC) visits and ensured that the targeted population received significant relief and educational support.

#### **Constraints**

Limited funding support reduced the scale of health activities and forced the premature closure of the cholera operation in May. The remaining relief material such as cholera kits and oral rehydration solutions (ORS) was placed in the warehouse for preposition. Lack of transport made it difficult to deploy key personnel to the different provinces and affected the monitoring of activities in the field. Further more, the lack of technical support to the branches affected the development of the health and care programme at all levels.

### Disaster Management

**Goal:** The vulnerability of the population living in areas affected by disasters is reduced

**Objectives:** The vulnerability of the targeted communities in disaster zones and affected areas is

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reduced, and their capacity to respond to disasters is strengthened through implementation of disaster prevention, preparedness and response strategies by ARC.

### **Achievements**

ARC has been responding to a floods affected area in Luanda and Moxico provinces by providing humanitarian assistance to 5,000 families. A total of 150 Red Cross volunteers were trained and deployed to the resettlement camps and assisted with the distribution of non-food items such as kitchen sets, 40 litre washing basins, 20 litre water buckets, 20 litre collapsible jerry cans, and water purification solution, 15,000 litre collapsible tanks, 5x10 metre tents and soap. A lot of time was spent responding to needs in the flood affected areas; however, the response of this situation increased the capacities of Angola Red Cross volunteers in community-based first aid and disaster response.

In order to bridge the capacity gaps in 2007, ARC is planning to streamline its disaster management activities in ten provinces and the headquarters and will recruit experienced and competent staff for the process.

### **Constraint**

Although the ARC has active branches in most of the provinces, it has no trained disaster response volunteers in the affected areas. Additional volunteers will have to be trained on community-based first aids, shelter management and distribution of relief items.

## **Organizational Development**

**Goal:** ARC is a well-functioning National Society and is recognized and respected as a key national actor in the humanitarian sector by the community, government, local and international humanitarian agencies.

**Objectives:** ARC structures, systems, procedures and human resources at all levels are developed and strengthened, to better respond to the needs of the most vulnerable communities and to deliver quality humanitarian services.

### **Achievements**

A new secretary general, finance director and programme director were recruited during the reporting period and in the second half of the year plans to recruit the director of youth and volunteers and director of development and cooperation. New operating procedures and regulations are being put in place: obligation to have a bank account for ARC staff at national level, new accounting system, new code of conduct, volunteer policy and procedures and regulations inspired by or based on documents provided by the Federation are under development by the National Executive Council (NEC).

Concerning human resource management, ARC introduced a policy of staff reshuffling, aiming at testing the capacities of the staff in new positions. Appraisal forms are going to be introduced to build a dialogue on expected performance. So far ten out of 18 provincial branches were visited by the new senior management with the following objective:

- Baseline study of the each province;
- Inventory of all assets;
- Physical check of existence of human resources;
- Needs assessment for the preparation of Cooperation Agreement Strategy (CAS);
- Introduction of new procedures governing use of funds are being put in place.

The new senior management continues to focus on restructuring its headquarters, provincial branches and set up of financial procedures and internal controls, the implementation of Navision Accounting Software package, finalising the restructuring of human resources and development of new human resource policy. ARC has also started the preparation of the first partnership meeting to be held in September 2007.

## Working in partnership

ARC has strengthened its strategic partnerships, since the recruitment of the new secretary general, through direct dialogue and permanent engagement at the field and national level. The NS maintained good coordination with the Ministry of Health, World Health Organization (WHO), the Joint United Nations Programme on HIV and AIDS (UNAIDS), United Nations High Commission for Refugees (UNHCR), International Organization of Migration, United States Agency for International Development (USAID), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) as well as other national and international humanitarian agencies. During the reporting period, ARC was elected as the lead agency of Angola Malaria Forum, and became a member of International Coordination Committee and Country Coordination Mechanism for GFATM.

Through the cholera and floods operation, ARC and the Federation strengthened partnerships with key stakeholders such as UNICEF, International Organization of Migration (IOM), WHO, Medecins Sans Frontieres (MSF) and the government. UNICEF provides 50,000 ORS tablets, 5,000 insecticide-treated mosquito nets (ITNs), 700,000 aqua tabs and ten hand pumps to Angola Red Cross. OXFAM UK also provided 12,000 aqua tabs and two tonnes of agricultural inputs, while MSF-Belgium donated a 15,000 litre collapsible tank and one 5x10 metre tent. IOM support the operation with logistic and transport in Cazombo.

