

Annual report



International Federation
of Red Cross and Red Crescent Societies

Angola

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30 April 2010

This report covers the period
01 January 2009 to 31
December 2009.



Officers from the Civil Protection, Angola Red Cross, IFRC and Local Authorities during a three-day workshop on vulnerability and capacity assessment at Makulumbi/Kwanza Norte

In Brief

Programme Purpose: Angola Red Cross (ARC) programmes activities are based on its Strategic Development Plan, which is aligned to the four core areas of the International Federation of Red Cross and Red Crescent Societies' (IFRC's) Global Agenda Goals. Focus is on assisting the vulnerable people and increasing visibility through initiatives such as disaster preparedness, disaster risk reduction, food security and basic sanitation. In so doing, ARC contributes to the Millennium Development Goals (MDGs) by ensuring a holistic integrated approach to providing humanitarian services to the most vulnerable people.

Programme Summary: ARC was undergoing some internal organisational reform for most part of 2009, which demanded significant attention from the national governing board, management and partners. The change process is aimed at strengthening the capacity towards becoming a well-functioning National Society with leadership and management that is accountable, quality programming and effective service delivery to the vulnerable people. However, efforts on restructuring and creating an effective and efficient National Society (NS) have been hampered by the isolation resulting from the prolonged war; the lack of education and access to modern development, which led to the lack of human capacity; a high staff turnover; and a lack of financial resources.

There was a limited response to the 2009-2010 plans, which slowed down the implementation of planned activities. However, there has been some progress in disaster response, HIV and AIDS programmes, as well as for the bilateral programmes supported by German and Spanish Red Cross Societies.

The disaster management programme carried out vulnerability and capacity assessments (VCA) in disaster prone areas, aimed at informing the processes on building coping mechanisms for communities at risk. ARC is also part of the Zambezi River Basin Initiative (ZRBI) launched by the IFRC Southern Africa Regional Office (SARO) in 2009. By end of 2009, ARCA had developed an annual implementation plan for the three year, targeting 30,000 people in Moxico province with an integrated project covering community-based health and First Aid (CBHFA), food security and livelihoods, water supply, sanitation and disaster risk reduction.

ARC as auxiliary to government continued to take the lead in disaster response. Following the 2009 floods, which displaced more than 80,000 people, the IFRC provided financial support to ARC to provide immediate assistance to 2,000 displaced families, as well as for social mobilisation and information education and communication (IEC) campaigns for up to 100,000 people. In the same year, another DREF operation was launched to provide relief assistance to 2,000 families (10,000 people) expelled from the Democratic Republic of the Congo (DRC) in the form of non-food relief items, emergency shelter, and access to safe water and sanitation facilities.

The health and social services (HSS) programme drew on its resource of over 2,000 volunteers in implementing all community-based activities including immunization, First Aid and community-based disaster management. Through the immunisation campaign, ARC managed to reach close to 500,000 people nationwide in 2009. The HSS focused on capacity building in activities such as community-based health and First Aid (CBHFA), home-based care (HBC) and support to orphans and vulnerable children (OVC). The water and sanitation (WatSan) programme was part of long term and emergency operations focusing on promoting participatory hygiene and sanitation transformation (PHAST) methodology and water purification, particularly in emergency situations.

With the support of SARO, ARC's NS development activities were focused on policy development, governance and management development. In country, the IFRC support concentrated on supporting the revival of branches, motivating and promoting volunteers at all levels.

Work on promoting the Fundamental Principles and Humanitarian Values continued as planned. Pictorial promotional materials and drama in local languages were widely used during the dissemination sessions. Information, education and communication (IEC) materials on prevention of gender-based violence were also produced and disseminated.

Financial Situation: The total budget for 2009 was CHF 1,641,861 (USD 1,522,498 or EUR 1,145,690) of which 23 percent was covered by the end of 2009. Overall expenditure during the reporting period was CHF 680,443 of the budget.

[Click here to go directly to the attached financial report.](#)

See also the emergency appeals operational during the reporting period:

MDRAO003: The appeal budget was increased to CHF 388,966 (USD 335,315 or EUR 255,899) on 12 April 2009 to enable the NS to implement its revised plan of action for the floods operation to provide immediate assistance to 2,000 displaced families as well as social mobilisation and information, education and communication campaigns for a further 80,000 beneficiaries.

