

# Plan 2010-2011



## ANGOLA

### Executive summary

Angola is an emerging democratic country, focusing on infrastructural restructuring and revamping of the service delivery systems. However, recurrent emergencies such as cholera outbreaks and flooding, aggravated by the impact of poverty, malnutrition and poor health services are delaying the socio-economic and infrastructural developments.

Angola Red Cross Society (ARC) is also going through an internal organisational reform, which demands significant attention of the governing board, management and partners. The recovery programme is envisaged to elevate the ARC to becoming a well-functioning National Society. The Strategic Plan (2006-2009) which is being revised takes into account priorities of the [Johannesburg Commitment](#) adopted by Red Cross and Red Crescent Leaders in the 7<sup>th</sup> Pan African Conference (PAC).

To accomplish its goal of providing support to the National Society, the International Federation of Red Cross and Red Crescent Societies has reviewed its strategic direction by developing the new global strategy – [Strategy 2020](#): developed through an extensive consultation process with active participation of all National Societies, including meetings in all Zones. Strategy 2020 is based on three mutually-reinforcing strategic aims for 2020;

1. Save lives, protect livelihoods, and prepare for and recover from disasters and crises;
2. Enable healthy and safer living;
3. Promote social inclusion and a culture of non-violence;

and three enabling actions to deliver Strategic Aims

1. Build strong National Red Cross Red Crescent Societies;
2. Pursue humanitarian diplomacy to prevent and reduce vulnerability;
3. Function effectively as the International Federation.



This plan for 2010-2011 is seeking a total of CHF 3,8m (EUR 2,6m or USD 3,3m)

[Click here to go directly to the attached summary budget of the plan](#)

# Country context

**Table 1: Statistics from the Human Development Report 2007/2008<sup>1</sup> for Angola**

Population, total (million), 2005	16.1
Life expectancy at birth, annual estimates (years), 2005	41.7
Adult literacy rate (% aged 15 and older), 1995-2005	67.4
Under-five mortality rate (per 1000 live births), 2005	260
One-year olds fully immunized against tuberculosis (%), 2005	61
One-year olds fully immunized against measles (%), 2005	45
HIV prevalence (% aged 15-49), 2005	3.7
Human Development Index value, 2005	0.446
Human Development Index rank, 2005	162
Human Poverty Index (HPI-1) value (%)	40.3
Human Poverty Index (HPI-1) rank	89
Population living below \$2 a day (%), 1990-2005	..
Population using improved water source (%) 2004	53
Population using improved sanitation (%) 2004	31

Since 2002, Angola started to recover from a devastating 27 years of conflict that left the country deeply distressed, divided and heavily handicapped with land mines. The infrastructure has been depleted, and the institutional and basic service delivery systems are poor. Despite efforts made by the government on revamping socio-economic and physical infrastructure such as road networks, power supply, communication, education system and health facilities, there is still a long way on rebuilding the country beyond Luanda and some provincial capitals as well as creating alternative solutions to rural-urban migration. There are delays in the nationwide development as a direct impact of the global economical crisis.

Statistics above show that Angola remains in the lower end of the human development index (HDI) for southern Africa, ranking 162 on a global index of 179 countries, though improvements are noted. There have been some significant issues related to the limited access to health services, poor water and sanitation conditions, malnutrition and constant threats of diseases outbreaks. This explains the challenges confronting Angola in the near future and that it will not be easy to reach out to many people. The main causes for mortality rate for children under five years, relate to high percentage of neonatal deaths (22 percent), pneumonia (25 percent), diarrhoeal diseases and malaria, each (19 percent).

Hardships in rural areas lead to rural–urban migration particularly among the youth, now living outside educational possibilities and facing a life on the roads – drug and alcohol abuse increased crime and domestic violence. To date, approximately six million Angolans live in Luanda in cramped conditions in suburbs near the city centre. The Angolan economy is by large dependent on the oil revenue but slowly the agricultural sector is growing, largely through support to farming, fishing associations and small scale loans. However, most of the rural population lives on subsistence farming and fishing along the riverbanks where access is easier but in competition with hippos, crocodiles and elephants. The need for development, hereunder the hydro-electric plants that ever so often floods the farmed areas, causes loss of potential income and food sources for the poorest of Angolan Population.

