

FINAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ANGOLA, DEMOCRATIC REPUBLIC OF CONGO, ZAMBIA: ANGOLA RETURNEES AND HOST- COMMUNITY CARE

28 February 2005

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries.

In Brief

Appeal No. 05/2004; Final Report; Period covered: March to December 2004; Final appeal coverage: 3.3%.
(Click [here](#) to go directly to the attached Contributions List and [here](#) for the Final Financial Report).

Appeal history:

- Launched on 20 February 2004 for CHF 4,968,000 (USD 3,974,400 or EUR 3,184,600) for nine (9) months to assist 283,000 beneficiaries.
- Two Operations Updates were issued (See reference table at bottom of this page).
- Disaster Relief Emergency Funds (DREF) allocated: N/A.

Related Emergency or Annual Appeals:

- Angola, 2005 Annual Appeal no. 05AA008 - http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA008.pdf
- Democratic Republic of Congo, 2005 Annual Appeal no. 05AA035 - http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA035.pdf
- Zambia, 2005 Annual Appeal no. 05AA016 - http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA016.pdf

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

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For longer-term programmes, please refer to the Federation's Annual Appeals referenced above.

Emergency Appeal 05/2004 dated 20 February 2004	http://www.ifrc.org/cgi/pdf_appeals.pl?04/0504.pdf
Operations Update no. 1 dated 26 April 2004	http://www.ifrc.org/cgi/pdf_appeals.pl?04/050401.pdf
Operations Update no. 2 dated 4 May 2004	http://www.ifrc.org/cgi/pdf_appeals.pl?04/050402.pdf

Background and Summary

Following the death of Uniao Nacional para a Independencia Total de Angola (National Union for the Total Independence of Angola (UNITA) rebel leader in February 2002, a cessation of hostilities by warring factions in the Angolan conflict was announced and a peace agreement signed in April 2002, thus ending a 27 year civil war. With national reconciliation and consequent consolidation of peace, the country directed its efforts towards stability and development. The Angolan government took the first step by supporting the closure of IDP camps and by encouraging the return of Angolan refugees from around the southern Africa region. Large numbers of Angolans remain in neighbouring host countries. Many expressed their willingness to return, but some are reluctant for reasons of physical security¹ or fear of the unknown, specifically job insecurity. In June 2003, UNHCR began a voluntary repatriation initiative in close collaboration with the governments of Angola and the neighbouring countries. This initiative aimed at facilitating the return of 145,000 Angolan refugees to their areas of origin by the end of 2005.

Angola: Since the launch of emergency appeal in February 2004, Angola Red Cross² has received minimum support from humanitarian organizations and donors. The Federation continues to seek local and international support to enable Angola Red Cross to participate more actively in the integrated community-based health care for Angolan returnees and residents in the targeted resettlement communes in the four provinces of Kuando-Kubango, Moxico, Uige and Zaire, and facilitate their reintegration into the society over a nine month period.

The voluntary repatriation of Angolan refugees from neighbouring countries has been slowed down with the onset of the rainy season which makes many roads impassable. However, the 2004 programme organized by the UNHCR failed to meet its target of helping 90,000 refugees to return home. In total, UNHCR only managed to transport 51,000 refugees, and helped another 12,000 who made their own way home. It leaves an estimated 53,000 people who wish to return to Angola planned for the second half of 2005.

Democratic Republic of the Congo (DRC): A survey mission comprising staff of the Red Cross of the Democratic Republic of the Congo³ and the Federation Health Delegate visited selected provinces from the 12 to 17 November 2003. The mission collected information from administrative authorities (Ministry of Home Affairs), UNHCR and their field offices on the one hand, and from UNHCR implementation agencies (in charge of refugee management) on the other hand. The assessment mission covered the number of refugees per province and per site or city, by age bracket and by sex, type of dwelling (living on a site or not) and for how long these refugees have been in different provinces.

The results of the assessment revealed that Angolan refugees were found principally in four provinces in DRC: Kinshasa, Bas-Congo, Bandundu and Katanga. Beside urban refugees, most of those we encountered were living on sites. In most of these sites there has been no assistance at all since 2000, like in Katanga, (DRC), and in other

¹ Landmines are a daily risk; UN estimates 10 million landmines still exist in Angola, roughly 1 per person. ICRC and UNICEF estimate 120 accidents per month; 1 in every 400 Angolans has suffered a mine-related injury, the highest ratio in the world after Cambodia.

