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Emergency appeal Angola: Food insecurity

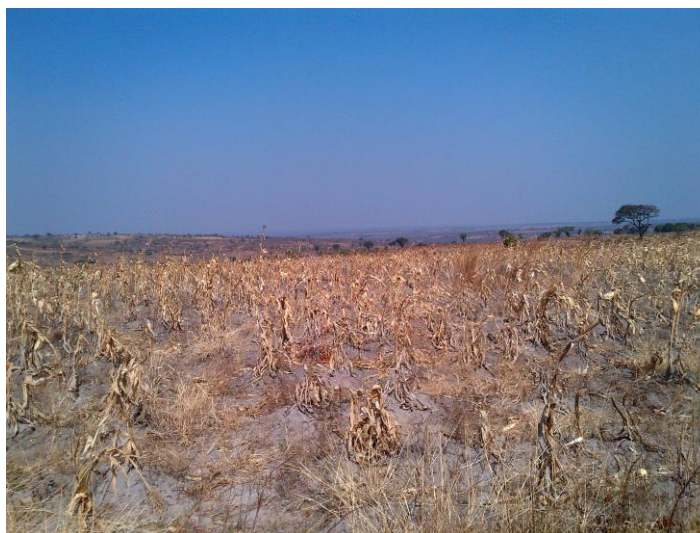
 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRAO005 Glide TC DR-2012-000092-AGO 13 November 2012

This Emergency Appeal seeks CHF 1,562,562 in cash, kind, or services to support the Angola Red Cross Society (CVA) to assist 12,000 households (60,000 beneficiaries) for 9 months, and will be completed by the end of August 2013. A Final Report will be made available by end of November 2013 (three months after the end of the operation).

CHF 100,000 will be allocated from the IFRC Disaster Relief Emergency Fund (DREF) to support this operation. Unearmarked funds to replenish DREF are encouraged.

Summary: Drought is currently affecting 10 coastal and central highland provinces of Angola. Agricultural production has dramatically decreased and increasing water shortages have been reported. It is estimated that agricultural production will decrease by more than 400,000 tons nationally and an estimated 366,780 households (1,833,900 people) will be affected across the ten provinces. Incidence of acute malnutrition among children under age five has risen. The total number of acutely malnourished children in the ten affected provinces is currently estimated at 533,000. It is estimated that 20 per cent of these children could be suffering from severe malnutrition, corresponding to approximately 105,000 to 110,000 children, with a possible 20 per cent mortality rate, representing between 20,000 and 25,000 children.



Failed maize crop in Chinguari District, Bie – Photo by CVA

While the government has not declared a state of emergency or officially called for international assistance, it has agreed to appeal for international support for the CVA. This Emergency Appeal is being launched based on a request from the CVA and with the information available at this time reflecting the assessment carried out by a RDRT Team in four of the most affected regions: Luanda, Kwanza Sul, Huambo and Bie. Based on the assessment, CVA wants to focus its intervention in Kwanza Sul, Bie and Huambo to support 12,000 households.

The key interventions planned include distribution food and agro inputs, production of IEC materials, community mobilisation and sensitisation, identification of children at risk of malnutrition, distribution of safe drinking water, hygiene and sanitation promotion, distribution of Long Lasting Insecticide-Treated Nets (LLITNs), capacity building of volunteers and community resilience among others.

The needs are still massive and increasing especially as the food scarcity period (November to March) approaches. Up to now, there has been little response from the international community. The national elections which were held in August diverted attention away from the food security crisis. UNDP and other humanitarian agencies are actively engaging the government to ensure scaled up and speedy response, especially to support children at risk of severe malnutrition and farmers who need to plant urgently to be able to harvest the first crop in January. Against these risks, the National Society is appealing for urgent international assistance in order to reduce food insecurity in the most affected areas.

[<click here to view the attached Emergency Appeal Budget; here to link to a map of the affected area; or here to view contact details>](#)

The situation

The 2011-2012 farming season in Angola was marked by a shortage of rainfall of more than 60 per cent compared to normal years, resulting in the current drought conditions.

According to an assessment by the *Gabinete de Segurança Alimentar* (GSA, Department of Food Security in MINADERP) of ten provinces, agricultural production in general and cereal production in particular has been affected, with an average production decrease of 30 per cent, depending on province and crop. It is estimated that agricultural production will decrease by more than 400,000 tons nationally and an estimated 366,780 households (1,833,900 people) will be affected across the ten provinces assessed.

While the drought has impacted the entire country, the provinces of Bengo, Kwanza Sul, Benguela, Huila, Namibe, Cunene, Moxico, Bie, Huambo and Zaire are the most affected. Given that farmers will not be able to put aside seed stocks and may not be able to repay credit already received, the drought could also affect food production in the next agricultural season, especially among vulnerable populations.

