

PROGRAMME UPDATE



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

22 May 2003

Appeal No. 01.14/2003 (revised)

Appeal Target: CHF 213,262 (USD 145,075 or EUR 145,014); Budget revised to CHF 2,213,365 (USD 1,710,439 or EUR 1,465,120)

Programme Update No. 1; Period covered: January to April 2003

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 180 countries.

For more information: www.ifrc.org

In Brief

Appeal coverage: 0%; for details on contributions to this appeal please refer to the Federation's website at: http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/1-2-3%20-%20ap011403.pdf.

Outstanding needs: CHF 2,213,365 (against the revised budget)

Related Emergency or Annual Appeals: N/A

Programme Summary: This revised Appeal has been expanded to allow more focus on ARC's foundation, capacity and performance, by using an integrated approach. With the formation of an International Federation technical team in Angola, both the scope and volume of the plan of action has increased and will be conducted in three phases: PHASE ONE (April - December, 2003) - Transition phase, essentially focused on national society reorganization, and the reinforcement of ongoing health, DP and OD activities; PHASE TWO (January - December, 2004) - Scaling up of capacity during which the ARC will hold a General Assembly and programme activities will be extended according to the progress and based on lessons learnt; PHASE THREE (2005 and 2006) - Consolidation, the plans for which will be defined in due time, based on the results of regular assessments of, respectively, progress made and the commitment shown by the senior leadership of the ARC. The third Phase is projected outside of the scope of this Appeal period and will therefore not be detailed here. However, the three phases demonstrate the recognized need for the International Federation and ARC to: "start small" and integrate activities to ensure capacity building on all levels; evaluate and adjust the approach according to lessons learnt; and stay focused on the objectives as they are laid out in ARC's plan of action (PoA). The "transition" and "scaling up of capacity" phases are designed to allow for the integration of the various dimensions of capacity building, in this case, by creating a strong link between the programme activities and developmental support. In addition, the provincial branches that were selected for the first phase will scale up their activities in proportion to their increased capacity to fully engage in the planned activities.

Introduction

National context

Since the launch of both the Emergency Appeal 26/02 in September 2002 and the original version of this Appeal 01.14/2003, in December 2002, the conditions in Angola have changed progressively. The *de facto* consolidation of the cease fire agreement has been observed, signed between the Government of the Republic of Angola and UNITA in April 2002, followed by the dismantling of the Joint Commission, on 21 November 2002 and the UN Mission in Angola (UNMA) having concluded its mandate on 15 February, 2003. The last gathering areas for demobilized combatants were officially to be closed by the end of April 2003.

Several challenges still remain in the humanitarian field in this “normalized” and stable situation. Some of these challenges are expected to remain for several years to come, while new ones will also emerge. The main challenges facing the Government of the Republic of Angola and the humanitarian organizations operating in Angola, now and in the immediate future, can be defined as follows:

- Most of the social infrastructures in the interior of the country, such as health posts, education facilities and water sources have still not been repaired;
- More than 10,000 children die each year from preventable disease such as measles;
- Some 1, 7 million people are still in need for food assistance in order to survive;
- Morbidity and mortality levels are at emergency and acute levels in many locations in the country’s interior;
- HIV/AIDS prevalence rate has increased from 3.4% in 1999 to 8.6% in 2001;
- Less than 10% of the country’s young population has knowledge about HIV/AIDS transmission;
- Approximately 60,000 persons are amputees because of land mine accidents;
- Hundreds of thousand former IDPs have returned to their area of origin and are living in locations where basic conditions are not yet in place;
- Approximately 500,000 IDPs are still likely to return to their places of origin in the coming months;
- Thousands of Angolan refugees are already spontaneously returning to areas in Angola, mainly along the borders;
- Approximately 170,000 Angolan refugees in DRC, Namibia and Zambia are expected to return to Angola as of June this year;
- Resettlement and reintegration of ex-combatants and their family members is still proceeding in an ad-hoc fashion.

The UNDP/OCHA recently defined its humanitarian operation in Angola as being at a crossroad, in which the situation could reverse and deteriorate, should international assistance be withdrawn or reduced in the coming months, during the current difficult period of transition.

Meanwhile, the Government of Angola has defined the following priorities for the immediate future, confirmed through a message from President Eduardo dos Santos to the UN Secretary General Kofi Annan, in early February 2003:

- Professional and social reintegration of the demobilized soldiers;
- Return and reinstallation of the displaced people in their places of origin;
- Rehabilitation of the economic and social infrastructures indispensable for the normal life of the population;
- De-mining of the country;
- Reinforcement of the democratic system;
- Mobilization of the necessary resources in order to implement these priority tasks.

