

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

ANGOLA - HIV/AIDS

Appeal no. 01.14/2003

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	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care - HIV/AIDS	213,262	225,000
Total	213,262¹	225,000

Introduction

Since gaining its independence from Portugal in 1975, Angola has suffered almost constant conflict and civil war. The conflict has had a disastrous impact on the population of the country, and the international community has faced constant challenges in responding effectively to and alleviating the humanitarian plight of hundreds of



thousands of people. Given the high levels of insecurity in the country and the constantly evolving nature of the situation, access to the population in need has usually been very limited or almost impossible. Proper assessments to measure the vulnerability and the needs in the country could often not be carried out, and many humanitarian assistance programmes could only realistically concentrate on vulnerable groups (in particular the urban poor in cities and towns), and much less so on the internally displaced persons (IDPs) in rural areas.

The Lusaka Peace Accord signed in 1994 helped the country to begin to move into a post-war phase of rehabilitation and development, and the formation of the United Government of

¹ USD 145,075 or EUR 145,014.

² These are preliminary budget figures for 2004, and are subject to revision.

National Reconciliation in April 1997 gave rise to optimism that there would be a sustainable peace in Angola. The peace process came to a grinding halt in May 1998 and fighting between the Government and UNITA forces dramatically increased. The resumption of hostilities once again forced humanitarian organisations to adjust their programmes, reduce their staff, and curtail activities in many certain areas.

The death of UNITA leader Jonas Savimbi in February, 2002 fundamentally altered the political and security situation in Angola, and gave new impetus to the peace process. The resulting cease fire agreement has lifted a curtain that hid the full impact of the 27 years of war on the civilian population in the country side, particularly in former UNITA-controlled areas.

Responding to the opportunity to deliver critical humanitarian assistance to a population clearly in need and to a request from the Angolan Red Cross (ARC), the Federation carried out an assessment of the situation from 17 July to 1 August, 2002. The assessment findings (available upon request) serve as the basis for Emergency Appeal no. 26/02 launched on 4 September, 2002 which is intended to respond to the humanitarian needs by working with, and to build the capacity of, the ARC to effectively deliver assistance to the most vulnerable through:

- establishing an initial Federation structure in Angola to kick start operations.
- coordinating activities with the ICRC.
- establishing effective links and connections with other operational humanitarian agencies.

Overview of the Federation's recent involvement in Angola

The Federation has been present in Angola since 1981 but due to the ongoing conflict situation the impact of its programmes in support of the ARC has been minimal. The current programme is largely based on a strategic planning meeting held in May, 1996 during which the ARC and the Federation shifted the main focus of activities from relief to rehabilitation through the implementation of a three-year (1997-1999) Integrated Community Health and Development Programme (ICHDP). The Federation and the ARC revised the programme at the beginning of 1999 by restricting the focus geographically to the Benguela, Cuanza Sul, Cuanza Norte and Luanda provinces which are areas considered safe for operational purposes. The Federation continued to support the 11 health posts functioning in these provinces, maintained and consolidated its strategy of rehabilitation and development through the ICHDP in support of health needs, and maintained the Mine Awareness Programme in Cunene Province and extended it to Benguela Province. This support ceased in 2001 because of a lack of funds. In addition to complementary programmes (maintaining and managing select health posts, implementing HIV/AIDS activities, and supporting several pediatric and orthopedic centres), the ICRC continued to involve volunteers of the ARC in its emergency programmes. The Spanish Red Cross (SRC) has a bilateral agreement with the ARC to undertake health and HIV/AIDS activities work in two provinces.

A global audit was conducted in 2000/2001 and the implementation of the recommendations was assessed in September 2001. Issues relating particularly to governance, programme management, and financial management were identified for further attention, and a partnership meeting in April 2002 requested the ARC to develop precise plans for addressing these issues. In June 2002, the ARC met for this purpose. This resulted, in part, in the ARC's plan of action proposed for nine provinces, and served as a basis for the most recent assessment. The ARC has requested the Federation to help in assessing the overall capacity of the national society; assisting in evaluating future humanitarian challenges in Angola and the various options regarding how best to participate in reconstruction and rehabilitation at the community level, with a focus on the rehabilitation of family households, health, mine awareness, water and sanitation and community based health structures.