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<sup>1</sup> UNDP, Human Development Report 2007 - 2008

Floods and drought are potential natural hazards also recurrent in Angola. In addition to the recent outbreaks of communicable diseases such as cholera, Polio and measles, Angola is also endemic to diseases such as, Marburg haemorrhagic fever, malaria and the HIV and AIDS epidemic. Furthermore, the country is vulnerable to the new thread of viruses hereunder the H1N1 and H1N5 with little preventive measures in place. On the other hand, landmines and poor road networks limit access to the most vulnerable communities. This remains an impeding factor on human development.

The political scene changed dramatically after the September 2008 elections, where the ruling political party (MPLA), with a crushing victory of 82.5 percent and winning in all 18 Provinces, was given a democratic mandate to rule for the next four years. The Presidential elections, planned for 2009, were delayed pending approval of the new Constitution by the Assembly and the MPLA Congress in December 2009. The Presidential elections are to be followed by the first ever municipal elections, also in 2010.

## National Society priorities and current work with Partners

This plan is based on the priorities of the National Society, which are on institutional capacity development, disaster preparedness, response and risk reduction, long-term and community-based health and First Aid (CBH&FA), emergency health, HIV and AIDS prevention care, support and treatment, food security and livelihood enhancing interventions. ARC is in urgent need of financial and material resources in order to develop its programmes and achieve greater impact. Except for limited bilateral projects, ARC 2010-2011 plan has not been funded, although some partners have show interest in partnering with the National Society. ARC has been undergoing transition since 2006, whilst the leadership appointed in 2007 seeks to fulfil the mandate of the Red Cross in the country in a more effective and efficient way. However, efforts in fostering the change process are hampered by the existing damage caused by the prolonged war, coupled with low literacy rate and slow developmental processes. The change process has also been affected by limited financial and human resources. In addition, it has been difficult to recruit and retain staff due to competitiveness in the job market. This is despite the fact that the government of Angola significantly support salaries at the headquarters and branches.

### Disaster Management Priorities

The IFRC Country Representation will support the disaster management programme in contributing to the government's effort on strengthening the capacity at the community level. Focus is on implementing vulnerability and capacity assessment (VCA) and building the disaster management capacities of communities and the branches. Continual effort is being put on enhancing disaster response capacities and on advocacy and partnerships. DFID is the only current donor supporting disaster risk reduction activities under its Institutional Support (IS) Phase III project for the next two years (2009 and 2010).

The prolonged civil war ended seven years ago, but left big threats of landmines and unexploded ordinances (UXO) in many provinces, often worsened by annual heavy rain and flooding. Disaster response and mine awareness campaigns have been core activities particularly conducted by trained volunteers, and supported by the IFRC.

The Zambezi River crosses seven countries in southern Africa and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, which is also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the ZRBI project was developed aimed at reducing vulnerability and building community resilience against hazards and threats.

The ZRBI project was endorsed by the seven affected countries including Angola (Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)<sup>2</sup> in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

### Health and Care Priorities



In emergency operations Angola Red Cross collaborates with the local authorities in providing insecticide treated bed nets used to prevent malaria.

In the next two years, ARC will focus on rebuilding the health programme in line with the CBH&FA guidelines, by gradually expanding the services to new target communities. The perspective is on making CBH&FA an integrated component of all community-based health projects. ARC aims to achieve improved access to clean water, adequate sanitation facilities, prevention and control of communicable diseases, reducing the impact of health emergencies, and ensuring effective social mobilisation.

The long-term approach to water and sanitation (WatSan) programme is relatively new to ARC with experience only from emergency operations. Focus is on developing structures that facilitates the roll out of Participatory Hygiene and Sanitation Transformation (PHAST) methodology to promote hygiene and health education. Resources are therefore required for the production of information, education, and communication (IEC) material to be used for training and dissemination purposes.

