

# EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## ANGOLA: HUMANITARIAN ASSISTANCE

Appeal no: 26/02  
6 September, 2002

***THIS APPEAL SEEKS CHF 4,966,000 (USD 3,352,260 or EUR 3,382,797) IN CASH, KIND AND SERVICES TO ASSIST 100,000 BENEFICIARIES FOR 6 MONTHS***

### Summary

Since gaining its independence from Portugal in 1975, Angola has suffered almost constant conflict and civil war. The conflict has had a disastrous impact on the population of the country, and the international community has faced constant challenges in responding effectively to and alleviating the humanitarian plight of hundreds of thousands of people. Given the high levels of insecurity in the country and the constantly evolving nature of the situation, access to the population in need has usually been very limited or almost impossible. Proper assessments to measure the vulnerability and the needs in the country could often not be carried out, and many humanitarian assistance programmes could only realistically concentrate on vulnerable groups (in particular the urban poor in cities and towns), and much less so on the internally displaced persons (IDPs) in rural areas.



The Lusaka Peace Accord signed in 1994 helped the country to begin to move into a post-war phase of rehabilitation and development, and the formation of the United Government of National Reconciliation in April 1997 gave rise to optimism that there would be a sustainable peace in Angola. The peace process came to a grinding halt in May 1998 and fighting between the Government and UNITA forces dramatically increased. The

resumption of hostilities once again forced humanitarian organisations to adjust their programmes, reduce their staff, and curtail activities in many certain areas.

The death of UNITA leader Jonas Savimbi in February, 2002 fundamentally altered the political and security situation in Angola, and gave new impetus to the peace process. The resulting cease fire agreement has lifted a curtain that hid the full impact of the 27 years of war on the civilian population in the country side, particularly in former UNITA-controlled areas.

Responding to the opportunity to deliver critical humanitarian assistance to a population clearly in need and to a request from the Angolan Red Cross (ARC), the Federation carried out an assessment of the situation from 17 July to 1 August, 2002. The assessment findings (available upon request) serve as the basis for this appeal which articulates how the ARC, supported by the Federation, will approach the immediate relief and long-term development needs of the country. The assessment team was lead by Dr. Muctaru Jalloh (of the Sierra Leone Red Cross), and was guided by the following overall objectives:

- Assess the capacity of ARC to reach the most vulnerable in terms of existing activities and possibilities to play its role in the current emergency and future rehabilitation and reconstruction phases.
- Identify potential activities and programmes, based on the ARC's areas of expertise, experience and competence, which the ARC could reasonably plan to address in the post conflict situation.
- Help the ARC to determine the additional capacity needed to implement activities and programmes in the present emergency and a future rehabilitation and reconstruction phase.
- Assess the opportunities for the ARC to strengthen partnership relationships with members of the Movement, the government and other organizations. Advise the ARC on how to strengthen the management of such partnerships and meeting accountability requirements.
- Provide the framework for effective co-ordination of inputs of Red Cross partners interested in working in Angola in the context of these objectives.

This appeal aims to respond to the humanitarian needs by working with, and to build the capacity of, the ARC to effectively deliver assistance to the most vulnerable through:

- Establishing an initial Federation structure in Angola to kick start operations.
- Coordinating activities with the ICRC.
- Establishing effective links and connections with other operational humanitarian agencies.

The Federation and the ARC will consider an extension or a revision to this appeal, including an expansion to other provinces and/or a revised budget, based on donor support and response, the evolving situation in the country, and the actual implementation of the planned activities.

## ***The Situation***

### ***Overview of the Federation's recent involvement in Angola***

The Federation has been present in Angola since 1981 but due to the ongoing conflict situation the impact of its programmes in support of the ARC has been minimal. The current programme is largely based on a strategic planning meeting held in May, 1996 during which the ARC and the Federation shifted the main focus of activities from relief to rehabilitation through the implementation of a three-year (1997-1999) Integrated Community Health and Development Programme (ICHDP). The Federation and the ARC revised the programme at the beginning of 1999 by restricting the focus geographically to the Benguela, Cuanza Sul, Cuanza Norte and Luanda provinces which are areas considered safe for operational purposes. The Federation continued to support the 11 health posts functioning in these provinces, maintained and consolidated its strategy of rehabilitation and development through the ICHDP in support of health needs, and maintained the Mine Awareness Programme in Cunene Province and extended it to Benguela Province. This support ceased in 2001 because of a lack of funds. In addition to complementary programmes (maintaining and managing select health posts, implementing HIV/AIDS activities, and supporting several pediatric and orthopedic centres), the ICRC continued to involve volunteers of the ARC in its emergency programmes. The Spanish Red Cross (SRC) has a bilateral agreement with the ARC to undertake health and HIV/AIDS activities work in two provinces.

