

Appeal 2008-2009



International Federation
of Red Cross and Red Crescent Societies

Angola

Appeal No. MAAAO001

17 December 2007

This appeal seeks CHF 2,661,091 (USD 2,380,224 or EUR 1,612,782) to fund the planned programmes that are to be implemented in 2008-2009.



An ARC volunteer distributes relief items during a cholera control operation in 2007. ARC has more than 600 trained volunteers to conduct health and hygiene promotion activities.

Current context

The gap between rich and poor in Angola, African second biggest oil exporter, is widening, according to United Nations Development Programme (UNDP). More than two-thirds of the country's 15 million people live on USD 2 or less a day, and four million of those survive on USD 0.75 or less a day (*Millennium Development Goals 2005 Progress report on Angola released mid-October 2006*). Parliamentary and presidential elections, which had been scheduled for late 2007, have been postponed until 2008 for the parliamentary and 2009 for the presidential. Humanitarian advocacy is therefore essential and a real challenge.

Angola is prone to flooding and disease outbreaks such as cholera and the Marburg Haemorrhagic fever experienced in 2005. High poverty levels, malnutrition and poor access to health services put the already vulnerable people at risk. Many people have moved to the cities to make a better life, which has led to the mushrooming of the slums. This has increased their vulnerability to disease outbreaks, especially in the rainy season due to over crowding. The poor infrastructure and inappropriate water and sanitation conditions in the slums and rural settings further worsen the consequences of disasters.

Angola Red Cross (ARC) initiated a recovery programme towards becoming a well functioning national society and have made significant developments in 2007. Following the formation of the first national executive council (NEC), and three national commissions namely strategic, legal and fundraising commission), the General Assembly was held in 2006 and new board was elected. During the General Assembly, the strategic plan for 2006-2009 was

Programme purpose and outcomes

Disaster Management

Target population: Disaster-prone communities (over 1.5 million people) with disaster preparedness and risk reduction related training, mine awareness education and response interventions. Targeting 1,300 staff and volunteer for basic disaster management training.

Due to the prevalence of landmines and unexploded ordinances (UXO), mine awareness has been one of the core activities for ARC disaster response programme. The International committee of the Red Cross (ICRC) has been supporting the mine awareness programme and the restoration of family links (RFL) projects and its continued support is expected in 2008 and 2009.

ARC is also planning to establish a disaster risk reduction approach in their disaster management programme in 2008 and together with the climate change initiatives, community early warning mechanisms will be rolled out and vulnerability capacity assessment conducted. At least two communities will be targeted in each of the 18 provinces to test the VCA tools aimed at reducing vulnerability and increasing the capacities of the communities.

In disaster preparedness, ARC needs support with the deployment of contingency plans, resources for emergency operations and further training of staff and volunteers on social mobilisation, water and sanitation, health and hygiene promotion. The national society (NS) needs a sustainable approach to ensure that the branches are well prepared and equipped to respond to any emergency.

Expected outcome(1): Disaster preparedness (institutional level)

Effective mechanism for disaster management is functioning in ARC.

Planned Activities:

Developing and disseminating the Disaster Management Policy plan to each of the 18 provinces.

- Developing and updating ARC standard operating procedures in emergency response.
- Developing and updating ARC contingency plans for cholera outbreaks, Marburg, avian influenza, floods and population movement.
- Training 600 volunteers in 18 branches (nine in 2008 and nine in 2009) on disaster preparedness.
- Training 50 trainers on basic disaster management for ARC branches.

Expected outcome(2): Disaster risk reduction (DRR)

- Vulnerability of communities in disaster prone areas reduced through disaster risk awareness and capacity building in first aid and mine awareness.

Planned Activities:

- Selecting and recruiting five volunteers in each province (18 provinces) for the first aid programme.
- Reviewing ARC procedures and updating the curriculum on community-based first aid.
- Conducting two VCA training of trainers' courses at national level per year (2008/2009).
- Developing and testing information, education and communication (IEC) material on

mine awareness.

- Training 650 staff and volunteers on educating others and implementing community mine awareness prevention activities and first aid (seven courses in 2008 and five in 2009).
- Conducting public talks, drama, debate and school visits in ten communities in province with high risk to landmines.

Health and Care

Target population:

- **1.5 million people with primary health and care services;**
- **300,000 people with access to safe water, health and hygiene.**

Angola Red Cross (ARC) will continue serving communities through the Red Cross health posts network. The health and hygiene promotion activities need further strengthening and to be rolled out to other branches in disaster prone provinces. The water and sanitation (WatSan) programme, which started as a recovery programme from the floods, will be integrated into long-term health and care programmes. It is a relatively new intervention for ARC, although the WatSan needs are huge all over the country. The Federation Country Representation will continue to provide technical support to ARC in developing the WatSan programme and training human resources in the targeted provinces. However, the NS needs more resources to develop this programme, and the Federation Operational Zone office has started resource mobilisation by targeting traditional WatSan donors.