MDRAO004: The emergency appeal was revised to CHF 418,447 (USD 411,371 or EUR 276,971), in to provide assistance to 2,000 families (10,000 beneficiaries) expelled from the Democratic Republic of Congo.

Number of People We Help:

ARC programmes reached over one million people, focussing on people living in peri-urban areas, women and children under five years old, and internally displaced persons (IDP) following the 2009 floods.

People reached through Disaster Management activities

Programme Component	Provinces	Direct Beneficiaries	Indirect Beneficiaries
Disaster risk reduction	4	13,000	28,178
Emergency Response	7	40,000 (relief distribution)	168,000
Mine Awareness	4	18,000	18,000
CAN2010	4	450 volunteers	-

Our Partners:

ARC worked with various partners to implement its programmes in 2009 as shown in the table below:

Movement Partners	Summary of Activities:
International Committee of Red Cross (ICRC)	Tracing and community-based education for mine awareness.
Danish Red Cross	Organizational development and support to the IFRC country representation.
German Red Cross (Bilateral)	HIV and AIDS programme.
International Federation of Red Cross and Red Crescent (IFRC)	Disaster Preparedness, disaster response, organisational development, capacity building, vaccination campaigns and development CBHFA model.
Spanish Red Cross (Bilateral)	Organisational development, HIV and AIDS and social programmes.
Other Organisations	Summary of Activities:
Royal Netherlands Embassy (RNE), through the IFRC	HIV and AIDS programme
British Government's Department for International Development (DFID)	Disaster management
Angola Government including National Civil Protection and National Commission for Demining and Humanitarian Assistance of Mines Victims	Health and care, community-based health care (CBHC) (TB and Malaria). Salary support to ARC staff and coordination of natural disasters and mine awareness and demining activities.
National Organization of People Living with HIV	Coordination in HIV and AIDS
National network of non-governmental organizations working in HIV and AIDS	Coordination in HIV and AIDS
UNICEF	Emergency health
IOM	Disaster response
WHO	Coordination for emergency health
UNDP	Disaster Coordination
OXFAM GB	Disaster response, basic hygiene and sanitation in emergencies
World Vision	Emergency response and malaria
Global Fund	HIV and AIDS
ESSO	Disaster relief, in kind donations of medical supplies as well as entering into partnership to support routine vaccinations in six provinces

Current Context:

After 27 years of conflict that left Angola deeply distressed, divided, and inundated with landmines, as well as the infrastructure destroyed and the institutional and basic service delivery systems poor, the country has spent the last seven years recovering and building partnerships in order to achieve enhanced development. Despite efforts by the government to revamp socio-economic and physical infrastructure such as road networks, the power supply, communication, the education system and health facilities, there is still a long way to go in rebuilding the country beyond Luanda and the provincial capitals, as well as creating alternative solutions to rural-urban migration. The delay in nationwide development is expected to continue, given the global economic crisis affecting a number of countries in world including Angola.

The political scene changed dramatically during the September 2008 parliamentary elections, with the ruling MPLA gaining a landslide victory of 82.5 percent of the votes and winning all 18 provinces, thereby being provided with a strong democratic mandate to rule for the next four years. The 2009 presidential elections were postponed pending the approval of the new Constitution by the National Assembly, expected by April 2010. The presidential election will then be followed by the first ever municipal elections in 2010.

The global economic crisis and the collapse of export revenue caused heavy cuts in governmental budgets, with general cuts of 30 percent to offset substantially lower oil revenues. With oil production expected to fall in line with OPEC cuts, real GDP was predicted to fall by 2.3 percent in 2009. The high costs of imports, coupled with currency depreciation, were predicted to keep inflation high, at an average of 12.3 percent in 2009. The Angolan economy is largely dependent on oil revenue, but agriculture is slowly coming to the fore, largely because of support for farming, fishing associations and small-scale loans. However, most rural populations live on subsistence farming and fishing along the riverbanks, where access is easier but in competition with hippos, crocodiles and the elephants.

Floods and drought are potential natural hazards also recurrent in Angola. The general lack of early warning systems along the riverbanks, lack of means of communication, roads and electricity proved in many rural areas to impede on immediate support to the communities affected by the 2009 flood emergency. Many affected rural communities were only reached for comprehensive assessments months after the impact and had not received support four months after the floods.

