

Annual report



International Federation
of Red Cross and Red Crescent Societies

Angola

Appeal No. MAAAO001

31/05/2011

This report covers the period 1 January 2010 to 31 December 2010.



Disaster risk reduction exercise /Photo: CVA

In brief

Programme outcome:

Based on the strategic aims under Strategy 2020¹, the Angola Red Cross Society (CVA²) plans to achieve the following outcomes: saving lives of vulnerable people, enabling safer and healthy living, strengthening capacities of communities to respond to disasters, reducing the impact of natural and manmade disasters, enhancing the capacity of staff to deliver quality services to vulnerable communities, developing community resilience, enhancing community livelihoods and promoting social inclusion, peace and harmony.

Programmes summary:

Efforts in Disaster Management saw the initiation of a disaster management master plan (DMMP) and progress in community based early warning systems. In 2010, CVA received funding support for the disaster management and National Society Development (NSD) components of the plan through the IFRC and Danish Red Cross. The IFRC Southern Africa Regional Representation Office (SARRO) continued providing technical support in developing programmes and ensuring that the required capacity was in place.

A major milestone for the National Society during the reporting period was the local launch of the Zambezi River Basin Initiative (ZRBI). The overall goal of the initiative is to reduce the impact of challenges facing communities along the Zambezi River, and improve the quality of their lives and livelihoods, through comprehensive and sustainable disaster management, branch development, and health and care programmes.

¹ Strategic aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises; Strategic aim 2: Enable healthy and safe living; Strategic aim 3: Promote social inclusion and a culture of non-violence and peace.

² CVA is an acronym for Angola Red Cross in Portuguese.

Health and Care programmes focused on HIV and AIDS. Efforts in National Society Development were successful in reviving CVA's provincial structures.

Financial situation: The original 2010 budget was CHF 2,555,625 of which only CHF 460,732 (20 percent) was available during 2010 (including opening balance). Overall expenditure during the reporting period totalled CHF 363,659, corresponding to 79 percent of available funding and 16 percent of the original budgeted amount.

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

Number of people we have reached: CVA reached an estimated 13,688 people through awareness raising and training on community-based disaster risk reduction and preparedness interventions and more than 38,000 people through various HIV and AIDS interventions.

Our partners:

Within the Red Cross Movement, CVA is in partnership with the IFRC, ICRC and the Norwegian, Swedish, German and Spanish Red Cross Societies. Outside the Movement, CVA works with UN agencies (UNICEF, WHO, UNDP) Global Fund, DFID, IOM, OXFAM, World Vision, the National Commission for De-mining and Humanitarian Assistance of Mine Victims (CNIDAH), Handicap International, the National Civil Protection Commission, the National Malaria Forum the Inter-agency Coordination Committee (ICC) and the Country Coordination Mechanism (CCM), the private sector and government ministries.

The CVA wishes to thank partners for their support to this appeal and for their collaboration in 2010.

Context

Angola went through two decades of internal conflict, which killed or wounded hundreds of thousands of people, displaced another 1.2 million people, destroyed towns and cities, severely damaged the economy and left huge tracts of farmland untended and unproductive. The Lusaka Protocol, signed by Angolan Government and UNITA rebel forces on November 20, 1994, brought about only an uneasy peace. Drought, the presence of 15 million landmines, and the collapse of traditional distribution and trading networks have left large segments of the population without access to basic goods and services, including food, clean water and health care.

Since 2002, Angola started to recover from the devastating conflict that left the country deeply distressed, divided and heavily handicapped with land mines. The infrastructure has been depleted, and the institutional and basic service delivery systems are poor. Despite efforts made by the government on revamping socio-economic and physical infrastructure such as road networks, power supply, communication, education system and health facilities, there is still a long way to go in rebuilding the country beyond the capital Luanda and some provincial capitals as well as creating alternative solutions to rural-urban migration. There are delays in the nationwide development as a direct impact of the global economical crisis.

