

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Angola

Appeal No. MAAAO001

31 December 2008

This report covers the
period 01/07/2008 to
31/12/2008



Angola Red Cross Branch volunteers in Kwanza Sul / Port Amboim during cholera prevention activities in August 2008

In brief

Programme purpose: Angola Red Cross Society (ARC) programmes have been developed in line with its Strategic Development Plan, the International Federation of Red Cross and Red Crescent Societies (IFRC) Global Agenda, the Fundamental Principles of the International Federation, and contribute to the Millennium Development Goals (MDGs). The Programme purpose is to ensure a holistic approach in providing humanitarian services to the most vulnerable people.

Programme(s) summary: ARC has made progress in the internal reform process, which has demanded significant attention and support from the national governing board, Angolan Government, senior management partners and stakeholders. As an emerging democracy and post-war nation, Angola is still undergoing reconstruction in all sectors. Recurrent disasters such as cholera and floods coupled with poverty, malnutrition and poor health services, delays the infrastructural and economic developments. ARC has advocated for its auxiliary role through actively taking the lead in disaster response and participating during mine awareness campaigns, social mobilisation, HIV and AIDS prevention and sensitisation, hygiene promotion and national immunization programmes.

Financial situation: The total budget has been revised to CHF 535,740, of which 26 per cent covered at the end of 2008.

[Click here to go directly to the attached financial report](#)

No. of people we help: Five million people are targeted through ARC programmes with special focus on people living in peri-urban areas, women and children under five years old. The HIV and AIDS programme is targeting five million people with HIV prevention interventions, 6,400 people living with HIV (PLHIV) and 16,000 orphans and vulnerable children (OVC) by 2010.

Our partners: Angolan Government IFRC, ICRC, DFID, Spanish, World Vision, Global Fund, German and British Red Cross Societies, Private Sector (BHP Billiton, UNITEL.) UNICEF and IOM,

Context

Angola is recovering from a 27 years conflict that left the country deeply devastated and heavily handicapped with land mines and unexploded explosives, a depleted infrastructures, poor institutions and lack of basic services. This makes the majority of people vulnerable. Following the peaceful parliamentary elections on 5 and 6 September 2008, the first since 1992, the newly elected government took office by mid October 2008 and set forth the implementation of a four-year development plan.

With oil production forecast to rise sharply in the next few years against high oil prices, strong economic growth is forecasted. Massive government spending keeps inflation high, averaging 13 percent in 2006 and rose to 17 percent by end of 2007. The gap between the rich and poor is widening. According to the UNDP, more than two-thirds of the country's 16 million people live on less than a US dollar a day. Humanitarian advocacy is therefore extremely necessary for Angola and which will make the ARC work more and more relevant.

In order to enhance its service delivery to the most vulnerable people, ARC is undergoing an institutional reform process to revitalise its functionality through reviving branches and restructuring its organogram, there has been some remarkable progress during the reporting period evidenced by the recruitment of key management staff at the headquarters. In addition, the new management team is more committed to the change process such that policies and systems are being revised based on the absorption capacity and demand for humanitarian assistance in the country.

The IFRC continues providing technical support through the country representative and formal field visits by the Zone programme team members. Support from partners is also increasing because of the interest generated by the National Society reform process.

Progress towards outcomes

There has not been much progress towards implementing the planned activities under the appeal due to limited donor response, hence low funding to the programmes. However, the disaster management and HIV programmes had marked achievements in the bilateral programmes supported by the German and Spanish Red Cross Societies. The HIV programme also received funding support from the Royal Netherlands Embassy through the IFRC Southern Africa Zone office.

Disaster Management

Outcome(s)/Expected result(s)

- Effective mechanism for disaster management is functioning in ARC.
- Vulnerability of communities in disaster prone areas reduced through disaster risk awareness and capacity building in First Aid and mine awareness.

Achievements

ARC focused on developing the disaster management strategic plan (Master Plan). The terms of reference and concept paper have been formulated and disseminated to all branches. Another development is the drafting of a disaster management action plan for 2009 and contingency plan for floods and cholera.

ARC is part of the zonal Zambezi River Basin Initiative launched by the IFRC Zone office to assist the vulnerable communities living along the river basin in seven southern African countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe). As such ARC has conducted Vulnerability and Capacity Assessments (VCA) in twelve communities (Kwanza Norte, Bengo, Kuando Kubango and six communities along the Zambezi River basin to identify the needs, reaching a total population of 10,000 people. Continuous effort is on supporting and strengthening community disaster management committees within these communities, in order to enhance ownership and project sustainability. Community disaster management committees existing in Kwanza Sul received higher level training through refresher courses, as well as coaching on community finance management and small scale business management. The roles and responsibilities of each committee members have been clearly defined, which has enhanced their functionality.