Red Cross context

The role of the Angola Red Cross Society (ARC) as a humanitarian organization is to meet the needs of vulnerable communities. For some years now ARC has not been adequately achieving this goal and the reasons are mostly related to a limited capacity of the National Society (NS) towards organizational and development approaches. A situation analysis to identify strengths and weaknesses within ARC structures, programmes and projects has been undertaken. Road maps, programmes and projects that are responsive and relevant to the needs of the vulnerable people and the NS, have been defined in order to help increase the existing organizational capacity of the ARC to achieve the characteristics of a well functioning NS.

The current reality, in general, in Angola is that the areas of Health and Care, including HIV/AIDS and Water and Sanitation, as well as Disaster Preparedness, with emphasis on Mine Awareness, are so far the areas which have received less support from the international community. Based on the main thrust of the Angola Red Cross Society, and taking into consideration its current capacity and future potential, through this revised Appeal we seek the necessary support required for the ARC to increase its response and contribution to the existing and, especially, the future humanitarian needs in Angola. This can happen only by helping the Angola RC to further increase its capacity, in order for it to more effectively deliver assistance in these areas, in particular, to an even greater number of vulnerable people.

The International Federation's most recent involvement in Angola

With the launch of the Emergency Appeal 26/02 on 6 September, 2002, the International Federation (Federation) was seeking the necessary support to allow for the:

- Establishment of an adequate International Federation Secretariat structure in Angola, in order to support the operations as well as the capacity building of the ARC, in the new context with prevailing peace in Angola.
- Coordination of activities with the different Red Cross and Red Crescent partners operating or interested in operating in Angola.
- Establishment of effective links and connections with other humanitarian agencies, the international donor community and the Government of the Republic of Angola, as appropriate and in coordination with the ARC.

In November 2002, the International Federation Secretariat initiated the re-establishment of a Country Delegation in Angola. Since then, the International Federation has been working with the ARC, specifically in the areas of finance development, with emphasis on the process for the recruitment of a Head of the Finance and Administration Department, expected to be concluded during the month of May 2003, and Health and Care, with emphasis on improved planning and increased coordination and networking with both relevant Government agencies and other humanitarian organizations.

Active coordination and increased cooperation between the various Red Cross and Red Crescent partners present in Angola have been initiated and/or consolidated jointly with the ARC. Together with the ARC, contacts with different, current and potential, non-Red Cross partners have also been established and are being maintained and nourished.

Angola Red Cross priorities and proposed Secretariat Assistance

This revised Appeal has been expanded to allow more focus on ARC's foundation, capacity and performance and using the integrated approach. With the formation of an International Federation technical team in Angola, both the scope and volume in the plan of action has increased, and will be conducted in three phases:

PHASE ONE (April - December, 2003) - Transition phase, essentially focused on NS reorganization, and the reinforcement of ongoing health, DP and OD activities;

PHASE TWO (January - December, 2004) - Scaling up of capacity phase, during which the NS will hold a General Assembly and programme activities will be extended according to the progress and based on lessons learnt;

PHASE THREE (2005 and 2006) - Consolidation phase, the plans for which will be defined, in due time, based on the results of regular assessments of, respectively, progress made and the commitment shown by the senior leadership of the ARC.

The third Phase is projected outside of the scope of this Appeal period and will therefore not be detailed here. However, the three phases demonstrate the recognized need for the International Federation and ARC to:

- Start small and integrate activities to ensure capacity building on all levels;
- Evaluate and adjust the approach according to lessons learnt;
- Stay focused on the objectives as they are laid out in ARC's plan of action (PoA).

The "transition" and "scaling up of capacity" phases are designed to allow for the integration of the various dimensions of capacity building, in this case, by creating a strong link between the programme activities and developmental support. In addition, the provincial branches that were selected for the first Phase, will scale up their activities in proportion to their increased capacity to fully engage in the planned activities.

The main objectives in each Phase are:

PHASE I:

Strengthening the ARC branch infrastructure, management and services offered to communities surrounding the existing health posts and offices in eight provinces, with the provision of combined community based health care, safe water/sanitation/hygiene education and HIV/AIDS activities.

This will be achieved through the Health and Care activities by;

- Recruiting new volunteers;

- Conducting advanced training for existing volunteers;
- Disseminating information in the communities, using ARCHI 2010 educational guidelines on personal and environmental hygiene control of communicable diseases, immunization and HIV/AIDS prevention.

Parallel to and integrated with the health activities, the International Federation will provide OD support to:

- Address managerial and structural weaknesses;
- Improve finance management, planning, reporting and administrative procedures;
- Establish active volunteer management system;
- Strengthen the governance at branch level by assisting the ARC to prepare for and conduct provincial assemblies.

PHASE II:

Scaling up the activities initiated in Phase I, and based on lessons learnt, extend those activities to include ten provinces. In addition, the OD support will include assisting the ARC national headquarters (NHQ) in preparing for and organizing a General Assembly, with the participation of all its eighteen provincial branches.