A global audit was conducted in 2000/2001 and the implementation of the recommendations was assessed in September 2001. Issues relating particularly to governance, programme management, and financial management

were identified for further attention, and a partnership meeting in April 2002 requested the ARC to develop precise plans for addressing these issues. In June 2002, the ARC met for this purpose. This resulted, in part, in the ARC's plan of action proposed for nine provinces, and served as a basis for the most recent assessment. The ARC has requested the Federation to help in assessing the overall capacity of the national society; assisting in evaluating future humanitarian challenges in Angola and the various options regarding how best to participate in reconstruction and rehabilitation at the community level, with a focus on the rehabilitation of family households, health, mine awareness, water and sanitation and community based health structures.

At the same time the Federation has continued to provide limited support to the ARC in 2002 through the Southern Africa Regional Appeal (no. 01.16/2002) primarily related to health and care (including HIV/AIDS), mine awareness, organizational development, and disaster preparation. Given the evolving political and security situation during the first half of 2002, and the fact that the ICRC was carrying out its mandate in line with the Seville Agreement (e.g. in this situation the conflict and immediate post-conflict situation), funding for the select Federation and ARC activities planned for Angola has been very limited. This Emergency Appeal is therefore intended to kick start the operation over an initial six month period, and will be followed by a revised appeal (based on an evaluation of the impact and direction of the programme) to be issued in early 2003.

## ***The Appeal and Proposed Operation***

Capacity building and organizational development are the base for this appeal; while they serve as a separate programme, they are also interwoven into the following priority sectors and programmes intended to reinforce and strengthen the ARC:

- Health and care - HIV/AIDS awareness; water and sanitation.
- Agriculture - inputs and tools.
- Relief: food, non-food items.

### **Target areas and beneficiaries w**

The proposed ARC and Federation interventions are intended to reach some 100,000 beneficiaries, with capacity building programmes and activities implemented in all nine provinces visited by the assessment, while the sector specific programmes are limited to health and care, agricultural inputs, and relief initially in the provinces of Luanda, Bengo, Kuanza Norte, Kuanza Sul, and Benguela. These are areas where projects have already been jointly implemented by ARC and the Federation in the past and where there is the potential to build on the work already undertaken and to complement the efforts of other humanitarian agencies.

### **Coordination w**

During the protracted conflict the ICRC has been, and presently remains, the Movement's lead agency in Angola. The process of demobilizing thousands of UNITA soldiers has begun with the establishment of quartering areas. These people, and their estimated 300,000 family members, face serious nutritional and other basic humanitarian needs prior to and during their eventual resettlement. Over 1 million IDPs are also present in the country and facing acute hardship, along with a large part of the population that have suffered over the long years of conflict.

The ICRC works in line with its mandate in all provinces, and in close co-operation with the ARC, the ICRC has stepped up its activities to restore family links. Emergency response assistance is being given to the population in several provinces, mainly Planalto.

The International Federation works with the ARC in pursuing the need for capacity building at the national and provincial levels. The Federation further strives to secure resources for on-going ARC activities in health, HIV/AIDS prevention and mine awareness. Recognising that it is essential for the Movement that the ARC receives help to address the present and future humanitarian needs arising from the conflict, the Federation, with ICRC assistance, will increase its efforts to support a change process within the ARC. Co-ordinated by the Federation, peer support will also come from neighbouring national societies in southern Africa. It is recognised that an effective change process requires that the ARC take responsibility for its own development, and that building capacity is, in part, achieved through the implementation of activities in the field of health (including HIV/AIDS prevention), emergency relief assistance, and mine awareness. The project areas will be identified in

close consultation with the ICRC. The Federation is also responsible for assisting the ARC in implementing Strategy 2010 and the commitments of the Ouagadougou Declaration.