² Angola Red Cross - <http://www.ifrc.org/where/country/check.asp?countryid=18>

³ Red Cross of the Democratic Republic of the Congo - <http://www.ifrc.org/where/country/check.asp?countryid=187>

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provinces, assistance stopped as soon as repatriation started. Since 20 June 2003 repatriation process started in all the provinces, except Kinshasa. This should continue up to December 2004.

The mission has noted the presence of “Cabindan” refugees, especially in the Bas-Fleuve (Bas-Congo). Due to the complex nature of the fight for independence by the Angola Cabindans, it is not clear whether some of the refugees found in Bas Congo in DRC will accept returning to Angola.

Zambia: Zambia hosts the largest number of Angolan refugees in Africa, with an estimated caseload of 85,000, largely from Kuando-Kubango and Moxico provinces in Angola. At the beginning of 2003, the government of Zambia and their Angolan counterpart signed a tripartite agreement with UNHCR for the repatriation of the Angolan refugees accommodated in Maheba, Nangweshi and Mayukwayukwa refugee camps in Western and North-western provinces.

Large numbers of Angolan refugees remained in the host country despite the voluntary repatriations that was instituted by both governments and supported by the international community. The majority of the refugees that remained were provided with land by the government of Zambia and supported by the UNHCR and other local NGOs. The government facilitated their integration in the local community through provision of permanent residency status and possible eventual naturalization for deserving cases.

The Zambia Red Cross Society⁴ with support from the Federation deployed a regional disaster response team (RDRT) to carry out a rapid assessment in Western and North-western provinces. The overall objective was to develop a country plan of action for the national society’s involvement in activities relating to supporting the local community in refugee host communities. Data was mainly collected through structured interviews with NGOs, international and diplomatic missions, UNHCR and the local authorities (health care providers, agricultural extension and government officers, implementing partners and refugee officials); through review of existing health and stakeholder reports; focus groups discussions with local community through their leadership; discussions with major stakeholders and field visits. The findings from the assessment confirmed that the presence of the refugees, the combination of food crisis coupled with environmental degradation, severe poverty and HIV/AIDS had made thousands of local population in Western and North western provinces more vulnerable. It is against this background that the emergency appeal was launched to contribute towards a more development-oriented rural programme for local population and the settled refugees.

Operational developments

Angola: Angola Red Cross collaborated with UNHCR and UNICEF, the government and other humanitarian organizations to assist in welcoming the citizens and organizing their dispatch to their respective home provinces. Angola Red Cross volunteers in Moxico are helping with registration in the transit centre, referral to health post and offering psychological support to refugees

DRC : Health and care, including HIV/AIDS control activities that were planned have been carried out thanks to the devotion and motivation of volunteers who did everything possible to assist the various beneficiaries of the programme. This success was also, and most importantly, achieved thanks to the support of our partners (MSF/Belgium) and the Government (National AIDS Control Programme).

At a certain point, activities began to draw back, but community-based relays were immediately mobilized and oriented to the need of pursuing the execution of the programme.

⁴ Zambia Red Cross Society - <http://www.ifrc.org/where/country/check.asp?countryid=12>

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Zambia: The scheduled repatriation of Angolan refugees was temporarily suspended due to heavy rains that made exit roads impassable. UNHCR and IOM have suffered from a lack of resources to support massive logistics needs for the operation. During the reporting period, some 180,000 Angolan refugees had voluntarily repatriated.

Through the Zambia Initiative Programme ⁵, the government supported by partners provided social and infrastructure assistance to the remaining refugees – thereby building a sustainable future for Angolan refugees host communities. The ZIP programme provided a tool for the UNHCR in Zambia for engaging multi and bilateral development assistance donors, other UN Agencies and NGOs and addressed the development needs of the spontaneously settled refugees and the host communities.