Organizational Development and Capacity Building are the basis for this revised Appeal; while they are introduced as a separate programme, the activities and progress are interwoven into the following priority sectors and their projects, intended to reinforce and strengthen the Angola Red Cross Society:

Health and Care, with its three components:

- Community Based Health Services
- HIV/AIDS
- Water/Sanitation

and Disaster Preparedness and Response, with an emphasis on Mine Awareness activities.

In order to reinforce the NS foundation, the Organizational Development activities will, initially, be targeting the NHQ of the ARC, in order to ensure a strong and professional Secretariat that is ready, motivated and able to support the Provincial Branches with the necessary program management, and, secondly, to be followed by the Branches in all of the country's eighteen provinces, thus promoting a more active and effective participation of the National Society's volunteers. The OD exercise should lead to the holding of the next General Assembly of the ARC, to help rebuild trust among Governance, management, paid staff, members and volunteers at different level of the NS.

Branches would utilize more than 140 ARC "antennas", recently established in all of the country's eighteen Provinces, with the assistance of the ICRC in support of the tracing programme, in the branch development process, including disaster preparedness, disaster response and volunteer management as well as in the preparation for the General Assembly.

Organizational Development - Capacity Building

Background

The ARC has a Provincial Branch in all of the country's eighteen provinces and several local/division structures in most of the provinces. There is an undeniably high level of commitment among field staff which, however, has not been adequately nurtured through timely training and support. The ARC continues facing significant constraints in implementing its activities. This can, partly, be attributed to the following:

- Inadequate co-ordination between the provincial branches and the national headquarters.
- Recruitment and retention of volunteers is weak.
- Governance structures at the provincial and branch levels are needing to be strengthened.
- The ARC staff has not been sufficiently reoriented and trained to face the new challenges and to become more proactive.
- Operational guidelines must be updated and implemented.
- Communication remains a problem and feed back from headquarters is rarely given though decisions are made centrally. Supervision and monitoring the implementation of field activities by the ARC's national headquarters remains remote.
- Skilled personnel in key areas (e.g. finance) need to be trained and/or recruited.

- Transport and office equipment (e.g. computers) requires modernization.
- There is no staff at the national headquarters dealing with branch development and volunteer recruitment.
- The ARC's disaster preparedness and response policy needs to be updated and disseminated.
- While opportunities to raise support for projects through partnerships with relevant UN agencies and donor organizations are available, the ARC needs to more actively capitalize on these opportunities through initiatives addressing improved entrepreneurship, project management, and negotiation skills.

In order to address some of the above issues, the ARC has established a 3-year development plan (2002-2004), which clearly outlines the following main OD intentions and priorities:

- Improve volunteer management and implement an effective recruitment system
- Improve finance and human resource management at the national headquarters, provincial and divisional levels.
- Plan and organize national and provincial assemblies and meetings.
- Update administrative rules and guidelines.
- Develop a sustainable resource base.

Overall Goal

ARC meets the basic requirements of a well-functioning National Society and is recognized and respected as a key national actor in the humanitarian sector in Angola, first and foremost by the Angolan people themselves and by the Government of Angola, but also by other, national as well as international, humanitarian agencies.

Based on the above, the following, short term, OD agenda has been defined and agreed with the ARC:

Phase I

Organizational Development	Resource Development	Finance Development	Branch Development
Facilitate and co-ordinate the creation of governance and management structures at the provincial level.	Initiate discussions on resource mobilization strategy.	Improve headquarters management.	Identify and train a focal person for youth and branch development.
Organize training for governance and management.		Initiate the formulation of financial procedures and begin training of staff at provincial level.	
Evaluation	Evaluation	Evaluation	Evaluation
Revision of PoA	Revision of PoA	Revision of PoA	Revision of PoA

Phase II

Organizational Development	Resource Development	Finance Development	Branch Development
Facilitate and co-ordinate ARC elections at the national level.	Develop resource development strategic plan.	Continue training of staff in proper financial management.	Youth and branch officials' training at the provincial level.
Training course in governance			Youth and branch officials' training at the provincial level.

Main results expected from support provided to ARC's OD activities

In general:

Through a combination of initiatives ensure, respectively, a committed and more active and regular involvement of the members and the volunteers in all of the country's eighteen Provinces, in the life and in the activities of the entire NS and the

immediate strengthening of the NHQ initially, and as a top priority, in the field of Finance management. Mainly as a result of the building up of grass roots momentum for change, it is expected that an internal change process will be initiated.

In particular:

- Overall image and credibility of the ARC has been improved;
- Volunteer recruitment and management has been improved;
- Provincial assemblies and meetings as well as a general assembly have been successfully organized;
- Youth co-ordination and representation in decision making bodies have been facilitated and supported;
- Networking and coordination of branch development have been supported and facilitated;
- Financial management needs analysis at the provincial level have been facilitated and supported;
- Improvements in financial management have been facilitated and supported;
- The ARC's efforts to clarify its human resource structure, salary system, and performance development system have been facilitated and supported;
- The ARC's internal efforts to adopt a strategic plan have been facilitated and supported;
- Efforts to develop a comprehensive resource development project document have been facilitated and supported;
- The recently established tracing "Antennas" are fully integrated, in a sustainable fashion, into the respective Provincial Branches of the ARC;
- The planned ICRC support to the Dissemination/Communication activities of the ARC is fully in line with the priorities of the ARC, thus allowing the NS to become more active in the promotion of humanitarian values.

