

ANGOLA

CHF 1,877,000

Programme No. 01.16/2000

National Context

Potentially one of Africa's richest countries with large reserves of oil, diamonds and other minerals, enormous hydroelectric potential and plentiful agricultural, forestry and fisheries resources, Angola remains one of the poorest due to the protracted civil war. Access to health services is very restricted due to the limited availability of such services. The under 5 infant mortality rate is 274 per thousand live births. The percentage of vaccinated children under one year of age is 16.7, and the population with access to drinking water and sanitation is 37.9% and 38.4% respectively.

Since gaining its independence from Portugal in 1975, Angola has endured almost constant conflict. The 1994 Lusaka Peace Accord and the formation of the United Government of National Reconciliation in April 1997 gave rise to hopes of sustainable development and peace in the country. However, clashes between the government and UNITA forces continued and in May 1998 both sides prepared for war. Fighting increased dramatically from December 1998, once again plunging the country into a full scale conflict and increasing the numbers of internally displaced people (IDPs).

The agriculture sector has particularly suffered with the resumption of hostilities, with millions of land mines rendering farmland inaccessible and forcing increasing numbers to abandon their property. Government support to health and education remains insufficient, with funds diverted to defence. Much of the country's infrastructure such as roads, bridges and railways, already destroyed by the conflict, has been further eroded, and most roads are now closed due to the ongoing insecurity.

These factors have combined to dramatically impact the humanitarian situation in the country, creating major social and economic difficulties for growing numbers of vulnerable people including IDPs who are forced to flee from insecure rural areas to Luanda and safer government controlled provincial capitals, resident communities and the urban poor. The number of new IDPs since mid 1998 has reached nearly one million, mostly elderly people and young children. The deteriorating humanitarian situation has also made the population more susceptible to malnutrition and disease, particularly polio, malaria, tuberculosis (TB), and diarrhoeal infections.

Due to the ongoing conflict, the Federation and Angola Red Cross (ARC) revised their programme at the beginning of 1999, restricting activities to Benguela, Cuanza Sul and Luanda provinces which are considered safer for operational purposes. The Federation continued to support the 11 Health Posts functioning in these provinces, increased its focus on Disaster Preparedness, maintained and consolidated its strategy of rehabilitation and development through the Integrated Community Health and Development Programme (ICHDP) in support of health needs, and continued the Mines Awareness Programme in Cunene and extended it to Benguela province.

Country Assistance Strategy

The Federation strategy is centred on health and mine awareness programmes, intended to support the Angola Red Cross activities in these areas, thereby providing valuable and necessary assistance to vulnerable persons and communities in Angola, and at the same time building capacity within the National Society. This has been and continues to be an effective strategy for the development of the National Society, and will be supported by the Federation as a matter of priority.

Despite present constraints and the lack of significant progress regarding the development of the ARC, in accordance with the general aims of the National Society and the mandate of the Federation, the ongoing and long term priority will continue to be to strengthen the ARC at headquarters and in particular at provincial levels so that the National Society can assist and serve the vulnerable through well planned and appropriate Health, Mine Awareness Education, and Disaster Preparedness and Disaster Response activities. Accordingly, the ARC has drafted an ambitious 3 year development plan.

Federation support to capacity building within the ARC will continue to be a priority through the training of staff and volunteers in Health, Disaster Preparedness and Mine Awareness. The Federation will also support the training of key ARC staff particularly in management and good governance. The Federation will ensure that appropriate ARC staff are identified to participate in this training, as well as relevant workshops, seminars, exchange and field visits particularly within the region.

Federation support for the provision of curative basic health care through accessible, existing and functioning ARC Health Posts will remain a high priority complementing a Community Based Health Programme (CBHP) implemented under the umbrella of the African Red Cross/Red Crescent Health Initiative (ARCHI) 2010 emphasizing preventative health programmes, health education, reproductive health and HIV/AIDS in the target locations. Given that water quality continues to be a major problem at the health posts, a Water and Sanitation programme is planned.

The Federation will assist the ARC to develop a Red Cross Youth programme, and the ARC will be encouraged to take the lead in developing this initiative.

To generate the necessary level of support for the planned activities, the Federation will strengthen the existing close cooperation between the Federation Delegation in Angola and the Regional Delegation in Harare, and will consolidate and maintain its existing close relationship and co-operation with the ICRC in Angola as well as with the United Nations agencies.

The Delegation will operate within the framework of the Southern Africa Partnership of Red Cross Societies (SAPRCS), and encourage the ARC to strengthen its relations and networking with the Red Cross National Societies within the Southern Africa region. The ICRC is currently the lead agency in Angola, while the Federation has the lead role in the development of the National Society.

Programme Objectives

The ARC and Federation have identified the following priorities for the 2000-2001 period:

Disaster Preparedness

In view of the humanitarian situation currently affecting the country and the lack of resources to respond to disasters, the ARC and Federation will focus disaster preparedness measures on providing emergency relief through effective procurement, storage and distribution of non food and food items intended for the victims of conflict and natural disasters, promotion of education campaigns, mine awareness, training of trainers programmes at the provincial level, mobilization of Red Cross volunteers, reactivating of first aid teams, creation of first aid services, preparation and readiness of ambulance services, support to Orthopaedic Centres, and the mobilization of blood donors.

Health

In order to provide basic curative health care through accessible, existing and functioning ARC Health Posts, the construction, rehabilitation, maintenance and strengthening the capacity of Health Posts will be undertaken, as well as the organization of mobile health teams to assist the displaced, water and sanitation programmes, community based health care through home visits by volunteers, preventative and curative services through the health posts, first aid programmes, promotion of maternal and child care activities, supply of food and essential medicines, the setting up of mobile and permanent laboratory services, and STD/HIV projects.

Capacity Building

The development of an income generating base and human resources for the ARC will remain priorities for the Federation. The development of these key areas has proved to be a slow process resulting in continued dependency of the ARC on donor funding for staff costs and the Federation for the implementation of programmes. Federation support to staffing costs will be completely phased out at the end of the year 2000. It is therefore important that the ARC draft and approve an appropriate policy and develop and implement activities in the key area of income generation during 1999 and beyond. To this end, the following activities are integrated into the capacity building plan: Institutional Development (including strengthening and differentiation of governance and management at central and provincial levels); humanitarian values; disaster response; convening of provincial assemblies to install governance structures at that level; increasing the numbers of members and volunteers; improving the organization of the ARC through convening of regular meetings between staff and volunteers; income generation and resource development; improved networking with the components of the Red Cross Movement, government agencies and international and local NGOs, and improved internal and external communications through the effective use of the media and regular information bulletins.