

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, DEMOCRATIC REPUBLIC OF CONGO, ZAMBIA: ANGOLAN RETURNEES AND HOST-COMMUNITY CARE

Appeal no. 05/2004
20 February 2004

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries. For more information: www.ifrc.org

In Brief

THIS EMERGENCY APPEAL SEEKS CHF 4,967,997 (USD 3,974,400 OR EUR 3,184,600) IN CASH, KIND, OR SERVICES TO ASSIST A COMBINED TOTAL OF 283,000 BENEFICIARIES IN THREE COUNTRIES FOR NINE (9) MONTHS.



The situation

In Angola, progress towards peace and reconciliation ended in May 1998 when fighting broke out between rebel UNITA¹ forces and the government of Angola. Approximately 450,000 Angolans fled this civil war and crossed into the neighbouring countries of Zambia, the Republic of Congo, the Democratic Republic of the Congo (DRC) and Namibia. The government and UNITA signed a peace accord in April 2002. UNHCR² states that, since then, 190,000 Angolans have spontaneously or voluntarily repatriated themselves to Angola.

Large numbers of Angolans remain in the host countries. Many have expressed their willingness to return, but many are reluctant for reasons of physical security³ or fear of the unknown, specifically job prospects. In June 2003, UNHCR began a voluntary repatriation initiative in close collaboration with the governments of Angola and the neighbouring countries. This initiative is aimed at facilitating the return of 145,000 Angolan refugees to their areas of origin by the end of 2005.

Assessments have shown that the traditional coping mechanisms are strained as a result of the presence of refugees, severe poverty, the prevalence of HIV/AIDS in the region, on-going food crises, and agricultural degradation. The burden on local resources is considerable. The government of Angola is rehabilitating basic infrastructure in the war-ravaged country. The international community is providing assistance, but additional resources are needed. Public services are lacking, and access to educational or health services is minimal. It is proving difficult to integrate returning children within the educational system as they have limited or no abilities in Portuguese, the official language. The food security situation in Angola is also severe, burdening an already struggling economy.

This Appeal seeks to assist the refugees returning to Angola and to facilitate their reintegration into society over a nine-month period (until the end of October 2004). It also targets assistance for the host communities in Angola, Zambia and the DRC to ensure this reintegration succeeds. The target beneficiary population of 283,000 is derived from the following:

- 148,000 beneficiaries in Angola;
- 50,000 beneficiaries in Zambia; and,
- 85,000 beneficiaries in the DRC.

The needs

Field assessment teams were deployed to gather information and to help define the needs to be addressed through this Appeal. The data was collected through participatory research appraisals, and through discussions with central and local authorities, community leaders, and UNHCR and other international organizations and NGO.

- **Angola** - In November 2003, the [Angola Red Cross](#) sent assessment teams to each of the four provinces that are expected to receive most of the returning refugees: Kuando-Kubango and Moxico in the south, and Uige and Zaire in the north. In Angola, this Appeal will focus on resettlement activities, within the competency of the Angola Red Cross.
- **DRC** – In November 2003, the [Red Cross of the Democratic Republic of the Congo](#) conducted a survey to ascertain the extent of the refugee population, and determined they are concentrated in four provinces: Kinshasa, Bas-Congo, Bandundu and Katanga. In the DRC, this Appeal will focus on recovery efforts benefiting the hosting communities, within the competency of the Red Cross of DRC.
- **Zambia** – The [Zambia Red Cross Society](#) deployed a Regional Disaster Response Team (RDRT) to the western and north-western provinces of Maheba, Nangweshi and Mayuwayukwa which are currently hosting refugees. In Zambia, this Appeal will focus on recovery efforts benefiting the hosting communities, within the competency of the Zambia Red Cross.

¹ União Nacional para a Independência Total de Angola (National Union for the Total Independence of Angola)

² UNHCR – UN High Commissioner for Refugees

³ Landmines are a daily risk; UN estimates 10 million landmines still exist in Angola, roughly 1 per person. ICRC and UNICEF estimate 120 accidents per month; 1 in every 400 Angolans has suffered a mine-related injury, the highest ratio in the world after Cambodia.