At national and provincial levels, ARC attended regular disaster management and task force meetings with government, national and international humanitarian organisation. The National Society also produced and distributed information, education and communication (IEC) promotional materials on disaster risk reduction (DRR) and Malaria programmes. In addition, brochures, posters and case studies on DRR (e.g. tree planting) have been finalised for production in early 2009.

Angola faces recurrent flooding during the rain season; hence ARC has conducted rapid assessment in Cunene Province to determine preparedness of the communities and its branch structure. So far, 20 bicycles have been distributed to the volunteers in the flood prone communities under the DRR programme.

During the floods response operation BHP Biliton - Exxovi, a local company, also donated USD 100,000 earmarked to assist displaced families in Cunene Province. Activities carried out included prevention of water borne diseases within the two relocation camps. Approximately 15,000 people were reached through provision of clean water and sanitation facilities, health education and hygiene promotion.

In addition, cholera prevention initiatives were supported by the local authorities and OXFAM as the main partners. In addition, German Red Cross provided assistance for cholera prevention activities in Kwanza Sul Province, Port Amboim and Sumbe communities targeting 55,000 people through "water point" campaigns. Health education, chlorination, distribution of oral rehydration solutions (ORS) and home visits were the main activities. Funding support from German Red Cross was for three months only; and the British Red Cross supported DFID programme took over to support the volunteer's community clean-up activities with rubbish disposal points identified and with advocacy of local administration set up weekly rubbish removal.

In the mine awareness programme, ARC reached fishermen, shepherds, farmers and hunters. The land mine impact survey database has also been updated. Other activities included the production of IEC material (wall paintings and information boards) on mine awareness and other Unexploded Ordinances (UXO's). A proposal was submitted to the national mine awareness committee CNIDAH to the value of USD 150,000 for ARC to continue mine awareness activities for 2009 and into 2010.

Health and Care

Outcome(s)/Expected result(s):

- Access to safe water and sanitation serviced improved in Kwanza Sul and Benguela provinces.
- Capacity level of ARC staff and volunteers in the management of water and sanitation activities improved/strengthened.
- Community health service improved through ARC health posts.
- The health needs of people affected by natural and man-made disasters are catered for by the NS.

Achievements

ARC continued serving communities through its health posts network. However, health education and hygiene promotion activities need further strengthening and roll-out to other branches in disaster prone provinces.

The water and sanitation (WatSan) programme, which started as a recovery programme from the floods, has gradually been integrated into long-term health and care programming. It is a relatively new intervention for the ARC, although the WatSan needs are huge throughout all the provinces. The IFRC Zone started resource mobilisation to meet ARC additional funding and material resources needs to develop WatSan activities to 18 Provinces. The zone WatSan delegate has also facilitated a Participatory Hygiene and Sanitation Transformation (PHAST) training of trainers' workshop, including specific training for WatSan officer and the development of a PHAST kits.

Cholera remains a public health concern (especially after the seasonal floods); therefore ARC is in coordination with the zone health and care programme unit in pre-positioning cholera kits. ARC has also expressed a strong interest in scaling-up activities on community-based First Aid. The IFRC zone office is coordinating the re-vitalization of the CBFA in the region; therefore ARC is adopting the new strategy as a road map for the development activities.

ARC participated during the National Polio Campaign first phase in conducted August and the second phase in November. Over 200 volunteers operating in ten of the 18 provinces actively took part in community social mobilization activities. In addition, the community-based volunteers participated during the malaria prevention campaign in collaboration with World Vision, which will continue in 2009.

ARC is in the third year of implementing the five-year integrated HIV and AIDS programme (2006 to 2010), which is part of the Southern Africa Regional HIV and AIDS programme ([MAA63003](#)) and a component of the IFRC Global HIV and AIDS Alliance. ARC is working in partnership with German Red Cross in Cunene province targeting three municipalities with an estimated population of about 120,000; the project is overseen by a German delegate and implemented by an ARC HIV and AIDS co-coordinator with other support staff, since July 2007. ARC is also working in partnership with the Spanish Red Cross in Luanda, Bie and Benguela provinces mostly engaged prevention of HIV and reinsertion of Youth into labour work Force. Plans are underway to open and run a voluntary counselling and testing (VCT) centre in Bemfica/Luanda.

Organizational development

ARC is slowly progressing in the implementation of the reform process and so far has succeeded in revising structures and systems at the headquarters. The human resources department has been restructured and has started implementing new policies and strategies on volunteer mobilisation and youth development. Branch elections are planned to be accomplished within the first six months in 2009.

Some of the challenges hindering progress in the reform process include low funding, lack of human resources in senior management, performance measurement and reporting. Out of the four directors' positions, only two are filled. It is very challenging to attract suitable candidates for organisational development, youth and volunteering, as well as staff for the planning, monitoring, evaluation and reporting (PMER) department. The main constraints in identifying suitable candidates are as the result of more competitive salaries offered by private companies, which the NS cannot afford. Since, all salaries are covered by the government negotiations are on-going to review the remuneration structure, under the change process.