Food insecurity, high food prices and other factors linked to the drought have impacted negatively on the nutrition status of children under age five. An increase in admissions of severely malnourished children to provincial therapeutic centres, as well as an increase in mortality rates, initially alerted MINSA. Following this alert, the National Department of Nutrition, with support from UNICEF, WHO, FAO, IOM and UNDP, conducted a rapid assessment of the nutritional situation in the ten affected provinces between 24 April and 4 May 2012.

The assessment confirmed that most of the population, especially those in rural areas, is affected by the drought. Based on extrapolations of the assessment results, the total number of acutely malnourished children in the ten affected provinces is currently estimated at 533,000. It is estimated that 20 per cent of these children could be suffering from severe malnutrition, corresponding to approximately 105,000 to 110,000 children, with a possible 20 per cent mortality rate, representing between 20,000 to 25,000 children.

The assessment carried out by the RDRT team confirmed that the situation is fairly serious and requires immediately attention before it turns into an emergency particularly in the coming three to four months. In some areas visited, families are sharing few water sources with livestock which are also highly contaminated. Consequently, the possibility of outbreak of water related diseases is very high. The Ministry of Agriculture reported a 60% decrease of average rainfall amount over the planting season resulting in 30% drop in crop production especially of cereals like Maize. Total crop failure was recorded in some regions especially of bean crop and even other drought tolerant tubers.

With more than 70% of the rural population living below the poverty datum line, the impact will be devastating.

Causes of the food insecurity situation are varying depending on the region. While low rainfall amplified the situation other underlying causes include;

- Lack of information and knowledge of health, nutrition and hygiene matters
- Lack of access to health facilities, particularly in rural areas
- Lack of family planning including exclusive breastfeeding, child weaning practices
- Poverty and family support especially to children
- Drought
- Lack of access to clean and safe water
- Lack of access and availability of food
- High commodity prices from USD1 to as high as USD4 in some cases.
- Poor eating habits and food preparation methods
- Lack of focus on children growth monitoring and malnutrition
- Crop and pasture losses

Table 1: Acute malnutrition among children under 5

Province	Under-5 children (as per recent National Immunization Days data)	Acute Malnutrition (%) prevalence estimated from the Rapid Assessment	Projection of estimate of number of children with Acute Malnutrition
Bie	467,064	23.10	107,892
Huambo	552,262	18.30	101,064
Kwanza Sul	396,475	24.60	97,533
Zaire	81,349	19.80	16,107
Bengo	79,275	12.90	10,226
Benguela	69,452	9.30	64,584
Cunene	158,844	24.60	39,076
Huila	597,202	9.00	53,748
Moxico	240,000	12.60	30,240
Namibe	72,666	17.80	12,935
Total	3,339,589		533,405

Source: Ministry Health/UNICEF nutrition assessment report, May 2012

Areas that are experienced high incidence of malnutrition are shown in Table 1 above. The high incidences of malnutrition are mainly attributed to poor nutrition practice and the food insecurity situation just exacerbated the already existing fragile situation. CVA is providing support to malnourished communities through regular screening and referral. Although CVA does not have the expertise to provide medical interventions, they will provide health improvement related support to communities affected by malnutrition and vulnerable to secondary diseases.

Coordination and partnerships

In response to the emerging food insecurity situation, the Government initiated an emergency programme, amounting to USD43 million, to provide food and water, as well as agricultural inputs to affected families. Respective Government Ministries through the Civil Protection Unit are working closely with the UN agencies to roll out this plan, though the details are still not yet clear.

There are very few international humanitarian organisations still operating in Angola. A majority of the organisations pulled out in 2006, including WFP, after the signing of the peace agreement in 2002. Others like CARE, Save the Children left in 2010.

CVA has been admitted as a member of the UN Disaster Management Team (DMT). The Programmes Coordinator represents CVA in the latter's regular meetings. The Civil Protection Unit is the government wing responsible for coordination. The emergency response coordination mechanism is relatively weak but the UN is working closely with the Civil Protection Unit to strengthen coordination between Government and other humanitarian actor.

The Spanish Red Cross is the only PNS operating in the country, undertaking a five year livelihood and WatSan programme in Bie, which is currently in its third year of implementation. The programme focuses on income generation activities (IGAs) and promotes small scale community based projects.

ICRCS still maintains a small field office but managed from Congo Brazzaville.

World Vision launched an appeal in May 2012 for USD 2 million and has only raised USD 600,000 from its own internal resources. In the absence of a declaration of an emergency, most agencies say they are finding it difficult to raise funds. Their response is targeted for agro support using the already existing project structures especially focusing on provision of emergency seeds.