According to UNDP, more than two-thirds of the country's 17 million people live on USD 2.3 or less a day and 4 million of those survive on USD 0.75 or less a day (*Millennium Development Goals 2005 progress report on Angola released mid-October 2006*). Statistics show that Angola remains at the lower end of the human development index (HDI) for southern Africa, ranking 156 on a global index of 177 countries, though improvements are noted. This indicator explains the challenges confronting Angola. High poverty levels, malnutrition and poor access to health services make people more vulnerable to disasters. On the other hand, landmines and poor road networks limit access to the most vulnerable communities.

Child mortality rates are very high and the main causes of the high mortality rate for children less than five years relates to the high percentage of neonatal deaths (22 percent), pneumonia (25 percent), diarrhoeal diseases and malaria (19 percent each). In addition to the recent outbreaks of communicable diseases such as cholera, polio and measles, Angola is also affected by diseases such as Marburg haemorrhagic fever, malaria and the HIV and AIDS epidemic. The country is also at risk to the threat of new viruses such as the H1N1 and H1N5 as there are very little preventive measures in place.

In order to enhance service delivery to the most vulnerable, ARC has been undergoing an institutional reform process set to revitalise its functionality by reviving branches through programme engagement, as well as restructuring of its management team. The expected progress during 2009 was constantly challenged by a number of factors including the global financial crisis and the heavy cuts to government budgets. These cuts resulted in a down-sizing of the senior management team and key management staff at the NS headquarters. The remaining management team is committed to the change process.

Progress towards Outcomes

Disaster Management

Programme component: Disaster Preparedness

Outcome 1: Relief stock are pre-positioned at provincial level for Community-based First Aid, water and sanitation for timely response in the event of an emergency or disaster.

Outcome 2: ARC has an efficient mechanisms and improved capacity in skilled human resources, financial and material resources for optimal disaster preparedness.

Achievements

The IFRC through the country representation continued to support the disaster management programme. Focus was on VCA and developing community-based initiatives on disaster preparedness, response and risk reduction. Continual efforts were implemented to enhance partnerships at both national and branch level, thus creating strategic linkages with actors in emergency response operations and the relevant government departments.

The prolonged civil war ended seven years ago, but left landmines and unexploded ordinances (UXO) in many provinces. Disaster response and mine awareness campaigns have been core activities particularly conducted by trained volunteers, and supported by the ICRC. ICRC support ended in 2008 and the programme has not attracted individual programme support through local and international resource mobilisation, but remains an integrated component of all DM programmes. ARC collaborated with vulnerable groups including fishermen, shepherds, farmers and hunters in four most affected provinces. The landmine impact survey database has also been updated. Other activities included the production of IEC materials (wall paintings and information boards) on mine awareness and other UXOs. This approach reached an estimated 200,000 people.

Programme component: Disaster Response

Outcome 1: ARC disaster response mechanisms are in place for timely response to minimise the impact of emergencies and disaster on affected populations.

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

Achievements

2009 Flood Operation: Heavy rainfall, which started in the middle of February 2009, caused widespread flooding along the Cunene, Kavango and Zambezi rivers. In April 2009, the UN estimated that 220,000 people had been affected by the floods, with 24 people reported dead due to drowning, collapsing homes or attacked by displaced animals (crocodiles and hippopotamus). Over 80,000 people were displaced and 4,000 houses as well as 232,000 hectares of crops were destroyed.

The most affected provinces were Cunene, Kuando Kubango, Moxico, Malange, Bie, Lunda Sul and Uige. The flooded area is among the poorest in the country and with a high prevalence rate of HIV. The surrounding rural areas are characterized by very poor clean water supply and sanitation systems, hence are prone to outbreaks of water-borne diseases.

ARC with DREF allocation from IFRC responded by assisting with the evacuation of flood displaced families and the distribution of basic relief items, targeting 2,000 most affected families. With support of the IFRC representative in Angola, 220 volunteers were mobilised to conduct social mobilisation and hygiene promotion campaigns, distribute relief items which included water treatment tablets, oral rehydration solution (ORS), jerry cans, blankets and kitchen sets. The health and hygiene promotion activities were implemented in partnership with Oxfam GB and MOH focussed on prevention of an outbreak of water-borne diseases including malaria and cholera. A total of 4,550 beneficiaries were reached through health and hygiene promotion activities.

