

ANNUAL 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

May 2002

This Annual Report is intended for reporting on the Federation's Annual Appeals only.

Appeal No. 01.21/2001

Appeal Target: CHF 1,345,624 (USD 829,294 or EUR 920,473)

Operational Developments

The year 2001 saw the continued deterioration of the political situation in Angola. Almost half the population were internally displaced and beyond the reach of health and social services. The ongoing conflict forced large numbers of Angolans, mostly women and children, to flee across the border into Zambia. Many of the displaced were completely destitute. They had virtually no access to arable land and managed to survive only at subsistence level. Health standards were poor, the infant mortality rose sharply and malnutrition was prevalent.

According to the UN, 507,000 people were forced from their homes in 2001, bringing the total number displaced to 3.5 million. Preliminary results of a new study on urban poverty done by the *Instituto Nacional de Estatística (INE)*, indicated that poverty and inequality in Angola had increased dramatically over the last five years. The survey found that 63 per cent of households lived in poverty and that those living in extreme poverty had more than doubled to 25 per cent, up from 11 per cent. The study also reported that income disparities had increased. The top 10 per cent of the population accounted for 42.2 per cent of national income, compared with 31.5 per cent just five years ago.

The fighting in Angola's long-running civil war continued, although there was a marked decline in the level of violence in many areas of the country over the last four to five months of the year. Military defeats and defections weakened the *Uniao Nacional para a Independencia Total de Angola* (UNITA) rebels, who were led by Jonas Savimbi, although continued attacks in the countryside, sometimes as far as coastal urban centres.

The humanitarian cost of the war was high. Many people have died from the direct or indirect effects of the conflict, and orphans, widows and disabled persons, were numbered in the thousands. Angola was ranked as no. 160 out of 174 countries in the UN Development Programme's Human Development Index for the year 2000. Unemployment has soared and a large percentage of the population earned their livelihoods from the informal sector.

Health services were woefully inadequate and many provinces had almost no functioning infrastructure. The government has largely abandoned the provision of health care to foreign aid organisations. According to the UN, Angola's infant and child mortality rates were among the highest

in the world and life expectancy was estimated at 47 years. Malaria, acute diarrhoea, respiratory diseases, measles and recurrent cholera epidemics were the major causes of mortality.

Objectives, Achievements and Constraints

Health and Care

Objective 1 To improve the living conditions of the most vulnerable and to alleviate human suffering wherever this may exist, as outlined in the ARC's strategic plan.

Achievements

During the reporting period, emphasis was placed on health programmes that addressed the priorities of the most vulnerable, as outlined in the ARCS' strategic plan, and on the African Red Cross and Red Crescent Health Initiative (ARCHI) strategy.

Under the Integrated Community Health and Development Programme (ICHDP), efforts focused primarily on reducing transmission rates of the most communicable diseases, through appropriate health care at ARC health posts and on strengthening the capacity of ARC staff and volunteers. The programme relied heavily on community participation to further develop the relationship between Red Cross branches and target groups.

To address public health needs, the programme emphasized preventive and curative activities in 11 ARC health posts located in Benguela, Kwanza Sul, Kwanza Norte and Luanda provinces. Throughout the year, staff at the health posts attempted to meet the needs of target populations and to provide health education. All health posts offered basic curative care, in line with national standards, and most were provided full mother and child health services, including immunisation.

From January to December 2001, the following activities, targeting approximately 25,000 people, were implemented:

- the promotion of vaccinations at health posts and the mobilization of communities for national immunisation campaigns;
- health education through "health talks" at health posts and in the communities;
- the promotion and distribution of condoms to reduce the incidence of Sexually Transmitted Diseases (STDs) and AIDS;
- house-to-house visits to promote basic hygiene principles;
- growth monitoring and vaccinations of children under five;
- antenatal care for pregnant women;
- the treatment of diarrhoea and other common diseases;
- the purification of wells, distribution of water purification tablets, construction of latrines and refuse pits;
- epidemiological control through the notification of cases detected at health posts and during home visits;
- dissemination on the transmission and prevention of the HIV/AIDS virus;
- the construction of pit-latrines and the drilling of boreholes at the Ndalatando health post and at the resettlement centre for internally displaced persons (IDPs) in Quibuangoma;
- World AIDS Day activities were planned, including lectures in public places, and the distribution of posters and 11,500 condoms.