Oxfam has mainly been involved in the governance/capacity building programmes and water sector integrated with humanitarian aspects. They are working with local partners CVA and Caritas as part of its new strategy. Previously, they supported CVA in a cholera response in Lunda Sul and Lunda Norte where over 883 people were trained in emergency response including CVA volunteers. Oxfam is also working with CVA on an application to be submitted to UNICEF focusing on water supply and hygiene promotion.

The UN launched a CERF appeal and received USD 5 million for emergency response, with USD 800,000 going to FAO to support government plans for agro interventions. UNICEF and WHO are supporting the government on the health and nutrition interventions. The funds will be used for immediate nutrition interventions in the three worst affected provinces of Bie, Huambo and Kwanza Sul.

FAO working with the Ministry of Agriculture will support;

- 8,623 households in Kwanza Sul
- 6,982 households in Benguela and
- 932 Households in Namibe provinces.

The intervention will include provision of diesel propelled water pumps for irrigation to households with access to water and distribution of vegetable seeds. FAO also intends to reintroduce the Farmer Field School programme, which they had been supporting in past five years.

FAO and the Ministry of Agriculture will in addition, provide technical support to CVA staff and volunteers in terms of training in appropriate agricultural techniques.

UNICEF and WHO are supporting Ministry of Health on health and nutrition interventions through a stepwise approach. This will include;

- Revamping of 34 therapeutic centres across the country at least one per municipality. These will be located at major hospitals and health centres.
- Carry out massive malnutrition screening exercise, de-worming and administering of vitamin A.
- Mapping and training of community resources which will include Red Cross volunteers.
- Developing a robust monitoring and evaluation system including logistics to support community and local government structures.
- Production of IEC materials for community sensitisation.
- Promotion of diet diversification using locally available foods and rations.
- Assessment for water supply
- Work with Ministry of Education to assessment impact on school attendance.
- Monitor incidences of child abuse or protection issues.

CVA has both a good image and working relationship different partners especially the Ministry of Health and other humanitarian actors in the health sector like World vision and Oxfam. Both organizations have indicated their interest to partner with Red Cross in the current drought response intervention and in other future development projects. The private sector is also seeing the national society as an important implementing partner to meet their social responsibilities through support of community-based projects.

CVA is currently working in partnership with Spanish Red Cross in the Bie, where they have a livelihoods and WatSan programme.

Red Cross and Red Crescent action

CVA with the support of IFRC carried a rapid assessment to determine the extent and impact of the drought and design different possible crisis response interventions. A five member team, including RDRT staff from Mozambique Red Cross skilled in relief, food security and nutrition, plus Southern Africa Regional staff and CVA staff undertook a week long assessment in July. The objective of the assessment was to measure the impact of drought in affected provinces of Angola and determine the nature and level of assistance required. The team also consulted with a number of external stakeholders including UNICEF, World Vision and Oxfam as well as partner national societies and government counterparts.

The recommendations of that rapid assessment formed the basis of this Emergency Appeal.

