

Report 2006-2007



International Federation
of Red Cross and Red Crescent Societies

Angola

Appeal No. MAAAO001

20/04/2008

This report covers the period of 01/01
2006 to 31/12/2007 of a two-year planning
and appeal process.



A newly protected water point in Lunachi village, Cazombo, during the floods operation in 2007. Angola Red Cross ensured provision of safe drinking water for the families affected by flooding that occurred in February 2007. (**Angola Red Cross**)

In brief

Programme summary:

- Angola Red Cross (ARC) went through a change of leadership with the new secretary general and governing board chairperson appointed in 2007. The change process was designed to enhance the capacity of the headquarters to enable it to support the autonomous branches and work of the volunteers. ARC is progressing towards becoming a well-functioning national society (NS). The NS is recognised and respected as a key actor in the humanitarian sector (particularly in disaster response) by the community members, government, local and international humanitarian agencies.
- The appeal period was characterised by a number of disasters namely cholera outbreaks and flooding. Cholera outbreak started in February 2006 and ARC response operation was initially supported through an allocation of CHF 200,165 from the Federation Disaster Relief Emergency Fund (DREF) used for field assessments, social mobilisation and procurement of relief items. An emergency appeal was subsequently launched seeking CHF 1,392,404 to assist one million beneficiaries with the provision of safe clean water, sanitation facilities, health education and hygiene promotion. In February 2007, Angola was hit by floods, and ARC was assisted by DREF CHF 90,764, followed by an emergency Appeal seeking CHF 1.4 million to assist 5,000 households. The emergency operation ensured the provision of temporary shelter, sanitation facilities, clean water, hygiene promotion and community empowerment on risk reduction.
- Appeal 2006 – 2007 was 35% covered by end of 2007. The outstanding needs were reviewed and appealed under the successive two year appeal (which is seeking CHF

1,332,771 for its long-term programmes, designed to fulfil the Federation Global Agenda's goals.

Goal: To improve the general health conditions of vulnerable communities, whilst building the capacity of the National Society and expanding its volunteer base.

Needs: Total 2006-2007 budget CHF 1,627,714 (USD 1,338,581 or EUR 1,004,762) (out of which 27% covered). **Click here to go directly to the attached financial reports:**

[report 2006](#)

[report 2007](#)

[report 2006/2007](#)

No. of people we help: The cumulative number of beneficiaries reached is approximately 400,000 families (two million people i.e. Approx five people per family) through long-term programmes and emergency operations.

Our partners:

Movement partners	Summary of activities
International Committee of Red Cross (ICRC)	Tracing, community-based mine awareness and orthopaedic hospital support
British Red Cross	Disaster Response
Danish Red Cross	Organisational Development
Finnish Red Cross	Disaster Response
French Red Cross	Community-based health care.
German Red Cross	Organisational Development
Norwegian Red Cross	Organisational Development
Swedish Red Cross	Disaster response, health and care and organizational development.
Other Organizations	
Consortium; Royal Netherlands Embassy (RNE) Swedish International Development Agency (SIDA) Swedish Red Cross and Development Cooperation Ireland (DCI), through the Federation.	HIV and AIDS
British Government's Department for International Development (DFID)	Disaster management.
Angola Government	Health and care, community-based health care
National organization for people living with HIV	Coordination in HIV and AIDS
National Networking of no-governmental organization working in HIV and AIDS activities	Coordination in HIV and AIDS
International Organization for Migration (IOM)	Disaster response
United Nations High Commission for Refugees (UNHCR)	HIV and AIDS for returnee
National Civil Protection Service	Disaster management
Medecins Sans Frontieres (MSF)	Health emergency response
United Nations Children Funds (UNICEF)	Health emergency response
World Health Organization (WHO)	Health emergency response

Current context

The demand for humanitarian assistance in emergencies (cholera outbreak in 2006 and flooding in 2007) slowed down the implementation process of ARC long-term programmes. The cholera outbreak in February 2006 affected over a million people. By the end of October 2006, 57,570 cases and 2,354 deaths were recorded in the 15 affected provinces. The persistent rains from December 2006 to January 2007 led to flooding that caused extensive damage to infrastructure in Luanda and Moxico provinces. More than 18,000 people were displaced, 11 went missing and 117 were confirmed dead. The floods also exacerbated the already precarious public health situation and triggered an increase of cholera cases in the affected municipalities in Luanda.