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<sup>2</sup> For more information on ZRBI refer to: [http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi\\_River\\_Project\\_LR3.pdf](http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf)

In 2010, ARC will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003AO)<sup>3</sup>, which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003)<sup>4</sup> and a component of the IFRC Global Alliance on HIV. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. It is unlikely in the current economic context that ARC will be able to raise additional funding foreseen to scale-up HIV interventions by the end of 2010. Most of the funding from the IFRC and PNS existing agreements is coming to an end in 2010. In addition, the annual income either through the IFRC or direct to National Societies is expected to decrease (perhaps by 30 percent if not more), primarily due to the financial crisis that has engulfed all sectors (government, private sector, foundations and Movement partners).

ARC leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting held in June 2009. The leaders agreed on the urgent need to integrate HIV and AIDS activities with other community-based health and care activities, while ensuring alignment with government priorities. SAPRCS also commissioned a rapid assessment to determine the implications of doing so; develop a detailed plan and budget that will take into consideration the transition of the programme management and activities. Therefore, in 2010, the HIV and AIDS programme continues supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for OVC, while ensuring positive living and ART adherence support for PLHIV. The programme plan for 2011 will be reviewed based on the results of the rapid assessment, no later than December 31, 2009.

### Organisational Development Priorities

With the new leadership, ARC requires further governance and management orientation on Fundamental Principles and Humanitarian Values, priorities and standard operational procedures (SOPs). The IFRC Sub-Zone office has placed its focus on providing technical support to the leadership in all areas of policy development, governance, management and programming.

Most of the branches have commendable experience in emergency operations, although there have been some gaps in co-ordination from the headquarters. The network of over 2,000 volunteers has been the core resource in implementing all community-based activities, including participation in national immunization programmes. Therefore, First Aid and community-based disaster management training will be continually conducted in order to strengthen actions of volunteers during health emergencies.

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<sup>3</sup> For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003AO) or follow the link <http://www.ifrc.org/appeals/annual06/africa/logframes/MAA63003AO.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

<sup>4</sup> For more information please refer to the Southern Africa Regional HIV and AIDS Programme (MAA63003) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

# Secretariat supported programmes in 2009-2010

## Disaster Management

### a) The purpose and components of the programme

<b>Programme purpose</b>
Reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2010-2011 is CHF 1,8m (EUR 1,2m or USD 1,6m)

<b>Programme component: Disaster Preparedness</b>	
Outcome 1	Relief stock are pre-positioned at provincial level for timely response in the event a disaster.
Outcome 2	ARC has efficient mechanism and improved capacity in skilled human resources, financial and material resources for optimal disaster preparedness.
<b>Programme component: Disaster Response and Recovery</b>	
Outcome 1	Improved disaster response mechanism to meet the needs of those affected by disaster.
Outcome 1	ARC capacity for the provision of assistance in the restoration of sustainable livelihoods in population affected by disasters is improved.
<b>Programme component: Disaster Risk Reduction (DRR)</b>	
Outcome 1	Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effect of common natural phenomenon due to climate change.
<b>Programme component: Zambezi River Basin</b>	
Outcome 1	The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2	Access to adequate and nutritious food commodities increased among communities along the Zambezi River basin.
Outcome 3	The number of deaths, illnesses and impact from diseases reduced among communities along the Zambezi River basin.
Outcome 4	National Society capacity to implement disaster preparedness, response and recovery operations is increased.

In preparedness for recurrent disasters such as localised flooding, ARC will ensure adequate prepositioning of relief stocks in disaster prone areas. In addition, volunteers will be trained on relief distribution, beneficiary selection and monitoring, community-based disaster preparedness. The volunteers should also be champions on early warning system so as to be able to lead the communities in the event of a looming disaster. With funding support permitting, ARC would like to establish regional warehousing facilities as well as training respective staff on stock management, in collaboration with Civil Protection Unit. Other activities in need of support are the national disaster management workshops and the development of a master plan, risk mapping tools and database. On mitigation, ARC will design and implement climate change adaptation strategies based on traditional coping mechanisms and scientific data on climate change.