Immediate needs

The Federation seeks donor support to assist the respective national societies to address the following:

- **In Angola:** provide assistance to approximately 148,000 beneficiaries (94,000 returning refugees and 54,000 from local host communities) through integrated community-based health, HIV/AIDS awareness, water and sanitation (WatSan) improvements and mine awareness.
- **In the DRC:** provide assistance to approximately 85,000 beneficiaries (refugees and local host communities) through HIV/AIDS awareness, community-based health education (targeting malaria), and WatSan improvements.
- **In Zambia:** provide assistance to approximately 50,000 beneficiaries from local host communities through integrated community-based health, HIV/AIDS awareness, and WatSan improvements.

Coordination

Activities in each country will be coordinated by the respective national red cross society and the Federation delegation or Representative office.

Overall coordination for this Appeal will be carried out by the Federation Regional Delegation in Harare, Zimbabwe. They will support the individual operations through technical support in the areas of health (HIV/AIDS, community-based care), WatSan, disaster management, logistics, finance, information and reporting. Meetings will be convened as needed, pooling the resources from the three countries and sharing information and lessons learnt.

This Appeal narrative is separated into sections for each the three countries and for the Federation. Click on the name here to go to that section: [Angola](#) – [DRC](#) – [Zambia](#) – [Federation](#).



Angola

[Click here to return to title page](#)

Proposed Operation

The Angolan returnees are expected to primarily resettle in the provinces of Kuando-Kubango, Moxico, Uige and Zaire. It is currently estimated that 94,000 returning refugees and 54,000 local host community members will receive assistance under this Appeal. Activities will focus on basic and preventive health services, HIV/AIDS awareness, enhanced WatSan access and quality, and mine awareness.

Objective 1 (Community-based health): Provide basic and preventive health services to 148,000 beneficiaries in the targeted resettlement communities.

Activities planned:

- Recruit and train community-based health care volunteers and Angola Red Cross staff on personal and environmental hygiene, control of communicable diseases, immunization and HIV/AIDS prevention.
- Support social mobilization activities for routine measles and polio vaccination campaigns.
- Mobilize pregnant women to attend clinics for Intermittent Preventive Treatment (IPT).
- Procure, distribute and educate on the use of ITN
- Support the tracing of and identify active malaria cases and their proper management.

Expected results:

- Health awareness and the quality of health care service is improved in all of the targeted communities
- Morbidity and mortality from common health problems are reduced amongst the target population of 148,000.
- Measles and polio vaccination coverage exceeds 80% in the targeted resettlement communities.
- The capacity of Angola Red Cross provincial branches has increased, resulting in significant contribution to the general improvement and quality of life within the respective communities.
- Knowledge and usage of ITN has increased.
- Surveillance systems are improved in the target population.
- First-level treatment of malaria in the community is improved.

Objective 2 (HIV/AIDS): Awareness and prevention of HIV/AIDS/STI⁴ is increased amongst the population in the targeted resettlement communities.

Activities planned:

- Designate HIV/AIDS focal points in each province.
- Coordinate, communicate and collaborate within and among sectors, other organizations (including local nongovernmental organizations), national HIV/AIDS control programmes and returnees.
- Train staff and volunteers on STI prevention, use of information materials, and distribution of condoms.
- Recruit, train and support 25 new peer educator volunteers in each province.
- Conduct HIV/AIDS/STI awareness seminars to promote correct and consistent use of condoms.
- Distribute condoms monthly to sexually-active males in the target population (approximately 20% of the total 148,000).
- Develop, produce, distribute and promote IEC⁵ materials to promote behavioural change in the targeted resettlement communities, including posters, pamphlets, drama, puppet shows, song, radio and video spots, and newsletters.
- Facilitate education, awareness raising and advocacy for persons living with HIV/AIDS (PLWHA).
- Recruit and train five new volunteers in counselling and home-based care activities.