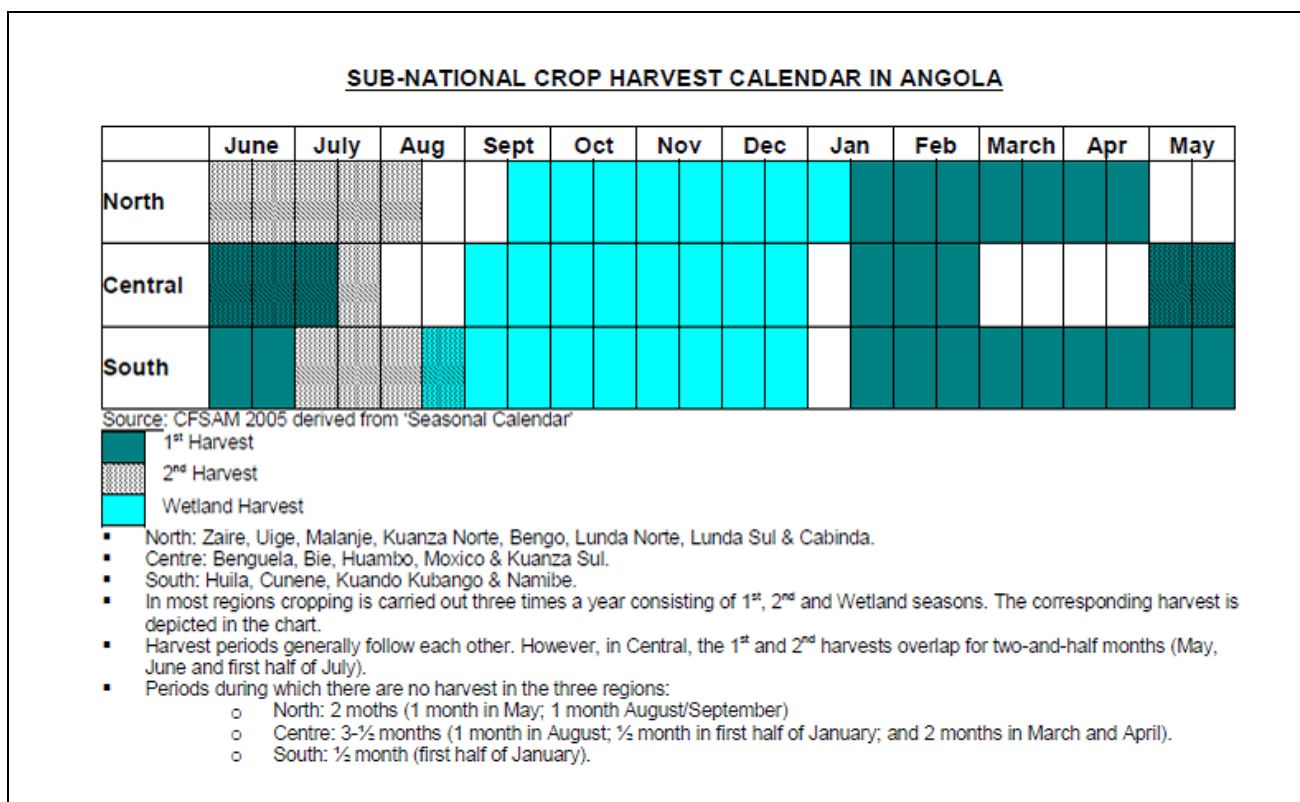
The needs

This appeal will complement the activities being undertaken by other agencies such as Government, UN agencies and World Vision. The needs are huge and not fully covered by any one agency. A joint Government/UN assessment in April/May 2012, found that an estimated 366,780 households of approximately

1.8 million people, were affected by the prolonged dry spell in addition to an estimated 533,000 children suffering from varying levels of malnutrition.

CVA will target 12,000 households affected by drought and with high incidences of malnutrition in Huambo, Kwanza Sul and Bie. These regions are the worst affected compared to others and CVA has well established branch structure and volunteer base ample for the intervention.

Targeting at this stage is modest and based on current capacity and available resources. However, planned future assessments and scale up activities will be done in coordination with other humanitarian agencies and government. There are ongoing discussions between UNICEF, FAO and CVA on possible partnership. Once this is firmed up, activities will be scaled up.



The medium to long term intervention will require investment in disaster reduction initiatives to build community resilience against similar occurrences or new risks that may emerge. This will include promotion of sustainable use of land and water resources through improved land use and use of renewable energy technologies such solar, water harvesting and solar.

CVA has limited experience and skills in nutrition and food security intervention, the capacity will be built through the recruitment of an operations manager with experience in Food Security/Nutrition. The operation plans to tap into the Movement's regional resources (RDRT) by providing trainings in CBHFA, VCA, food security and nutrition, water supply, hygiene promotion and sanitation. CVA intends to collaborate with the Ministry of Agriculture and FAO in training of volunteers and lead farmers on appropriate agricultural techniques, while UNICEF and the Department of Nutrition under the Ministry of Health will provide training in nutrition techniques.

The distribution of relief and recovery items to the affected households will depend on specific needs identified after assessment and verification of beneficiaries. Joint verifications and coordination with other stakeholders will be done on a regular basis during the operation to avoid duplication and ensure that gaps are covered.

The proposed operation

Given the limited resources and capacity, CVA will focus its intervention in Kwanza Sul, Bie and Huambo, three of the most affected regions.

In the proposed activities CVA intends to;

- Carry out baseline and in-depth assessments.
- Identify and register people in need of food assistance and agriculture support.
- Distribute food and agro inputs to 3,000 households in Kwanza Sul, Bie and Huambo affected by drought and compliment efforts by Government and other humanitarian actors. In the absence of WFP, food will be distributed for three months during the critical hunger period to enable farmers work on their fields.
- Produce IEC materials for dissemination in health, nutrition and hygiene promotion campaigns.
- Carry out community mobilisation and sensitisation on community health, hygiene, water and sanitation and food utilization and nutrition issues; targeting 12,000 households.
- In the absence of health posts, identify children at risk of malnutrition (acute and severe cases) and refer them to the 34 Therapeutic Feeding Centres (TFC) managed by Ministry of Health.
- Follow up and monitor families with children discharged from the TFC.
- Conduct hygiene and sanitation promotion including distribution of chlorine for water treatment.
- Distribute Long Lasting Insecticide-Treated Nets (LLITN) to pregnant women and under 5 children
- Build the capacity of volunteers and branches including admin/logistical support.
- Build community resilience to respond to similar future emergencies.
- Follow up and monitor utilisation of project inputs at household level for both nutrition and agricultural activities.

