

FINAL REPORT



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

22 May, 2003

Appeal No. 26/2002; Launched on: 4 September 2002 for 6 months for CHF 4,966,000 (USD 3,352,260 or EUR 3,382,797) to assist some 100,000 beneficiaries; Appeal coverage: 6.4%

Disaster Relief Emergency Fund (DREF) allocated: CHF 150,000

Operational Developments

Since the launch of Emergency Appeal 26/02 in September 2002 and Appeal 01.14/2003 in December 2002 conditions in Angola have changed rapidly and progressively, with the *de facto* consolidation of the cease fire agreement, signed between the Government of the Republic of Angola and the UNITA in April 2002, followed by the dismantling of the Joint Commission, on 21 November 2002, as a result of the Lusaka Protocol considered being nearly fully implemented, and the UN Mission in Angola (UNMA) having concluded its mandate on 15 February, 2003. The last gathering areas for demobilized UNITA combatants are planned to be closed by the end of April, 2003.

Several challenges still remain in the humanitarian field in this “normalized” and stable situation, however. A number of these challenges are expected to remain for several years to come at the same time as new challenges in new situations will emerge. The main challenges facing the Government of the Republic of Angola and the humanitarian organizations operating in Angola, now and in the immediate future, can be defined as follows:

- Most of the social infrastructures in the interior of the country, such as health posts, education facilities and water sources have still not been repaired;
- More than 10,000 children die each year from preventable disease such as measles;
- Some 1, 7 million people still require food assistance in order to survive;
- Morbidity and mortality levels are at emergency and acute levels in many locations in the interior;
- HIV/AIDS can become an increasingly serious problem, unless its containment is prioritized by the Angolan authorities, immediately and at all levels;
- Mine accidents could increase, especially during the seasonal rains;
- Some 340,000 former IDPs who have returned are living in locations where basic conditions are not yet in place;
- Still hundreds of thousand IDPs are likely to return to their places of origin in the coming months; Thousands of Angolan refugees are already spontaneously returning to areas in Angola, mainly along the borders;
- Approximately 170,000 Angolan refugees in DRC, Namibia, Zambia, are expected to return to Angola as of June this year;
- Resettlement and reintegration of ex-combatants and their family members is still proceeding in an ad-hoc fashion.

The UNDP/OCHA recently defined its humanitarian operations in Angola as being at a crossroads, in which the situation could reverse and deteriorate, should international assistance be withdrawn or reduced in the coming months, during the current period of transition.

Meanwhile, the Government of Angola has, more recently, defined the following priorities for the immediate future: the professional and social reintegration of the demobilized soldiers; the return and reinstallation of the displaced people in their places of origin; the rehabilitation of the economic and social infrastructures indispensable for the normal life of the population; demining of the country; the reinforcement of the democratic system, and the mobilization of the necessary resources in order to implement these priority tasks.

Red Cross and Red Crescent action - update w

The International Federation Secretariat, through its Delegation in Angola is, since November 2002, in the process of establishing its capacity in order to be able to take on its responsibilities. The current Head of Delegation arrived in the country and took up his functions in the first week of November, 2002. In close consultation and co-ordination with the senior leadership of the ARC and in co-ordination with the ICRC in Angola he has taken all the necessary formal and informal steps inherent to the establishment of an International Federation Delegation. The offices of the Delegation are located in the premises of the ARC headquarters.

The Health delegate arrived in Angola in January, 2003 and started working with the ARC in order to establish an integrated Health and Care programme based on immediate needs and existing capacities of ARC's Provincial branches, in close cooperation with and support from the Regional Federation Health Team.

The Finance Development delegate arrived in Angola in March, 2003 and has been involved with the ARC in the recruitment of their Head of Finance and Administration Department.

The International Committee of the Red Cross (ICRC) has, most recently, been the lead agency of the International Red Cross and Red Crescent Movement in Angola. As a result of the prevailing peace in the country, the ICRC has increased its activities and is now present and operational in all of the country's eighteen provinces. The ICRC works closely with the ARC, mainly, in the fields of tracing and family reunification.