⁴ STI – Sexually-transmitted infections

⁵ IEC – Information, education and communication

- Encourage and support the development and training of self-help and other community-based groups to meet the medical, social and emotional needs of people affected by HIV/AIDS, their families and caregivers.
- Procure and distribute HIV/AIDS kits for volunteers involved in home-based care activities.

Expected results:

- Increased knowledge and awareness of the disease, resulting in a change of attitude and behaviour in sexual conduct in the targeted resettlement communities.
- New community volunteers have been recruited and have received training in counselling and home-based care activities.
- Angolan returnees and the resident population have received regular supplies of condoms and adequate information on HIV/AIDS/STI.
- PLWHA have received home-based care and psycho-social support.
- The Angola Red Cross is perceived as a leader in the fight against HIV/AIDS stigma and discrimination.

Objective 3 (Water and Sanitation): Reduce morbidity from water-related diseases by improving access to safe drinking water and promoting environmental health and sanitation for the 148,000 beneficiaries in the targeted resettlement communities.

Activities planned:

- Sensitize the returnees and the resident population on the importance of safe drinking water.
- Support local authorities to identify and rehabilitate water points, and encourage the establishment of water source/point committees in the communities.
- Distribute IEC materials in hygiene community campaigns including dissemination of PHAST⁶ and IMCI⁷ messages.
- Promote new and creative community activities to promote improved hygiene and sanitation (e.g. drama, song, and drawing and poetry competitions).
- Sensitize the returnees and the local resident population about the proper use of latrines.
- Identify and construct forty-nine institutional/communal latrines.
- Rehabilitate fourteen water points.
- Improve access to sanitation and safe water through conducting household visits and hygiene education.

Expected results:

- Water- and hygiene-related diseases are reduced in the targeted resettlement communities.
- Local committees are involved in WatSan activities, and services.
- Increased capability of the Angola Red Cross to implement community-based water and sanitation and hygiene education interventions.
- Angola Red Cross volunteer network trained and used for dissemination of hygiene education through home visits has resulted in improved sanitation.
- Provision of water and sanitation services at the community health posts according to SPHERE, international and national standards.

Objective 4 (Mine Awareness): The number of land-mine incidents in the targeted communities of resettlement is reduced and the effects of the existence of land-mines are mitigated.

Activities planned:

- Advocate, network and lobby with the government and NGOs working in mine awareness activities.
- Identify trainers and adapt existing training material from Angola Red Cross, the government, ICRC and other pertinent NGOs.
- Identify one mine awareness focal point in each community.

⁶ PHAST - Participatory Hygiene And Sanitation Transformation

⁷ IMCI - Integrated Management of Childhood Illnesses

- Secure training for seven mine awareness focal points and Angola Red Cross volunteers and staff in mine awareness education.
- Conduct three community mine awareness sensitization campaigns in each community through the use of IEC materials, drama, school visits and debates.
- Replicate community-based mine awareness programmes throughout the country.

Expected results:

- Vulnerability to land-mines is reduced.
- Capacity of Angola Red Cross to provide appropriate and timely support to the people threatened or affected by land-mines is increased.

Capacity of the Angola Red Cross

The Angola Red Cross chairs periodic programmatic working group meetings, and attends monthly coordination meetings with its Movement⁸ partners. The national society also actively participates in regular inter-agency meetings at the central and provincial levels; these meetings are convened by the government and UNHCR to ensure close cooperation between the various implementing partners.

The national society suffers from a lack of adequate financial and human resources. Its role in the humanitarian response since the peace accord of April 2002 has been limited. Staff recruitment and retention, and volunteer mobilization have been difficult. Despite this, efforts are underway to increase volunteer involvement, focusing on HIV/AIDS activities and revolving around community health posts and youth groups.

Each provincial branch has from 3 to 6 employees; the number of registered and active volunteers in the targeted provinces ranges from 35 to 160. Office facilities have been damaged during the civil war; operational vehicles and structures are lacking in these branches.