The food basket will consist of the following daily rations per person per day;

1. Maize meal 400g
2. Beans 60g
3. Vegetable oil 30ml
4. Salt 15g

Total tonnage to be distributed is as follows;

15,000 Individuals	One Month Ration (Mt)	Three Months Ration (Mt)
Maize meal	202.5	608
Beans	27	81
Vegetable Oil	13.50	41
Salt	6.75	20
Total	249.75	750

In addition the agro support package will consist of:

Item	Quantity per HH
Maize seed	5 kg
Bean seed	5 kg
Cassava cutting	One bundle of cuttings (10kg)
Irish potatoes	One bag (10kg)
Fertiliser	100 kg

Relief distributions (food)	
Outcome: 3,000 families of the drought-affected people in Kwanza Sul (1,000 Municipality of Porto Amboim, Ebo and Sumbe), Bié (1,000 Municipality of Cuemba, Nhaleia and Nhaleia and Huambo (1,000 Municipality of Bailundo and Chica chiloanga) are provided with emergency assistance for a period of three months and assessment conducted to determine if further assistance is required	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> 3,000 households (15,000 people) are provided with appropriate non food items and support on food. 	<ul style="list-style-type: none"> Develop beneficiary targeting strategy and registration system to deliver intended assistance for 15,000 targeted beneficiaries in Kwanza Sul, Huambo and Bie. To distribute food (per person per day for three months: Maize 400 gms maize, 60gms beans, 30ml oil and 15gms salt – see the food basket outline above) in Kwanza Su, Bie and Huambo for 3,000 targeted households. To distribute agriculture inputs (5kgs of maize seeds, 5 kgs of beans seeds, 10 kgs of cassava cuttings, 10kgs of potatoes and 100kg of fertiliser per family) in Kwanza Sul, Bie and Huambo for 3,000 targeted households Monitor and evaluate the relief activities and provide reporting on relief distributions. Asses needs for potential further assistance

Emergency health	
Outcome: Number of deaths, illnesses and impact from diseases reduced among affected communities through provision of preventive measures and curative services at the community-level to 12,000 families (60,000 beneficiaries) in the provinces of Kwanza Sul (3,000), Bie (4,500 families) and Huambo (4,500 families) for nine months.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Diseases, epidemics in disaster affected areas are reduced. In the absence of health posts, emergency first aid provided to the victims in disaster affected areas; 	<ul style="list-style-type: none"> Mobilize and recruit 180 volunteers at community level for the prevention of common diseases and epidemics Refresher training of 180 volunteers and 3 branch staff using the CBHFA curriculum for 3 days Provide first aid and referral to the health facilities. Purchase 30 volunteer's first aid kits (11 for Bié, 11 for Huambo and 8 for Kwanza Sul).
<ul style="list-style-type: none"> Health status of 12,000 families from affected communities is improved. 	<ul style="list-style-type: none"> Conduct health promotion, education and sensitization activities to 12,000 families in the all affected provinces. Develop community-based care and support structures through volunteers for the chronically ill, children, pregnant woman and other vulnerable members of the communities along of the Provinces of Huambo, Kwanza Sul and Bié. Provide home based care and support to malnourished children from 12,000 families through volunteers, or referral to Health Facilities (therapeutic or supplementary feeding centers); Carry out CBHFA activities, in target community areas based on respective priorities Conduct social mobilization for routine vaccination, polio vaccination, malaria prevention and hygiene promotion in the targeted area from the tree Province; Refer pregnant women for ante-natal care for IPT (intermittent preventive treatment) and tetanus vaccination; Distribution of 1,000 LLITN to pregnant and lactating mothers Conduct house to house visits through volunteers to check

	<p>weight cards, nutrition status and vaccination of children and refer cases to health centers for vaccination or therapeutic feeding.</p> <ul style="list-style-type: none"> • Printing and distribution of 3,000 IEC materials on disease prevention (booklets and posters) • Attend to common diseases through first-aid volunteers with support of national health staff.
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Water, sanitation, and hygiene promotion