Zambia Red Cross re-established its provincial offices in Mongu, the provincial headquarters of the western region. A field coordinator was recruited to coordinate all operational activities and is supported by HIV/AIDS programme manager. The re-establishment of provincial office in Mongu has helped restore image and profile of the national society in the region. The fully-equipped office has been a major boost to the region in terms of capacity building and networking with the local Red Cross partners, local government authorities and other indigenous organizations in western Zambia.

Funding level for this appeal was low which had a negative impact on the implementation of planned activities. This meant that scheduled activities had to be scaled down and some stopped. The result of which was witnessed in the upsurge of morbidity and mortality rates in the high risk areas in the refugee settlements. Efforts to sign a tripartite agreement with UNHCR and the government were halted following funding constraints experienced by the stakeholders.

Coordination

Angola: Angola Red Cross pursuing the need for capacity building at provincial level in health and care, HIV/AIDS and disaster management specifically mine awareness programme. Coordination and collaboration with UNHCR, WHO, WFP, OCHA, UNAIDS, government and other national and international stakeholders have been strengthened through continuous dialogue and engagement at the field level.

DRC: The Red Cross of DRC local branches volunteers worked in close collaboration with their partners including, the government (National AIDS Control Programme), provincial and council authorities, international NGOs (MSF/Belgium), and local NGOs based in the various localities targeted.

The Federation's Delegation in Kinshasa provided technical support to coordinate the efforts of partners. In fact, the Health Delegate assisted the Health Department of the Red Cross of DRC Secretariat in the evaluation, follow-up and execution of activities.

Zambia: The success in the implementation of this program was a direct result of commitment by all partners who complemented efforts at national and community level. From the onset, coordination of activities was managed and monitored through the auspices of ZIP. Zambia Red Cross supported by the Federation continued to participate in the ZIP meetings at national and field level ensuring that effective engagement was maintained with the local authorities, host community, NGOs, donors and the UN system. UNHCR continued to work with other NGOs within the ZIP coordination framework and it is anticipated that rural-oriented developmental programs will continue in western Zambia even after the repatriations have been finalized.

⁵ The Zambia Initiative Programme (ZIP) established under the auspices of the government is aimed at alleviating and mitigating the negative impact of hosting refugees, to compensate for under-development and ease tensions between the refugee population and the hosting community. The programme is also looking at the aspect of development through local integration for the refugees. Coordinated by the government, ZIP brings together different NGOs, donors, local community and other stakeholders involved in the programme.

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The Federation and Zambia Red Cross representatives participated in the inter-agency and field coordination meetings with all implementing partners. At regional level, Zambia Red Cross/Federation participates at the Regional Population Movement Task Force meetings which is the central regional coordinating body where learning and knowledge sharing takes place.

Analysis of the operation - objectives, achievements, impact

Angola

Objective 1: (Community-based health): Provide basic and preventive health services to 148,000 beneficiaries in the targeted resettlement communities.

Achievements

- The Angola Red Cross recruited and trained 20 community-based health care volunteers for each province of Zaire, Uige, Moxico and Kuando Kubango. The volunteer have visited a total of 2,640 households and counselled 14,330 beneficiaries on personal and environment hygiene, control of communicable diseases and provision of community first aid.
- Eight volunteers and three staff from each of the four provinces participated in the national measles and polio routine and campaign activities.
- A total of 579 pregnant women were mobilized at the health post for intermittent preventive malaria treatment.
- Due to lack of funding, ITN could not be purchased for the returnees, leaving them exposed to malaria.

Objective 2 (HIV/AIDS): Awareness and prevention of HIV/AIDS/STI is increased amongst the population in the targeted resettlement communities.

Achievements

- The Angola Red Cross recruited and trained focal peoples in each province for HIV/AIDS, and STI prevention activities.
- Trained and recruited 25 volunteers in the four provinces where 6,236 public talk seminars with drama performance and songs in public markets reaching approximately 221,300 people.
- Approximately 44,500 condoms were distributed to sexually-active males during HIV/AIDS awareness public talks.

National Society Capacity Building

In spite of the limited resources made available as a result of this emergency appeal, the Federation works with the Angola Red Cross in pursuing the need for capacity building in health and care, water and sanitation, HIV/AIDS and disaster management. The national society is also promoting a change process with new governances and assembly process at national and provincial level.