The scale of the post-conflict humanitarian emergency and the continuing need for the ICRC to carry out its protection mandate and services determines that the ICRC remain the lead agency. The ICRC will continue to work with and strengthen the ARC's capacity to support the ICRC mandate in the restoration of family links. In the spirit of the Seville Agreement, the ICRC is optimizing the resources of the Movement in addressing the current emergency, and helping to prepare for a transition to an effective Movement response during the rehabilitation and reconstruction phase. The ICRC will establish a co-ordination mechanism to ensure that Movement partners are collaborating effectively and sharing information as needed.

An important element of the Federation's strategy is a strong commitment to coordination efforts with operational UN agencies, NGO's and other humanitarian organizations, to avoid duplication and to maximize the impact on the intended beneficiaries.

## **Objectives and activities planned w**

### **Capacity Building - Organizational Development (OD)**

The ARC faces significant constraints in implementing its planned activities. The national society is present in all 18 provinces, but its role in the current humanitarian response is extremely limited. This can be attributed to the following:

- The need to improve co-ordination between the field delegations and the national headquarters.
- The fact that the recruitment and retention of volunteers is weak constitutes a major constraint for the ARC to respond to the current humanitarian needs. Governance structures at the provincial and branch level therefore need to be strengthened to respond to this element.
- The ARC staff needs to be reoriented and trained to face the new challenges and become more proactive. There is an undeniably high level of commitment among field staff which needs to be nurtured further through training and support.
- Operational guidelines must be updated and implemented.
- Communication remains a problem and feed back from headquarters is rarely given though decisions are made centrally. Supervision and monitoring the implementation of field activities by the ARC's national headquarters remains remote.
- Skilled personnel in key areas (e.g. finance) need to be trained and /or recruited.
- Transport and office equipment (e.g. computers) requires modernization.
- There is no staff at the national headquarters dealing with branch development and volunteer recruitment.
- The national society's disaster preparedness and response policy needs to be update and disseminated
- While opportunities to raise funds and manage projects through partnerships with the UN and donor organisations (WFP, FAO, UNHCR, ECHO) are available, the ARC needs to capitilize on these opportunities through initiatives addressing improved entrepreneurship, project management, and negotiation skills.

### **OD objectives**

The ARC has established a 2-year development plan (2002-2004). While this remains under discussion prior to finalization, the document clearly outlines the following OD objectives:

- Improve volunteer management and implement an effective recruitment system.
- Improve financial management at the national headquarters, provincial, and divisional levels, including human resource development.
- Plan and organize regular national and provincial assemblies and meetings.
- Update administrative rules and guidelines.
- Develop a sustainable resource base.

### **Expected results from OD support to the ARC**

- Overall image and credibility of the ARC has been improved.
- Volunteer recruitment and management has been improved.
- Regular national and provincial assemblies and meetings have been successfully organized.

- Youth co-ordination and representation in decision making boards have been facilitated and supported.
- Networking and co-ordination of division development have been supported and facilitated.
- Financial management needs analysis at the provincial level have been facilitated and supported.
- Improvements in financial management have been facilitated and supported.
- The ARC's efforts to clarify its human resource structure, salary system, and performance appraisal system has been facilitated and supported.
- The ARC's internal efforts to adopt a strategic plan have been facilitated and supported.
- Efforts to develop a comprehensive resource development project document have been facilitated and supported.

The following OD agenda has been adopted by the ARC:

Month	Organizational Development	Resource Development	Finance Development	Branch Development
<b>September - December 2002</b>	Facilitate and co-ordinate the creation of governance and management structures at the provincial level.		Improve headquarters management.	Identify and train a focal person for youth and branch development.
<b>January - March 2003</b>	Organize training for governance and management.	Initiate discussions on resource mobilisation strategy.	Initiate the formulation of financial procedures and begin training of staff at the provincial level.	Youth and branch official's training at the provincial level.
<b>March 2003</b>	Evaluation	Evaluation	Evaluation	Evaluation
<b>April - June 2003</b>	Facilitate and co-ordinate ARC elections at the national level.	Develop resource development strategic plan.	Continue training of staff in proper financial management of staff.	Youth and branch official's training at the provincial level.
<b>July - August 2003</b>	Training course in governance.			