The Angola Red Cross has developed a five-year strategy for its HIV/AIDS programme. The strategy focuses on IEC techniques to promote awareness of HIV/AIDS transmission, and is being implemented in five provinces. These interventions will be linked with the activities mentioned above, supported by volunteers in the provinces.

Despite these constraints, the Angola Red Cross is expected to be able to manage and implement the activities within this Appeal.

Please refer to the current [Annual Appeal for Angola, no. 01.11/2004](#).

⁸ 'Movement' refers to the International Red Cross and Red Crescent Movement.

Democratic Republic of Congo (DRC)

[Click here to return to title page](#)

Proposed Operation

Currently, there are approximately 34,000 Angolan refugees being hosted in four provinces in DRC: Kinshasa, Bas-Congo, Katanga and Bandundu. This Appeal targets these refugees and their host population of approximately 51,000. The objectives and activities below focus on providing assistance to approximately 85,000 beneficiaries (refugees and local host communities) through HIV/AIDS awareness, community-based health education (targeting malaria), and WatSan improvements.

Objective 1 (HIV/AIDS): Through increased dissemination of related information and materials, the prevalence of HIV/AIDS/STI in the target provinces is reduced.

Activities planned:

- Train/retrain 20 volunteers in each of the four provinces to conduct a minimum of two HIV/AIDS awareness-raising sessions per week for nine months, targeting refugees, host populations and local authorities.
- Create and manage observation posts and discussion centres in the refugee settlements and host communities to facilitate access to HIV/AIDS information and services.
- Distribute condoms monthly to sexually-active persons in the target population.
- Design IEC material of appropriate quality and quantity and make them available for dissemination.
- Participate in joint HIV/AIDS planning and coordination meetings at the national, provincial and local levels.

Expected results:

- Eighty trainer/retrained volunteers, each having conducted approximately 75 awareness-raising sessions over the nine-month period.
- Access to HIV/AIDS information and services – including condoms - is increased through the centres.
- Proper use of condoms results in a decrease of new cases of HIV/AIDS/STI.
- Stigma and discrimination is reduced amongst the general public and amongst volunteers, staff and family members of the national society.
- Concerted action plans to combat STI/HIV/AIDS are implemented in the communities.

Objective 2 (Malaria): Through increased dissemination of related information and materials, the incidence of malaria morbidity and mortality is reduced in the target provinces

Activities planned:

- Train/retrain 20 volunteers in each of the four provinces to conduct IEC sessions in the target communities on malaria prevention techniques.
- Establish and manage centres in each of the four provinces to impregnate mosquito nets (insecticide treated nets-ITN), accessible to beneficiary populations.
- Participate in related planning and coordination meetings at the national, provincial and local levels.

Expected results:

- Eighty trainer/retrained volunteers, each having conducted approximately nine IEC sessions on malaria prevention techniques.
- Four ITN impregnation centres are established in the target provinces. Access to ITN has reduced the rates of malaria morbidity and mortality.
- Concerted action plans to combat malaria are implemented in the communities.

Objective 3 (WatSan): The supply and quality of water and environmental sanitation is improved for refugees and host populations in the target provinces.

Activities planned:

- Train 20 volunteers in each of the four provinces on proper WatSan and hygiene techniques, for dissemination to the target populations.
- Survey the target provinces to define the WatSan needs of the population.
- Rehabilitate six existing water points in Bas-Congo, Katanga, and Bandundu.,
- Construct nine public and 800 family latrines in the target provinces.
- Support the provincial water committee to participate in the WatSan activities.

Expected results:

- The trained volunteers are able to disseminate proper WatSan techniques. The refugees and host populations have been well sensitized, have good hygiene practices and participate in the projects.
- The WatSan needs of the populations are identified, and activities are implemented.
- Six existing water points are rehabilitated, and nine public and 800 family latrines are constructed.
- The number of refugees and host populations with access to safe drinking water and safe sanitation has increased.

Capacity of the Red Cross of DRC

The national society has trained volunteers, experienced in refugee operations. From 1994 to 2000, the national society and UNHCR worked within a partnership framework covering camp management, medical care and food distribution in the refugee camps in Bas-Congo, Bandundu and Katanga . (These are three of the four targeted provinces within this Appeal).