Health and Care

Background

The ARC is currently the only organization in Angola with volunteers carrying out small-scale health promotion activities on a nation-wide level.

Under the umbrella of the Health and Care programme, the Federation will initially support the Angola Red Cross Society to reach a total of approximately 200,000 beneficiaries, on a regular basis, in ten selected provinces. Activities will be essentially focused on strengthening the provision of basic health services in the health posts, reinforcing the community based health care using the ARCHI 2010 methodology, in which promotion and prevention are key elements for NS activities at the community level.

The provision of combined community based health care, safe water/sanitation/hygiene education and HIV/AIDS activities aim at building and expanding upon ARC's capacity and volunteer base. However, the selected provinces have different levels of capacities and resources, which will be addressed according to need as well as the commitment for improvements.

In terms of the ARC's development activities in this sector, efforts will be made to reinforce the project and financial management performance, including improved reporting. This will be done with technical assistance from the OD and FD delegates and in coherence with the firmly integrated approach of programme activities and developmental support.

The below tables illustrate the Provinces selected for the first two phases, and the individual components of the Health and Care programme to be carried out during each phase:

PHASE I

TRANSITION		
CB Health and Care	HIV/AIDS	WAT/SAN
	Cabinda	
Huambo	Huambo	Huambo
	Huila	
Kwanza Norte	Kwanza Norte	Kwanza Norte
Kwanza Sul	Kwanza Sul	Kwanza Sul
	Moxico	
	Uige	

	Zaire	
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PHASE
II

SCALING UP OF CAPACITY

CB Health and Care	HIV/AIDS	WAT/SAN
Cabinda	Cabinda	Cabinda
Cuando Cubango	Cuando Cubango	Cuando Cubango
Cunene	Cunene	Cunene
Huambo	Huambo	Huambo
Kwanza Norte	Kwanza Norte	Kwanza Norte
Kwanza Sul	Kwanza Sul	Kwanza Sul
Lunda Norte	Lunda Norte	Lunda Norte
Moxico	Moxico	Moxico
Uíge	Uíge	Uíge
Zaire	Zaire	Zaire

Overall Goal

Sustainable improvement in the general health conditions of vulnerable communities, through the provision of combined community based health care, safe water/safe sanitation/hygiene education and HIV/AIDS activities whilst, at the same time, building and expanding upon ARC's capacity and volunteer system in the entire country.

Community Based Health and Care

The provision of health services has been inadequate in most of the communities in the provinces, with basic health facilities destroyed during the war period. This breakdown of public health services exposes children and adults alike in these communities to the spread of diseases, such as malaria, diarrhoea, measles and HIV/AIDS.

The ARC health posts are overburdened, collectively attending to an average of 9,000 patients per month. The most common health problems are malaria, respiratory infections, diarrhoea, malnutrition, scabies and schistosomiasis. General mortality is very high and pronounced in children 0-5 years old; according to WHO statistics, Angola has one of the highest infant and maternal mortality in the world. The data accumulated by the ARC health posts show that 80% of birth deliveries takes place at home and are attended by untrained midwives.

The ARC health coordinators at the provincial level maintain excellent working relationships with the Ministry of Health (MoH), UNICEF, Save the Children, World Vision, WHO and other agencies.

The ARC will conduct training of health post staff in proper delivery and vaccination procedures, malaria control, diarrhoea treatment and active case identification with proper management. The volunteers will receive training in malaria prevention, including distribution of mosquito nets and education targeted at school children and their families on their proper use, basic community first aid and basic health education based on ARCHI 2010 guidelines.

Objective 1: Strengthen the provision of basic health services in ARC health posts:

- Rehabilitation of the basic infrastructure of the health posts;
- Provide basic laboratory facilities;
- Provide basic sterilizing equipment;
- Conduct refresher training for health post staff.

Objective 2: Strengthen preventive services in communities surrounding the health posts:

- Recruitment of community based health care volunteers;

- Provide training to volunteers on how to educate the community about personal and environmental hygiene, control of communicable diseases, immunization and HIV/AIDS prevention.

Objective 3: Reduce mortality due to malaria, measles, polio and other epidemics:

- Social mobilization efforts for measles and polio vaccination campaigns;
- Training of 655 volunteers in malaria control;
- Procurement, distribution and education on the purpose of using mosquito nets (ITNs);
- Active case identification and proper management.

Expected Results

In general:

By the end of Phase II, the capacity of ARC provincial branches and health posts in providing health care has increased and community based services have improved, resulting in significant contribution to the general improvement and quality of life within the respected communities.