The communities displaced by the floods were relocated to three internally displaced peoples (IDP) camps in Ondjiva, two of which were initially established during the 2008 floods. ARC efforts in the camps focussed on the supply of shelter materials and the improvement of water and sanitation facilities. The NS signed a collaborative agreement with the IOM regarding the provision of shelter support to the affected populations. Poor access initially made it difficult for assessment teams to conduct accurate damage and needs analysis. Compounding the difficulty of access was the limited communication infrastructure outside of the provincial capitals and the long distance from the capital Luanda, which complicated the aerial assessments and the delivery of relief supplies via helicopter.

Through internal partnership it was also possible to support cholera prevention activities in Huila, Benguela, Uige, Luanda and Bengo Provinces. Though cholera has significantly decreased, through a well coordinated intervention by the Ministry of Health, some areas in these provinces remain prone to cholera due to water and sanitation infrastructural damages caused by floods and the high population densities. The flood affected communities in these provinces were also supported with mine awareness education, hygiene promotion and distribution of shelter materials and other none food items such as jerry cans and water purification tables and oral rehydration salts.

At national and provincial levels, ARC attended regular DM task force meetings with government, national and international humanitarian organisations, and other stakeholders.

Population movement: Towards the last quarter of 2009, a major humanitarian disaster occurred in the Northern Provinces bordering with the Democratic Republic of Congo (DRC), where more than 52,000 Angolan nationals were expelled by the DRC authorities in retaliation to the Angolan government's expulsion of illegal DRC immigrants from the diamond mining areas. The ARC responded by launching an appeal to support 2,000 families (10,000 beneficiaries) with relief items and mobilized volunteers to conduct social mobilisation and hygiene promotion campaigns, distribute relief materials to the returnees relocated into temporal camps. Through this intervention, ARC reached an estimated 18,000 beneficiaries after the first two months of the relief operation.

The operation further raised the profile of the ARC amongst beneficiaries, government and international partners and the private sector. Esso, through ARC provided solar power to 2,950 families displaced from the DRC.

Programme component: Disaster Risk Reduction

Outcome 1: Community knowledge and awareness of the hazards and risks in their environment is increased.

Outcome 2: Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effect of common natural phenomenon due to climate change.

Outcome 3: Health, social and economic risks amongst communities in the Zambezi River basin, is reduced.

Achievements

Zambezi River Basin Initiative: One of the key components of the ZRBI is strengthening the capacity of the Red Cross branches along the river basin in order to increase capacity to implement disaster preparedness, response and recovery operations. ARC has developed a yearly operation plan with an initial focus of increasing the capacity development of the local units to be vibrant and well functioning as well as increasing access and utilisation of local resources, towards low cost and high impact service delivery. For the implementation timeframe of three years, ARC is targeting 30,000 people in Cazumbo municipality in Moxico province along the Zambezi River basin with an integrated project covering community-based health and First Aid (CBHFA), food security and livelihoods, water supply, sanitation and disaster risk reduction. The Province of Moxico and the municipality of Cazumbo represent one of the least developed provinces in Angola with most people living on “the edge of life”, surviving on subsistence farming and fishing, with only few resources available to sustain life and food production.

First Aid: ARC also partnered with the government during the Africa Cup of Nations (CAF) tournament held at different venues in Luanda, Benguela, Cabinda and Huila in early 2010. In 2009, the NS mobilised and trained 450 volunteers and staff on First Aid activities in preparation for the CAF tournament. Negotiations for engagement and participation of ARC was achieved at provincial levels in coordination with ARC headquarters and immensely contributed to the improved capacity building of the involved branches in FA. The Spanish Red Cross provided EURO 30,000 to ARC to implement First Aid activities during the CAF tournament.

Challenges

Given the current limited NS absorption capacity to cover long-term programmes and large-scale emergency operations, recurrent disasters with multifaceted response needs divert attention from the long-term programmes, thus disrupting the implementation of activities and consequently the quality of service. In addition the health emergencies have been taking longer than nine months to subside, thus demanding a lot of resources from the NS.

ARC, along with other national and international agencies, continues to face constraints in engaging well qualified staff at national level as well as provincial level. Support for the mine awareness programme from the ICRC ended in 2008 and the programme has not been able to attract funding from other donors.

Health and Care

Programme component: Community-based Health

Outcome 1: The general health of communities improves through an increase in knowledge on the cause and effect of disease through community based first aid and health education activities.