### Health and care - - HIV/AIDS awareness; water and sanitation w

The ARC has 20 partially functioning health posts in the provinces visited during the assessment mission, 3 of which are supported by the ICRC while the rest were previously supported by the Federation. The Angolan Government favorably considers the ARC as a long-term partner in the implementation of health and care programmes in the country. Though the relationship has eroded as a result of the conflict over the past several years, the Ministry of Health (MoH) has supported the ARC health programmes through the secondment of staff in provincial level health posts. ARC health co-ordinators at the provincial level maintain excellent working relationships with the MoH, UNICEF, Save the Children, World Vision, WHO, and other agencies. The ARC is the only organization with volunteers carrying out small scale health promotion activities, and the assessment team identified volunteers currently carrying out health education in Huambo, Bie, Uige, and Benguela. In terms of national society development activities in this sector, efforts will be undertaken to reinforce the project and financial management performance, including improved reporting.

More specifically, this programme will consist of the following objectives and activities:

#### **Objective 1: Strengthen the provision of basic health services in health posts in the selected provinces of Luanda, Bengo, Kuanza Norte, Kuanza Sul, and Benguela.**

The following activities will be undertaken to reach this objective:

- Rehabilitation of the basic infrastructure of the health posts.
- Restocking of essential drugs.
- Provide basic laboratory facilities.
- Provide basic sterilizing equipment.
- Conduct refresher training for health post staff.

**Objective 2: Strengthen preventive services in communities surrounding the existing health posts.**

The following activity will be undertaken to reach this objective: recruitment and training of community based health care volunteers on how to educate the community about personal and environmental hygiene, control of communicable diseases, immunisation and HIV/AIDS prevention.

**Objective 3: Reduce morbidity and mortality due to malaria, measles, polio and other epidemics.**

The following activities will be undertaken to reach this objective:

- Social mobilization efforts for measles and polio vaccination campaigns.
- Training of 300 volunteers in malaria control.
- Procurement and distribution of ITNs.
- Active case identification and proper management.

The ARC will continue with its IHCDP programmes in the provinces with the technical and financial support from the Federation and PNSs for rebuilding and refurbishing some health posts/clinics and provision of essential drugs. The MoH will help provide health staff on secondment to ARC. The ARC should build a strong volunteer base, train a core of community first aiders, volunteers and members and coaches to carry out important health messages using the ARCHI approach.

***HIV/AIDS***

HIV/AIDS remains a crisis in the Southern Region of Africa. In 1999 it was estimated that more than 9 million adults and 300,000 children (from the total population of 110 million people) were infected with the HIV/AIDS virus. AIDS has become the leading cause of morbidity and mortality in Southern Africa region. It is reported that 750,000 people died of HIV/AIDS in sub-Saharan Africa in 1999. The number of AIDS orphans is estimated to be over 2 million and this number is set to increase in the future (source UNAIDS, 2000). Although HIV/AIDS sero-prevalence in Angola is relatively low, the country is faced with a major disaster if immediate measures are not taken to prevent the spread of the virus.

The ARC is currently implementing HIV/AIDS activities in 9 provinces, focusing mainly on the prevention of HIV/AIDS transmission. The project has been implemented in response to the Ouagadougou Declaration in September 2000 made by the African National Societies to scale up HIV/AIDS activities. A total of 246 volunteers have been trained to disseminate HIV/AIDS information targeting the military and police, school children, commercial sex workers, and long distance drivers. Prevention activities will include information dissemination, condom distribution, and counselling. Information is disseminated through drama, pamphlets and talks.

The ARC, the Federation, and the ICRC will work closely as a Movement to make a difference to the lives of vulnerable people. The HIV/AIDS activities will be integrated in all current ARC programs to educate the community on the dangers of HIV/AIDS and ways to prevent the spread of the deadly virus. The ARC, in collaboration with the MoH and other agencies, will enhance the training of volunteers to ensure that adequate and correct information is given using appropriate strategies. The ARC will provide support to the HIV/AIDS volunteers through supervisory visits, provision of kits, stationery, and other material resources. The Federation will also collaborate closely with the Spanish Red Cross to develop consistent approaches to responding to the threat of HIV/AIDS.