## Contributing to longer-term impact

During this reporting period, ARC worked with the communities affected by floods and cholera outbreak to contribute to reducing the impact of disasters. The emergency operations activities form the will be streamlined into long-term community-based health and care initiative, so as to strengthen the capacity of the communities. This is aimed at reducing the impact and number of deaths, in line with the second Global Agenda Goal<sup>3</sup>.

ARC developed and put in place a five years Strategic Plan and a five year Integrated HIV and AIDS programme (2006 to 2010), in line with ARCHI 2010, the Ouagadougou Declaration and the Algiers Plan of Action to contribute to achieving the Millennium Development Goals.

## Looking Ahead

During this year, the two emergency operations (Cholera and Floods) and the long-term programme namely health and care, organizational development and disaster management were not sufficiently funded through the emergency appeal and the annual appeal. Therefore, ARC with support from Federation operating Zone in Southern Africa is planning to hold a partnership meeting with the objective to mobilize funding and technical support for the long-term programme. ARC aims to scale-up capacity for preparedness and response to recurring health emergencies, to streamline communication with branches and to increase the capacity of volunteers and staff. Emphasis will be on implementation of the national Strategic Plan and HIV and AIDS plan.

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<sup>3</sup> **Global Agenda Goals:** **Goal 1:** Reduce the number of deaths, injuries and impact from disasters.  
**Goal 2:** Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.  
**Goal 3:** Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.  
**Goal 4:** Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

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International Federation of Red Cross and Red Crescent Societies

MAAAO001 - ANGOLA

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2006/1-2007/12
Budget Timeframe	2006/1-2007/12
Appeal	MAAAO001
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
<b>A. Budget</b>	344,172	0		1,283,541	0	1,627,713
<b>B. Opening Balance</b>	2,487	1,748		124,034	0	128,268
<b>Income</b>						
<u>Cash contributions</u>						
Danish Red Cross				5,100		5,100
DFID Partnership				252,237		252,237
German Red Cross				4,500		4,500
Swedish Red Cross		1,650		144,096		145,746
<b>C1. Cash contributions</b>		<b>1,650</b>		<b>405,933</b>		<b>407,583</b>
<u>Outstanding pledges (Revalued)</u>						
DFID Partnership				121,376		121,376
Swedish Red Cross		-1,650		-82,500		-84,150
<b>C2. Outstanding pledges (Revalued)</b>		<b>-1,650</b>		<b>38,876</b>		<b>37,226</b>
<u>Reallocations (within appeal or from/to another appeal)</u>						
Norwegian Red Cross		-98		98		0
Swedish Red Cross		-1,650		1,650		0
<b>C3. Reallocations (within appeal or</b>		<b>-1,748</b>		<b>1,748</b>		<b>0</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>0</b>	<b>-1,748</b>		<b>446,557</b>	<b>0</b>	<b>444,809</b>
<b>D. Total Funding = B + C</b>	<b>2,487</b>	<b>0</b>		<b>570,590</b>	<b>0</b>	<b>573,077</b>

## II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
<b>B. Opening Balance</b>	2,487	1,748		124,034	0	128,268
<b>C. Income</b>	0	-1,748		446,557	0	444,809
<b>E. Expenditure</b>	-321			-340,893		-341,214
<b>F. Closing Balance = (B + C + E)</b>	<b>2,166</b>	<b>0</b>		<b>229,698</b>	<b>0</b>	<b>231,863</b>