The French Red Cross has recently signed a general cooperation agreement with the ARC and has embarked upon a bilateral project, initially for the rehabilitation of three health posts in the province of Huambo.

The Netherlands Red Cross is engaged in a health project delegated by the ICRC, in the three provinces of Bié, Huambo and Huíla. They are currently considering a continuation of this project, with the added element of capacity building of the respective provincial Branches of the ARC.

The Spanish Red Cross has a long standing bilateral partnership with the ARC, mainly focusing on Health and HIV/AIDS, but also support to ARC's programme for the professional rehabilitation of disabled people, in the Rehabilitation Centre in Viana, in the province of Luanda.

The Regional Delegation for Southern Africa, in Harare, has been working closely with and supporting the ARC, especially since January 2001. Technical support and advice will continue to be drawn from Harare, mainly in the fields of Organisational Development, Disaster Management and Water and Sanitation. However, both the current capacity building challenges and expected future activities require a strong and adequate in-country presence, for some time to come.

Peer support to the ARC, by using experts from and/or sharing knowledge, experiences and best practice of other National Societies from within the Southern Africa region will increasingly be considered and promoted, in close co-ordination with the Regional Delegation and, as appropriate, in consultation with the Secretariat of the SAPRCS (the Southern Africa Partnership of Red Cross Societies), as and when required.

Angola Red Cross Society (ARCS)

Due to the very limited support to this Appeal, a limited number of concrete actions have been taken by the Angola Red Cross directly related to the implementation of the activities foreseen in Appeal 26/02 (see below).

Health and Care / HIV/AIDS Awareness / Water and Sanitation

This Emergency Appeal (for the period from September 2002 up to and including February 2003), which was intended to support the ARCS to respond to the humanitarian situation and to support the shift from relief to rehabilitation, did not receive the necessary support from donors, which is reflected in the lack of activities. The Federation's health delegate arrived in Angola at the end of January 2003 to support the ARC with strengthening of its organizational capacity, focusing on the health team and health and care community based activities.

Health and Care

The following activities took place during the Emergency Appeal period:

- The process of establishing or consolidating formal and informal relations with international organizations, such as WHO, UNICEF, UNAIDS, UNHCR, OCHA and ECHO, and foreign NGOs, like Handicap International, the GoA (the Ministry of Health) and national NGOs (ANASO), was initiated. The ARC's focal persons are the National Health Co-ordinator and HIV/AIDS Co-ordinator. As a result, ARC is now attending regular meetings with: the Ministry of Health National Committee for HIV/AIDS; UNAIDS Thematic Group (monthly meetings in February and March), the ICC (Interagency Coordination Committee). The ARC has discussed increased participation and involvement with UNHCR on strategies in their HIV/AIDS prevention programme, with focus on the current massive population movement due to returnees from neighbouring countries. The health delegate is now participating in monthly meetings of the UN Health Group in Angola.
- Facilitation and support for the ARC to prepare for the next national measles campaign. Since February the ARC has started to co-ordinate with UNICEF, WHO and the Ministry of Health in supporting in social mobilization activities for the National Measles Campaign (April and May 2003). At the same time, the ARC's health team at the national headquarters have daily co-ordination with nine provinces where there are active health post services in place.
- The ARC created a plan of action and budget for the measles campaign activities, which received full funding with the support of UNICEF and the Swedish Red Cross (through the Polio/Measles Appeal).

Following is a summary of basic activities carried out in twelve health posts:

- w 20,539 child care treatments.
- w 5,741 prenatal assistance treatments.
- w 15,727 consultations.
- w 13,795 immunizations
- w 35,566 vaccinations given.
- w 915 seminars, with 33,224 persons (beneficiaries)
- w 2,178 curatives.
- w 4,503 ORS (units) provided.
- w 5,988 visits to households.
- w 19,412 visits to households (beneficiaries).