<p>Outcome: The risk of waterborne and water related diseases is reduced through provision of safe water, adequate sanitation as well as hygiene promotion to 12,000 families (or 60,000 beneficiaries) in Kwanza Sul, Bié and Huambo provinces (specify geographical areas as appropriate to the operation) for 12 months.</p>	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Safe water is provided to 12,000 families collecting water from non safe sources. 	<ul style="list-style-type: none"> • Procurement and distribution of 300,000 Water Purification Tablets or "LIXIVIA" for water treatment for 60,000 people during 1 month.
<ul style="list-style-type: none"> • Appropriate sanitation, hygiene and information related to excreta disposal, solid waste disposal and drainage, is provided to 12,000 families (60,000 people) in Kwanza Sul (Ebo, Porto Amboim and Sumbe), Bié (Municipality of Cuemba, Nhaleia and Chinguara); Huambo (Bailundo, Chika chiloanga) for 9 months. 	<ul style="list-style-type: none"> • Training of 180 volunteers in vector control • Vector control campaigns by volunteers and staff. • Volunteers conduct dissemination of information on hygiene promotion. • Conduct promotion activities on waste disposal and drainage system
<ul style="list-style-type: none"> • The health status of the 12,000 targeted families is improved through behaviour change and hygiene promotion activities. 	<ul style="list-style-type: none"> • Conducting weekly hygiene and health promotion campaigns among the affected population focusing on behaviour change targeting affected families in the communities. • Printing 3,000 information, education and communication (IEC) materials (booklets, posters) and distribution IEC material on hygiene promotion (posters, flyers, etc), manuals, educational materials, etc

Food Security, nutrition and livelihoods

<p>Outcome: Food security of 3,000 drought affected vulnerable families is met by the end of intervention response.</p>	
<ul style="list-style-type: none"> • 3,000 households (1,000 in Kwanza Sul, 1,000 in Bié and 1,000 in Huambo) are provided with food security starter packs • Households are provided with appropriate extension services and agricultural inputs and livelihoods restored. 	<ul style="list-style-type: none"> • Coordinate with agriculture extension service and FAO on training of basic drought tolerant agricultural techniques to 45 volunteers and lead farmers. • Distribute food security starter packs (maize, beans, sweet potatoes and cassava) for 3,000 affected families in the province of Kwanza Sul, Bié and Huambo. • Training of 30 staff and volunteers in Food Security Assessment and Evaluation (FSAET). • Conduct final evaluation.

Disaster Risk Reduction

<p>Outcome: The affected targeted community's resilience to disasters is protected and restored.</p>	
<ul style="list-style-type: none"> • Drought affected communities are better 	<ul style="list-style-type: none"> • Build capacity of community based disaster risk reduction committees.

prepared to predict, respond and recover to weather induced emergencies.	<ul style="list-style-type: none"> • Develop Standard Operating Procedures (SoPs), contingency plans and community based early warning systems. • Train staff and volunteers on use of Vulnerability Capacity Assessment (VCA) guidelines and tools. • Conduct VCA (baselines assessments) in targeted communities. • Develop community hazard maps for each of the communities • Train staff and local leaders on climate change adaptation techniques. • Promote sustainable use of natural resources through land use management and use of appropriate technologies in energy renewable technologies like solar, water harvesting and wind.
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Logistics	
Outcome: Relief operation is supported and delivering a range of relief items in line with the operational priorities in a cost effective and timely manner.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The operation has coordinated mobilization of relief items and efficient dispatch of goods to the final distribution points. 	<ul style="list-style-type: none"> • IFRC to provide logistical support through a delegate for three months to establish warehouse and build capacity of CVA logistics unit • IFRC logistics delegate to support the tendering and selection process for seeds and food purchases along with national society counterpart • Establish the best sourcing strategy for relief materials so cost efficient and timely delivery of relief is ensured. • Support and ensure appropriate procurement procedures and standards are in place • Control efficient supply movements to the end user. • Preposition stocks in strategic areas as appropriate and viable

In terms of the food basket, procurement will be done locally if possible or within the region in case of high local food prices. Logistical support will be provided through surge capacity to the national society for a period of three months to build local capacity. Contingency plans will also be developed should the context change while markets and price of the food basket will be monitored to ensure minimal disruption to the operation.

Cassava and sweet potatoes will be procured locally from agricultural research stations and seeds will be purchased from certified seed producers within Angola. It is anticipated that the price of fertilisers and seeds will remain constant, thanks to agreements with regular suppliers.

Communications – Advocacy and Public information

The Southern Africa Regional Representation Office (RO) will play an important role of linking together progress across all food security operations in the region. This will ensure that activities are replicated where possible and lessons learned are applied and advocated for among partner national societies (PNS), government and non government fora.