In particular:

- Health awareness in the communities surrounding the ARC health posts has increased;
- Knowledge of purpose of the usage of Insecticide treated mosquito nets has increased;
- ARC staff and volunteers have received advanced training and are actively involved in general health education and disease control activities;
- ARC volunteers around the country are mobilised and participating in vaccination campaigns, organised by the MoH;
- The plans of the MoH, with the support of UNICEF, to give ARC health posts a primary role of conducting mandatory vaccinations, have been sealed through a formal agreement.

HIV/AIDS

HIV/AIDS remains a crisis in the Southern Africa region. It has been estimated that more than nine million adults and 300,000 children (from a total population of 110 million people) were infected with the HIV/AIDS virus. AIDS has become the leading cause of mortality in the Southern Africa region. It is reported that 750,000 people died of HIV/AIDS in Sub-Saharan Africa in 1999. The number of AIDS orphans is estimated to be over two million and this number is set to increase in the future (UNAIDS, 2000).

Many publications show that HIV/AIDS prevalence in Angola is increasing. According to UNAIDS (2001) the prevalence rate increased from 3,4% in 1999 to 8,6% in 2001. Recent reports from WHO/UNAIDS in Angola show a very high proportion of young men and women in Angola who do not consider HIV/AIDS as a major health problem. Only one in ten Angolans (in the age group 15 - 49 years) have demonstrated sufficient knowledge of HIV/AIDS transmission. The potential spread of HIV/AIDS is not only a challenge for the condensed population in the capital, Luanda, where 80% of NGOs dealing with HIV/AIDS are operating. The expected increase of population movement in rural areas, with the arrival of IDPs and returning refugees from the three neighbouring countries that all have high HIV/AIDS prevalence, calls for reinforcement of local services.

The ARC has developed a strategy for its HIV/AIDS programme, focusing mainly on the information, education and communication to promote awareness of HIV/AIDS transmission. The NS drew up a detailed work-plan for its programme and finalized a five year HIV/AIDS country plan (2000-2005) in line with the 2000 Ouagadougou Declaration, which confirms the intention of the African National Red Cross/Red Crescent Societies to scale up their HIV/AIDS activities.

The ARC HIV/AIDS country plan is in alignment with the regional approach and was included in the Regional Appeal for 2003, with the aim of providing support to the ongoing activities and to scale up those activities, taking into consideration the actual capacity of Angola to respond to the HIV/AIDS challenge. The re-establishment of a country delegation in Angola, allows for the expansion of these activities to more provinces, as reflected in this revised Appeal. In addition, the ARC country plan is being supported by the bilateral agreement with the Spanish Red Cross Society, where a total of 246 volunteers have been trained to disseminate HIV/AIDS information targeting the military and police, school children, commercial sex workers and long distance drivers.

As previously noted, the ARC with support from the International Federation will expand its HIV/AIDS activities in phases, targeting 60,000 beneficiaries in the ten provinces. The focus will mainly be on the prevention and advocacy through

promotion of change in behaviours, attitudes and practices with regards to HIV/AIDS transmission and other sexually transmitted infections (STI) in the specified target groups, namely:

- young people in the age group 14-30 years
- defense forces personnel
- commercial sex workers
- long distance bus and truck drivers

In addition, the ARC volunteers will provide psycho-social support for persons living with HIV/AIDS (PLWHA). Prevention activities will include information dissemination, condom distribution, and counseling. Information is disseminated through drama, pamphlets and group discussions.

Through this Appeal the Federation intends to mobilise funds to procure condoms for distribution, production of IEC materials and provide motorbikes for the provincial coordinators. Through this operation the ARC will make efforts to strengthen its collaboration and networking with other HIV/AIDS service organisations in order to share and exchange ideas and experiences, as well as maximising the use of available resources. The ARC will also play a prominent role in the anti-stigma campaigns in Angola.

Objective 1: Promote awareness and disseminate information on HIV/AIDS prevention to 60,000 vulnerable people in groups at high risk of contracting HIV/SIDA and STI:

- Recruitment and training of 100 new volunteers;
- Conduct HIV/AIDS awareness seminars for soldiers, commercial sex workers, youth groups and long distance drivers;
- Production and distribution of IEC materials;
- Promotion and distribution of condoms.

Objective 2: Provide preventive and supportive counselling to the targeted vulnerable groups:

- Conduct training in pre and post HIV/AIDS test counselling for 220 volunteers.

Objective 3: Strengthen the capacity of the ARC to plan, implement, and monitor HIV/AIDS and related activities:

- Programme planning and management training for NS headquarters health department staff and provincial coordinators;
- Integrate HIV/AIDS dissemination in all ARC programmes;
- Conduct baseline surveys of knowledge, attitude and practices, to assess the impact of HIV/AIDS interventions.