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### 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
<b>BUDGET (C)</b>		<b>344,172</b>	<b>0</b>		<b>1,283,541</b>	<b>0</b>	<b>1,627,713</b>	
<b>Land, vehicles &amp; equipment</b>								
Vehicles					8,531		8,531	-8,531
Computers & Telecom					6,273		6,273	-6,273
Office/Household Furniture & Equipm.	4,550							4,550
<b>Total Land, vehicles &amp; equipment</b>	<b>4,550</b>				<b>14,804</b>		<b>14,804</b>	<b>-10,254</b>
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs	48,300	300			12,951		13,251	35,049
<b>Total Transport &amp; Storage</b>	<b>48,300</b>	<b>300</b>			<b>12,951</b>		<b>13,251</b>	<b>35,049</b>
<b>Personnel Expenditures</b>								
International Staff Payroll Benefits	278,400				186,827		186,827	91,573
Delegate Benefits	216,000							216,000
National Staff	263,406				26,500		26,500	236,906
National Society Staff	91,920				19,931		19,931	71,989
Consultants	42,280				3,828		3,828	38,452
<b>Total Personnel Expenditures</b>	<b>892,006</b>				<b>237,084</b>		<b>237,084</b>	<b>654,921</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	339,900				21,965		21,965	317,935
<b>Total Workshops &amp; Training</b>	<b>339,900</b>				<b>21,965</b>		<b>21,965</b>	<b>317,935</b>
<b>General Expenditure</b>								
Travel	117,856				17,330		17,330	100,526
Information & Public Relation	16,900				247		247	16,653
Office Costs	41,280				3,421		3,421	37,859
Communications	42,240				4,950		4,950	37,290
Professional Fees	12,480				-274		-274	12,754
Financial Charges	6,400				4,936		4,936	1,464
Other General Expenses					1,266		1,266	-1,266
<b>Total General Expenditure</b>	<b>237,156</b>				<b>31,876</b>		<b>31,876</b>	<b>205,280</b>
<b>Program Support</b>								
Program Support	105,801	21			22,213		22,234	83,567
<b>Total Program Support</b>	<b>105,801</b>	<b>21</b>			<b>22,213</b>		<b>22,234</b>	<b>83,567</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1,627,713</b>	<b>321</b>			<b>340,893</b>		<b>341,214</b>	<b>1,286,499</b>
<b>VARIANCE (C - D)</b>		<b>343,851</b>			<b>942,648</b>		<b>1,286,499</b>	

**International Federation of Red Cross and Red Crescent Societies**

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**IV. Project Details**

Project	Name	Opening Balance	Income	Expenditure	Closing Balance	Budget	Variance
		A	B	C	A + B + C	D	D - C
<b>Health &amp; Care</b>							
PAO010	Luanda (North)	0	0		0		0
PAO011	Cuanza Sul (North)	0	0		0		0
PAO013	Uige (North)	0	0		0		0
PAO014	Cuanza North (North)	0	0		0		0
PAO016	Benguela (South)	0	0		0		0
PAO017	Namibe (South)	0	0		0		0
PAO018	Huila (South)	0	0		0		0
PAO019	Bie (South)	0	0		0		0
PAO020	Huambo (South)	0	0		0		0
PAO401	CB Health	2,487	0	-321	2,166	344,172	343,851
PAO405	Watsan	0	0		0		0
PAO411	HIV/AIDS II PNS/Glob	0	0		0		0
<b>Sub-Total Health &amp; Care</b>		<b>2,487</b>	<b>0</b>	<b>-321</b>	<b>2,166</b>	<b>344,172</b>	<b>343,851</b>
<b>Disaster Management</b>							
PAO160	Disaster Preparednes	0	0		0		0
PAO161	Disaster Preparednes	1,748	-1,748		0		0
PAO510	Displaced Persons	0	0		0		0
<b>Sub-Total Disaster Management</b>		<b>1,748</b>	<b>-1,748</b>		<b>0</b>		<b>0</b>
<b>Organisational Development</b>							
PAO004	Training Center	0	0		0		0
PAO008	Finance Development	0	0		0		0
PAO009	Organizational Devel	124,034	446,557	-340,893	229,698	1,283,541	942,648
<b>Sub-Total Organisational Development</b>		<b>124,034</b>	<b>446,557</b>	<b>-340,893</b>	<b>229,698</b>	<b>1,283,541</b>	<b>942,648</b>
<b>Coordination &amp; Implement</b>							
PAO101	Field Management	0	0		0		0
PAO521	Logistics and Vehicl	0	0		0		0
<b>Sub-Total Coordination &amp; Implement</b>		<b>0</b>	<b>0</b>		<b>0</b>		<b>0</b>
<b>Total</b>	<b>ANGOLA</b>	<b>128,268</b>	<b>444,809</b>	<b>-341,214</b>	<b>231,863</b>	<b>1,627,713</b>	<b>1,286,499</b>