In order to ensure a steady flow of timely and accurate information is maintained between field and other stakeholders both internal and external, the following activities will be undertaken:

- Development of a communication strategy for developing awareness campaigns on issues related to food security in Southern Africa
- Support of field staff in producing regular updates for sharing with stakeholders.
- Preparation and development of press materials to support visibility activities in CVA.
- Collection and preparation of stories, pictures and other visual materials

Capacity of the National Society

CVA has considerable experience in implementing DRR, health programmes and disaster response in all parts of the country through a network of volunteers and program staff.

CVA has over 1,600 country wide volunteers' network trained in social mobilization, polio campaigns, vaccinations and first aid. CVA has branches in all 18 provinces with well established office structures headed by Provincial Secretaries who are full time employees. The volunteers in the affected districts will assist in community mobilization, monitoring activities and data capturing for onward submission to the CVA Programs Coordinator for reporting to partners and stakeholders.

CVA has vast experience in community mobilisation and a long term partnership with Ministry of Health in immunization campaigns, including polio vaccinations, vitamin A administration and de-worming of under five children countrywide. This is an ongoing exercise with the most recent polio campaign ending on 21 June 2012.

CVA is also implementing malaria prevention programme in partnership with World Vision International in Kwanza Norte and Malanje supported by IFRC. They have several HIV and AIDS prevention activities in 7 provinces (Luanda, Kwanza Norte, Cabinda, Huila, Benguela, Cunene, and Luigi).

Capacity of the IFRC

In addition to managing this appeal, IFRC will provide technical support to Angola Red Cross Society and strengthen support in the technical areas of health; water and sanitation, relief, food security, nutrition and livelihoods, logistics; communications; finance; monitoring, evaluation and reporting along with technical advice and training in relevant areas. In particular, IFRC will provide support to the operation through provision of an Operations Manager, with food security and nutrition experience for the duration of the operation and a logistics delegate for three months. In addition, a local PMER officer will be recruited for the duration of the operation. With support from the British Red Cross, a temporary adviser on Household Economic Security is in the region to support food security assessment, capacity building and assist with the strategic direction of the regional food security response.

IFRC will support CVA in fostering and enhancing already existing partnerships with the Government, Oxfam, World Vision International and the UN agencies especially FAO and UNICEF. Presence of an experienced in country delegate to provide technical support to CVA will be crucial to the success of the operation

Budget summary

See attached budget (Annex 1) for details.

Jagan Chapagain
Acting Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

Contact information

For further information specifically related to this operation please contact:

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For Performance and Accountability (planning, monitoring, evaluation and reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC 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 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.

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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.

