

# **ANGOLA: INTEGRATED COMMUNITY HEALTH AND DEVELOPMENT PROGRAMME**

22 June 1999

*appeal no. 01.19/99  
situation report no. 1  
period covered: January - May 1999*

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*The spreading conflict has forced the Federation to limit the scope of its projected programmes to three operationally safe provinces where it is supporting 11 health posts. The mines awareness programme will shortly be extended into the second of the three provinces.*

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## ***The context***

Since gaining its independence from Portugal in 1975, Angola has endured almost constant conflict. The 1994 Lusaka Peace Accord and the formation of the United Government of National Reconciliation in April 1997 gave rise to hopes of sustainable development and peace in the country. However, clashes between the government and UNITA continued and in May 1998 both sides prepared for war. Fighting increased dramatically from December 1998, once again plunging the country into a full scale civil war and increasing the numbers of internally displaced people (IDPs).

Agriculture is hard hit: millions of landmines make land unfit for farming and force increasing numbers to abandon their farms. Government support to health and education remains low as funds are diverted to defence. Infrastructure such as roads, bridges and railways is already war damaged and is being further eroded. Most roads are now closed.

Angola's current external debt stands at approximately US\$ 11 billion, with a reported annual rate of inflation of 185%, as of April 1999.

## ***Latest events***

The humanitarian situation in war torn Angola is increasingly dramatic, creating major social and economic difficulties for growing numbers of vulnerable people. Those forced to flee from rural areas to government controlled urban centres are particularly vulnerable.

The number of new IDPs since mid 1998 has reached nearly one million. Many, particularly those in the remote south-east of the country, are elderly people and young children. An estimated 200,000 people have flocked to Luanda in the last two months and are reported to be in desperate condition, sleeping on the streets and begging.

The deteriorating humanitarian situation has made the population more susceptible to disease, particularly polio. The total number of reported cases of polio during the current epidemic in Luanda as of 19 May was 929, with 72 deaths. More than 635,000 children in Luanda and a further 300,000 in Benguela have been immunised.

Mines continue to be used in the war, despite the fact that Angola is a signatory to the 1997 Ottawa Landmine Ban Treaty and one of the world's most affected landmine countries, with many thousands of victims of the estimated 15 million landmines in the country.

Most strategic roads have now been cut, effectively isolating government controlled urban centres. Since it is impossible to transport supplies by road, WFP has been forced to ask donors for US\$ 8.8 million in extra funding to maintain the airlifts serving hundreds of thousands of displaced persons in the country's besieged provincial capitals.

WFP has only received half of the 120,000 mt. of food required for 1999. In addition its food pipeline has been disrupted following delays in the arrival of supply ships. As a result its grain stocks are becoming exhausted. Limited food distributions continue to the most vulnerable -- children under five, pregnant women and the elderly -- with supplies borrowed from the EU.

A revision of the 1999 UN Consolidated Appeal for Angola is being prepared by UN agencies. The original appeal totalling US\$ 67 million will be increased to US\$ 100 - 115 million and target one million beneficiaries.

Both the UN Secretary General and UNICEF's Executive Director recently expressed concern that the escalating war in Angola appears to have become 'the forgotten war' and has been overshadowed by the Kosovo crisis. Such concerns prompted the international community to send several official envoys to Angola to obtain a new assessment of the crisis. In the meantime the Angolan government announced that ICRC and UCAH, The UN Co-ordinating Agency for Humanitarian Assistance Co-operation, would be authorised to carry out assessment missions in areas of the country not under government control. However, it now appears that this authorisation has been blocked by the army.

After a World Bank announcement that lending to Angola would stop unless critical economic reforms were implemented, the government liberalised the exchange rate, bringing an immediate decrease in both the official and parallel rates and doubling market prices of many goods, including staples, as shops readjusted their prices to the new official rate. The scarcity of locally produced food, and the need to import more supplies, which will now be more expensive, will further seriously affect the growing population of hungry, jobless and desperate people.

## ***Red Cross/Red Crescent action***

Given the ongoing conflict, The Federation/Angola Red Cross (ARC) revised their programme, restricting the operational focus to Benguela, Cuanza Sul and Luanda provinces, considered safe for operational purposes. The Federation will continue to support the 11 Health Posts functioning in these provinces, increase its focus on Disaster Preparedness and maintain and consolidate its strategy of rehabilitation and development through the Integrated Community Health and Development Programme (ICHDP) in support of health needs. It will also continue the Mines Awareness Programme in Cunene and extend it to Benguela province.

The programme will be implemented under the lead agency role of the ICRC which has recently increased its relief support to the population of Angola and the lead role of the Federation in the development of the National Society.

{ **Health**

The opening of a health post in Calamango in Benguela province in January brought the number of posts in the province to six.

The construction of the health post in Canacassala commune in Cuanza Sul had to be postponed because of the rainy season.

Key provincial ARC staff were able to attend regular meetings with the delegates in Sumbe to facilitate programme implementation and monitoring and a ten-day basic volunteer course was completed in Sumbe in February.