Angola remains in the lower end of the human development index (HDI) for southern Africa, ranking 162 on a global index of 179 countries, although improvements are noted. There have been some significant issues related to the limited access to health services, poor water and sanitation conditions, malnutrition and constant threats of disease outbreaks. These situations expose the many challenges confronting Angola currently and in the near future, it will therefore not be easy to reach out to the majority of people.

The main causes for mortality rate for children under five years, relate to high percentage of neonatal deaths (22 percent), pneumonia (25 percent), diarrhoea diseases and malaria (each 19 percent). Hardships in rural areas lead to rural-urban migration particularly among the youth now living outside educational possibilities and facing a life on the streets with drug and alcohol abuse, increased crime and domestic violence.

Presently there are approximately six million Angolans in Luanda living in cramped conditions in suburbs near the city centre. The Angolan economy is largely dependent on the oil revenue but slowly the agricultural sector is growing. This has been made possible through support to farming, fishing associations and small-scale loans. However, most of the rural population lives on subsistence farming and fishing along the riverbanks where access is easier but there is a threat from hippos, crocodiles and elephants. Hydroelectric plants here often flood the farmed areas, causing loss of potential income and food sources for the poorest of Angolan population.

Progress towards outcomes

Disaster Management

Programme Component 1: Disaster Preparedness

Outcome 1

Relief stock are pre-positioned at provincial level for timely response in the event a disaster.

Outcome 2:

CVA has efficient mechanism and improved capacity in skilled human resources, financial and material resources for optimal disaster preparedness.

Programme Component 2: Disaster Response and Recovery

Outcome 1

Improved disaster response mechanism to meet the needs of those affected by disaster.

Outcome 2:

CVA capacity for the provision of assistance in the restoration of sustainable livelihoods in population affected by disasters is improved.

Programme Component 3: Disaster Risk Reduction

Outcome 1

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.

Programme Component 4: Zambezi River Basin Initiative (ZRBI³)

Outcome 1:

The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.

Outcome 2:

Access to adequate and nutritious food commodities increased among communities along the Zambezi River basin.

Outcome 3:

The number of deaths, illnesses and impact from diseases reduced among communities along the Zambezi River basin.

Outcome 4:

National Society capacity to implement disaster preparedness, response and recovery operations is increased.

³ The ZRBI seeks to reduce the impact of disasters and other challenges on communities living along the Zambezi River basin, aiming to improve the quality of their lives and livelihoods through comprehensive, sustainable and integrated capacity enhancement in disaster management, branch development and primary health and care programmes.

Achievements

- With funding support from DFID Institutional Support (IS3) through the IFRC secretariat and the Danish Red Cross, CVA started the development of the disaster management master plan (DMMP). The draft will be approved this year, taking into consideration that the government's disaster management plan was finished and published in October 2010.
- CVA carried out community sensitization sessions on mine awareness through drama groups in the communities at risk. The National Society also conducted two workshops on participatory planning targeting communities vulnerable to disasters. Eight participating communities developed disaster management plans during the workshop. Training was also conducted on first aid and basic disaster management targeting community action teams.
- Four meetings were convened with the National Civil Protection Unit to enhance partnerships on development of community-based early warning systems. CVA also conducted training workshops targeting communities in drought and flood prone areas on management and maintenance of boats used during floods.
- CVA received assistance and support from IFRC in finalizing the development of a food security strategy for the National Society.
- The initial phase of the programme focused on strengthening the capacity of CVA in implementing disaster preparedness, response and recovery operations along the Zambezi River. This was a preparatory phase where the capacities of the local Red Cross branches were strengthened to ensure effective implementation, programmes ownership, sustainability and integration with other local community activities. One of the key achievements of this programme during this reporting period was the official launch of the ZRBI in Luanda on 19 February 2010 at a ceremony attended by representatives from the government's Civil Protection Unit. Similarly, the ZRBI was launched at provincial level in Moxico Province and in Cazombo municipality at which Red Cross provincial and municipal offices were established to oversee and coordinate the implementation of ZRBI. The presence of the Red Cross has been widened with the set-up of offices and branches in areas where the Red Cross had not previously operated. This will aid the capacity of the Red Cross in reaching out to those communities that could previously not be reached.