Through the ZRBI, the branches along the Zambezi River basin will be trained on VCA toolkit and guidelines, targeting 650 volunteers and staff. At community level, ARC will assist 30,000 people living along the river basin, in enhancing their resilience to disasters and building coping mechanism through livelihood initiatives.

## b) Potential risks and challenges

Angola is viewed as a rich country with a potential for socio-economic growth; this in itself makes it difficult to attract donors. However, the wide gap between the rich and poor coupled with the effects of war compel ARC to seek international assistance.

Given the current limited absorption capacity to cover long-term programme and emergency operations, recurrent disasters divert attention from the long-term programmes, thus disrupting the implementation of activities and consequently the quality of service. In the past, ARC has spent a minimum on nine months to respond to health emergencies, thus demanding a lot of resources from the National Society.

## Health and Care

### a) The purpose and components of the programme

<b>Programme purpose</b>
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies

The Health and Care programme budget for 2010-2011 is CHF0.8m (EUR 0.5m or USD 0.6m)

<b>Programme component: Community-based Health and First Aid (CBH&amp;FA)</b>	
Outcome 1	Communities which are able to cope with health and disaster challenges achieved through implementation of CBH&FA, traditional and commercial First Aid activities.
Outcome 2	Women, men and children protected from malaria through adequate surveillance, preparedness, prevention and response measures.
Outcome 3	Women, men and children protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.
Outcome 4	Access to immunization services (especially measles and polio) to children and mothers improved in ARC targeted areas.
Outcome 5	ARC has capacity to mobilise a pool of voluntary non-remunerated blood donors.
<b>Programme component: Water and Sanitation</b>	
Outcome 1	An improvement in access to safe water and sanitation facilities to identified vulnerable communities.
Outcome 2	Vulnerable communities benefit from the PHAST programme, which will be developed in 2009 and implemented through to 2010 and 2011.
<b>Programme component: Health Emergencies</b>	
Outcome 1	ARC targeted communities with increased capacity to cope with health emergencies.
<b>Programme component: HIV and AIDS</b> (Refer to Link <a href="http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003AO.pdf">http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003AO.pdf</a> )	
Outcome 1	Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).
Outcome 2	Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.
Outcome 3	Address stigma and discrimination with targeted communication and advocacy activities.
Outcome 4	Build the National Society capacity to plan, implement, and manage the programme.

CBH&FA is envisaged as a core programme component in health and care, and its structures support the other projects. Proper guidance is hence required for ARC to ensure adaptation of manual and tools, translated into Portuguese. To begin with, ARC will focus on training of trainers followed by baseline surveys to determine the needs. The National Society will also increase focus on traditional and commercial First Aid, prevention and control of malaria, tuberculosis and other communicable diseases.

On annual basis, the volunteers will actively participate in immunization campaigns in coordination with the Ministry of Health and Inter-Agency Coordination Committee, aimed at eradicating measles and polio. The main role of the Red Cross volunteers is monitoring and supervision immunization campaign activities at branch level.

ARC started the voluntary non-remunerated blood donor recruitment through “Club 25”, targeting Luanda, Kwanza Sul and Kuando Kubango branches. The National VNRBD campaign has been launched and linkages created with the National Blood Transfusion Service.

Water supply, sanitation and hygiene promotion activities will targeted at 18 provinces. Through PHAST methodology, volunteers will be trained, whilst construction and rehabilitation of water points and latrines will be among the key result areas.

### c) Potential risks and challenges

The health programme has been the flagship of the ARC, being implemented through community-based health posts and community volunteering, however, over the years, has ceased to function in some areas. Although ARC is committed to the re-development of the CBH&FA, the facets requires revitalisation in order to meet the increasing needs and demands of the vulnerable communities.

The HIV and AIDS pandemic, compounded by poverty and recurrent disasters has increased suffering of the most vulnerable groups. In addition, the susceptibility to malaria of the people living with HIV (PLHIV), demands and holistic service delivery system, which caters for their health, food and welfare needs. Therefore, the new approach is integrated programming in order to ensure holistic support to the vulnerable people.