At the end of the year, a coordination meeting to analyse results achieved under the programme was held in Luanda province. Participants included the national health programme coordinator, the ARC provincial delegate, health post nurses and traditional chiefs from Kikolo and Kilamba-Kiayi. Future

directions were outlined in a programme activity plan, in line with ARCHI 2010 and the ARC's strategic plan.

At the coordination meeting, participants discussed the technical and administrative problems encountered at health posts. To ensure that reporting to donors followed a standard format, and to give more information than health post reports usually provided, guidelines for monthly programme reports were agreed on with staff from Luanda, Benguela, Kwanza-Norte and Kwanza-Sul. An influx of new IDPs arrived at the Calomanga health post, mainly from the Cubal municipality in Benguela Province. At the time of writing, exact numbers of the arrivals were unavailable. Under the ICHDP programme, staff at health posts and community volunteers were successfully recruited and kept. This programme now has solid roots in the community and provided much needed health services to some of the most vulnerable groups in Angola.

The activities developed during the reporting period were carried out in close cooperation with local partners and with the involvement of community leaders, volunteers, the Ministry of Health, churches, government authorities, the Ministry of Social Affairs and Reintegration, the World Food Programme and UNICEF. The ICRC maintained its support for two health posts in the province of Uige, one in Huambo and two in Bie, while TEXACO supported one health post in the province of Zaire, in the Soyo municipality. The Spanish Red Cross supported one health post in the province of Luanda and other activities in the province of Bengo and PRODECA (Development Project for Food Cultures in the Northern Region) supported the water canalisation project and construction of schools in the Kwanza Norte province. The ARC enjoyed an extremely positive relationship with the government, the United Nations and other NGOs, as witnessed by a number of bilateral partnerships for the implementation of community projects in Kwanza Norte, Uige, Bie, Huambo, Zaire, Luanda, Huila and Bengo provinces.

Disaster Preparedness

Objective 1 Under the ARC's Mine Awareness Education Programme (MAEP), to promote awareness of the danger of mines and unexploded ordnance in order to reduce the number of accidents. Programme activities targeted mainly adults and children in communities and schools in Cunene and Benguela provinces.

Achievements

To achieve this programme's objective, the following activities were carried out in Cunene and Benguela provinces:

Cunene province (January - December 2001)

a) Mine awareness programme beneficiaries:

Men:	4,102
Women:	4,997
Children:	9,277
Total:	18,376

b) number of mines found and removed : 16

c) number of UXOs found and removed: 43

d) number of accidents (amputations) : 10
 number of fatal accidents : 2

e) number of training sessions
 workshops, each with 50 teachers : 2
 monitoring visits : 3

Benguela province (January - December 2001)

a) Mine awareness programme beneficiaries :

Men: 9,801

Women: 11,682

Children: 14,538

Total: 36,021

b) number of mines found and removed : 5

c) number of UXOs found and removed: 21

d) number of accidents (amputations) : 14

number of fatal accidents : 5

Various materials (bicycle parts, paper, posters) for the work carried out by the ARC were distributed to volunteers throughout the year. Training courses in mine awareness were held for teachers in Cunene Province. A shortfall in funds led to the postponement of first-aid seminars, courses for community leaders and planned monitoring visits.

The ARCS and MAEP coordinated their activities with many other humanitarian actors. These included INAROE (National Institute for the Removal of Mines and Unexploded Objects) which is a government body that coordinates mine activities, dissemination and education on the danger of mines and UXOs, and PEPAM (Awareness Education of Mines Accident Program), which works together with INAROE, the Ministry of Education and Culture, UNICEF, Handicap International and the Angola Red Cross, to provide training for teachers and for volunteers, in addition to producing dissemination material. Under its mine-awareness programme the Ministry of Education and Culture provided support for the training of teachers, UNICEF gave dissemination material, INAROE gave technical assistance and training of disseminators, while the Angola Red Cross provided logistical support and first-aid training. ARCS also collaborated with other NGOs - MAG, NPA (Norwegian Peoples Aid), Africare, Halo Trust, *Clube dos Jovens da Huila* (a youth club in Huila Province), GAC, the Lwini Foundation, and Fonga.