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

No rehabilitation work of the health posts' basic infrastructure has been done. The basic laboratory services were not provided as the health posts are not currently equipped with material. The health posts do not have basic sterilizing equipment. Disposable material is used and the sterilization of curative material is boiled. However, at the local level the existing volunteers were trained and some improvements have been detected. Refresher courses for health post staff and community volunteers are now scheduled for April 2003.

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

The trained volunteers made 5,988 households visit and counselled 19,412 people on health education (personal and environmental hygiene), control of communicable diseases and provision of first aid. HIV/AIDS prevention is part of the health posts' educational activities and 15,034 beneficiaries participated in 280 seminars, and 35,136 condoms were distributed.

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

The ARC health post served as a meeting point for volunteers and distribution of material to the polio vaccination campaign that took place in August and September 2002. Volunteers went from house to house to apply the vaccine and 655 volunteers will repeat that exercise in social mobilization and sensitizing the community, in the next National Measles Campaign in April and May 2003. No specific training on malaria was conducted and no mosquito nets were provided to the communities.

HIV/AIDS Awareness**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 ARC gives considerable attention to HIV/AIDS awareness, and distributed 129,144 condoms, as well as 2,000 posters and 4,000 booklets (IEC materials) which illustrate how HIV/AIDS is transmitted and the right way to use condoms. The ARCS is working with 126 activists and 246 volunteers in the provinces of Luanda, Benguela, Bengo (with the support of the Spanish Red Cross) and Huambo, Bié and Uíge.

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

No resources available to undertake this activity.

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

No resources available to undertake this activity.

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

Due to the limited response to this Emergency Appeal there were no activities undertaken with Federation support. However, the ARC was involved in the province of Kwanza Norte where two bore holes were drilled and manual water pumps and five gravity distribution pipe systems were installed under the partnership and funding of the Provincial Government, World Food Programme and a local NGO (PRODECA). This project provides clean water to eight villages with close to 10,500 beneficiaries. In addition, 383 latrines were constructed in Luanda Province for approximately 13,234 beneficiaries (in partnership and with funds from the Spanish Red Cross).

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

Through health post seminars and 5,988 household visits, staff and volunteers reached 19,412 people, who were sensitized on hygiene education and the use of latrines. No construction of institutional/communal latrines and identification and construction of family latrines were carried out during the implementation of this Emergency Appeal.

Objective 3: Reinforce the maintenance of water points.

The ARC has eight (8) established provincial water point committees; seven in the province of Kwanza Norte (5 in Ndalatando, 1 in Golungo Alto, 1 in Lucala) and one in the province of Bengo (Caxito). No training took place due to a lack of funds.

Disaster Preparedness and Response

The Disaster Preparedness Programme's main objective is to strengthen the ARC's capacity to deliver adequate and efficient humanitarian assistance to the most vulnerable.

This programme consists of the following components: relief, mine awareness, physical and professional rehabilitation of the disabled, tracing, and food security.

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

The ARC's national DP co-ordinator participated in a regional DP/RD planning meeting in Zimbabwe, organized and funded by the Regional Delegation for Southern Africa. No other planned activities took place due to the lack of a donor response to the Appeal.

Objective 2: Reduce the impact of the vulnerable communities.

No planned activities took place due to a lack of donor response to the Appeal.

Objective 3: Reduce the number of mine incidents.

No planned activities took place due to a lack of a donor response to the Appeal.

Despite the relatively large number of organizations promoting mine awareness, according to the ICRC only two organizations are active in the same province at a time. Because of the importance of mine awareness actions, the ARC should have a more prominent role in this field.

Other activities:

- Physical/professional rehabilitation of disabled people: The war that devastated the country for almost three decades left many people with physical disabilities, and in need of rehabilitation and basic professional training and protection of their reintegration into society. The ARC carries out basic professional courses, in collaboration with the Ministry of Health and the Ministry of Social Affairs and Reintegration, with the financial support of the Spanish RC in the Orthopaedic Centre in Viana (Province of Luanda).
- Tracing: Many adults and children disappeared during the war in Angola. The ARC works to reunite people with their families in all provinces, with financial, material and logistics support of the ICRC. To pass on messages, organize family reunions and to assist unaccompanied children in the gathering areas has been the main focus of activities. There is a good relationship with the ICRC tracing delegates, both as regards the action in the field and in relation to the exchange of information and distribution of messages.