## Organisational Development/Capacity Building

### a) The purpose and components of the programme

<b>Programme purpose</b>	
	Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

**Organisational Development programme budget for 2010-2011 is CHF 0.3m (EUR 0.3m or USD 0.3m)**

<b>Programme component: Leadership and Management Development</b>	
<b>Outcome 1</b>	ARC governance and management strengthened ability to effectively lead the organisation and its service delivery.
<b>Programme component: Well functioning Organisation</b>	
<b>Outcome 1</b>	ARC has well defined policies and guidelines in programming, finance, logistics and human resources management for the effective management of the National Society.
<b>Outcome 2</b>	Financial management system, procedure and tools are in place, effectively and systematically used.
<b>Outcome 3</b>	ARC has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.
<b>Outcome 4</b>	ARC has capacity in planning, monitoring, evaluation and reporting (PMER) and programme design, monitoring, evaluation and reporting meet standards stipulated in the Federation’s “Performance and Accountability Framework”.
<b>Programme component: Branch Development and Volunteer Management</b>	
<b>Outcome 1</b>	ARC branches are viable and vibrant and manage their volunteers effectively and efficiently.
<b>Programme component: Resource Development</b>	
<b>Outcome 1</b>	ARC resource base is improved and ensures sustainability for its programmes.

The capacity development programme's focus is on the revitalisation of the branches, volunteer promotion and training of staff on relevant thematic areas aimed at improving on credibility, accountability and visibility. It has been learnt over the years that ARC's programmes thrive on the work and dedication of its volunteers, especially during emergency operations.

The leadership aims to revitalise functionality and service delivery of the provincial branches through the establishment of four regional centres. The strategy revolves around building synergies and synchronisation of programmes. The provincial assemblies are therefore planned throughout its structure, as well as strengthening governance and management at branch level. A total of 18 provincial councils will be formed and subsequently carry out induction of the new members. More needs to be done on disseminating the Code of Conduct, strategies, principles and values to all staff, volunteer and executive council members.

Due to the vastness of the country and the associated challenges in communication, ARC seeks to revamp its information and communication systems, the work that began in 2009. Efficient systems are also required for financial management and logistics, and IFRC will increase its support in that regard, particularly the roll out of the Navision accounting software. Other weak areas for improvement are in performance tracking and reporting, where IFRC support is critically needed.

As discussed above, volunteer recruitment and motivation will be strengthened, and the target is to have 1,800 volunteers trained and maintained. The approaches are to be supported by a volunteer database management system and various training packages, depending on the programme the volunteers are attached to.

### **c) Potential risks and challenges**

Any change process is faced with resistance, hence demands for a committed leadership to lucidly lead the process. However, ARC is still seeking the commitment of the governing board members, and plans are underway for 'good governance' training.

The ARC also suffers the consequences of prolonged emergency operations, which have depleted its capacity. Without the commitment of the volunteers, little could be achieved in terms of the relief assistance. Strategies have been put in place to counteract the discrepancies in disaster response capacities through engaging into programmes that build community resilience to disasters; the impact of disaster is limited where mitigation initiatives are effective.

The recruitment of senior staff members has been challenged by the remuneration plan, which has been regarded less attractive than of other players. Nevertheless, ARC is contemplating raising salaries to market rates, if the support from the government continues in the next implementation period. In addition to its financial challenges, distance between projects and the headquarters incur high operational and core costs.

## Principles and Values

### a) The purpose and components of the programme

#### Programme purpose

Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The Principle and Values programme budget for 2010-2011 is CHF 76,000 (EUR 52,000 or USD 66,000)

#### Programme component: Community-Based Disaster Preparedness

Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values (P&V) are enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender).
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#### Programme component: Operationalization of Humanitarian Values and Fundamental Principles

Outcome 1	The dissemination of the Fundamental Principles and Humanitarian Values is an integral component in all NS programme activities.
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Outcome 1	Knowledge, understanding and application on non-domestic violence are enhanced at all levels of the organisation.
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The IFRC, ICRC and Partner National Societies (PNS) will be assisting ARC in disseminating information about the Red Cross Movement, thus improving on visibility and good publicity. Activities aimed at disseminating the Fundamental Principles of the Movement and Humanitarian Values, will be integrated with all programmes. Since 2003, the HIV and AIDS project had a component on combating discrimination and stigmatisation of PLHIV and victims of sexual abuse. The activities to be carried out in 2010 and 2011 are inspired by the positive results achieved through the HIV and AIDS project.