Coordination and Management

Objective 1 To assist the ARC at headquarters and provincial levels to manage and control funding received through the Federation for the ARC health, development and mine-awareness programmes.

Achievements

Numerous activities were planned to achieve the objective mentioned above. These included reviewing the national society's organizational structure and drafting revisions of job descriptions for approval by the ARC executive. In conjunction with the ARC's acting head of finance and administration, a work plan for 2001 was established and sent to the secretary general and the ID/RD regional delegate. After an initial assessment, the regional delegate recommended that the ARC define its priorities clearly before proceeding with implementation of the plan. By May 2001, the ARC's administration had drafted job descriptions for most of the posts at headquarters and submitted these to their advisors (see Institutional and Resource Development) for comments. Based on the advisers' recommendations, some job descriptions were subsequently revised. In March, ARC headquarters and provincial staff began the first of three basic finance and computer (word processor and spreadsheets) courses.

Constraints

Unfortunately, sufficient funds were available for only 15 out of the 20 participants originally selected for the computer course. The other two courses were postponed indefinitely, also for want of financial support. Similarly, additional activities planned for 2001 did not come to fruition, owing to a serious lack of funding.

Organizational Development

Objective 1 To assist the ARC to revise and finalize its three-year strategic development plan by the beginning of 2001.

Objective 2 To help the ARC establish and upgrade appropriate organizational structures, systems and procedures at central and provincial levels by the end of 2001.

Objective 3 To provide support for the ARC to build up its management, technical and volunteer capacity at all levels by the end of 2002.

Constraints

Apart from the activities mentioned under the Coordination and Management section, none of the above objectives were met. This was due to a severe lack of funding. Although not included in the 2001 appeal, a logistics workshop was held for both Federation and national society staff (facilitated by the regional logistics delegate) and the 2002 to 2003 budgets were established with the participation of ARCS staff.

Owing to a scarcity of funds, from April onwards financial and administrative staff at headquarters no longer received job incentives. The resulting lack of staff motivation was clearly apparent. The global audit of the national society, carried out in 2000, had a negative impact on donor support and the consequent implementation of programmes in 2001. Following recommendations made by the external auditors, two advisors were appointed at the beginning of the year to work within the national society on financial management and administration systems. The Federation's expatriate delegates withdrew and the delegation's office was closed. The advisors were supported by the regional office in Harare.

In September, an assessment mission of the Angola Red Cross was carried out. Led by the Geneva-based director of monitoring and evaluation, the assessment team included the chairperson of the Southern Africa Partnership of Red Cross Societies (SAPRCS), who is also the president of the Mozambique Red Cross, the head of the regional office and the desk officer for Angola. The team met with ARC senior management, government representatives, OCHA and the ICRC. A set of findings and recommendations were made for a report at a donors' meeting planned for the first quarter of 2002.

Conclusions

The achievements of the year 2001 must be seen in the light of the limited funding available. The ARC had the capacity, plans and objectives for programme activities, but programme implementation was seriously hindered owing to the lack of funds.

In the health sector, the ICHDP was successful in achieving its set objectives for the year, although difficulty in obtaining funding for programmes in Angola meant that some activities were not carried out as planned. The ICHDP programme suffered from a lack of financial support, which was unfortunate since it has strong community backing and volunteer participation. The ongoing conflict in Angola has contributed to the deterioration of health service facilities, and tremendous support is therefore vital for the ARCS to continue its primary health care programmes throughout the country, to improve the lives of the most vulnerable.

In 2001 the threat of landmines and unexploded ordnance still posed a very real danger to the population. The promotion of mine-awareness activities is therefore crucial, but without continuous funding the programme will have only limited success.

The ARCS enjoyed good relations with government authorities and other organizations and could, with the requisite funding, be a strong humanitarian player in the country. The necessary steps were taken to review the ARC's organizational structure, shortcomings and training needs were identified, and the changes recommended by the external auditors were made.

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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.

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