Through this appeal the Federation will mobilize funds to procure condoms for distribution, production of IEC materials, a vehicle for the HIV/AIDS co-ordinator, and motorbikes for the provincial co-ordinators. Through this operation, the ARC will strengthen its collaboration and networking with AIDS service organisations in order to share and exchange ideas, experiences and updates, as well as maximizing the use of available resources. The ARC will also learn from some national societies in the region that are actively involved in HIV/AIDS prevention activities, such as Mozambique. The ARC will also play a leading role in the anti-stigma campaigns in Angola. In terms of national society development activities in this sector, efforts will be undertaken to reinforce the project and financial management performance, including improved reporting.

More specifically, this programme will consist of the following objectives and activities:

**Objective 1: Promote awareness and disseminate information on HIV/AIDS prevention to 60,000 vulnerable people in groups in high risk of contracting HIV/STDs.**

The following activities will be undertaken to reach this objective:

- Recruitment and training of 200 new volunteers.
- Conduct HIV/AIDS awareness seminars for soldiers, commercial sex workers and youths and the long distance bus drivers.
- Production and distribution of IEC materials.
- Promotion and distribution of condoms.

**Objective 2: Provide preventive and supportive counselling to the targeted vulnerable groups.**

The following activities will be undertaken to reach this objective:

- Conduct HIV/AIDS counselling training for 440 volunteers.
- Conduct training in HIV/AIDS pre and post test counselling.

**Objective 3: Strengthen the capacity of the ARC to plan, implement, and monitor HIV/AIDS and related activities.**

The following activities will be undertaken to reach this objective:

- Conduct program planning and management training for 20 headquarters and provincial officers.
- Integrate HIV/AIDS in all ARC programs.
- Conduct knowledge, attitudes, and practice baseline surveys to assess the impact of HIV/AIDS interventions.
- Recruitment and training of volunteers in HIV prevention.

***Water and sanitation***

Most urban water supply systems are in very poor condition and often operating only sporadically due to a lack of investment in the sector over many years. The influx of IDP's from rural areas to cities has placed additional burdens on water systems in urban and peri-urban areas. The inadequacy of continuous running water in urban areas, make the conventional human waste disposal another problem. The lack of investment in the maintenance of sewers and other sanitary systems gives rise to frequent spillage of sewage and blockages to the system. UNICEF, through its partnership with the Government and NGOs has been working hard to respond to the overall rural water and sanitation situation in Angola, with interventions concentrated in the provinces of Namibe, Kunene and Huila.

More specifically, this programme will consist of the following objectives and activities:

**Objective 1: Provision of safe drinking water to vulnerable communities.**

The following activities will be undertaken to reach this objective:

- Sensitize people about safe drinking water.
- Distribution of water purification chemicals and water containers.
- Identification and rehabilitation of bore holes.
- Pre-testing and geophysical surveys.
- Drilling of bore holes.

**Objective 2: Reduce morbidity by promoting environmental health and sanitation to communities in rural areas.**

The following activities will be undertaken to reach this objective:

- Sensitize people about the proper use of latrines.
- Construction of institutional/communal latrines.
- Identification and construction of family latrines.
- Residual spraying on household structures.
- Household visits and hygiene education.

**Objective 3: Reinforce the maintenance of water points.**

The following activities will be undertaken to reach this objective:

- Establish water source/point committees.
- Train bore hole caretakers.

#### **Objective 4: Strengthen the ARC's capacity in water and sanitation.**

The following activities will be undertaken to reach this objective:

- Recruit WatSan officers, technicians and volunteers.
- Train project staff and volunteers.

#### **Disaster Preparedness and Response - train ARC staff and volunteers in disaster management w**

The humanitarian crisis in Angola is directly linked to the population upheavals caused by the country's prolonged civil war. During the period of intense fighting between 1992 and 1994, an estimated 1.3 million to 2 million people fled their homes, primarily to provincial capitals and Luanda. It is estimated that about 60% Angolans now live in urban areas compared to 15% and 42% respectively in 1970 and 1992. Since 1998, when hostilities between the parties again erupted, an estimated additional 3.1 million persons were forced from their homes, bringing the total number of displaced persons in Angola to an estimated 4.1 million. Up until March 2002, parts of Huila, Huambo, Bié and Moxico provinces, in central Angola, were subject to intense military conflict leading to increased influxes of displaced population groups. The beneficiaries can be categorised in four groups:

- Old case load: internally displaced persons that moved before the signing of the agreement. The displaced people are estimated to be 1.3 million. Between 600,000 - 700,000 people were displaced in 2001/2002 as a result of the final government offensive.
- The Quartering and Family Areas (QFA): this category constitutes the UNITA forces and their family members who are accommodated at demobilisation quarters. As part of the ceasefire agreement, it was mutually agreed that 50,000 UNITA forces be demobilized of which 5,000 would be integrated into the regular army and the rest be assisted and integrated into the society. Today the figure is 83,000 soldiers and 230,000 civilian family members of UNITA soldiers.
- New Accessible Areas: these are areas that humanitarian organisations had no access due to security concerns. The population is estimated to over 900,000 civilians who are scattered and difficult to assist.
- Refugees: there are some 450,000 Angolan refugees in the region, primarily located in Zambia, the Democratic Republic of Congo, and Namibia.

The overview of nutritional vulnerability indicates two different situations. First, there are areas where the humanitarian community has had access (old caseload), and where the nutrition situation is stable. A second category are those areas where a high number of new arrivals (part of the old caseload) are now accessible since the beginning of the cease fire agreement, and where the nutrition situation is of great concern. The latter include family members of UNITA soldiers who have no livelihoods and for whom agricultural activity was severely constrained during the 2001/2002 growing season. Land availability for both settlement and economic activities is limited by over crowding in some camps and the problems of land mines.

The government has set up transit centres and displaced populations are being resettled either in their areas of origin or other areas of preference. The resettlement programme, co-ordinated by the Ministry of Social Welfare, continues at a slow pace due to the government's lack of capacity and resources. The government has also put in place a National Programme For Emergency Humanitarian Assistance (PNEAH) which contains emergency plans for resettlement of displaced populations, provision of social infrastructure and agricultural programmes.

The immediate needs of the IDPs include, among other things, nutrition and food, health care services, water and sanitation, shelter, clothes and blankets, agricultural inputs and tools. Most of the IDPs expressed a strong desire to return to their areas of origin provided they were given transport and minimum requirements to kick start their lives. They will be dependent on humanitarian assistance until they are able to return to their areas of origin, and successfully re-establish agricultural and livelihood activities.

Considerable work needs to be done in providing agricultural inputs and tools to IDPs to improve and sustain their household food security. However, mines pose a significant threat and constrains both relief aid workers and IDPs, and limits the amount of arable land available. NGOs working in the mine action sector were able to help clear 6,376,599 m<sup>2</sup> of land for civilian use by neutralising 2,077 mines and 71,526 unexploded ordinance (UXO). In terms of national society development activities in this sector, efforts will be undertaken to reinforce the project and financial management performance, including improved reporting.

More specifically, this programme will consist of the following objectives and activities to be implemented in the Provinces of Luanda, Bengo, Kuanza Norte, Kuanza Sul, and Benguela:

**Objective 1: Strengthen the capacity of the ARC to respond to any disaster.**

The following activities will be undertaken to reach this objective:

- Train ARC national and provincial staff in disaster management.
- Identify volunteers and train them in disaster preparedness and response and form part of the branch action teams.
- Facilitate and develop ARC disaster policy and contingency plans.

**Objective 2: Reduce the impact of the vulnerable communities.**

The following activities will be undertaken to reach this objective, in coordination with operational partners such as WFP, UNICEF, and others:

- Disaster preparedness stockpiling.
- Train volunteers in the distribution of food and non food items.
- Train ARC staff and volunteers in disaster assessment and identification of vulnerable people.
- Distribute food and non-food assistance to the most vulnerable internally displaced families (identified by the volunteers) in Kuanza Sul, Kuanza Norte, Luanda, Bengo, and Benguela.
- Provide and distribute agricultural tools and seeds to 5,000 families to improve their food security in the same provinces.
- Increase communities and volunteer involvement in and professionalization towards food for work projects.

**Objective 3: Reduce the number of mine incidents.**

The following activities will be undertaken to reach this objective:

- Train volunteers and ARC staff in mine awareness education.
- Mark mine risk areas.
- Conduct community mine awareness sensitization through production of IEC materials, drama, schools, debate.