Assessment and lessons learned

Field assessment teams were deployed to gather information and to help define the needs to be addressed through this appeal. The data was collected through participatory research appraisals, and through discussions with central and local authorities, community leaders, and UNHCR and other international organizations and NGO. Despite lack of funds for the activities, Angola Red Cross with Federation support has achieved advocacy meeting with different organizations in places at local level, in which health activities (HIV/AIDS, and community-base care) were achieved in resettlement areas.

Democratic Republic of the Congo (DRC)

The original objectives, activities and expected results of Red Cross of DRC have not been revised, but we failed to implement all of them due to financial constraints. The activities carried out by Red Cross of DRC volunteers are included in the action plan of the Programme Initiative Congo and in the five-year strategic development plan of the national society.

Objective 1 (HIV/AIDS): Through increased dissemination of related information and materials, the prevalence rate of HIV/AIDS/STI in the targeted provinces is reduced.

Achievements:

- 1893 persons including, students, teachers, sellers, passengers and the faithful of various churches, travellers, navigators, workers of ONATRA, INSS, DGM, passer-by, members of associations and other NGOs have been mobilized and sensitised to the dangers of HIV/AIDS through 87 educative talk sessions organized in Kinshasa, Bandundu and Matadi.
- 17 sensitisation campaigns on HIV/AIDS have been organized in public places in Kinshasa and Bandundu for the benefit of 5,800 persons including, vendors, buyers, and passengers, the faithful of various churches, passer-by, students, teachers, travellers and navigators.
- Electricity has been brought to 2 educative talk centres which are operational in Barumbu and Kalamata.
- 356 persons have been sensitised in Barumbu, Kalamu and Masina through 20 educative talk sessions.
- 60 coaches of peer educators have been trained and retrained in Kinshasa.
- Anti-AIDS Clubs have been set up in schools, youth's associations, churches and NGOs, and 114 persons have been trained in Kinshasa.
- 11 coordination meetings were held in Kinshasa and Matadi.
- The Barumbu Listening and Orientation Centre has been equipped with audiovisual materials including, 1 television set, 1 video tape recorder, 1 stabilizer, 1 extension, 1 antenna and 1 booster rocket.
- A coordination meeting of site supervisors was held.
- 243 home visits have been conducted and 241 AIDS patients in Barumbu, Kalamu, Ngaliema Masina and Lemba received psychosocial and moral support. Their parents have been trained in home care.
- Participation in partnership meetings with the team of the Ambulatory Treatment Centre in Kalamu and at the headquarters of MSF/Belgium.
- Food and non food items including, 200 kg of powdered milk, 600 kg of corn grit, 210 kg of soybean flour, 500 kg of sugar, 24 cartons of le Coq-branded soap, 24 cartons of Monganga-branded toilet soap, 10 bundles of conditioning bags and 200 wrapping bags have been distributed.
- 175 maintenance kits (food and 2 blankets) have been distributed to the 114 AIDS patients that are currently undergoing treatment with antiretrovirals. 5 of the beneficiaries received an additional kit composed of 1 mattress, 1 bed sheet, 1 bath towel and 2 bars of soap.
- 11 volunteers have been trained in how to take care of PLWHA at home.
- 9 persons participated in the meeting to coordinate home care activities with partners like Salvation Army (Armée du Salut), Red Cross, BDOM, FFP, and MSF/Belgium at the headquarters of Salvation Army.
- 33 AIDS patients in Kinshasa received a blanket.
- 428 condoms have been distributed during awareness campaigns.

Objective 2 (Malaria): Through increased dissemination of related information and materials, the incidence of malaria morbidity and mortality is reduced in the targeted provinces.

Achievements:

- Distribution of 2,000 folders and 200 posters to the various councils.
- Distribution of sanitation materials (dust masks, single use masks, and 2 dust coats) to the various local branches of Red Cross of DRC.
- Sanitation activities in the various councils four times per month. The activities include sensitization, weeding, clearing out gutters, cleaning of sanitary installations in health centres and refuse disposal.

