

ANGOLA: HUMANITARIAN ASSISTANCE

18 July, 2000

appeal no. 01.16/2000

situation report no. 3

period covered: 1 January - 30 June, 2000

The humanitarian situation in Angola remains a serious concern as ongoing fighting in many areas of the country continues to undermine humanitarian relief efforts and effective assistance to significant numbers of vulnerable people. Despite the continued insecurity and lack of funding during the first 6 months of the year resulting in the temporary suspension of the Mines Awareness Education Programme (MAEP), Federation support to the Angolan Red Cross (ARC) health programme continues in accordance with the Country Assistance Strategy (CAS) for Angola. However, following generous confirmed pledges of funding from donors in June sufficient resources are now available to ensure the implementation of Federation supported /ARC programmes up to the end of 2000.

While two situation reports covering this period have already been issued, this report not only summarises the first 6 months of the year but also provides donors an outline related to Federation and ARC plans for the remaining 6 months.

The context

Following a largely successful government campaign which began in October, 1999 to flush out UNITA from their traditional strongholds in the central highlands, military activity shifted and extended to the borders with neighbouring countries - Namibia, the Democratic Republic of Congo (DRC) and Zambia. This intense fighting created a new wave of internal population displacement resulting in large numbers of Angolans crossing the borders, and increased insecurity in many areas of the country.

With UNITA waging a strategy of guerrilla warfare the prevailing sense of insecurity in Angola continues with reported ambushes, regular occurrences of incidents of attacks on villages and an increase in mine incidents have resulted in many deaths and wounded throughout the country, particularly in the North (Uige), Southwest (Benguela, Cuanza Sul, and Huila), Central Highlands and East (Moxico).

Agriculture continues to be the sector most ravaged by the conflict. Once self sufficient in basic foodstuffs, the country has for the past several years relied on costly imports, particularly food aid, to meet domestic requirements. The ongoing hostilities with an estimated 7 million land mines around the country have rendered farmland inaccessible and forced increasing numbers to abandon their property. Currently less than 4 percent of arable land is under production. Government support to health and education remains low. Much of the country's infrastructure such as roads, bridges and railways already destroyed by the conflict, has been further eroded, and most roads remain closed which continues to hamper road transport to and within most of the country's provincial locations, making costly air transport the only alternative.

The deteriorating humanitarian situation in the country has created major social and economic difficulties for growing numbers of vulnerable people who have become more susceptible to malnutrition, and disease, particularly polio, malaria, TB and diarrhoeal infections. The vulnerable include resident communities, urban poor and an estimated 2.5 million IDPs mostly women and children, of which at least one million have been confirmed as living under squalid conditions in 120 locations around the country. Currently, 36 of these locations are inaccessible because of fighting or other security factors which prevent the delivery of relief.

Latest events

Nineteen months since full scale fighting resumed in Angola the prospect of peace remains a distant hope, and it is widely acknowledged that last years government offensive has yielded limited results. Indiscriminate ambushes, kidnappings including unsubstantiated rumours that UNITA are planning to kidnap UN and NGO personnel in the Planalto, and attacks throughout the country continue unabated thereby undermining the humanitarian relief effort in Angola.

The UNHCR relief operation which began in northern Angola a few weeks ago has been brought to a virtual standstill with the UNHCR emergency team deployed in Uige confined to a 2 km radius of the city following attacks on nearby villages, allegedly by UNITA rebels. UNHCR remain unwilling to risk transportation of relief supplies from their warehouse in Luanda to Uige because of the high risk of ambush, hijacking and looting. Costly air transport to Negage, 43 kms from Uige by WFP cargo planes is the only option at present with onward distribution to Uige and surrounding areas considered unsafe.

Armed groups in the East of the country continue to terrorise villagers forcing many to flee across the border into Zambia exacerbating the current tense situation between Angola and Zambia.

Although the prospects for an end to the current conflict remain gloomy there appears to be an embryonic popular movement towards peace. A march for peace took place in Luanda in early June. The march, an extremely rare event in Angola, was organised by the Inter-Ecclesiastical Committee for Peace in Angola (COIEPA) and was attended by an estimated 20,000 people including the Head of the Catholic Church in Angola and several opposition parties. Despite the march being sanctioned by the government not one single member of the MPLA was present. It is expected that the COIEPA will hold a congress for peace in Luanda at the end of July.

