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Annual report Angola

 International Federation
of Red Cross and Red Crescent Societies

MAAAO001

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**This report covers the
period 01/01/2012 to
31/12/2012**

*Photo caption and credits — Community
sensitization session in Malene Province,
Angola Red Cross Society*



In brief

Programme outcome

In line with the strategic aims of the International Federation of Red Cross and Red Crescent Societies' (IFRC) Strategy 2020, the Angola Red Cross Society (ARCS) aims to achieve the following outcomes: saving the lives of vulnerable people, enabling safer and healthy living, strengthened capacities of communities to respond to disasters, reducing the impact of natural and man-made disasters, enhancing the capacity of staff to deliver quality services to vulnerable communities, developing community resilience, enhancing community livelihoods as well as promoting social inclusion, peace and harmony.

Programme(s) summary

In 2011, ARCS has received funding support for the disaster management and National Society development components through the IFRC and the Danish Red Cross. The IFRC's Southern Africa Regional Office (SARO) continued providing technical support in developing programmes and ensuring that the required capacity is in place.

A major milestone for the National Society during this reporting period was the local launch of the Zambezi River Basin Initiative (ZRBI). The overall goal of the initiative is to reduce the impact of challenges facing communities along the Zambezi river basin, and improve the quality of their lives and livelihoods through comprehensive and sustainable disaster management, branch development, and health and care programmes.

In addition to this, other ongoing programmes include disaster preparedness particularly mine awareness campaigns, food security and community-based health and first aid (CBHFA) especially malaria awareness programmes. The National Society continued to emphasize strengthening the capacities of its' provincial branches for better programme development and service delivery.

Financial situation

The total 2011 budget for the country plan was CHF 1,325,040, of which CHF 167,078 (13%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 116,170, corresponding to 9% of the budgeted amount and 70% of the available funding. [Click here to go directly to the financial report](#)

Additionally, Angola had a balance carried forward from 2010 from other regional and global IFRC sources, including HIV, DFID, ZRBI and Malaria programmes. Additional Malaria resources were received during 2011.

Number of people we have reached

ARCS reached approximately 14,380 people through awareness raising and training on community-based disaster risk reduction and preparedness intervention as well as food security livelihoods. In addition, more than 14,000 people were reached through various HIV and AIDS interventions. An estimated 29,308 people will benefit from activities planned for 2012.

Our partners

Within the Red Cross/Red Crescent Movement, ARCS works in partnership with the IFRC, the International Committee of the Red Cross (ICRC) and the Danish, German, Spanish and Swedish Red Cross Societies. Outside the RC/RC Movement, the National Society works with UN agencies (including UNICEF, WHO, UNDP); the Global Fund; the International Organization for Migration (IOM) and the UK government's Department for International Development Fund (DFID). It also collaborates with government commissions like the National Commission for De-mining and Humanitarian Assistance of Mine Victims in Angola (CNIDAH), National Civil Protection Commission and National Malaria Forum, as well as with government ministries, relevant International NGOs (OXFAM, World Vision and Handicap International) and the private sector.

The ARCS and IFRC want to thank partners for their support to this appeal and for their ongoing support and collaboration.

Context

Angola remains in the lower end of the Human Development Index (HDI) for southern Africa, ranking 146 on a global index of 169 countries. There are significant challenges related to the limited access to health services, poor water and sanitation conditions, malnutrition and constant threats of disease outbreaks. An estimated 45% of the population suffers from stunted malnutrition.

The main causes for mortality in children under five years include the high percentage of neonatal deaths (22%), pneumonia (25%), diarrheal diseases and malaria each (19 percent). Hardships and poverty in rural areas lead to rural–urban migration particularly among the youth, now living outside educational possibilities and facing urban life in the streets including drug and alcohol abuse and increased crime and domestic violence.