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- Supervision of sanitation activities by the national coordinator.
- Meeting with partners (National AIDS Control Programme, local NGOs and UNDP) for the coordination of activities on the field.
- Centres to impregnate mosquito nets with insecticides have been set up in the various councils and are opened to the beneficiaries.
- Council and community authorities are involved in all the activities carried out at local branches levels to sensitise the populations to the need of using impregnated mosquito nets.
- Deltamethrin tablets have been purchased for use by of impregnation centres in local branches.
- Impregnation of mosquito nets in all the councils for the benefit of the targeted populations.
- Supervision of the promotional selling of ITN.
- The national society developed a report of the survey on the use of impregnated mosquito nets in the various councils.
- The national society took part in the planning and coordination of meetings organized by the Ministry of Health at national, provincial, council and local levels.
- The national society took part in activities to mark the African Anti-Malaria Day on 23 April 2004.

Objective 3 (WatSan): The supply and quality of water and environmental sanitation is improved for refugees and host populations in the targeted provinces.

Achievements:

- Red Cross of DRC volunteers were identified and selected in the targeted provinces to be trained in WATSAN by the Federation. Unfortunately, the activities scheduled were not carried out due to financial constraints.
- Some sites have been identified by both the Red Cross local branch and local communities for the construction of public latrines.

National Society Capacity Building

Despite the difficulties encountered, Red Cross of DRC has been able to strengthen its ties with partners, especially MSF/Belgium and other NGOs involved in providing psychosocial support to PLWHA. The national society also worked in close collaboration with PLWHA, opened 3 listening and orientation centres, and improved trustworthiness between Red Cross volunteers and PLWHA through the distribution of food kits.

The image of Red Cross of DRC has been restored before the populations thanks to activities carried out by its volunteers (sensitisation to the use of impregnated mosquito nets and sanitation activities).

In addition, Red Cross of DRC is now considered as an inescapable partner within the community by government authorities, the communities themselves and their leaders.

Lessons learned

Despite the multiple contacts initiated by the Federation's Delegation in Kinshasa, the UNHCR refused completely to work in collaboration with Red Cross of DRC arguing that the latter had already signed partnership contracts with other partners (local and international NGOs).

In the meantime, the national society should do everything possible to mobilize local financial and material resources to ensure the smooth execution of its programmes.

With the support of its partners, the national society should institutionalise incentives, even symbolic, for volunteers in order to increase the volume of activities and their impact on the lives of beneficiaries.

The national society should send reports of its activities to local partners like the National AIDS Control Programme in order to strengthen its credibility before them.

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There is the need for Red Cross of DRC to become a member of AIDS Forum in DRC. To that effect, the HIV/AIDS/STI Programme Coordinator should reinforce collaboration with authorities of the National AIDS Control Programme and other partners.

Communication between the national headquarters and the provinces targeted by the programme need to be improved in order to facilitate the transmission of field activities reports to the Secretariat General on time. Consequently, community-based relays need to be trained in how to write reports of activities.

Zambia

Although notable achievements may have been experienced humanitarian actions have been affected by serious under-funding that has limited the scope and impact of programme. In the water and sanitation sector, Zambia Red Cross had to use cholera intervention funds for hygiene promotion in an uneven geographical coverage, with some hard-hit areas receiving no support at all. The HIV/AIDS, planned outreach activities and services to vulnerable populations, including people living with HIV/AIDS (PLWHA) were delayed. A baseline survey was undertaken to determine levels of intervention following low funding although the implementation of recommendations was curtailed. Efforts to promote an integrated approach addressing the multiple causes of vulnerability were undermined by skewed funding patterns.

In support to the ZIP, and following the unprecedented low funding to the operation, the national society reorganized its intervention to cover the following priority sectors:

- Promotion, awareness and prevention of HIV/AIDS through the home-based care (HBC) activities in Nangweshi and Mayukwayukwa in Western province;
- Provision of health care activities to target communities in the areas surrounding the refugee settlements of Nangweshi and Mayukwayukwa to reduce the incidence of malaria and measles.
- Provision of safe and clean water and sanitation services to target beneficiaries in Nangweshi and Mayukwayukwa to reduce morbidity and mortality from water-related diseases.

Objective 1: (Water and Sanitation): Reduce morbidity and mortality from water-related diseases by raising water supply, sanitation and hygiene standards to SPHERE⁶ standards in the target provinces.