Health and Care

Programme Component: Community-based Health and First Aid (CBHFA)

Outcome 1:

Communities that are able to cope with health and disaster challenges achieved through implementation of CBHFA, traditional and commercial first aid activities.

Outcome 2:

Women, men and children protected from malaria through adequate surveillance, preparedness, prevention and response measures.

Outcome 3:

Women, men and children protected from tuberculosis (TB) through adequate surveillance, preparedness and response measures.

Outcome 4:

Access to immunization services (especially measles and polio) to children and mothers improved in CVA targeted areas.

Outcome 5:

CVA has capacity to mobilize a pool of voluntary non-remunerated blood donors.

Programme Component: HIV and AIDS

Outcome 1:

- Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) 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.

Outcome 4:

- Build the National Society capacity to plan, implement, and manage the program.

Achievements

- The National Society reached over 38,000 people with various HIV and AIDS interventions. Over the years, the focus on the health and care programme has been on HIV and AIDS, which is reported under a [separate appeal](#) (MAA63003).
- A proposal on malaria programme was developed with support from IFRC and should funding be secured implementation will start in 2011.
- CVA conducted a workshop with IFRC support for training of trainers (ToT) on peer education and reproductive health.

National Society Development

Programme Component 1: Leadership and Management Development

Outcome 1

CVA governance and management strengthened ability to effectively lead the organization and its service delivery.

Programme Component 2: Leadership and Management Development

Outcome 1

CVA has well defined policies and guidelines in programming, finance, logistics and human resources management for the effective management of the National Society.

Outcome 2:

Financial management system, procedure and tools are in place, effectively and systematically used.

Outcome 3

CVA has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.

Outcome 4:

CVA 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".

Achievements

- CVA resuscitated its provincial structures, and with funding support from the Swedish Red Cross channelled through the IFRC, conducted a workshop for provincial secretaries and senior staff in April 2010. The objective of the workshop was to induct participants on governance issues and facilitate the comprehensive development and implementation of the National Society Strategic Plan.

- CVA used the platform of the provincial secretaries' workshop held in April, to induct new secretaries on National Society policies and procedures, human resources and finance systems, volunteer management and membership service. During the reporting period, CVA recruited an OD Assistant Officer who attended induction on OD facilitated by the OD team at the IFRC, regional office in Johannesburg.

Constraints or Challenges

The main challenge has the flow of funding to the National Society, which consequently delayed the implementation of some planned activities. High staff turnover at programme management level also derailed planned activities.

Working in partnership

As auxiliary to government, CVA has been recognized as a major partner of government in emergency operations as well as in disaster risk reduction activities, where CVA is taking a leading facilitating role through the VCA approach. Partnership with the National Civil Protection Commission facilitates rapid response to emergencies. In various areas, CVA has cooperation agreements with UN agencies such as UNICEF, WHO, UNDP and Global Fund.

With technical support of the ICRC, CVA coordinates with National Commission for De-mining and Humanitarian Assistance of Mine Victim (CNIDAH) and Handicap International in the mine awareness programme.

The secretary general represents the National Society at the Country Coordination Mechanism (CCM), which coordinates HIV and Malaria interventions in Angola. This cooperation is expected to continue in the future and as CVA re-establishes itself through change process, aimed to take a leading role in its humanitarian mandate. Currently, the Danish, 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 programmes directed at youth rehabilitation and work training.

Contributing to longer-term impact

CVA suffers the consequences of prolonged emergency operations, which require effective response. Without the commitment of the volunteers, little could be achieved in terms of the relief assistance. The strengthening of provincial structures will counteract the discrepancies in disaster response capacities through engaging into programmes that build community resilience to disasters and reduce impact of disaster through effective mitigation.

Looking ahead

Over the next three years, CVA will be focused on the implementation of 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 CVA's leadership will continue to strengthen the capacities of provincial branches and ensure full operation of the provincial structures. The aim is to build on synergy and synchronization 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 National Society' needs, strategic directions, capacities and priorities as well as support received from partners.

How we work

All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGOs\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

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