Expected Results

In general:

By the end of Phase II, ARC has increased the impact of its HIV/AIDS programme, by increasing the quantity and quality of its interventions, resulting in significant contribution to public awareness and decreased stigma against the disease;

In particular:

- Increased knowledge and awareness of the disease among the target groups, has contributed to a change of their attitude and behaviour in sexual conducts;
- New volunteers have been recruited and received training in counselling;
- Specified target groups have received condoms and information on STI and HIV/AIDS;
- People living with HIV/AIDS have received psycho social support;
- The ARC is a leading national force against stigma and misconceptions linked to the HIV/AIDS disease.

Water and Sanitation

Rural communities in Angola live under the worst conditions worldwide in terms of safe water and adequate sanitation. According to the last global assessment (WHO/UNICEF, 2001) only 22% of the population have access to safe water and only 15% have access to adequate sanitation; the reality of both is believed to be worse in many areas, as access for proper

assessment has not been possible countrywide. Most urban and peri-urban water supply systems are in very poor conditions and often operating only sporadically due to a lack of investment in the sector over many years.

The inadequacy of continuous running water in the densely populated peri-urban areas, make the conventional human waste disposal another problem. Coupled with the lack of investment in maintenance of sewers and other sanitary systems, gives rise to frequent spillage of sewage and unattended blockages. Most of the peri-urban areas do not have the privilege of conventional systems. Dilapidated latrines are the type of sanitary facilities visible which are owned by a few number of families. Most people practice uncontrolled defecation in any available spaces between the buildings.

Information on population movement is being compiled by OCHA, which provides regular updates to NGOs in the country. The influx of the displaced rural populations to urban areas worsen the situation particularly in the peri-urban areas. Very few people get served by the reticulated water supply, hence raised the need for water trucking in Luanda and use of open shallow wells in the rest of the provincial towns. Communities are forced to store water at household level using poor storage facilities. This raises high risks for contamination and in house breeding of mosquitos.

According to OCHA updates on current Wat/San activities of other NGOs and UN agencies, nine out of the ten selected provinces will receive different levels of support. In addition, there is some limited governmental funding, mainly directed to the provincial capitals, which in the past has contributed to the Wat/San activities of the ARC branches.

The ARC intends to target and prioritise the communities that are benefiting from the Health and Care programme components, to maximise the impact and reduction of the existing poor health conditions. Due to the limited capacity of ARC and its provincial branches, the ARC will embark upon small-scale Wat/San interventions in three provinces in the first phase, concentrating on dissemination of information on hygiene and safe water.

Objective 1: Promotion of safe drinking water for vulnerable communities:

- Sensitize people in the communities on safe drinking water;
- Support local authorities in the identification and rehabilitation of water points;
- Establish water source/point committees in the communities;

Objective 2: Reduce morbidity by promoting environmental health and sanitation to communities in rural areas:

- Sensitize people about the proper use of latrines;
- Construction of institutional/communal latrines;
- Identification and construction of family latrines;
- Household visits and hygiene education.

Objective 3: Strengthen the ARC's capacity in water and sanitation:

- Recruitment of a national Wat/San coordinator;
- Provide technical training for project staff;
- Provide training and materials for volunteers.

Expected Results

In general:

By the end of Phase II, the ARC capacity in providing information to local communities and technical support to governmental authorities responsible for providing water and sanitation services, has increased.

In particular:

- Increased ability of the ARC to implement community based water/sanitation and hygiene education interventions;
- ARC volunteered dissemination of hygiene education through home visits has resulted in improved sanitation;
- Existing water points have been rehabilitated and, where appropriate, construction of new water points are supported by the ARC;
- Family and school latrines constructed in the communities near the ARC health posts;
- Wat/San activities are being coordinated at ARC headquarters level.

Disaster Management (with an emphasis on Mine Awareness)

Background

The humanitarian crisis in Angola is directly linked to the population upheavals caused by the country's prolonged civil war, which has forced approximately 60% of the population to live in urban areas compared to 15% in 1970. The government has, since the peace accords, set up transit centres for the displaced population wishing to be resettled either in their areas of origin or other areas of preference.

Land mines and unexploded ordinances (UXOs) are one of the most serious consequences of the prolonged civil war in Angola, posing a significant threat and constraints, for both the humanitarian workers and for the IDPs, and of course limiting the amount of arable land available. Based on assessments made, there are probably between six and seven millions land mines laid, which means one land mine for every two people of the country's population. These statistics are still only estimates, and there is an urgent need for much more detailed assessments, in all areas of risk, in order to try and locate exactly all the mine infested areas and to make a more accurate estimate about the number of existing land mines. NGOs working in the mine action sector have been able to help clear 6,376,599 sq. miles of land for civilian use by neutralising 2,077 mines and 71,526 UXOs.

Land mines and UXOs are a deadly danger, especially for children, being also a serious impediment to the social and economic rehabilitation. Angola is already the country with the highest number of amputees in the world, with one amputee per every 400 inhabitant. According to the most recent statistics, there are approximately 60,000 persons who are amputees because of land mine accidents.