Nevertheless, ARC managed to participate during the two national vaccination campaigns for measles and polio; as well as vitamin A supplements, as part of the Interagency Coordination Committee. Alongside the vaccinations campaigns, insecticide-treated mosquito nets (ITNs) were distributed. Social mobilisation activities were conducted jointly with Ministry of Health (MoH), World Health Organisation (WHO), United Nations Children's Fund (UNICEF), Rotary, United States Agency for International Development (USAID) and other national and international non-governmental organisation (NGOs).

Progress towards objectives:

Health and Care

Objective/s: The basic health care service to targeted communities (with emphasis on refugees and returnees, former internally displaced people (IDP) and demobilized combatants) is improved and contributes to the mitigation of priority health problems.

Achievements:

Most of the health and care activities were within the emergency cholera and floods operations. Approximately 97,000 people were reached through community sensitization on health and hygiene practices. Access to safe water, hygiene and sanitation was improved and dialogue with community leaders on health issues was strengthened. ARC produced a total of 23,000 pieces of information, education and communication (IEC) materials on hygiene and health education, distributed during social mobilisation and house-to-house visits. The Federation Zone office deployed a water and sanitation (WatSan) delegate to support the demand for services among the population affected by cholera. The WatSan delegate was in Angola for a year, mainly working at provincial level.

Approximately 1,000 volunteers were trained in the ten provinces which were affected by cholera (300) and flooding (700) disasters. The training focused on social mobilisation, relief distribution and beneficiary registration, which enhanced the quality of service. The work of the Red Cross volunteers has been recognised by the local government and other international humanitarian agencies and as a result ARC has a lead role in coordinating community social mobilisation activities.

The orphans and vulnerable children (OVC) project saw improvements in terms of coverage and quality of service with the support of funding from the Royal Netherlands Embassy (RNE), through the Federation Zone office. The trained volunteers were instrumental in providing care and support to OVC and home-based care (HBC) clients, ensuring that the beneficiaries receive significant relief and psychological support.

Activities for the HIV and AIDS programme continued to receive support through the regional HIV and AIDS appeal (MAA63003) launched in 2006 under the Global Alliance for HIV. Major progress was registered in prevention activities, mainly through targeting the youth. For more information on the HIV and AIDS programme refer to programme update number [MAA6300301](#) and report [MAA63003r0607](#).

Challenges or Constraints:

- Funding support for the health and care was only received for the emergency operations; long-term programmes had to be deferred to the following year.

Disaster Management

Objective/s: The vulnerability of the targeted communities in areas affected by disaster is reduced and their capacity to respond to disaster strengthened through implementation of disaster prevention, preparedness and response strategies.

Achievements

Due to the cholera outbreaks and flooding over the past two years, the disaster management department has been the most active in coordinating the response operations. The capacity of the provincial offices and that of volunteers has been improved through the experience in social mobilisation, community-based first aid (CBFA), water chlorination and the registration and monitoring of beneficiaries.

Through the emergency operation, ARC trained a total of 600 volunteers mainly in social mobilisation and relief assistance. The NS response operation was coordinated through task forces, which included the Federation, ICRC and resident PNS. The WatSan delegate deployed by the Federation Zone office assisted in all issues pertaining to the provision of clean water and adequate sanitation.

Angola still has landmines in some of the country parts and humanitarian action is still needed. ARC landmine community awareness programme continued despite inadequate funding. The volunteers have been trained over the years and have contributed to the achievement of the objectives of this programme.

An important activity planned for the next appeal period is building community resilience in response. This is in response to the current health emergencies and in particular at the provincial level. In addition, the NS plans to scale up community risk reduction activities through social mobilisation in health promotion activities in accordance to the Federation of the Future's Global Agenda. The NS also has plans to document lesson learnt as reference for future disaster response operations.

Challenges or Constraints

- Despite the level of needs, both the cholera and floods appeal were inadequately covered, which compromised efficiency in relief operations. Resource mobilisation has been a major challenge for ARC and it has led to premature closure of emergency operations. However, ARC managed to achieve as much with the support from a few partners, government and the Federation.
- ARC needs to restock its emergency stocks and the remaining relief materials such as cholera kits and oral rehydration solutions (ORS) have been pre-positioned in case of an outbreak.
- Inadequate transport means made it difficult to deploy key personal and relief items to the affected areas on time. It also made it difficult to conduct monitoring visits during emergency operations in remote areas affected by disasters.