The overall management capacities at the provincial and urban branch levels require additional strengthening. National society management will work with the Federation to ensure that well-functioning governance and management teams exist in the branches, particularly the affected areas: Kinshasa, Bas-Congo, Katanga and Bandundu.

Please refer to the current [Annual Appeal for the Democratic Republic of the Congo, no. 01.43/2004.](#)

Zambia

[Click here to return to title page](#)

Proposed operation

This Appeal targets 50,000 beneficiaries (10,000 families) from local host communities in Mukumbi, Mumena and Matebo in Solwezi districts, North-Western province of Zambia. Activities will focus on enhancing water and sanitation quality, awareness of HIV/AIDS, and provision of basic health services over the nine-month period.

Objective 1 (Water and Sanitation): Reduce morbidity and mortality from water-related diseases by raising water supply, sanitation and hygiene standards to SPHERE⁹ standards in the target provinces.

Activities planned:

- Establish water and sanitation committees in the target communities, and involve them in identifying and supporting locations for activities.
- Provide safe drinking water to the target communities through the rehabilitation of 100 open wells and drilling of ten new boreholes.
- Improve access to sanitation by promoting community construction of 500 family latrines and by casting and distribution to households of 2,500 SanPlats¹⁰.
- Construct 50 VIP¹¹ latrines for schools and health centres.
- Support maintenance of water supply systems through the WatSan committees.
- Distribute 5,000 water containers and water purification tablets to target communities.

Expected results:

- Existing water points are rehabilitated, and construction of new wells and bore holes is completed in compliance with SPHERE standards.
- WatSan services provided to the target community are compliant with SPHERE standards.
- Capacity of Zambia Red Cross to implement and manage water and sanitation projects is enhanced.
- Safe and sanitary handling of water at source and in the household is improved.
- Safe and sanitary disposal of solid waste and human excreta is improved.
- Water containers and purification tablets are procured and distributed according to plan.
- Water and sanitation committees are established and are capable of managing existing water points and latrines.

Objective 2 (HIV/AIDS): Promote awareness of HIV/AIDS prevention amongst the target communities, and establish home-based care projects.

Activities planned:

- Increase the number of health workers trained in counseling and home-based care activities.
- Monitor the implementation of VCT¹² services and establish surveillance systems in close cooperation with government institutions and other NGOs.
- Sensitize and mobilize the local community to improve knowledge of, access to and use of condoms, especially female condoms.
- Train 55 peer educators and procure educational material for their use in the target communities.

⁹ SPHERE standards for WatSan include: access to 15 litres per person per day; one water point per 250 people, no further than 500 metres distance; and flow rate no less than 0.125 litres per second.

¹⁰ SanPlat (sanitation platform) is a concrete latrine slab that can be integrated into any existing traditional latrine system.

¹¹ VIP – Ventilated improved pit (latrines)

¹² VCT – Voluntary counseling and testing

Expected results:

- Knowledge and awareness of HIV/AIDS among the host community is increased, resulting in a marked change in behaviour.
- Condoms are procured and distributed to the identified target communities.
- Incidence rates for HIV/AIDS/STI are reduced.
- HIV/AIDS testing kits are procured for target groups and distributed through well-established government health centres.
- Persons living with HIV/AIDS have received and benefited from home-based care, counseling, and psychological support.
- HIV/AIDS projects are well integrated in Zambia Red Cross programmes.

Objective 3 (Community-based health): Provide basic health services to the target communities in the areas surrounding the refugee settlements of Maheba, Mayukwayukwa and Nangweshi settlement, thereby reducing the incidence of malaria and measles and improving the nutritional status, particularly for children under five years.

Activities planned:

- Collect baseline data, under the auspices of the national task force.
- Set up community-based weight monitoring points.
- Increase access by the target communities to basic health care services.
- Build the capacity of health care providers by training 60 community health volunteers.
- Promote social mobilization activities in support of measles vaccination campaigns.
- Provide first aid kits to community health satellite centers and Red Cross branches.
- Promote health and hygiene education, and promote the household use of ITN.
- Provide de-worming medicine and vitamin A supplements.
- Conduct nutrition education and promote locally grown foods.