Outcome 2: Communities have access to curative health services through the implementation of a referral system for those in need of such services by their local Red Cross volunteer health monitoring corps.

Outcome 3: Build the NS capacity to plan, implement, and manage the programme.

Achievements

Community Based Health and Care: The ARC has nine branches with commendable experience in emergency operations, although there have been some gaps in co-ordination from the headquarters. The network of over 2,000 volunteers has been the core resource in implementing community-based activities through the community structures. Through this network, CVM support 29 community-based health posts, from eight provinces with help of 650 CBHC volunteers. The CBHC programme started as an emergency response programme during the period 1990 to 2002 and since then most of the health posts have been taken over by the Ministry of Health (MoH), although they are manned by RC volunteers. Through the clinics, ARC reached 250,000 people.

Immunisation: Community members from surrounding areas and volunteers have been trained to support CBHC activities including participation in national immunization programmes. In 2009, a total of 558 volunteers in 62 communities from 12 provinces, were mobilized to participate in the integrated vaccination campaign conducted nationwide from June to August 2009. The combined measles and polio campaign was funded by the government, UNICEF and WHO and through this funding, ARC managed to reach 190,000 children with polio vaccinations and 129,000 children immunised against measles. A total of 83,000 women from selected provinces, were reached with tetanus vaccination during the same period.

During the mop-up exercise carried out in August 2009, ARC managed to reach eight provinces (Benguela, Huila, Huambo, Kwanza Norte, Namibe, Malanje, Cabinda and Lunda Norte) providing a total of 72,000 doses of polio vaccination at 40 health posts. A similar campaign run in October 2009 managed to reach 43,458 children with cholera doses.

Malaria: In partnership with World Vision International and MoH, the ARC Branch in Kwanza Norte, for the second year running mobilised volunteers to provide community education and distribute mosquito nets to 105,000 beneficiaries. A total of 49 community 'mobilisers' and 48 supervisors were trained during the year. However, due to limited capacity as a result of the restructuring process and time constraints ARC withdrew its chairmanship from the malaria forum. Two members of staff also attended the, Malaria Tool kit workshop held in Nairobi in December 2009.

Community Based Health and First Aid (CBHFA): At branch level, progress has been made on developing community-based First Aid alongside community-based disaster management, which is aimed at strengthening actions of volunteers during health emergencies. The First Aid initiatives are guided by the guidelines provided by the IFRC and aim to make it an integral component of community-based volunteering. The government has commended ARC effectiveness in community social mobilisation activities; this has in many cases reduced the spread of communicable diseases. In December 2009, four people from the NS comprising staff and volunteers were trained in CBHFA at a workshop held in Mozambique.

Programme component: Water and sanitation (WatSan)

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

Outcome 2: Vulnerable communities benefit from the Participatory Hygiene and Sanitation Transformation (PHAST) programme, which will be developed 2009 and implemented through to 2010.

Achievements

The (WatSan) programme is relatively new to ARC and started as a recovery programme after the floods. The programme is gradually being integrated into long-term health and care programmes mostly supported through emergency response activities and as a holistic approach by the ARC emergency response actions in disaster prone areas. The ARC successfully offered this service during the emergency flood operation, which caused cholera outbreaks in four affected provinces. However, the needs for water and sanitation continue to be huge all over the country. The programme focussed on community social mobilisation through health and hygiene promotion, (PHAST methodology), provision of water purification sachets/tablets and oral re-hydration solutions (ORS). The programme support plan is to train volunteers on social mobilisation, distribution of WatSan IEC materials and administration of ORS. The IFRC ensures support in scaling-up the programme and will provide the required technical support.

Programme component: HIV and AIDS

Refer to Link <http://www.ifrc.org/appeals/annual06/MAA63003AO.pdf>

Outcome 1: Prevent further infections through targeted community-based peer education and information, education, and communication activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).

Outcome 2: Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.

Outcome 3: Address stigma and discrimination with targeted communication and advocacy activities; and

Outcome 4: Build the NS capacity to plan, implement and manage the programme.