At the same time the Federation has continued to provide limited support to the ARC in 2002 through the Southern Africa Regional Appeal (no. 01.16/2002) primarily related to health and care (including HIV/AIDS), mine awareness, organizational development, and disaster preparation. Given the evolving political and security situation during the first half of 2002, and the fact that the ICRC was carrying out its mandate in line with the Seville Agreement (e.g. in this situation the conflict and immediate post-conflict situation), funding for the select Federation and ARC activities planned for Angola has been very limited. This Emergency Appeal is therefore intended to kick start the operation over an initial six month period, and will be followed by a revised appeal (based on an evaluation of the impact and direction of the programme) to be issued in early 2003.

Angola and HIV/AIDS

A situation analysis of the HIV/AIDS problem, the capacity of Angola Red Cross Society (ARCS), and the external environment in which ARCS operate was carried out at the national level and in specific districts to determine the magnitude of the problem, what, where and how the NRCS could initiate and/or scale up HIV/AIDS activities. Although HIV/AIDS sero-prevalence in Angola is very low, the country is faced with a major disaster if immediate measures are not taken to prevent the spread of the virus.

According to WHO/UNICEF the adult HIV/AIDS prevalence rate in Angola is at 5.5% (Epidemiology Fact Sheet June 2001). The 27 years of war affected the delivery of essential services including health and making it very difficult to access health facilities as well as monitor the epidemiological trends of most diseases. This could probably explain why the statistics are still very low.

The high incidence of teenage pregnancies reported in Angola is a clear indication that young girls are engaging in unprotected sex increasing their risk of contracting HIV/AIDS or STIs and further transmitting the infection to their unborn babies. Poverty due to lack of employment and no means to survive will force young women into commercial sex work. The HIV/AIDS pandemic will be further worsened by the return of refugees from neighbouring countries with very high prevalence rates e.g. Zambia with a 22.3%, Namibia with a prevalence rate of 21% and Zimbabwe with a prevalence rate of 25%.

Increased population movements within the country will make a major contribution to the prevalence rate of HIV/AIDS. The peace pact will promote cross border trade thereby increasing the HIV prevalence rate.

The impact of HIV/AIDS has not yet been felt in Angola due to the 27 years of armed conflict. It is reported that 65% of Angolans do not know ways to prevent HIV transmission while only 9% have adequate information about the disease. (UNAIDS 2001).

The government mounted a response that only gathered momentum in 2000 with the development of a national strategic plan launched by the head of state. The National AIDS Programme coordinates the response, working through governmental and non-governmental organisations. However, the response is still disjointed and most NGOs and AIDS service organisations (ASOs) do not have the capacity for meaningful intervention. In this environment, ARCS has developed a strategy for the response in line with national strategic plan. ARCS is involved in information, education and communication to promote awareness about HIV/AIDS. And the budget for the Angola HIV/AIDS project was exceptionally included in the regional appeal to support the ongoing activities and to scale up those activities taking in consideration the actual capacity of Angola to respond to the HIV/AIDS challenge but also due to some local agreements (in which Angola is involved) between the Netherlands, the Swedish and Irish Embassies in Harare. The Angola HIV/AIDS strategic plan is 100% based on the regional

approach. This Angola HIV/AIDS budget in the regional appeal will complement the one in the emergency appeal for Angola.

ARCS was formed in 1978 and currently has branches in all 18 provinces, and a volunteer base estimated at 20 000. In most instances there are no further branches below the provincial branch and activities are mainly restricted to the health posts in the provinces. The major programmes of the ARCS are disaster relief, mines and community health. Inevitably HIV/AIDS activities are integrated into health programme. Furthermore envisaged effective coordination and volunteer management will ensure that the Red Cross and Red Crescent society activities will complement government and other organizations efforts to impact on the HIV/AIDS epidemic. In line with National Society policy, an HIV/AIDS programme will be developed for staff and volunteers.