To date, approximately six million Angolans live in Luanda in cramped dwellings and conditions near the city centre. The Angolan economy is by large dependent on the oil revenue though the agricultural sector is slowly growing, largely through support to the farming and fishing associations and thanks to small scale loans. However, most of the rural population is dependent 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 hydro-electric plants that often flood the farmed areas, causes loss of potential income and food sources for the poorest of Angolan population.

The most significant disaster covered by this reporting period was the floods which affected the whole country due to very heavy rains.

Progress towards outcomes

Disaster Management

Programme component 1: Disaster Preparedness

Outcome 1: Relief stock are pre-positioned at provincial level for timely response in the event a disaster.

Outcome 2: ARCS has efficient mechanisms and improved capacity, skilled human resources as well as financial and material resources for optimal disaster preparedness.

Achievements

- ARC continued the process of developing a disaster management master plan, with funding support from the Danish Red Cross. Towards this end, the National Society conducted a workshop with secretaries of its' 18 provincial branches who provided their inputs and contributions for the elaboration of the plan. All contributions were considered in the DMMP draft that still needs further development and to be launched in 2012.

Programme component 2: Disaster Response and Recovery

Outcome 1: Improved disaster response mechanism to meet the needs of those affected by disaster.

Achievements

- Large parts of Angola still remain covered with landmines, even a decade after the end of the 27 year devastating civil war. Therefore, mine awareness campaigns are a core activity of the National Society, which is conducted by trained volunteers. During the reporting period, ARCS carried out 8 community sensitization sessions on mine awareness through drama groups among communities at risk in Kwanza Sul province, with funding support from DFID and through the IFRC.

Outcome 2: ARCS capacity for the provision of assistance in the restoration of sustainable livelihoods of population affected by disasters is improved.

Achievements

- The National Society conducted 2 workshops on early warning and Climate Change in Bengo and Kwanza Sul provinces. One staff, 2 volunteers and 20 community members were trained.

Programme component 3: Disaster Risk Reduction (DRR)

Outcome 1: Communities have local risk reduction strategies in place building on traditional coping mechanisms as well as contemporary knowledge on the cause and effect of common natural phenomenon due to climate change.

Achievements

- ARCS received assistance and support from IFRC in finalizing the National Society's food security strategy.
- During this period, the fishing project in Kwanza Sul province progressed well. Community members (130 families) covered under the project began earning a small income, which contributed towards improving their livelihoods. A sense of ownership was seen with communities showing their commitment to the project and working towards ensuring sustainability of the project activities.

Programme component 4: Zambezi River Basin Initiative (ZRBI)

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.

Achievements

- This period saw the official launch of the ZRBI in Cazombo and Moxico provinces. Two meetings were convened with the Provincial Civil Protection Unit in Moxico province to enhance partnerships for the development of community-based early warning systems. The presence of ARCS has been strengthened with the set-up of offices and branches in areas where the National Society had not previously operated. This will aid ARCS' capacity in reaching out to those communities that could previously not be reached.
- The National Society conducted two training workshops on disaster management, targeting communities of Nalioninga, Mupachi, Cawende and Jamba living along the Zambezi river basin. 117 Community members and 20 volunteers were trained on basic disaster management and climate change at these workshops and six participating communities developed disaster management plans. An increased awareness of and capacity for disaster preparedness was demonstrated by participants at the end of the workshops.

In addition, ARCS conducted workshops for communities in drought and flood prone areas on management of such emergency situations.

- Monitoring visit to Cazombo for assessment of project activities took place in August and the results encouraged the Provincial Secretary to provide more support to the project implementation due to the big distance between Luanda and Cazombo/Moxico in order to motivate the Provincial Project Office (PPO).

Health and Care

Programme component 1: Community-based Health and First Aid (CBHFA)

Outcome 1: Communities are able to cope with health and disaster challenges achieved through implementation of CBHFA, traditional and commercial First Aid activities.