National Society Capacity Building w

In spite of the limited resources made available as a result of this Appeal, the Federation has been able to confirm its support to the ARC for the initial phase of the process to improve the financial

management at the ARCS national headquarters. As a result of this, the ARC has advertised for a Head of the Finance and Administration Department, and the selection process, with direct involvement of the International Federation Delegation in Angola, is expected to be concluded by the end of April.

Coordination

The International Federation works with the ARC in pursuing the need for capacity building at the national and provincial levels in health and care, water and sanitation, HIV/AIDS, and disaster management, in the current transition period, which Angola has embarked upon, and beyond. In this respect, and considering its lead role in co-ordinating international development support to the ARC, the Federation is encouraging close co-ordination and co-operation between, on the one hand, all Red Cross and Red Crescent partners currently having a presence in Angola and, on the other hand, the host National Society, namely the ARC.

An important element of the International Federation's strategy is a strong commitment to co-ordination efforts also with the operational UN agencies, NGO's and other humanitarian organizations, in order to avoid duplication and to maximize the impact of the humanitarian assistance in Angola.

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All International Federation 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.

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>.

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

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

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Appeal No & title: 26/2002 - Angola
 Period: 2002, 2003 up to 30/04 provis.
 Project(s): PAO504
 Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget less Cash brought forward	4,966,000				
TOTAL ASSISTANCE SOUGHT	4,966,000				
<u>Contributions from Donors</u>					
Danish Red Cross (DNDK)	19,772				19,772
Donor - Disaster Relief Emergency Fu (DREF)	150,000				150,000
Japanese Red Cross (DNJP)	164,280				164,280
Monaco Red Cross (DNMC)	14,660				14,660
Portuguese Red Cross (DNPT)	70,000				70,000
DENMARK				8,378	8,378
TOTAL	418,712			8,378	427,090

II - Balance of funds

OPENING	
CASH INCOME Rcv'd	418,712
CASH EXPENDITURE	-431,158

CASH BALANCE	-12,446

Appeal No & title: 26/2002 - Angola

Period: 2002, 2003 up to 30/04 provis.

Project(s): PAO504

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	350,000					350,000
Clothing & Textiles	450,000					450,000
Food & Seeds	500,000					500,000
Water & sanitation	450,000					450,000
Medical & First Aid	600,000					600,000
Teaching materials	50,000					50,000
Utensils & Tools	400,000					400,000
Other relief supplies	200,000					200,000
Sub-Total	3,000,000					3,000,000
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	50,000					50,000
Computers & Telecom equip.	65,000	7,258			7,258	57,742
Medical equipment	25,000					25,000
Other capital expenditures	155,000					155,000
Sub-Total	295,000	7,258			7,258	287,742
<u>TRANSPORT & STORAGE</u>	550,000	21,114			21,114	528,886
Sub-Total	550,000	21,114			21,114	528,886
<u>PERSONNEL</u>						
Personnel (delegates)	200,000	151,868		8,378	160,246	39,754
Personnel (national staff)	220,000	137,094			137,094	82,906
Sub-Total	420,000	288,962		8,378	297,340	122,660
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts		30,067			30,067	-30,067
Travel & related expenses	70,000	19,295			19,295	50,705
Information expenses	30,000	1,624			1,624	28,376
Admin./general expenses	30,000	24,953			24,953	5,047
External workshops & Seminars	25,000					25,000
Sub-Total	155,000	75,939			75,939	79,061
<u>PROGRAMME SUPPORT</u>						
Programme management	335,000	28,810			28,810	306,190
Technical services	100,000	4,216			4,216	95,784
Professional services	111,000	4,859			4,859	106,141
Sub-Total	546,000	37,885			37,885	508,115
Operational provisions						
Transfers to National Societies						
TOTAL BUDGET	4,966,000	431,158		8,378	439,536	4,526,464