### c) Potential risks and challenges

The limited human resources capacity at the headquarters compounded by the funding constraints continues to hinder developments in the dissemination of the Fundamental Principles and Humanitarian Values. In addition, the Red Cross Emblem is not well understood in the country is still subject to misuse.

It has also been a challenge to formulate activities under the promotion of the Principles and Values as a programmatic area. Nevertheless their operationalization through integration with other operational programmes has ensured improvement on gender equity, anti-stigma and discrimination and knowledge on sexual gender-based violence.

## Role of the Secretariat

The Secretariat's budget for its support role in 2009-2010 is CHF 0.8m (EUR 0.5m or USD 0.7m)

### a) Technical programme support

The IFRC through the Country Representative have been present over decades providing technical support in programming, governance and management training and development. Currently and in the foreseeable future, focus is on monitoring the implementation of the change process. Additional support is provided by the IFRC Sub-Zone office upon the request of the National Society.

In terms of implementation and management of programmes, ARC has full responsibility and accountability. The branches at provincial level are in charge of the day-to-day activities directly contacting beneficiaries through volunteer network. At the national level, programme departments manage the programmes, develop policies and guidelines and supervise the branches during implementation. Periodically, programme department will produce regular programme updates and share with the stakeholders.

### **b) Partnership development and co-ordination**

ARC will seek to formalize its partnerships with local and international partners through the signing of a Memoranda of Understanding (MoU). The combination of resources and efforts will maximize the collective impact of services being delivered, and for ARC to achieve its objective of becoming a well-functioning National Society within the next five years. Support from the IFRC will be sought to improve collaboration and co-ordination utilizing the Cooperation Agreement Strategy (CAS) approach that aligns needs, strategic directions, capacities and priorities as well as support received from partners.

Currently, the German and Spanish Red Cross Societies are working bilaterally/unilaterally in Angola in response to HIV and AIDS and capacity building in disaster management, emergency health support and specific social programs directed at youth rehabilitation and work training. The ICRC has supported the tracing activities aimed at restoring family links of families disconnected by the war and has also been the biggest donor for the mine awareness project. It is expected that with the new recovery programme, more partners will show interest in supporting the National Society. The potential partners for this plan include the corporate sector (oil and diamond companies, and the Red Cross Red Crescent Movement Components such as American, Austrian, Belgian, Danish, Finnish, Japanese, Norwegian and Swedish Red Cross Societies.

As auxiliary to government, ARC has supported many initiatives such as the national vaccination campaign and relief assistance. Of late, ARC has been recognised as a major partner of government in emergency operations as well as in Disaster Risk Reduction activities, where the ARC is taking a leading facilitating role through the VCA approach. As a result, the ARC partners with the National Civil Protection Commission, which facilitates rapid response to emergencies. In various areas, ARC has cooperation agreement with United Nations (UN) agencies such as UNICEF, WHO, UNDP and Global Fund. With technical support of the ICRC, ARC coordinates with National Commission for De-mining and Humanitarian Assistance of Mine Victim (CNIDAH), UNICEF and Handicap International in the mine awareness programme, OXFAM in hygiene promotion during disasters and World Vision for Malaria intervention programmes.

In April 2007, the ARC Secretary General was elected as a president to the National Malaria Forum and has been closely involved in administrating malaria policies and strategies. The Secretary General also represents ARC at the Country Coordination Mechanism (CCM), which coordinates HIV interventions in Angola. This cooperation is expected to continue in the future and as ARC re-establishes itself through change process, aims to take a leading role in its humanitarian mandate.

### **c) Representation and Advocacy**

The IFRC representative facilitates relationships between National Society and its stakeholders including Movement components operational in the country. The lean office of the IFRC representative advises and coaches the leadership on strategic planning and coordination with other stakeholders and/or partners.