On 10 and 11 June, the Ministry of Health (MoH), WHO and UNICEF conducted the first phase of a three stage polio vaccination campaign scheduled to last until August. Approximately 600 persons participated in the mobilisation campaign funded by USAID, DFID, De Beers and Rotary International which targets 3 million children less than 5 years of age in 164 districts. It is however, expected that at

least 20 per cent of the target population will be inaccessible due to insecurity. The first day of the campaign was marred by the murder of a nurse who was killed during an unprovoked ambush while driving with companion health workers.

The economic scenario remains extremely depressing with the previously reported optimistic forecasts of the Economic Intelligence Unit (EIU) largely based on the imminent signing of a 9 month staff monitoring programme between the Angolan government and the IMF now replaced by fears that the present lack of government accountability and transparency will continue to impact on issues of good governance in a country with some of the world's worst social indicator figures.

Red Cross/Red Crescent action

The programme is implemented under the lead agency role of the ICRC with the Federation tasked with the development of the National Society. While the long term priority of the Federation will continue to be the strengthening of the ARC at headquarters and in particular provincial levels so that the National Society can assist the vulnerable through well planned and appropriate programmes and activities, Federation strategy for the year 2000 is centred on health through accessible, existing and functioning ARC Health Posts in Benguela, Cuanza Sul, Cuanza Norte and Luanda, and mines awareness education in Benguela and Cunene. The intention being to support ARC activities in these areas, thereby providing valuable and necessary assistance to vulnerable persons and communities in Angola, and at the same time building capacity within the National Society.

Health w

The health programme following the arrival of the Federation Health Co-ordinator at the beginning of January has largely concentrated on issues of monitoring and supervision through regular and planned field visits, establishing, consolidating and maintaining links with the Ministry of Health (MoH), UN agencies and other NGO partners in the health field, co-ordination with the Spanish Red Cross who are currently assisting the ARC in the implementation of a bilateral health programme, re-establishing stock controls and ensuring that Red Cross health kits comply with national standards, improved reporting particularly of the monthly statistics from the operational health posts, maintaining contact with the Regional Delegation health team in Harare, ensuring co-operation with the ICRC health co-ordinator in Angola and attempting to steer the ARC at both provincial and central levels away from the syndrome of dependency on the Federation which has developed over the years. It is expected that during the second half of the year, now that sufficient funds are available the health programme will be able to address the strengthening of ARC capacity through the planned training of staff and volunteers.

A more detailed description of achievements/activities during the first 6 months of 2000 are as follows:

Following the HIV/AIDS workshop held at Vianna Training Centre (VTC) at the end of February/beginning of March attended by 30 ARC health workers from all provinces with the exception of Cunene and facilitated by members of the Ministry of Health (MoH) AIDS department and UNAIDS, the CVA Programme Co-ordinator and Health Programme Co-ordinator attended the Regional HIV/AIDS workshop (March 27 to 31) in Harare to draft an ARC HIV/AIDS proposal and budget. A 2-year proposal complete with a logframe and budget was submitted to the Regional Delegation in Harare at the end of March. The planned programme will be facilitated by 54 activists in 6 provinces (Cabinda, Luanda, Benguela, Cuanza Sul, Cuanza Norte and Bie or Uige) and focus on condom distribution and educational campaigns. ARC will co-ordinate with UNAIDS, MINSa and other NGOs engaged in HIV/AIDS programmes in these locations.

Ten ARC health posts kits complying with national standards were purchased and delivered to replace current kits expiring in May. These kits will be issued to selected health posts with proper guidelines. Monthly stock reports have been reinstated. An additional 50 kits have been procured and are expected to arrive in Luanda during the third quarter of the year.

ARC monitoring field trips have been reinstated and a 6-month plan was drawn up in April. Visits to Benguela, Cubal, Cuanza Sul, Uige, Bie and Chongoroi municipality were conducted by ARC staff. Following the visit of the Federation Health Co-ordinator to Benguela in February an updated list of ARC personnel lists in all provinces has been prepared. This was a priority given recent changes to health post staff which had occurred without the knowledge of ARC at central level. A further field trip to Benguela by the Federation Health Co-ordinator accompanied by the ARC Deputy Health Programme Co-ordinator in June confirmed that following the attack on Chongoroi town in April, the Red Cross health post remains non operational. The situation needs to be reviewed and assessed by ARC in Benguela as soon as the security situation stabilises and there is an approved budget for rehabilitation, refurbishment and restocking. In addition, it was reported that the continued serious lack of communication/reporting regarding provincial activities and developments from Benguela to ARC central level needs to be addressed as a matter of priority in order to move away from the current feeling within the provincial delegation that they should report directly to and be “ guided “ by the Federation, health prevention activities within the community have improved somewhat but still require attention. It was also reported that there was a serious lack of certain important drugs at some health posts confirmed by the ARC monthly health post stock reports, there was a lack of vaccines at health posts due to shortages within PAV and so a full MCH service cannot be provided at the present time. There was effective ARC participation in polio campaign activities with full co-ordination through PAV. ARC staff and volunteers continue to be encouraged by regular field visits. Future regular planned monitoring and supervisory visits to all locations where ARC are operational will be essential to sustain their enthusiasm and commitment to the programme.