EMERGENCY APPEAL

MDRAO005

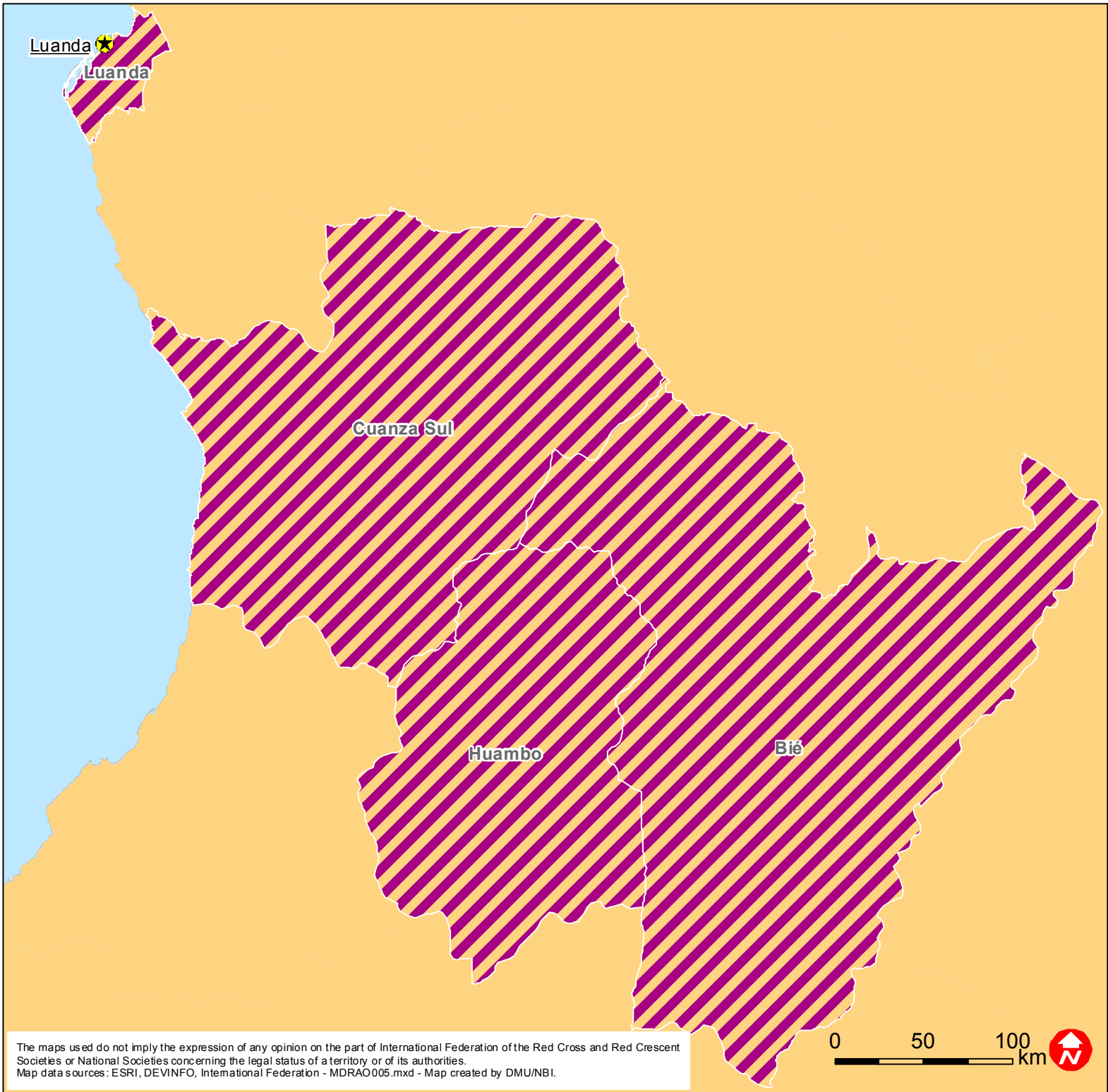
Angola Food Insecurity

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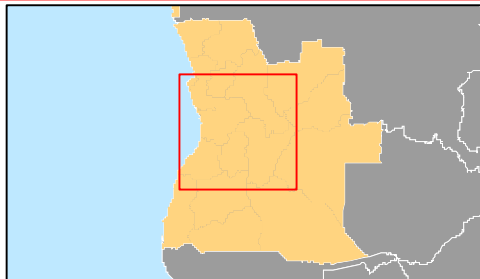
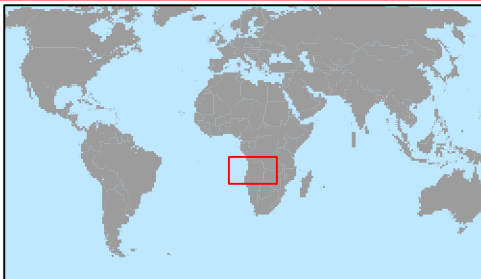
Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Food	436,388			436,388
Seeds & Plants	97,325			97,325
Water, Sanitation & Hygiene	41,580			41,580
Medical & First Aid	13,434			13,434
Teaching Materials	16,120			16,120
Utensils & Tools	77,915			77,915
Other Supplies & Services	8,956			8,956
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	691,718	0	0	691,718
Vehicles	17,272			17,272
Computer & Telecom Equipment	5,483			5,483
Total LAND, VEHICLES AND EQUIPMENT	22,755	0	0	22,755
Storage, Warehousing	9,614			9,614
Distribution & Monitoring	5,095			5,095
Transport & Vehicle Costs	65,980			65,980
Total LOGISTICS, TRANSPORT AND STORAGE	80,689	0	0	80,689
International Staff	188,956			188,956
National Society Staff	73,200			73,200
Volunteers	14,984			14,984
Total PERSONNEL	277,140	0	0	277,140
Workshops & Training	155,629			155,629
Total WORKSHOP & TRAINING	155,629	0	0	155,629
Travel	25,000			25,000
Information & Public Relations	11,094			11,094
Office Costs	40,926			40,926
Communications	5,044			5,044
Financial Charges	26,200			26,200
Other General Expenses	130,999			130,999
Total GENERAL EXPENDITURES	239,264	0	0	239,264
Programme and Supplementary Services Recovery	95,368	0		95,368
Total INDIRECT COSTS	95,368	0	0	95,368
TOTAL BUDGET	1,562,562	0	0	1,562,562
NET EMERGENCY APPEAL NEEDS	1,562,562	0	0	1,562,562




Angola: Food Insecurity



The maps used do not imply the expression of any opinion on the part of International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: ESRI, DEVINFO, International Federation - MDRAO005.mxd - Map created by DMU/NBI.



 Most affected regions