Expected results :

- ITN are used by 80% of families in the target communities.
- Morbidity due to malaria is reduced.
- Sixty community health volunteers and peer educators trained.
- Nutritional status of children under five is improved, and 80% have access to immunization clinics at health facilities.

Capacity of the Zambia Red Cross

The national society has been implementing community health, WatSan, HIV/AIDS, food security and branch development activities in high-risk areas. National society branches in the target areas have reliable volunteers; they have been engaged by WFP for general food distributions in the provinces; the recent 2002-2003 food security programme was successfully implemented.

The branches need continued support to strengthen their management and operational capacity to ensure successful implementation of this Appeal. Volunteer mobilization, recruitment and membership drives – especially in the areas surrounding the camps/settlements – will also be strengthened. A coordination office is planned to oversee the implementation of the Appeal activities.

Please refer to the current [Annual Appeal for Zambia , no. 01.19/2004.](#)

International Federation: Country and Regional Delegations

[Click here to return to title page](#)

International Red Cross and Red Crescent Movement – Principles and priorities

This Appeal will contribute to national reconciliation within Angola. It will reinforce in neighbouring countries the spirit of peace at the community level. The various dissemination activities will enhance an overall understanding of humanitarian values and the role of the Movement, and will impact positively the image and reputation of the Angola Red Cross with its various humanitarian partners.

Communications – Advocacy and Public information

Each national society and Federation delegation within this Appeal will: organize media briefings; produce and distribute newsletters; launch press releases; issue operational reports (Operations Updates); and, advocate for humanitarian values to benefit the target population.

Advocacy will target the issue of discrimination and its impact on the refugees/returnees and persons living with HIV/AIDS (PLWHA). It is also expected that the public will gain a better understanding and recognition of the role and impact of the individual National Red Cross Society.

Capacity of the Federation

- **Angola:** The Federation Angola Delegation currently employs three international delegates; a fourth delegate is being recruited to support the national society in organizational development. For this Appeal, a specific programme coordinator (delegate) will be recruited to work with the national society in managing the in-country activities.
- **DRC:** The Federation Congo Delegation currently employs two international delegates. For this Appeal, the Delegation will support RDRT-trained staff within the national society to implement its activities. The Delegation lacks specific logistics capacity, and will rely on the Regional Delegation for support.
- **Zambia:** The Federation Zambia Delegation currently employs four international delegates; a fifth delegate is being recruited to support the national society's recovery plan. For this Appeal, a specific programme coordinator (delegate) and logistics delegate will be recruited to work with the national society in managing the in-country activities.
- **Regional Delegation/Harare:** Technical expertise is available from the Southern Africa Regional Delegation in the key programmatic areas. Overall coordination and management of this Appeal will be the responsibility of the Head of Regional Delegation.

Monitoring and Evaluation

Each implementing country operation will issue timely and regular reports related to its activities; these will be incorporated into an Operations Update and will be issued periodically throughout the life of the Appeal.

As possible, baseline surveys will be conducted in the operational (target) communities. A final evaluation is also planned for this Appeal. The results of this evaluation will define the need and scope of longer-term development support, and may lead to an expansion of the operation into other affected provinces. The evaluation report will be integrated within the Final Report on this Appeal.

Please refer to the current [Annual Appeal for Southern Africa regional programmes, no. 01.21/2004](#).

Budget summary

See [Annex 1](#) below for details.