The Spanish bilateral delegate has assisted the ARC in preparing the proposal and budget to construct one new health post in Benfica (Luanda province). Approval to proceed with this initiative from the Spanish Red Cross in Madrid is now required. In addition, the planned baseline survey in Benfica requires approval by the MoH. The Federation has provided the necessary support to ensure that the project is viable, sustainable and targets needy beneficiaries.

A 3-person ARC/MoH health team left for Mozambique to assist the Mozambique Red Cross with their flood operation on April 16 and returned on 2 May. The team assisted those affected by the floods in two locations dispensing medicines and other items from temporary health posts. This example of good co-operation and utilising capacity within the region was viewed as a largely positive initiative by all concerned .

ARC Health Department have established links with UNICEF at national level. Further co-operation is planned. However, progress is constrained due to lack of information regarding the numbers of active volunteers in the field. It was disappointing to learn that polio campaigns had been carried out in Vianna, Kilamaba-Kiaxi and Samba (Luanda province) without ARC participation. ARC were reminded of the importance of liaison with UNICEF and MoH regarding future national polio campaigns. In addition, ARC will need to follow up with UNICEF regarding ongoing integrated health support and malaria control in Benguela as a matter of priority. ARC also need to follow up the request of UNICEF to conduct first aid training to their staff.

Initial discussions have been held with the newly arrived ICRC Health Co-ordinator to determine the details of present and future ICRC support to ARC health activities in Uige, Bie and Huambo. The Health Post statistics for the period 1 January to 31 May, 2000 were as follows:

PROVINCE	HEALTH POST	BENEFICIARIES
Luanda	Kicolo	14,719
	Kilamba-Kiaxi	10,338
Benguela	Kamunda	4,839
	Chongoroi *	3,058

	Chimbassi	12,734
	Passagem	11,107
	Calomanga	5,347
Cuanza Sul	Gabela	10,803
	Condé	0
	Assango	4,782
K. Norte	N'Dalatando	20,964
TOTAL		106,251

The total number of 106,252 beneficiaries is comprised of patients seen at the 11 operational Federation supported ARC health posts and those visited in their homes. However, it is acknowledged that this latter figure may be inaccurate. However, progress has been made by ARC in re-establishing procedures for data collection but this requires further follow up.

* *Chongoroi has been non operational since mid-April.*

Mine Awareness Education Programme (MAEP) w

A lack of funding for this programme resulting in the temporary suspension of certain planned activities including the purchase of dissemination materials, training kits for instructors, first aid kits, and logistic support and the non replacement of the outgoing Federation Programme Co-ordinator in March significantly effected the programme and the morale of the instructors and volunteers. However, despite these constraints it was clear that ARC had sufficient capacity to undertake the following activities and report their achievements for first half of 2000:

The following number of people were sensitised during the period 1 January to 31 May, 2000:

Numbers of people sensitised by instructors in five municipalities of Cunene Province:

	Cahama	Ombadja	Cuanhama	Cuvelei	Namacunde
Children	581	952	823	324	242
Women	264	853	540	106	146
Men	238	803	506	152	51
Subtotal	1,083	2,608	1,869	582	439

Total number of beneficiaries: 6,581

Numbers of people sensitised by instructors in three municipalities of Benguela province:

	Cubal	Caimba	Ganda
Children	4,839	897	980
Women	2,968	943	1,197
Men	2,143	769	907
Subtotal	9,950	2,609	3,084

Total number of beneficiaries: 115,643

In Benguela , a total of 20 community leaders comprising 11 traditional leaders (sobas) from Cubal and 9 from Caimba were trained. In Cunene, a total of 69 teachers were trained at 3 seminars.