Comparative Advantage

Several organisations are carrying out some activities, albeit uncoordinated and on a small scale compared to the magnitude of the problem. In this environment the ARCS commands a major position in that it has a strategic plan, a putative structure and has the ability to call on a massive volunteer base. The ARCS could therefore scale up its activities on HIV/AIDS several times in the next five years with maximum support from both donors and local partners. In other words, currently ARCS enjoys competitive advantage over its sister organisations.

The CVA is implementing HIV/AIDS activities in 9 provinces focusing mainly on prevention of HIV/AIDS transmission. The project has been implemented in response to the Ouagadougou Declaration in September 2000 made by the African National Societies to scale up HIV/AIDS activities and to address problems of Food Security.

A total of 246 activists have been trained to disseminate HIV/AIDS information targeting the vulnerable groups in the following categories: uniformed forces (military and police), students, commercial sex workers, and long distance drivers. The information is disseminated through drama, pamphlets and talks.

Goal

The general population has improved knowledge; attitudes and practices with regards to HIV/AIDS leading to reduced transmission and impact of the virus.

Program Objective

To promote awareness and information dissemination on HIV/AIDS prevention to 600,000 individuals in specified target groups (youths aged between 10-16 years, defense forces personnel, commercial sex workers and People Living With Aids or PLWA) by the end of 2003.

Activity 1 Creation/enhancement of awareness of HIV/AIDS among 200,000 in and out of school youths through IEC and advocacy.

Activity 2 Creation/enhancement of awareness of HIV/AIDS among 5 000 defense forces personnel and 1,000 CSW through IEC and advocacy.

Activity 3 Support counseling of 500 PLWHA and participating in support groups.

Activity 4 Participate in identifying 10,000 orphans and give educational and social support.

Expected Results

- Increased awareness of HIV/AIDS among commercial sex workers.
- Increased awareness among in- and out-of-school youths.

- Increased awareness of HIV/AIDS among military personnel, police, commercial sex workers.
- Increased acceptance of People Living With AIDS.
- Vulnerability of orphans is reduced.

Programme management will rest mostly on the new structure for the response (i.e. AIDS coordinators). Coordinators of the various programs in which HIV/AIDS activities will be integrated will support these. In line with guidelines for national societies on volunteer management through a coaching system, a defined volunteer management system with a volunteer coordinator will be responsible for community mobilization, assisted by the coordinators of the various other programs.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.14/2003

Name: Angola

PROGRAMME:

	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	11,100	0	0	0	0	11,100
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	25,500	0	0	0	0	25,500
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	5,000	0	0	0	0	5,000
SUPPLIES	0	41,600	0	0	0	0	41,600
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	0	0	0	0
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	4,800	0	0	0	0	4,800
TRANSPORT & STORAGE	0	4,800	0	0	0	0	4,800
Programme Support	0	13,862	0	0	0	0	13,862
PROGRAMME SUPPORT	0	13,862	0	0	0	0	13,862
Personnel-delegates	0	0	0	0	0	0	0
Personnel-national staff	0	110,400	0	0	0	0	110,400
Consultants	0	3,000	0	0	0	0	3,000
PERSONNEL	0	113,400	0	0	0	0	113,400
W/shops & Training	0	10,400	0	0	0	0	10,400
WORKSHOPS & TRAINING	0	10,400	0	0	0	0	10,400
Travel & related expenses	0	10,200	0	0	0	0	10,200
Information	0	2,800	0	0	0	0	2,800
Other General costs	0	16,200	0	0	0	0	16,200
GENERAL EXPENSES	0	29,200	0	0	0	0	29,200
TOTAL BUDGET:	0	213,262	0	0	0	0	213,262