Organisational development

Objective/s: ARC structures, systems, procedures and the human resources at all levels are developed and strengthened, to better respond to the needs of the most vulnerable communities and to deliver quality humanitarian services.

Achievements

ARC had a change in leadership and now has new secretary general, finance director and programme director. The NS initiated the operationalization of new operating procedures and regulations based on guidelines from the Federation and input from the National Executive Council (NEC). The new management has visited 80% of the provinces, conducted baseline studies on the capacity at provincial level, done inventory of assets, conducted needs assessment for the preparation of a Cooperation Agreement Strategy (CAS) and introduced new procedures governing use of funds.

The Constitution was reviewed at the NS general assembly held in the last quarter of 2006. It is important to note that the government provided USD 320,000 towards the general assembly costs. The Federation Head of Southern Africa Zone and presidents of Mozambique, Zambia and Zimbabwe Red Cross Societies also attended the general assembly.

In order to strengthen internal control, ARC intends to expand the use of the Navision Accounting Software to the provincial level. Focus for the new appeal period is on strengthening the human resource base and putting operation systems in place. The NS is to develop or adapt from the Zone planning, monitoring, evaluation and reporting (PMER) guidelines and tools in order to ensure consistency in tracking and monitoring progress at project implementation level.

Challenges or Constraints

- ARC has in the past been affected by lack of management staff at senior level, although the branch structures were functional. The headquarters went through a period of instability with no control at every level. However, the implementation of the new operating procedures will take the NS through a change process, led by the new management and governing board.
- The vastness of the country makes monitoring field visits expensive and time consuming for the senior management at the headquarters. More financial and human resources are required to ensure adequate performance tracking and measurement at all levels.
- The national governing board is still incomplete, which leaves gaps on critical political and strategic decision making issues.

Working in partnership

ARC maintained an effective coordination and collaborative relations with the Ministry of Health (MoH), WHO, UNICEF, UNCHR, IOM, UNAIDS, the Global Fund, other local and international humanitarian agencies. ARC has the lead agency role for the Angola Malaria Forum and is a member of the International Coordination Committee and Country Coordination Mechanism for GFATM.

In response to the cholera outbreak, UNICEF donated relief items to ARC, namely water purification tablets, jerry cans, water dispensers, soap and ORS sachets, mosquito nets, and hand pumps for water points, which benefited over 104,000 families. Prior to this, ARC had signed an agreement with UNICEF on collaborative efforts in response to the cholera outbreak. UNICEF also donated most of the IEC materials and assisted in training of volunteers. OXFAM-UK provided aqua tablets and agricultural inputs. The MoH and Medecins Sans Frontieres (MSF) – Belgium supported with curative services at cholera treatment centres and government health centres.

Contributing to longer-term impact

Contribution towards the long-term impact was mainly in post disaster recovery activities implemented after the cholera and floods emergency operations. The water and sanitation activities such as drilling and rehabilitation of water points and the construction of latrines were extended to also benefit the surrounding communities. The remaining activities from the emergency operation are streamlined into long-term community-based health and care initiatives, so as to empower communities in risk reduction, prevention of disease outbreaks, as well as strengthening their livelihood coping mechanisms.

Looking ahead

ARC developed a five year Strategic Plan, which is now being implemented. In order to deliver under the health and care programme, ARC has streamlined activities in health emergencies into long-term community-based projects, in line with Global Agenda's goal on health. *To reduce the number of death, illnesses and impact from disease and public health emergencies:* The country five year integrated HIV and AIDS Programme launched in 2006 is the entry point for most of the community-based activities. In preparedness for response to cholera which is endemic in the country, ARC drafted a long-term cholera prevention and control strategy to be operationalised in collaboration with the local government, with technical support from the Federation Zone office.

In order to bridge the capacity gaps in 2008, ARC is planning to streamline the disaster management activities in ten provinces and the headquarters, and will ensure recruitment of competent and experienced staff. ARC will continue operating under the new operating procedures, towards becoming a well functioning national society.

How we work	
<p>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 (Sphere) in delivering quality and accountable 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</p>	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
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