Achievements

The Zambia Red Cross conducted two community assessments in Mayukwayukwa and Nangweshi refugee camps to ascertain the needs of the target communities, determine feasibility of the interventions that would be implemented in the areas. However, implementation of planned activities was curtailed owing to funding constraints.

Objective 2: (HIV/AIDS): Promote awareness of HIV/AIDS prevention amongst the target communities and establish HBC projects.

Achievements

- Zambia Red Cross recruited an HIV/AIDS project officer to support the activities. A HIV/AIDS HBC project was established in the refugee catchments of Lealui, Mawawa, and Simulumbe villages in Mongu province.
- The government provincial leadership, Barotseland Royal Establishment leadership and the target communities were sensitised on HIV/AIDS HBC activities. General health education and HIV/AIDS awareness campaigns were carried out in the communities.
- A total of 27 community care facilitators (12 female/15 male) were trained on HBC activities and 240 clients have been registered and cared for at the community level through the care facilitators.
- Three community support groups have been established with the active participation of PLWHA and the village heads.

⁶ SPHERE standards for WatSan include: access to 15 litres per person per day; one water point per 250 people, no further than 500 metres distance; and rate of flow no less than 0.125 litres per second

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- 11 youth peer educators were trained in behaviour change process and went on to educate peers in HIV/AIDS prevention and other life and social issues affecting youth.
- The national society collaborated with the district health directorate to formally register the HBC clients so that they will be able to access HBC kits and ART drugs.

Objective 3: (Community-based health): Provide basic health services to the target communities in the areas surrounding the refugee settlements of Maheba, Mayukwayuklwa and Nangweshi settlement, thereby reducing the incidence of malaria and measles and improving the nutritional status, particularly for children under five years.

Achievements:

Lack of funds and other resources constrained the implementation of planned activities. A rapid assessment was conducted aimed at establishing projects in specific target areas around the refugee camps. A plan of action was developed following the assessment but implementation was put on hold owing to lack of funds.

Red Cross and Red Crescent Movement -- Principles and initiatives

The re-establishment of provincial Red Cross office in western Zambia enhanced coordination of activities during the project period. As a result there was increased visibility and restoration of image and profile of Zambia Red Cross. Promotion of fundamental principles and humanitarian values was an integral part of implementation strategy. A total of 13 Red Cross staff and volunteers were trained in the area of dissemination, communication and information through the support of the International Committee of the Red Cross (ICRC).

National Society Capacity Building

- A workshop on good governance and management was undertaken for all branches in western province. Training on population movement issues was also conducted for branch executive board members
- The provincial Red Cross office in Mongu was renovated and refurbished. The newly refurbished office was used as a coordination centre for the operation and for branch activities. Basic infrastructure and utility services (i.e. latrine and sewerage system, electricity and water supply) were restored. A Toyota 4 X 4 Hilux pickup was procured to enhance mobility for monitoring and supervision of project activities and overall branch development functions. A VHF and HF radio communication was installed and effective communication network with other stakeholders (including inter-branch communication) enhanced and improved disaster preparedness activities in the region. Office utilities including computers and printers, telephone and fax services were also installed.
- 12 Red Cross youths and branch executive board members were trained in behaviour change process with the help of Youth Alive Zambia (YAZ) – a local youth organization.
- The provincial Red Cross youth group leadership committee conducted a three-day action planning workshop facilitated by the population movement staff.
- Volunteer database for the province was developed and new memberships and increased volunteer actions noted during the operational period. Some 545 new members and 187 volunteers were registered at the provincial Red Cross office in Mongu.
- Promotional material including Red Cross flags, t-shirts, bibs, pamphlets, aprons, stickers and first aid kit bags were procured and distributed to all branches in Western province. Increased visibility in operational areas meant improved profile and image building.

Lessons learned

There was debate at the planning stage whether this was an emergency operation or a routine development programme – in which case the concept and content of the appeal would have required urgent review. A significant learning point is never to start an emergency operation with little or no funding at all. Ineffective planning and disagreements over operational and implementation strategy resulted into a delayed start to the operation.