ARC is relatively new in the implementation of the HIV and AIDS programme. In 2008, the NS will be in its second year of implementing the five-year integrated HIV and AIDS programme (2006 to 2010), which is part of the Southern Africa Regional HIV and AIDS programme ([MAA63003](#)) and a component of the Federation Global HIV and AIDS Alliance. The International Federation is scaling-up its response to HIV and is committed to reducing vulnerability and its impact through:

- Preventing further infections,
- Expanding care, treatment and support,
- Reducing stigma and discrimination.

Technical support visits from the Federation operational zone office, and learning visits to other experienced NS in the region will be organized to support ARC. The HIV programme in Angola is targeting five million people with HIV prevention interventions, 6,400 people living with HIV and AIDS and 16,000 orphans and vulnerable children (OVC) by 2010. To support this HIV and AIDS country programme, ARCS is seeking approximately CHF 286,000 for 2008 and CHF 316,000 for 2009; to cover the implementation of the activities, needs of the national society and the Federation Secretariat support cost.

Expected outcome(1): Water and Sanitation (WatSan)

- Access to safe water and sanitation service improved in Kwanza Sul and Benguela provinces.
- Capacity level of ARC staff and volunteers in the management of water and sanitation activities.

Planned Activities:

- Recruiting a national WatSan coordinator and training four WatSan provincial staff.
- Scaling up the implementation of WatSan activities in Kwanza Sul and Benguela provinces.
- Constructing and rehabilitating 50 water points and 1,100 sanitation facilities in Kwanza Sul and Benguela provinces.

- Distributing IEC materials on hygiene community campaigns including dissemination of Participatory Hygiene and Sanitation Transformation (PHAST).
- Promoting new and creative community activities related to hygiene and sanitation (theatre, song and poetry competitions).

Expected outcome(2): Primary Health and Care

- Community health service improved through ARC health posts.
- The health needs of people affected by natural and manmade disasters are catered for by the NS.

Planned Activities:

- Training 600 volunteers in 18 branches on community-based health and care (using the ARCHI 2010¹ toolkits (nine trainings in 2008 and nine in 2009).
- Conducting community health activities (disseminating information on prevention of diarrhoeal diseases and malaria, vaccination of preventable diseases and nutrition) through public sessions at health posts, door-to-door visits and local radio programmes.
- Pre-positioning of minimum emergency relief stock in ten provinces for disaster response operations. (Luanda, Benguela, Uige, Kwanza Norte, Kwanza Sul, Huila, Malange, Luanda Norte, Moxico, Huambo).

Capacity Building

Capacity development

Target population: 1,500 of ARC board members, staff and volunteers.

ARC is going through an internal organisational reform process, which requires significant attention and support from the Federation, partners and its governance and management. The new governance and management team is highly committed and motivated to fulfil the vision and the mission of national society. However, the new board and management require induction on the Red Cross Red Crescent Movement's Fundamental Principles and Humanitarian Values, and on their roles and responsibilities. Long-term partnerships with national societies and partners have been created and will be strengthened and coordinated with support from the Federation Operational Zone office.

In 2008 and 2009, ARC is strongly committed to becoming a national humanitarian agent with effective and efficient service delivery. The National Society's programming is in line with the Federation of the Future Global Agenda and Framework of Action's² interlinked areas for improvement, to help the International Federation successfully implement and deliver Strategy 2010³, and achieve a greater impact for vulnerable people.

Expected outcome(1): Leadership and accountability

- ARC leadership governance and management is effective and empowered through structured capacity building.
- Capacity of staff in finance departments is improved to meet the standard requirement of quality and timeliness.
- ARC has well defined policies and guidelines in programming and human resources development in place.

¹ ARCHI – Refer to <http://www.ifrc.org/what/health/archi/>

² The **Federation of the Future** Refer to <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

³ **Strategy 2010** - Refer to <http://www.ifrc.org/who/strategy.asp>

Planned Activities:

- Distributing and implementing the internal regulation and administrative manual in 18 provincial branches.
- Developing training material and conduct training on Governance and Management in 18 provinces.
- Implementing the Code of Conduct for the governance, management, staff and volunteers.
- Establishing a planning, monitoring, evaluation and reporting (PMER) unit, by firstly recruiting a PMER officer.
- Training finance staff, implementing and maintaining the NAVISION accounting software system at ARC headquarters.
- Developing and operationalising a resource mobilisation strategy.
- Developing a Human Resource Policy, through learning visits to sister national societies.