Reflecting in the limited activities and capacity of ARC in traditional Disaster Management services is the fact that Angola is very rarely exposed to big natural disasters. However, with land mines currently being the biggest threat to the rural population, the NS has concentrated its resources on community based education through its Mine Awareness programme, originally supported by the Federation. But after the recent launch of the governmental National Programme for Humanitarian Emergency Assistance (PNEAH), containing emergency plans for resettlement of displaced populations, provision of social infrastructure and agricultural programmes, the NS has recognised the opportunity to build on the increased attention and support from the authorities.

The intention, therefore, is for the ARC to revise its disaster policy and contingency plans with assistance from the Federation, thus defining its role in the national context of Disaster Management. At the same time, the NS will continue the Mine Awareness and Education programme in two provinces, i.e. Benguela and Bié with support from the ICRC since 2002, and expand activities to the Provinces of Cunene and Malange, in accordance with the identified needs and the capacity of the, respective, ARC Branch Office.

Phase I:

Emphasis is put on strengthening the ARC community based Mines Awareness and education programme in the selected provinces, with the aim of reducing the number of land mine incidents.

Phase II:

Depending on ARC management capacity and human resources, additional support will be provided by the country Delegation and, mainly, the Regional Disaster Management Team in Harare, to strengthen the capacity of the ARC to respond to any disaster according to the role defined and supported by the Government of Angola. In this context, the newly established tracing "Antennas" should be considered a key asset.

Overall Goal

A sustainable improvement in the capacity of ARC's community based Mine Awareness and Education Programme in four provinces and the strengthening of ARC's capacity in order to respond to any disaster according to the role defined for it by the Government of Angola.

Objective 1: Strengthen the capacity of the ARC to respond to any disaster:

- Provide training for ARC national and provincial coordinators in disaster management with support from the regional DM team in Harare;
- Identify volunteers and provide training in disaster preparedness and response and integrate them into the provincial branches structures;
- Facilitate and provide support for the development of ARC disaster policy and contingency plans.

Objective 2: Reduce the number of mine incidents:

- Provide training for volunteers and ARC staff in mine awareness education;

- Conduct community mine awareness sensitization through production of IEC materials, drama, school visits and debate.

Expected Results

In general:

- Vulnerability to land mines will be reduced through the completion of community based mine awareness and education programmes;
- The capacity of the ARC to provide appropriate and timely support to the people threatened or affected by disasters is increased;
- The ARC's disaster preparedness and response plans will have been revised and approved by governance and disseminated to all provincial branches.

In particular:

- The successful implementation of the community based mine awareness and education programme in selected provinces;
- The ARC has a consolidated and updated database for human and technical resources management that is available and accessible when required;
- At least ten ARC volunteers and staff will have been trained in RDRT and VCA with the support of the Regional Disaster Management team in Harare;
- Vulnerability of the population in the selected provinces will be reduced through successful implementation of the community based Mines Awareness education programme;
- The targeted provinces have active Community Emergency Committees for land mine awareness.

Monitoring and Evaluation

An assessment will be carried out during the last quarter of 2003 to monitor the progress of the change process within the ARC and the implementation of the plan of action. This will be essential for the International Federation to decide on the future of its operation in Angola.

Coordination

The International Federation works with the ARC in pursuing the need for capacity building at the national and provincial levels in Health and Care, Water and Sanitation, HIV/AIDS and Disaster Management, in the current transition period, which Angola has embarked upon, and beyond. In this respect, and considering its Lead role in coordinating international development support to the ARC, the International Federation is encouraging close coordination and cooperation between, on the one hand, all Red Cross/Red Crescent partners currently having a presence in Angola and, on the other hand, the host National Society, namely the ARC.

An important element of the International Federation's strategy is a strong commitment to coordination efforts also with the operational UN agencies, NGO's and other humanitarian organizations, in order to avoid duplication and to maximize the impact of the humanitarian assistance in Angola. In this exercise all stakeholders will be kept informed on quarterly basis on the progress of implementing the e proposed recovery plan.

The process for an Angola Cooperation Agreement Strategy (CAS) started already with the latest Partnership meeting, in April 2002, and is now being intensified through the current increased interest in cooperation. A first version of an Angola CAS is expected to be available by the end of Phase II.

Capacity of the Angola Red Cross Society

The ARC was founded by executive decree in 1978 and became a member of the International Federation in 1986. The first general assembly was held in 1986, and a second extraordinary general assembly took place in 1998. At this assembly new statutes were ratified, a national council, a new president and a secretary general were elected together with an executive council including a finance commission. The mission of the Angola Red Cross Society (ARC) is implicitly stated in its statutes.