Achievements

- The 14 health posts in 8 branches provided traditional First Aid in remote rural communities attending to approximately 50 to 100 beneficiaries per day (including children

and pregnant women). The posts in the 8 branches are supported by the MoH in terms of drugs for Malaria, diarrhea and respiratory diseases. 80% of the cases that appear at the health posts for treatments are linked with malaria. The main services provided by those health posts are: primary health care and routine immunization (including polio, BCG, yellow fever and tetanus), family planning, pediatrics, pharmacy, health education, condoms promotion and distribution, counseling and voluntary testing for HIV AIDS treatment. In 2011, a total of 250,880 clients attended the health posts, the majority of whom were children and women.

- In Angola, ARCS is the main organization to provide first aid services in the country. Most of the stakeholders addressed on this activity call on the ARCS for First Aid trainings. During the reporting period, 4 training sessions were held at the following companies: FUNDO LWINI (a national NGO supporting people with physical disability) 6 employees trained; INADEC (National Institute of User Defense) 12 employees trained; 16 employees trained in a private builder company and from ARCS; 38 volunteers were trained from Luanda and Malanje branches.
- The last quarter of 2011 saw the highest number of cholera cases in 3 provinces of Angola (Lunda Norte, Lunda Sul and Malanje). More than 600 cases of cholera were registered with more than 100 deaths. The majority of outbreaks were in Linda Norte. ARCS volunteers have been sensitising community members on the need to strengthen individual and collective hygiene and sanitation measures and promoting CBHFA for improved community health environment.

Outcome 2: Women, men and children protected from malaria through adequate surveillance, preparedness, prevention and response measures.

Achievements

- During this period, 12.600 household visits and 780.000 of target populations (vulnerable people in risk area) were reached through either individual or collective activities. The communities which they belong to are influenced with the progress and challenges of the actions.
- 15.000 mosquito nets from the Mohr were distributed by ARCS volunteers to 633 pregnant women and 729 children under 5 years in the 7 border provinces of Angola (Cabinda, Malanje, Lunda Norte, Lunda Sul, Kwando Kubango and Uíge, including Luanda). 3,329 pregnant women were advised to go for antenatal care for malaria prevention treatment.
- More than 21 communities were trained on how to hang the long lasting insecticide treated nets by ARCS volunteers during household visits.

- Pregnancy cards were also checked to ensure that pregnant women attend antenatal care regularly and also to check if they have been vaccinated appropriately.
- 388 sensitization sessions for malaria prevention treatment was done by ARCS volunteers targeting 13,996 beneficiaries in the 10 communities in Kwanza Norte through World Vision support.
- With the support of USAID, a new Malaria project will be implemented by the ARCS in Uíge province and the negotiation period started in 2011.

Outcome 3: Women, men and children protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.

Achievements

- Tuberculosis (TB) activities are integrated into the HIV programmer. All the provinces in the country have carried out activities related to this outcome through raising awareness during community sessions, drama group, condoms and IEC material distributions, radio and TV spots targeting at-risk populations including young, commercial sex workers. During the reporting period, 3,542,000 awareness sessions were conducted, 10,013 condoms distributed, 6,400 books on HIV distributed and 1,223 HIV posters in local language were distributed.

Outcome 4: Access to immunization services (especially measles and polio) of children and mothers improved in ARCS targeted areas.

Achievements

- ARCS is involved in all country-wide vaccination campaigns, as a member of the Inter-Agency Committee Coordination (ICC) right from the planning phase, to logistics and implementation support to the Mohr financed through the ESSO BLOC 15 (Oil Company) funds. During the reporting period, equipment was procured to support the routine and campaign vaccination including 6 vehicles (TOYOTA 4X4) and 25 motorbikes.
- 630 volunteers were trained and are involved in the vaccination campaigns. During the last 6 months, ARCS participated in the vaccination of up to 1,568,000 children in rural areas thanks to the last social mobilization conducted by ARCS volunteers.

Outcome 5: ARCS has capacity to mobilize a pool of voluntary non-remunerated blood donors.