**Monitoring and Evaluation w**

An assessment will be carried out in 6 months to monitor the progress of Change Process within the ARC and the implementation of the plan of action. This will help the Federation to decide whether to expand the operation to other provinces or not.

**Capacity of the National Society w**

The ARC was founded by executive decree in 1978 and joined the Movement in 1986. The first general assembly was held in 1986, and a second extraordinary general assembly took place in 1998. At this assembly new statutes were ratified, a national council, a new president and a new secretary general were elected together with an executive council including a finance commission. The mission of the Angola Red Cross (ARC) is implicitly stated in its statutes.

In July 1999, the society drew up a strategic work plan for 2000-2003. The society formerly worked very closely with the government, principally the Ministry of Health, and while in the past there was little distinction between the government and the ARC this situation has now changed. The ARC has a weak public image because of limited resources. The emblem is commonly misused and the country lacks a specific legal regulation on the use of the emblem. The society has a nationwide coverage with provincial branches in 17 of the 18 provinces. A number of provinces also have municipal and local branches. No precise figures on membership numbers exist.

The main governing bodies of the ARC are the general assembly, the national council and the executive committee. The general assembly is made up of the members of the national council, executive committee and a certain number of elected branch representatives. Constitutionally, the national council comprises the president, the secretary general, the directors of the legal, technical and finance/administration departments, the provincial branch delegates, elected representatives from the general assembly, originating from provincial assemblies, and a representative from each of the following: ministries of defence, health, foreign affairs, and social affairs; the secretariat for war veterans; and the organization for Angolan women.

The society has experienced difficulties in attracting staff due to low salaries and reduced programme activities, although the situation temporarily changed due to monthly incentives paid by the International Federation. The poor economic situation of the country makes it difficult to run activities with volunteers, but volunteer activities have restarted primarily around community health posts and in newly activated youth groups.

### **Present Capacity of the Federation in Angola**

The Federation does not currently maintain a delegation in Angola, but is in the process of building a team to initiate the activities envisioned in this appeal. Five delegates will be initially recruited and assigned, consisting of a head of delegation, and a finance, organizational development, and two technical delegates. The process will begin shortly, but is dependant on an adequate and timely donor response to the appeal.

The regional office in southern Africa has been supporting the ARC, aided by an office with local staff in Luanda. While ongoing technical support can be drawn from Harare, both the size of the appeal and the capacity building challenges require a strong in-country presence.

## ***Budget summary***

Please refer to Annex 1 (attached).

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*All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.*

*This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website.*

*For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>*

Jean Ayoub  
Director  
Disaster Management and Coordination

Didier J. Cherpitel  
Secretary General

		ANNEX 1
<b><u>PRELIMINARY BUDGET SUMMARY</u></b>	APPEAL No. 26/2002	
<b>Angola</b>		
TYPE	VALUE	
<b>RELIEF NEEDS</b>	IN CHF	
Shelter & constructions	350'000	
Clothing & textiles	450'000	
Food & seeds	500'000	
Water and sanitation	450'000	
Medical & first aid	600'000	
Teaching materials	50'000	
Utensils & tools	400'000	
Other relief supplies	200'000	
<b>TOTAL RELIEF NEEDS</b>		3'000'000
<b><u>CAPITAL EQUIPMENT</u></b>		
Vehicles	50'000	
Computers	30'000	
Telecom. equipment	35'000	
Office furniture & equipment	15'000	
Generators & lighting	40'000	
Medical equipment	25'000	
Other equipment	100'000	
<b><u>PROGRAMME SUPPORT</u></b>		
Programme management	335'000	
Technical support	100'000	
Professional services	111'000	
<b><u>TRANSPORT STORAGE &amp; VEHICLE COSTS</u></b>	550'000	
<b><u>PERSONNEL</u></b>		
Expatriate staff (5 delegates / 4 months)	200'000	
National staff	220'000	
<b><u>ADMINISTRATIVE &amp; GENERAL SERVICES</u></b>		
Travel & related expenses	70'000	
Information expenses	30'000	
Administrative & general expenses	30'000	
External workshops & seminars	25'000	
<b>TOTAL OPERATIONAL NEEDS</b>		1'966'000
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>		4'966'000