Achievements:

The achievements of the HIV and AIDS programme have been reported under the regional Southern Africa Zone HIV and AIDS programme ([MAA63003](http://www.ifrc.org/docs/appeals/annual09/MAA6300309ar.pdf)), which is a component of the Global Alliance on HIV. The report link is <http://www.ifrc.org/docs/appeals/annual09/MAA6300309ar.pdf>

Challenges

The HSS programme has been the flagship of the NS being implemented through community-based health posts and community volunteering. Due to limited funding support and human resources capacity, the programme has ceased functioning apart from in a few provinces working in collaboration with the local MoH structures.

Another major challenge for the HSS programme is linked with language barrier. Most IFRC training programmes are in English, which presents a challenge for provincial staff and volunteers. In addition, ARC is facing huge challenges in its ability to attract and retain qualified core staff.

National Society Development

Programme component : Leadership and Accountability

Outcome 1: ARC has an effective and efficient leadership (governance and management).

Outcome 2: ARC has well defined policies, systems and procedures in place policies for the effective management of the NS.

Outcome 3: ARC has capacity in planning, monitoring, evaluation and reporting (PMER) and programme design, monitoring, evaluation and reporting meet standards stipulated in the Federation's "Performance and Accountability Framework".

Outcome 4: ARC conducts annual audit by an external auditor, and recommendations are timely and diligently implemented.

Achievements

ARC is still seeking the commitment of the governing board members, and plans are underway for the 'good governance' training targeting newly elected provincial board members and secretaries as a build up to the General Assembly that takes place at the end of 2010. However, SARO has placed its focus on providing technical support to the NS leadership in all areas of policy development, governance and management development and programming. The IFRC in-country support continued to emphasise support on the reform process and assisting in the strengthening of systems at the headquarters, as well providing guidance in branch development.

Policies, guidelines and standard operation procedures, which are under development, will provide quality standard measures for each programme, and is gradually being implemented and shapes part of the institutional development. Focus is in particular on human resources structures, hereunder human resources management and financial management.

Programme component : Well-functioning Organisation

Outcome 1: ARC has well defined policies and guidelines in programming, finance management, logistics and human resources management.

Outcome 2: Capacity in PMER enhanced and outputs are meeting the standard requirement of quality and timeliness.

Outcome 3: Effective financial management system, procedure and tools are in place and systematically used.

Outcome 4: ARC has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.

Achievements

The Spanish Red Cross provided support for the development of IT systems with the establishment of a central server at headquarters office. Plans are in place to develop a website in early 2010. Focus was placed on the improvement on programme development, evaluation and reporting. Due to human resources constraints, this was not fully achieved, though basic induction was provided at programme coordinator level.

Programme component : Branch and Volunteer Development

Outcome 1: ARC branches are viable and vibrant and manage their volunteers effectively and efficiently.

Outcome 2: There are sound systems and procedures for the provision of systematic managerial and technical support to the branches by regional centres.

Achievements

The focus was on the revitalisation of the branches, volunteer promotion and training, training of staff on relevant thematic areas aimed at improving on credibility, accountability and visibility. It has been learnt over the years that ARC's programmes thrive on the work and dedication of its volunteers, especially during emergency operations.

Constraints or Challenges

ARC continued to face challenges in attracting competent personnel at the current remuneration levels. However, ARC is one of the NS with salaries covered by the government. Negotiations are underway to raise the salary grades to market rates. Modalities are also being put in place on how to cover core costs, which are huge given the number branches that the NS is running.

ARC has experienced challenges in senior management positions. The four director positions were vacant by year end. It also remains a challenge to attract suitable candidates for organisational development, youth and volunteering, as well as staff for the planning, monitoring, evaluation and reporting. The main constraints in identifying suitable candidates are the competitive salaries offered by private companies, which the NS cannot match. The very high staff turnover also hampers consistency in capacity building efforts. The delay in the disbursement of programme funds exerted pressure on the few technical staff available, along with the implementation of programmes with bilateral partners.

Distance between branches and poor communication create a challenge in bringing the 18 branches on board to work within the same objectives and strategies. A plan has been developed to divide the country into four zones, each covering four to five branches. The implementation of this plan is hampered by lack of funding support from partners.

Another challenge facing ARC is the lack of progress in moving from a manual based to an electronic based financial system to ensure comprehensive and timely financial reporting. There has been little progress in implementation of Navision accounting software due to human resources challenges and the weak IT infrastructure which also impedes on the development of electronic financial systems.

Principles and Values

Programme component: Promotion of Humanitarian Values and Fundamental Principles:

Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender).