Achievements

- Four mobilization campaigns for blood donation were organized in four provinces (Cabinda, Bengo, Moxico and Luanda) with participation of 61 ARCS volunteers and 100 volunteers

from the armed forces for donation to the provincial Blood Banks. It remains a challenge for ARCS to disseminate best practices and promotion of these activities in order to reduce the number of deaths related to blood shortages.

Programme component 2: Water and Sanitation

Outcome 1: An improvement in access to safe water and sanitation facilities to identified vulnerable communities.

Achievements

- The ARCS volunteers have been sensitising community members in rural areas regarding the need to strengthen individual and collective hygiene, distributing products for water purification, promoting good sanitation and community health environment.

Programme component 3: Health Emergencies

Outcome 1: ARCS targeted communities with increased capacity to cope with health emergencies.

Achievements

- ARCS have a core group of volunteers who stay in periphery community areas that are integrated in the Public National Institute Medical Emergencies. However, it is a priority for ARCS in 2012 to train them on how to report all situations related to medical emergencies, to call ambulance staff for support.

Programme component 4: HIV and AIDS

Outcome 1: Prevent further infections through community based peer education and Information, Education and Communication activities for targeted at-risk populations and key drivers of the HIV epidemic to promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).

Achievements

- Across the country, ARCS has 3,500 volunteers conducting community based prevention programmes for Malaria, HIV and TB through awareness raising activities including drama, interpersonal communications, advocacy and mobilization campaigns. 13,467 of vulnerable people (including children, youth and women) from 12 provinces (Bengo, Bié, Cabinda, Huíla, Kwanza Norte, Kwanza Sul, Luanda, Lunda Norte, Lunda Sul, Malanje,

Moxico and Uige) participated in these volunteers lead community activities. The volunteers sensitized and informed the targeted groups on the use of prevention methods to reduce the impact of the diseases and how to respond to disaster challenges.

- TB activities are integrated into the HIV programme. All the provinces in the country have carried out awareness raising activities including community sensitizations, drama groups, condom and IEC material distributions, radio and TV sports targeting at-risk populations such as young people, commercial sex workers, members of the armed forces and the police. In total 3,542,000 awareness sessions were conducted, 1,013 condoms were distributed, 6,400 books on HIV were distributed and 1,223 HIV posters in local language were distributed.
- ARCS is providing support to 12,000 vulnerable women through AJD (A development association for young people) a national NGO through ESSO BLOC 15 financial support. Nutritional support for woman in 3 TB hospitals is implemented in 3 municipalities namely Ambriz, Dande and Quibaxi.

Outcome 2: Provide nursing care in homes and communities for chronic illnesses that still require it including support for PLHIV and children who are on antiretroviral therapy (ART) through adherence counseling, ART literacy, importance of nutrition, provision of psychosocial support as well as livelihoods and support group support. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support to ensure implementation of the regional Child Protection Strategy.

Achievements

- ARCS activities for Cunene ended in May 2011. The strategy which was adopted in order to continue implementing after the support from the German Red Cross/ European Union (EU) was that ARCS provincial branches should form partnerships with PSI (Population Services International) and ADPP (Human development people to people) in order to integrate 150 ex-collaborators involved in all HIV activities that supported 7,000 clients for VCT services, most of whom are PLHIV and their families. Cunene Province of Angola has a high STD and HIV prevalence rate of 26% and 6% respectively.

Outcome 3: Reduced stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender based violence at community level, including promotion and implementation of work place programmes for staff and volunteers.

Achievements

- The activities related to this outcome were included in awareness raising campaigns. In the communities, people are encouraged to avoid the discrimination of PLHIV and are sensitised and mobilized to have solidarity with PLHIV. 13 support groups of PLHIV in 13

communities were created with 15-20 members in each. Regular meetings were conducted and the leaders of the support groups are also members of the HIV Provincial committee.

- ARCS received support from the IFRC regional HIV coordinator for the development of the ARCS HIV plan of which the implementation will start in April 2012 in 10 Provinces across Angola with the support of Danish Red Cross.