Expected outcome (2): Branch development and volunteer management

- ARC has functional and strengthened branch structures and an effective volunteer management system in accordance with the characteristics of a well functioning national society.

Planned Activities:

- Developing and implementing Volunteer Management and Youth Development Policy.
- Developing and implementing a fundraising and resource mobilisation strategy and guidelines on income generating activities at national level.
- Establishing volunteer database to be rolled out to all provinces.
- Strengthening branch structures through training of staff and providing resources for the operations.

Principles and Values

Target population: One million people countrywide and 1.5 million people already beneficiaries of ARCS long-term programmes.

ARC has designed a programme aimed at strengthening the dissemination of the Red Cross Movement's Fundamental Principles and Humanitarian Values, through integration with programme deliverables addressing the needs of the most vulnerable people. This is achieved by joint planning to ensure that the prevention of gender-based violence, anti stigma and discrimination are incorporated in all programme development and monitored throughout implementation. ARC will also continue educating the public on the proper use of the Red Cross emblem, at the same time promoting their auxiliary role to the government.

From 2003, ARC developed an HIV and AIDS project with a component to combat discrimination and stigma of PLHIV, and victims of sexual abuse. The activities to be carried out in 2008 and 2009 in Angola are inspired by the positive results achieved in the HIV and AIDS project.

Expected outcome(1): Promotion of Fundamental Principles and Humanitarian Values

- NS has a strong and well developed communication capacity for the dissemination of Red Cross Movement's Fundamental Principles and Humanitarian Values.

Planned Activities:

- Developing a strategy on the promotion of the Humanitarian Values and Fundamental Principles.
- Developing training and IEC material on the Fundamental Principles and Humanitarian Values.
- Training 1,500 ARC staff and volunteers and placing one staff member in each of the eight provincial branches responsible for the dissemination of the Humanitarian Values and Fundamental Principles.
- Conducting sensitization campaigns for one million people through public talks, drama, debates and school visits in each province.

Needs

Programmes	2008 Budget (CHF)	2009 Budget (CHF)	Total Budget (CHF)
Disaster Management	251,007	281,768	532,775
Health and Care	275,321	293,267	568,588
Capacity Building	463,804	434, 541	898,345
Principles and Values	85,529	65,818	151,347
Coordination	257,109	252,925	510,034
TOTAL	1,332,771	1,328,320	2,661,091

Working in partnership

As an auxiliary to government, ARCS has supported many initiatives such as the national vaccination campaign and the cholera outbreak control. As a result, ARC is recognised as a major partner of government in humanitarian work. ARC has partnership with National Civil Protection Commission in disaster response and has cooperated with United Nations (UN) agencies such as United Nations Children’s Fund (UNICEF), World Health Organizations (WHO), United Nations Development Programme (UNDP) and Global Funds. This cooperation is expected to continue in the future. Mine awareness activities are support by ICRC, National Commission for Demining and Humanitarian Assistance of Mine Victim (CNIDAH), UNICEF and Handicap International.

In April 2007, the secretary general of ARC was elected as president to the National Malaria Forum and is closely involved in administrating Malaria Policy and strategy. As ARC establishes itself through the change process, it is motivated to take a leading role in the provision of humanitarian assistance, especially during emergency operations.

How we work
All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation’s website at <http://www.ifrc.org>

<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
<p>Contact information</p>	
<p>For further information specifically related to this Appeal, please contact:</p> <ul style="list-style-type: none">• In Angola: Warter Bombo Guange Quifica, secretary general, email cruzvermelha@netangola.com; Phone +244 233 39 91; Fax + 244 239 11 70• In Angola: Martin Acosta, Federation Representative, Angola Representation; mail martin.acosta@ifrc.org; Phone +244 222 372 868; Fax +244 222 372 868• In Operational Zone for Southern Africa: Françoise Le Goff, Head of Zone; phone: to be advised 263.4.70.61.55, 263.4.72.03.15; Fax to be advised, email francoise.legoff@ifrc.org;• In Geneva: Busisiwe Tshili, Officer (Management Support Team), Coordination & Programmes Division; email: busisiwe.tshili@ifrc.org; Phone: Tel: +41 22 730 4207; Fax +41 22 733 0395	

Please go to: [detailed 2008-2009 plan](#), [planning and resource summary matrix](#) and the [budget summary](#)