UNICEF continued their support to the programme by providing various educational materials.

The new office for the programme at ARC HQ in Luanda was organised, a new computer installed so that a data bank for the project can be established. This activity will require the assistance of the regional delegate for the LISN project whose planned visit in March was postponed due to lack of funding.

The ARC National Co-ordinator continued to participate in meetings and co-operate with INAROE, UNICEF, Handicap International, Halo Trust and MAG, and undertake monitoring and supervision visits to the target areas.

It is hoped that following confirmed pledges of donor funds in June that the purchase of necessary materials for the programme will ensure its effective implementation during the second half of the year.

Institutional and Resource Development w

This core programme, fundamental in ensuring that the ARC can function effectively and efficiently has been the most problematic for a variety of well understood reasons. Given that donor confidence was low and that there had been little success in this area despite the longevity of the Federation delegation in Luanda it was decided that a Red Cross Partnership Meeting should be convened in 2000.

This meeting attended by 9 PNS, the ARC, the Federation and the ICRC was convened in Geneva on 31 January. The objectives of the meeting were to review the 1999 programmes and operations in Angola, to present and discuss the Angola Country Assistance Strategy (CAS) for the year 2000, and programme and operation funding support.

Following this meeting, the Federation delegation focused on and prioritised the undertaking of a first ever ARC global audit felt to be pivotal for significant institutional and resource development of the National Society and donor confidence. Despite delays in the process, the Federation assisted the ARC to finalise agreed TOR for the audit and to contact internationally recognised Audit companies in Luanda who were invited to submit proposals and budget for the audit as per the agreed TOR. The firm Ernst and Young were engaged to undertake the audit which was carried out in June/July, 2000. The recommendations from the global audit will facilitate a redirection of the ARC's 3-year development plan and allow various resource development initiatives for the National Society to be investigated. It is expected that this priority task will require a great deal of patience and delegation time during the second half of the year.

Outstanding needs

In order to effectively follow up the recommendations from the global audit of the ARC, support and resources will be requested and required from the Regional Delegation in Harare.

External relations - Government/UN/NGOs/Media

The delegation maintains good relations with diplomatic representations, the UN, ICRC, and NGOs, particularly regarding security issues. The biweekly co-ordination meetings and regular discussions with the ARC and the ICRC continue to focus on how the Red Cross and Red Crescent Movement can effectively reach the most vulnerable in a country plagued by continuing civil conflict.

Contributions

See Annex 1 for details.

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Director

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Director

Angola							ANNEX 1
APPEAL No. 01.16/2000		PLEDGES RECEIVED				07/18/00	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
CASH						TOTAL COVERAGE	
REQUESTED IN APPEAL CHF ----->				1,877,000		98.4%	
Balance carried forward from 1999				664,148			
BRITISH - RC		1,541	GBP	3,960	14.06.00	AUDIT	
BRITISH - RC		218,370	GBP	561,211	14.06.00	ID, HEALTH, DELEGATION MGT	
DANISH - RC		25,000	DKK	5,215	22.06.00	RC AUDIT	
FINNISH - GOVT/RC		6,727	EUR	10,469	15.06.00	AUDIT	
FINNISH - GOVT/RC		65,589	EUR	102,070	02.07.00	HEALTH	
ICELANDIC - RC		500,000	ISK	11,209	05.06.00	DELEGATION SUPPORT	
ICELANDIC - RC				5,000	16.06.00	AUDIT	
NORWEGIAN - RC				5,000	20.06.00	AUDIT	
SPANISH - GOVT		33,984	USD	51,554	02/11/00		
SWEDISH - GOVT/RC		200,000	SEK	37,660	30.05.00	NS DEVELOPMENT	
SWEDISH - GOVT/RC		700,000	SEK	131,810	30.05.00	HEALTH	
SWEDISH - GOVT/RC		300,000	SEK	56,490	30.05.00	MINE AWARENESS	
SWEDISH - GOVT/RC		500,000	SEK	94,150	30.05.00	DELEGATION SUPPORT	
SUB/TOTAL RECEIVED IN CASH				1,739,946	CHF	92.7%	
KIND AND SERVICES (INCLUDING PERSONNEL)							
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT	
Canada	Delegate(s)			1,478			
Great Britain	Delegate(s)			104,969			
SUB/TOTAL RECEIVED IN KIND/SERVICES				106,447	CHF	5.7%	

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