The ideas of launching a regional versus country appeal become another contentious issue. There was no commonality between the different countries clustered under the regional appeal. Whilst Angola was more concerned with the safe reception of returnees (including de-mining activities), Zambia's plan of action

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concentrated more on providing assistance to residual refugee caseload and rural-development activities to refugee hosting populations. The Democratic Republic of Congo (DRC) on the other hand was more concerned with repatriation logistics and movement of refugees en-route to Angola. This was not well received by donors and it became increasingly difficult to lobby for effective donor support. It also became apparent that the DRC was not going to be able to deliver on its objective given management and coordination problems. Due to lack of funding DRC could not embark on any activity.

Lack of funding for the operation meant delayed implementation and complete review of the project activities. Zambia Red Cross used the Japanese funds (3% of appeal budget) to concentrate on HIV/AIDS HBC activities and capacity building support. The HBC project was well received by the community and a wider section of the NGO community. The project was integrated into the long term HIV/AIDS program for sustainability.

The national society were able to mobilize volunteers to work in the operational areas, albeit difficulties in funding. The re-establishment of provincial Red Cross offices in Mongu was a major boost to branch activities in the region and for the coordination of operational activities. The success of this operation was mainly a result of effective coordination mechanisms that ensured equitable allocation of meagre resources to selected priority areas as determined by ZIP.

[Contributions List and Final Financial Report below; click here to return to the title page](#)

Angola, DR Congo, Zambia - Angola returnees

ANNEX 1

APPEAL No. 05/2004

PLEDGES RECEIVED

07/03/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

					TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				4,968,000		3.3%
JAPANESE - RC		131,200	USD	166,165	05.03.04	
SUB/TOTAL RECEIVED IN CASH				166,165	CHF	3.3%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	
Final report	X

Appeal No & title: 05/2004 Angola, DR Congo, Zambia - Angola returnees
Period: 2003 up to feb. 2005
Project(s): P63523, AO523, CG523, ZM523, ZR523
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget less Cash brought forward	4,968,000				
TOTAL ASSISTANCE SOUGHT	4,968,000				
<u>Contributions from Donors</u>					
Donor - Disaster Relief Emergency F. (DREF)	180,459				180,459
Reallocations	-143,508				-143,508
Japanese Red Cross (DNJP)	156,165				156,165
 TOTAL	 193,115				 193,115

II - Balance of funds

OPENING	
CASH INCOME Rcv'd	193,115
CASH EXPENDITURE	-182,307

CASH BALANCE	10,807

Appeal No & title: 05/2004 Angola, DR Congo, Zambia - Angola returnees

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III - Budget analysis / Breakdown of expenditures

Description	APEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	210,000	9,124			9,124	200,876
Clothing & Textiles	874,000					874,000
Food & Seeds	3,000					3,000
Water & sanitation	390,000	1,040			1,040	388,961
Medical & First Aid	385,000					385,000
Teaching materials						
Utensils & Tools	123,000	2			2	122,998
Other relief supplies	54,000	9			9	53,991
Sub-Total	2,039,000	10,175			10,175	2,028,825
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	223,000					223,000
Computers & Telecom equip.	177,000	2,427			2,427	174,573
Medical equipment						
Other capital expenditures						
Sub-Total	400,000	2,427			2,427	397,573
<u>TRANSPORT & STORAGE</u>						
Warehouse & distribution	141,000	124			124	140,876
Transport & vehicles	463,000	27,741			27,741	435,259
Sub-Total	604,000	27,865			27,865	576,135
<u>PERSONNEL</u>						
Personnel (delegates)	635,000	41,528			41,528	593,472
Personnel (regional, national staff)	348,000	49,322			49,322	298,678
Consultants	20,000					20,000
Workshops & training	161,000	7,814			7,814	153,186
Sub-Total	1,164,000	98,664			98,664	1,065,336
<u>GENERAL & ADMINISTRATION</u>						
Travel & related expenses	136,000	7,677			7,677	128,323
Information expenses	93,000	9,309			9,309	83,691
Admin./general expenses	209,000	14,340			14,340	194,660
Sub-Total	438,000	31,326			31,326	406,674
<u>PROGRAMME SUPPORT</u>						
	323,000	11,850			11,850	311,150
Operational provisions						
Transfers & contributions						
TOTAL BUDGET	4,968,000	182,307			182,307	4,785,693