Programme component: Operationalization of Humanitarian Values and Fundamental Principles:

Outcome 1: The dissemination of the Fundamental Principles is integral component in all NS programmes and activities.

Outcome 2: The Fundamental Principles and Humanitarian Values are internalised and practised at all levels of the organisation (leadership, management, staff corps and the communities served).

Achievements

The IFRC, ICRC and PNS assisted ARC in disseminating information about the Red Cross Movement which increased the visibility and publicity of the Red Cross, particularly in disaster response. However, most of the disseminating activities are integrated into the traditional programmes.

Due to the long lasting civil war, Angola has a bigger female population than male. However, female participation is limited, since many women are illiterate and are easily excluded in training and educational programmes. Therefore, in programme design, planning and selection of methodologies, this issue was considered. For example, pictorial promotional materials and dramas in local languages, which they can easily comprehend, are widely used during information dissemination activities. When recruiting volunteers, CVM is gender sensitive by encouraging participation of women.

Challenges

With the new leadership, ARC requires further governance and management orientation into the Red Cross Movement principles, values, priorities and standard operational procedures (SOPs). The limited human resources capacity at the headquarters compounded by the funding constraints continues to hinder developments in the dissemination activities. In addition, the Red Cross Emblem is not well understood in the country, thus is still subject to misuse.

Working in Partnership

As auxiliary to government, ARC has supported many initiatives such as the national vaccination campaign and relief assistance in collaboration with national and provincial departments of the MoH. Of late, ARC has been recognised as a major partner of government in emergency operations as well as in disaster risk reduction activities, where the ARC is taking a leading facilitating role through the VCA approach. Partnership with the National Civil Protection Commission facilitates rapid response to emergencies. During 2009, this partnership portfolio was expanded with internal partners such as ESSO, IOM and the UN as well as with Portuguese, Spanish and Danish Red Cross.

In various areas, ARC has cooperation agreements with UN agencies such as UNICEF, WHO, UNDP and Global Fund. With technical support of the ICRC, ARC coordinates with National Commission for De-mining and Humanitarian Assistance of Mine Victim (CNIDAH), UNICEF and Handicap International in the mine awareness programme, OXFAM in hygiene promotion during disasters and World Vision for Malaria intervention programmes.

The secretary general represents the NS at the Country Coordination Mechanism (CCM), which coordinates HIV interventions in Angola. This cooperation is expected to continue in the future and as ARC re-establishes itself through change process, aimed to take a leading role in its humanitarian mandate.

Currently, the German and Spanish Red Cross are working bilaterally/unilaterally in Angola in response to HIV and AIDS and capacity building in disaster management, emergency health support and specific social programs directed at youth rehabilitation and work training. The ICRC has supported the tracing activities aimed at restoring family links of families disconnected by the war and has also been the biggest donor for the mine awareness project.

ARC participated in meetings of the Angola National Aids Services Organization (ANASO), to which ARC is vice chair. There is also collaboration with the National Institute for Fighting Aids (INLS), MoH and other NGOs engaged in HIV programmes.

Looking Ahead

The ARC is engaged and committed to the re-development of the CBHFA concept which has been adopted as a vehicle for integration of programmes. However, more resources are needed to revamp the existing structure.

In the next three years, ARC will be absorbed into establishing activities under the ZRBI. The overall goal of the initiative is to reduce the impact of challenges facing communities along the ZRBI, and improve the quality of their lives and livelihoods, through comprehensive and sustainable disaster management, branch development, and health and care programmes.

The ARC leadership aims to strengthen the mobilization of provincial branches through the establishment of four regional zones. The aim is to build on synergy and synchronisation of programmes. The improvement in governance and management at branch level becomes the premise for the envisaged programme development. Support from the IFRC will be sought to improve collaboration and co-ordination utilizing the Cooperation Agreement Strategy approach that aligns NS' needs, strategic directions, capacities and priorities as well as support received from partners.

It is expected that with the new recovery programme, more partners will show interest in supporting the NS. The potential partners for this plan include the corporate sector (oil and diamond companies), and the Red Cross Red Crescent Movement partners such as American, Austrian, Belgian, Danish, Finnish, Japanese, Norwegian and Swedish Red Cross.

How we work

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".