**Angola, Zambia, Democratic Republic of Congo: Angolan Returnees and Host Community Care
Emergency Appeal no. 05/2004**

For further information please contact:

Angola

- *Aleixo Gonçalves (Dr.), Secretary General, Angola Red Cross Society, Luanda; Email cruzvermelha@netangola.com; Phone 244.2.33.39.91; Fax 244.2.39.11.70*
- *Martin Acosta (Dr.), Federation Health Delegate, Angola Delegation, Luanda; email ifrcao04@ifrc.org; Phone 244.2.37.28.68; Fax 244.2.37.28.68*
- *Terry Carney, Federation Regional Officer for Southern Africa, Geneva; Email terry.carney@ifrc.org; Phone 41.22.730.42.98; Fax 41.22.733.03.95*

The Democratic Republic of the Congo

- *Red Cross Society of the Democratic Republic of the Congo, Kinshasa; Email secretariat@crrdc.aton.cd; Phone 243.12.34.897; Fax 243.88.04.151*
- *M. Momodou Lamin Fye, Federation Head of Congo Delegation, Kinshasa; Email ifrccg01@ifrc.org; Phone 871.76.30.50.365 ; Fax 871.76.30.50.366*
- *Mark Willis, Federation Regional Officer for West and Central Africa, Geneva; Email mark.willis@ifrc.org; Phone 41.22.730.42.60; Fax 41.22.733.03.95*

Zambia

- *Sam Phiri, Secretary General, Zambia Red Cross Society, Lusaka; Email zrcs@zamnet.zm; Phone 260.1.25.06.07; Fax 260.1.25.22.19*
- *Stephen Omollo, Federation Head of Zambia Delegation, Lusaka; Email ifrczm06@ifrc.org; Phone 260.1.25.13.65; Fax 260.1.25.15.99*
- *Terry Carney, Federation Regional Officer for Southern Africa, Geneva; Email terry.carney@ifrc.org; Phone 41.22.730.42.98; Fax 41.22.733.03.95*

Southern Africa Region

- *Alasan Senghore, Federation Head of Southern Africa Regional Delegation, Harare; Email ifrczw02@ifrc.org; Phone 263.4.70.51.66; Fax 263.4.70.87.84*

All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

In line with the Federation 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; these programmes are outlined on the Federation website.

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

Abbas Gullet
Director
National Society and Field Support Division

Markku Niskala
Secretary General

[Click here to return to title page](#)

BUDGET SUMMARY

APPEAL No. 05/2004

Angola, DR Congo, Zambia - Angola returnees

TYPE	IN CHF				
	Angola	DR Congo	Zambia	Coord. & management	Total
RELIEF NEEDS					
Shelter & constructions		175,000	35,000		210,000
Clothing & textiles	666,000		208,000		874,000
Food			3,000		3,000
Water & sanitation	66,000	120,000	204,000		390,000
Medical & first aid	67,000	175,000	143,000		385,000
Utensils & tools	11,000	112,000			123,000
Other relief supplies	16,000		38,000		54,000
TOTAL RELIEF NEEDS	826,000	582,000	631,000	0	2,039,000
CAPITAL EQUIPMENT					
Vehicles	141,000		82,000		223,000
Computers & telecom. equipment	93,000	46,000	38,000		177,000
PROGRAMME SUPPORT					
Programme support (6.5% of total)	131,000	86,000	99,000	7,000	323,000
TRANSPORT STORAGE & VEHICLE COSTS					
Warehouse & distributions	27,000	76,000	38,000		141,000
Transport & vehicle costs	115,000	275,000	73,000		463,000
PERSONNEL & TRAINING					
Expatriate staff	235,000	108,000	238,000	54,000	635,000
National staff	121,000	112,000	113,000	2,000	348,000
Consultants			20,000		20,000
Workshops & training	47,000		99,000	15,000	161,000
ADMINISTRATIVE & GENERAL SERVICES					
Travel & related expenses	66,000	13,000	33,000	24,000	136,000
Information expenses	70,000		23,000		93,000
Administrative & general expenses	138,000	30,000	41,000		209,000
TOTAL OPERATIONAL NEEDS	1,184,000	746,000	897,000	102,000	2,929,000
TOTAL APPEAL CASH, KIND, SERVICES	2,010,000	1,328,000	1,528,000	102,000	4,968,000
LESS AVAILABLE RESOURCES (-)					NIL
NET REQUEST	2,010,000	1,328,000	1,528,000	102,000	4,968,000