The finance development and administration has been further strengthened with the implementation of the Navision accounting software and rolling out of the Administration and Accounting manual. However, progress has been hindered by lack of supporting information technology, poor internet connectivity and limited funding support. Towards the end of the reporting period, the National

Society received funding support from the Spanish Red Cross, for improvement of the IT and communication systems. It is envisaged helping improve the systems beginning 2009.

Constraints or Challenges

- The high turn-over of staff at headquarters level for the first eight months of reporting period, derailed the implementation and consistency in capacity building efforts.
- Funding support for some key programmes arrived late in the year, thus affecting the spending and the implementation of the planned activities. It also led to overcrowding of activities within a short implementation timeframe which overstretched the capacity of the few available technical staff.
- The implementation of all change process is hampered by weak link between the governance and management. The board involvement and availability has been limited, thus affecting decision making, implementation of the recovery process and partnership meetings.
- Another major challenge remains in bringing on board the 18 branches and to work within the same objectives and strategies due to distance, the need to bridge the isolation caused by the prolonged internal conflict and due to poor communication systems. A plan has been developed to divide the country into four zones, each covering four to five branches. The implementation has been hampered by lack of funding support and low interest from partners.

Working in partnership

ARC is participating in meetings coordinated by the Angola National Aids Services Organization (ANASO) to which ARC is the vice chair. There is also good collaboration with the National Institute for Fighting Aids (INLS), Ministry of Health and other non-governmental organisations engaged in HIV programmes. The activities in national polio campaign have involved close cooperation with National and Regional Health Authorities, whilst in disaster management the ARC continues to be an active partner of the Government Organization for Civil Protection and other key agencies during emergencies. The National Society holds the chair of the Malaria National Forum in Angola, and is an active member of the Global Fund Country Coordination Mechanism (CCM).

The ICRC scaled-down support for tracing and communication and is phasing out presence in Angola. Spanish Red Cross continues as bilateral partner in HIV and AIDS projects in two provinces (Bie and Benguela) and a street youth project in Benguela. The German Red Cross with a four year HIV and AIDS programme in Cunene Province and eight months support to ARC National disaster management plan for Huila and Luanda branches. These two projects will end February 2009 to be continued in Namibe Province for 2009. The Danish Red Cross will further support institutional development in 2009.

The IFRC is partner in HIV and AIDS Global Programme and DFID IS III project. Additional in-country partners are OXFAM, UNICEF, and Care International where co-operation agreements exist and with World Vision for Malaria programme in Kwanza Norte Province.

Looking ahead

The restructuring process is slowly but steadily taking shape, although there remains the need to increase building of capacity at national and provincial levels. The focus is on enhancing skills on relationship management, PMER, finance management, WatSan, and disaster response. Further support is needed to support branch development Community-based First Aid, communication systems and volunteer management

ARC programme portfolio is also taking shape in health and HIV and AIDS programmes; however organisational development and promotion of Humanitarian Values and Fundamental Principles needs revitalisation. The Partnership portfolio has remained stable with some additional partners coming on board. The coordination mechanism remained effective in bringing the partners together. It is hoped that an opening with the governance structure will take place in the first phase of 2009, paving way for branch assemblies and partnership meetings.

How we work

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.

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BUDGET 2008

PROGRAMME BUDGETS SUMMARY

Appeal no.: MAAA0001

Name: ANGOLA APPEAL

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & First Aid	0	0	0	0	0	0	0
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	0	0	0	62,179	0	0	62,179
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	0	0	0	62,179	0	0	62,179
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	0	3,300	0	0	12,705	0	16,005
TRANSPORT & STORAGE	0	3,300	0	0	12,705	0	16,005
International Staff	0	0	0	0	125,400	0	125,400
Regionally Deployed Staff	0	0	0	0	0	0	0
National staff	0	21,605	0	0	22,562	0	44,167
National Society Staff	0	77,630	0	0	0	0	77,630
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	99,235	0	0	147,962	0	247,197
Workshops & Training	0	99,100	0	0	0	0	99,100
WORKSHOPS & TRAINING	0	99,100	0	0	0	0	99,100
Travel & related expenses	0	18,796	0	0	0	0	18,796
Information & Public Rela	0	13,000	0	0	0	0	13,000
Office Running Costs	0	11,820	0	0	3,420	0	15,240
Communication Costs	0	15,360	0	0	5,400	0	20,760
Professional Fees	0	6,240	0	0	0	0	6,240
Other General Expenses	0	1,200	0	0	1,200	0	2,400
GENERAL EXPENDITURE	0	66,416	0	0	10,020	0	76,436
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	0	18,635	0	4,322	11,866	0	34,823
PROGRAMME SUPPORT	0	18,635	0	4,322	11,866	0	34,823
TOTAL BUDGET:	0	286,686	0	66,501	182,553	0	535,740