## Promoting gender equity and diversity

Due to the long lasting civil war, Angola has a bigger female population than male. However, female participation is limited, since many women are illiterate and are easily excluded in training and educational programmes. Therefore in programme design, planning and selection of methodologies, this issue is highly considered. For example, pictorial promotional materials and dramas in local languages, which they can easily comprehend, are widely used to disseminate IEC material and messages. When recruiting volunteers, ARC is gender sensitive by encouraging participation of women, by producing information, education and communication (IEC) material, which is user friendly for people with very limited literacy.

## Quality, accountability and learning

To be accountable to beneficiaries, partners and donors, ARC initiated the change process to enhance its service delivery system. In partnership meeting scheduled for late 2009, the progress to achieve accountability will be shared with the partners and donors. Policies, guidelines and standard operation procedures, which are under development, will provide quality standard measures for each programme.

The planning and information sharing meetings are held with Red Cross/Red Crescent partners in the country and will continue as planned. The reporting systems are slowly being strengthened to ensure sharing of progress and information with stakeholders, at the same time ensuring accountability to donors and knowledge sharing (learning) among staff.

## 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.

## Contact information

For further information specifically related to this plan, please contact:

- **In Angola:** Walter Quifica, Secretary General, Email [wquifica@yahoo.com](mailto:wquifica@yahoo.com)  
Phone: Tel: +244.922.313.242; Fax 244.222..372.868
- **In Angola:** Karen Hvid: Federation Representative: Email: [karen.hvid@ifrc.org](mailto:karen.hvid@ifrc.org);  
Phone: Tel: +244 923 408 557; Fax: +244.222.372.868.
- **In Southern Africa Sub-Zone:** Françoise Le Goff, Head of Sub-Zone Office, Johannesburg; Email [francoise.legoff@ifrc.org](mailto:francoise.legoff@ifrc.org); Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230

### For pledges towards the programmes:

- In IFRC Southern Africa Sub-Zone: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email: [zonerm.southafrica@ifrc.org](mailto:zonerm.southafrica@ifrc.org); Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

### For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:

- In IFRC Southern Africa Sub-Zone: Theresa Takavarasha; PMER Manager, Johannesburg; Email: [terrie.takavarasha@ifrc.org](mailto:terrie.takavarasha@ifrc.org); Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230

### For media enquiries:

- In IFRC Southern Africa Sub-Zone: Matthew Cochrane; Communication Coordinator, Johannesburg; Email: [matthew.cochrane@ifrc.org](mailto:matthew.cochrane@ifrc.org); Phone: Tel: +27.11.303.9700; Mobile: +27.83.395.5266; Fax: +27.11.884.3809; +27.11.884.0230

## MAAAO001 - Angola

### Budget 2010 - 2011

#### Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	248,602	192,955				441,557
Land, vehicles & equipment	61,600					61,600
Transport & Storage	77,900				64,350	142,250
Personnel	150,004	40,000	33,740		257,794	481,538
Workshops & Training	325,000	118,350	112,000	12,500		567,850
General Expenditure	133,611	51,631	119,074	17,724	92,175	414,215
Depreciation						
Contributions & Transfers						
Programme Support	69,290	28,012	18,410	2,101	28,803	146,616
Services						
Contingency						
<b>Total Budget 2010</b>	<b>1,066,007</b>	<b>430,947</b>	<b>283,224</b>	<b>32,325</b>	<b>443,122</b>	<b>2,255,625</b>

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	117,050	133,000				250,050
Land, vehicles & equipment	26,600	15,000				41,600
Transport & Storage	67,400				64,350	131,750
Personnel	167,004	40,000		7,000	153,994	367,998
Workshops & Training	217,004	92,000	25,000	12,500		346,504
General Expenditure	98,006	44,500	57,152	21,750	74,359	295,768
Depreciation						
Contributions & Transfers						
Programme Support	48,181	22,559	5,711	2,868	20,348	99,667
Services						
Contingency						
<b>Total Budget 2011</b>	<b>741,245</b>	<b>347,059</b>	<b>87,864</b>	<b>44,118</b>	<b>313,052</b>	<b>1,533,336</b>