In July 1999, the ARC drew up a strategic work plan for 2000-2003. The National Society formerly worked very closely with the government, principally the Ministry of Health, and while in the past there was little distinction between the government and the ARC this situation has now changed. The ARC has a weak public image, mainly because of the combination of limited resources and few activities. The emblem is commonly misused and the country lacks a specific legal regulation on the use of

the emblem. The ARC has a nationwide coverage with provincial branches in all of the country's 18 provinces. A number of provinces also have municipal and local branches. No precise figures on membership numbers exist.

The main governing bodies of the ARC are the general assembly, the national council and the executive council. The general assembly is made up of the members of the national council and a certain number of elected branch representatives from each of the eighteen Provinces, proportionally in accordance with the number of active members. Constitutionally, the national council comprises the members of the executive council, personalities having shown interest in the work of the ARC, the presidents of the Provincial Councils, one representative from each of the following Ministries: Defence, Health, Education, Youth and Sports, War Veterans, External Relations, Social Assistance and Reintegration, Information Interior and Women's Affairs, as well as representatives elected by the provincial assemblies. The executive council comprises the President, the Vice-president, the Controller (ex-officio), four members and the secretary General (ex-officio).

The Society has experienced difficulties in attracting staff due to low salaries and reduced programme activities, although the situation temporarily changed due to monthly incentives paid by the International Federation. The fact that the notion of volunteers needs to be redefined and the difficult economic situation of the country does not make it easy to run activities with volunteers. Even so, volunteer activities have recently restarted primarily around the 20 ARC community health posts and in newly activated youth groups.

Present Capacity of the International Federation in Angola

The International Federation Secretariat, through its Delegation in Angola is, since November 2002, in the process of establishing its capacity in order to be able to take on its responsibilities by initiating and implementing the activities envisioned in this appeal, subject to sufficient financial support. It is currently foreseen that the country based team of international advisers will initially be composed of four delegates, namely a Head of Delegation, a Health delegate and a Finance Development delegate, already in place, and an Organisational Development delegate, still to be recruited. The recruitment of any other international delegate(s) could be considered in case the current capacities in the Southern Africa region cannot meet the demands.

The French Red Cross has recently signed a general cooperation agreement with the ARC and has embarked upon a bilateral project, initially for the rehabilitation of three health posts in the province of Huambo.

The Netherlands Red Cross is engaged in a health project delegated by the ICRC, in the three provinces of Bié, Huambo and Huíla. They are currently considering a continuation of this project in 2003, with the added element of capacity building of the respective provincial Branches of the ARC.

The Spanish Red Cross has a long standing bilateral partnership with the ARC, mainly focusing on HIV/AIDS, but also support to ARC's Community Based Health Care activities and the program for the professional rehabilitation of disabled people, in the Rehabilitation Centre in Viana, in the province of Luanda.

The Regional Delegation for Southern Africa, in Harare, has been working closely with and supporting the ARC, in particular between January 2001 and November 2002. Technical support and advice will continue to be drawn from Harare, as and when required. However, both the size of the appeal, the current capacity building challenges and expected future activities in Angola require a strong and adequate in-country presence, for some time to come.

Peer support to the ARC, by using experts from and/or sharing knowledge, experiences and best practice of other National Societies from within the Southern Africa region will increasingly be considered and promoted, in close coordination with the Regional Delegation and in consultation with the Secretariat of the SAPRCS (the Southern Africa Partnership of Red Cross Societies), as and when required.

Budget summary

Please refer to Annex 1 (attached).

For further details please contact:

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All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

BUDGET SUMMARY

PROGRAMME BUDGETS SUMMARY

Appeal no.(s) selected: 01.14/2003

Delegation code(s) selected: ZZ

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	30,000	0	0	0	0	30,000
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	36,000	0	0	0	0	36,000
Teaching materials	0	74,700	0	0	0	0	74,700
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	140,700	0	0	0	0	140,700
Land & Buildings	0	270,000	0	0	0	0	270,000
Vehicles	0	65,625	0	0	0	0	65,625
Computers & telecom	0	43,500	0	0	0	0	43,500
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	379,125	0	0	0	0	379,125
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	107,480	0	0	0	0	107,480
TRANSPORT & STORAGE	0	107,480	0	0	0	0	107,480
Programme Support	0	143,869	0	0	0	0	143,868
PROGRAMME SUPPORT	0	143,869	0	0	0	0	143,868
Personnel-delegates	0	573,400	0	0	0	0	573,400
Personnel-national staff	0	412,869	0	0	0	0	412,869
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	986,269	0	0	0	0	986,269
W/shops & Training	0	115,900	0	0	0	0	115,900
WORKSHOPS & TRAINING	0	115,900	0	0	0	0	115,900
Travel & related expenses	0	66,755	0	0	0	0	66,755
Information	0	85,170	0	0	0	0	85,170
Other General costs	0	188,097	0	0	0	0	188,097
GENERAL EXPENSES	0	340,022	0	0	0	0	340,022
TOTAL BUDGET:	0	2,213,365	0	0	0	0	2,213,364