The following is a breakdown of the number of beneficiaries served by the ICHDP Health Posts as prepared by the Angolan Red Cross (ARC):

PROVINCE	HEALTH POST	BENEFICIARIES 1999				
		January	February	March	April	May
Luanda	Kicolo	9,311	5,960	9,553	8,679	8,914
	Kilamba-Kiaxi	3,435	3,874	6,134	4,843	4,963
Benguela	Kamunda	1,765	1,827	1,523	1,628	1,573
	Chongoroi	2,761	1,928	1,739	1,413	2,486
	Cassiva	3,111	2,601	2,972	2,900	2,998
	Chimbassi	11,383	4,598	3,605	3,349	2,920
	Passagem	3,866	2,924	3,331	3,829	2,681
	Calomanga	*	2,231	2,5124	2,152	2,329
Cuanza Sul	Gabela	5,694	4,153	*	*	1,503
	Condé	890	456	*	*	*
	Assango	3,911	1,344	*	*	615
Cuanza Norte	N'Dalatando	11,847	4,584	*	*	*
Uige	Calumbo	*	4,585	*	*	*
	Kulo	*	*	*	*	*
	Kawenda	*	*	*	*	*
Huila	Chibia-Hang o	*	*	*	*	*
	Machiqueira	*	*	*	*	*
Namibe	Bibala-Quillegues	*	*	*	*	*
Bié	Chipeta	<i>The health post was reported looted in December 1998.</i>				
<b>Total persons served by Red Cross Health Posts in Angola</b>		57,974	36,480	31,371	28,793	30,982

\* No statistics available due to insecurity

Preliminary discussions have taken place with ARC regarding the inclusion of a relatively small scale Watsan component in the ICHDP as a response to the consistently large numbers presenting with water borne diseases at ICHDP Health Posts. A mission to assess what form this component should take is expected to take place in July and will involve the Regional Watsan Delegate based in Harare.

### { *Mines Awareness*

In February the Federation Project Co-ordinator relocated permanently to Benguela.

Two training courses were carried out in Cunene in April. One was a refresher course for 30 ARC volunteer instructors, the other a course for 25 teachers in support of the Ministry of Education's initiative to introduce mines awareness into the school curriculum. It is expected that these teachers will be able to train 1,225 students, plus a number of other teachers.

The ARC MAP Co-ordinator is continuing with planning and arrangements for two further training courses for Mines Awareness instructors. The first will be held in Cunene Province in July and will train 30 new instructors. The second will be held in August in Benguela province and will mark the introduction of MAP in this province with the training of 30 instructors.

Close collaboration continues with both the Government body for the removal of mines and UXOs - INAROOE Mines Advisory Group and Norwegian People's Aid, the principal NGOs involved in demining - in the operation of this programme.

### { *Institutional and Resource Development*

Planning for the year 2000 and beyond has continued with the ARC. Initial discussions have taken place with ARC regarding both its inputs into the Federation Country Assistance Strategy for Angola and its development of an appropriate strategic plan for the next three to five years. The focus of these discussions has been to clarify and examine ARC priorities in the coming years and the most effective advisory and support role that the Federation might play in this process

### { *Provincial Activities*

During this reporting period, close contact continued with both Benguela and Cuanza Sul provinces. The FAD and Field Delegate had a joint Field Trip to Benguela this month where amendments to existing finance and reporting procedures were discussed and agreed with the Provincial ARC Delegation. Regular radio and telephone contacts with the Federation Health Delegate in Sumbe confirmed that ICHDP activities continue in this province despite a deteriorating security situation. Alternative means of collecting Health Post figures for this province are being examined.

A bi-lateral Norwegian Red Cross Delegate has been contracted for a two month period to prepare for the implementation of a Base Line Study in Cuanza Sul which will be undertaken when the security situation in the province is stable.

## *Outstanding needs*

- { Recruitment of a Federation Health Co-ordinator

## ***External relations - Government/UN/NGOs/Media***

The delegation maintains good relations with Diplomatic Representatives, the UN, ICRC, and NGOs, particularly regarding security issues. The bi-weekly co-ordination meetings and regular discussions with the ARC and the ICRC continue to focus on how the Movement can effectively reach the most vulnerable in a country plagued by unceasing civil war.

Meetings were held with DANIDA consultants in Luanda who were conducting an evaluation on Danish Humanitarian Assistance for Angola from 1992 to 1998. Close relationships with the Harare Regional Delegation were maintained.

## ***Contributions***

See Annex 1 for details.

## ***Conclusion***

Despite the insecurity, the Federation continues to support ARC in accordance with the revised programme in Angola. However, it is expected that the Federation/ARC programmes will be further constrained if the situation keeps deteriorating.

Peter Rees-Gildea  
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**This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>**

**ANGOLA**

**APPEAL No. 01.19/99**

**PLEDGES  
RECEIVED**

06/22/99

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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**CASH**

REQUESTED	IN			2,991,486	01/01/99	63.78%
APPEAL-----						
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BRITISH - RC		315,000	GBP	729,446	03/01/99	
CANADIAN - RC/GOVT		400,000	CAD	347,240	11/23/98	
DANISH - RC		29,739	DKK	6,323	11/24/98	MINE AWARENES
ICELANDIC - RC		200,000	ISK	4,066	03/27/99	LOGISTICS &VEH
LIECHTENSTEIN - RC				25,000	03/23/99	Integrated comm. he
NORWEGIAN	-	4,200,000	NOK	778,638	02/22/99	prg
RC/GOVT						
SPANISH - RC				17,390	04/27/99	DELEGATE COST
SUB/TOTAL				1,908,103	CHF	63.78%
RECEIVED IN CASH						

**KIND AND  
SERVICES (INCL.  
PERSONNEL)**

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL				0	CHF	0.00%
RECEIVED						
KIND/SERVICES						

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**NOT  
REQUESTED IN  
APPEAL**

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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