Global Agenda Goals:

- 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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International Federation of Red Cross and Red Crescent Societies

MAAAO001 - Angola

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAAAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	519,021	437,453	260,406	80,242	344,738	1,641,861
B. Opening Balance	0	1,946	1,487	0	0	3,434
Income						
<u>Cash contributions</u>						
<i>DFID Partnership grant</i>	228,248					228,248
<i>Netherlands Red Cross (from Netherlands Government)</i>	7,454					7,454
<i>Sweden Red Cross</i>	6,610					6,610
<i>Sweden Red Cross (from Swedish Government)</i>			14,242			14,242
C1. Cash contributions	242,312		14,242			256,554
<u>Outstanding pledges (Revalued)</u>						
<i>Netherlands Red Cross (from Netherlands Government)</i>	7,439					7,439
C2. Outstanding pledges (Revalued)	7,439					7,439
<u>Inkind Personnel</u>						
<i>Danish Red Cross</i>					102,000	102,000
C4. Inkind Personnel					102,000	102,000
<u>Other Income</u>						
<i>Miscellaneous Income</i>					508	508
C5. Other Income					508	508
C. Total Income = SUM(C1..C5)	249,752	0	14,242	0	102,508	366,502
D. Total Funding = B + C	249,752	1,946	15,730	0	102,508	369,936
Appeal Coverage	48%	0%	6%	0%	30%	23%

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	1,946	1,487	0	0	3,434
C. Income	249,752	0	14,242	0	102,508	366,502
E. Expenditure	-229,957	-1,946	-1,487		-447,052	-680,443
F. Closing Balance = (B + C + E)	19,794	0	14,242	0	-344,544	-310,507

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
A		B						A - B
BUDGET (C)		519,021	437,453	260,406	80,242	344,738	1,641,861	
Supplies								
Construction Materials		1,915					1,915	-1,915
Clothing & textiles	27,884							27,884
Seeds,Plants		24,955					24,955	-24,955
Water & Sanitation	40,000							40,000
Medical & First Aid	69,000					23	23	68,977
Teaching Materials	4,550	5,992					5,992	-1,442
Other Supplies & Services		31,991					31,991	-31,991
Total Supplies	141,434	64,852				23	64,875	76,559
Land, vehicles & equipment								
Vehicles	4,183	2,262					2,262	1,921
Computers & Telecom	11,394	7,491				893	8,385	3,009
Office/Household Furniture & Equipm.						1,350	1,350	-1,350
Others Machinery & Equipment		1,012					1,012	-1,012
Total Land, vehicles & equipment	15,577	10,765				2,244	13,009	2,568
Transport & Storage								
Storage	4,183							4,183
Distribution & Monitoring	9,759					204	204	9,555
Transport & Vehicle Costs	85,845	24,155		-7,869		24,114	40,399	45,446
Total Transport & Storage	99,787	24,155		-7,869		24,318	40,603	59,184
Personnel								
International Staff	179,000					131,658	131,658	47,342
National Staff	90,054			-8,887		33,096	24,209	65,845
National Society Staff	212,578	38,141				23,960	62,101	150,477
Consultants	38,759							38,759
Total Personnel	520,391	38,141		-8,887		188,715	217,968	302,423
Workshops & Training								
Workshops & Training	238,584	9,011				808	9,819	228,765
Total Workshops & Training	238,584	9,011				808	9,819	228,765
General Expenditure								
Travel	72,774	12,764				9,083	21,847	50,927
Information & Public Relation	27,238	965		-3,212		3,709	1,462	25,776
Office Costs	90,395	34,443				17,050	51,493	38,902
Communications	56,213	9,146		19,968		13,440	42,555	13,658
Professional Fees	25,615	1,060				5,924	6,985	18,630
Financial Charges	12,144	12,492	1,820	1,391		9,327	25,029	-12,885
Other General Expenses	234,988							234,988
Total General Expenditure	519,367	70,870	1,820	18,147		58,534	149,371	369,996
Programme Support								
Program Support	106,721	14,947	127	97		22,428	37,599	69,122
Total Programme Support	106,721	14,947	127	97		22,428	37,599	69,122
Operational Provisions								
Operational Provisions		-2,785				149,983	147,199	-147,199
Total Operational Provisions		-2,785				149,983	147,199	-147,199
TOTAL EXPENDITURE (D)	1,641,861	229,957	1,946	1,487		447,052	680,443	961,418
VARIANCE (C - D)		289,064	435,507	258,919	80,242	-102,314	961,418	