Outcome 4: Strengthen planning, monitoring, evaluation and reporting (PMER) systems, conduct training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines for best practices, organize country and regional meetings and facilitate participation in regional and international conferences and seminars.

Achievements

- The 2011-2015 ARCS HIV plan was elaborated with the support of the IFRC Regional HIV Coordinator in July 2011. The strategy includes 4 specific objectives: Preventing Further Infections; Expanding Care Treatment and support, reducing stigma and discrimination and Strengthening Red Cross national and regional capacities.
- ARCS participated in ICASA (International Conference of Africa for Sexual disease transmission and AIDS) workshop in Addis Ababa. It was a good experience for the ARCS Health and HIV coordinator to share lessons learnt and best practices from other countries e.g. the Botswana strategy for HIV prevention of mother to child transmission as well as the example of HIV vaccine in Uganda.
- Within the Country level Health and HIV coordinator did 8 capacities sessions through seminars and workshop in Provincial level contributing and improving on management of issues related to Health and HIV/AIDS.
- ARCS conducted 7 workshops for peer education and reproductive health. The peers of educator activities reached approximately 8.346 beneficiaries (sex workers and young woman).

Constraints or Challenges

- The main challenge has been the flow of funding to the National Society, which consequently delayed the implementation of some planned activities.
- High staff turnover at the programme management level also derailed planned activities.
- Disseminate the best practices from vaccinations campaigner
- Improvement of the staff capacity in the branches
- Share experience with Botswana, Mozambique and Namibia

Working in partnership

As an auxiliary to the government, ARCS has been recognized as a major partner of the government in emergency operations as well as in disaster risk reduction activities, where the National Society takes a leading facilitating role through the vulnerability and capacity assessment (VCA) approach. Partnership with the National Civil Protection Commission facilitates rapid response to emergencies. In various areas, ARCS has cooperation agreements with UN agencies such as UNICEF, WHO, UNDP and the Global Fund.

The Secretary General represents the National Society at the Country Coordination Mechanism, which coordinates HIV and malaria interventions in Angola. This cooperation is expected to continue in the future and as ARCS re-establishes itself through a change process, aimed to take a leading role in its humanitarian mandate. Currently, the Danish, 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 programmes directed at youth rehabilitation and work training.

Contributing to longer-term impact

As the ARCS has suffered the consequences of prolonged emergency operations requiring effective response, an effort is being made towards strengthening the National Society's provincial structures and commitment of volunteers. This will counteract the discrepancies in disaster response capacities through engaging in programmes that build community resilience to disasters and reduce the impact of disasters through effective mitigation.

Looking ahead

In the next six months, ARCS will be engaged in implementing activities under the ZRBI. The overall goal of the initiative is to reduce the impact of challenges facing communities along the ZRBI, and improve the quality of their lives and livelihoods, through comprehensive and sustainable disaster management, branch development, and health and care programmes.

The ARCS leadership will continue to strengthen the capacities of provincial branches and ensure full operation of the provincial structures. The aim is to build on synergy and synchronization of programmes. The improvement in governance and management at branch level becomes the premise for envisaged programme development. Support from the IFRC will be sought to improve collaboration and co-ordination utilizing the Cooperation Agreement Strategy approach that aligns National Society's needs, strategic directions, capacities and priorities with support received from partners.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Contact information

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

In the Angola Red Cross Society

- Walter Quifica, Secretary General; email: walter.quifica@cruzvermelha.og.ao; phone: +244 931 677 572; fax: +244 222 372 868.

In Southern Africa Regional Office

- Michael Charles, Acting Regional Representative; phone: +267 713 95339; email: michael.charles@ifrc.org

In IFRC Africa Zone

- Alasan Senghore, Director; phone: +254 20 283 5000; email: alasan.senghore@ifrc.org
- Loïc de Bastier, Resource Mobilization Coordinator; phone: +251 11 551 4317; email: Loic.debastier@ifrc.org