

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

ANGOLA

Executive summary

Angola still faces many significant humanitarian challenges, six years on from a brutal decades-long civil war. Recurrent emergencies such as cholera outbreaks and flooding, aggravated by country-wide poverty, malnutrition and poor health services are impeding much needed socio-economic and infrastructure developments.

Angola Red Cross (ARC) is also going through a reform process, one that is demanding significant attention from its national governing board, management and partners. This internal recovery programme aims to elevate ARC to the status of a well-functioning National Society (Accountable leadership and management, quality programming and effective service delivery to vulnerable people). A new secretary general and president were appointed in 2007 to lead this process.



In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)¹ and other major global efforts to reduce poverty, inequity and promote sustainable human development. To accomplish this goal, the International Federation of Red Cross and Red Crescent Societies (IFRC)'s General Assembly adopted a new plan called the [Federation of the Future](#)² (FoF) in 2005 aiming at achieving the [Global Agenda](#)³, with [four goals](#) aligned to the core areas of [Strategy 2010](#)⁴. The Global Agenda demonstrates commitment to increasing the impact of our work by committing to scaling-up and improving the quality of our

¹ **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

² **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

³ **Global Agenda Goals**: Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

⁴ **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstone upon which the International Federation will continue to build its collective expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

programming at the both domestic and international level. As such, the NS plans for 2009-2010 are developed from national strategic plans at the same time are aligned to the Global Agenda's goals.

The 6th Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme '*Consolidating the role of Red Cross Red Crescent as a reliable civil society partner*', with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The NS assessed and reviewed the progress made since the [Ouagadougou Declaration](#)⁵ of 2000, and reaffirmed through the [Algiers Plan of Action](#)⁶ (APA) the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue.

As is the case for all National Societies (NS) in Southern Africa, ARC's programme plans for 2009-2010 are in line with the four core areas of the International Federation of Red Cross and Red Crescent Societies (IFRC) Global Agenda: disaster management, health and care, organizational development and the promotion of Red Cross Red Crescent Fundamental Principles and Humanitarian Values, as well as conforming to APA. Specifically, ARC, with support from the IFRC country representative to Angola, will focus on disaster preparedness and risk reduction, food security and water and sanitation.

Angola Red Cross plan for 2009-2010 is seeking a total of CHF 2,761,820 (EUR 1,759,121 or USD 2,524,516)

[Click here to go directly to the attached summary budget of the plan](#)

Country context

Angola has for six years been under recovery from a devastating 27 years of conflict that left the country deeply distressed and heavily handicapped with land mines. The infrastructure has been depleted, and the institutional and basic service delivery systems are poor. Despite efforts made by the government on revamping socio-economic and physical infrastructure such as road networks, power supply, communication, education system and health facilities, there is still a long way on rebuilding the country beyond the provincial capitals. Nationwide development is expected to limit rural-urban migration particularly among the youth. To date, approximately six million Angolans live in Luanda in cramped conditions in suburbs near the city centre. The political scene remains stable with the long awaited parliamentary elections taking place from 5 to 6 September 2008, and presidential elections scheduled for 2009.

With oil production forecasted to rise sharply in the next few years against high oil prices, strong economic growth is expected. The gap between the rich and poor in Angola Africa's second biggest oil exporter is widening and making it difficult for the extremely poor to access essentials. According to United Nations Development Programme (UNDP), more than two-thirds of the country's 16 million people live on USD 2.3 or less a day, and four million of those survive on 0.75 or less a day (*Millennium Development Goals 2005 Progress report on Angola released mid-October 2006*). There have been some significant issues related to the limited access to health

⁵ **Ouagadougou Declaration** – The 5th Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

⁶ <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

services, poor water and sanitation conditions, malnutrition and constant threats of diseases outbreaks.

Statistics⁷ above show that Angola remains in the lower end of the human development index (HDI) for southern Africa, ranking 162 on a global index of 177 countries. This explains the challenges confronting Angola in the near future and that it will not be easy to reach out to many people. The main causes for mortality rate for children under five years, relate to high percentage of neonatal deaths (22 percent), pneumonia (25 percent), diarrhoeal diseases and malaria, each (19 percent).

Floods and drought are potential natural hazards recurrent in Angola. In addition to the recent outbreaks of communicable diseases such as cholera and measles, Angola is also endemic to diseases such as, Marburg haemorrhagic fever, malaria and the HIV and AIDS epidemic, which has been an impeding factor on human development. High poverty levels, malnutrition and poor access to health services makes people more vulnerable to disasters. On the other hand, landmines and poor road networks limit access to the most vulnerable communities. Many people have moved to the cities in search of better living conditions, and this has led to overcrowded slums that have increased vulnerability to health emergencies. The poor infrastructure such as inappropriate water and sanitation conditions in the country worsen the consequences of disasters.

Population, total (million), 2005	16.1
Population, urban (% of total population), 2005	53.3
Population, under age 15 (% of total population), 2005	46.4
Life expectancy at birth, annual estimates (years), 2005	41.7
Adult literacy rate (% aged 15 and older), 1995-2005	67.4
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	25.6
GDP per capita (PPP US\$), 2005	2,335
Population undernourished (% of total population), 2002/04	35
Under-five mortality rate (per 1000 live births), 2005	260
Infant mortality rate, poorest 20% (per 1000 live births)	..
One-year olds fully immunized against tuberculosis (%), 2005	61
One-year olds fully immunized against measles (%), 2005	45
HIV prevalence (% aged 15-49), 2005	3.7
Human Development Index value, 2005	0.446
Human Development Index rank, 2005	162
Human Poverty Index (HPI-1) value (%)	40.3
Human Poverty Index (HPI-1) rank	89
Population living below \$1 a day (%), 1990-2005	..
Population living below \$2 a day (%), 1990-2005	..
Population living below the national poverty line (%), 1990-2004..	..

Source: UNDP, Human Development Report 2007/2008

National Society priorities and current work with Partners

ARC has been undergoing a transition process since 2006 and by end of 2007 had new governing board members and secretary general. The forecast programming timeframe (2009-2010) is very critical to ARC, as it ensures improvement on the functionality of the NS through development of sustainable programmes. The IFRC Secretariat programme support plan is development based on the priorities of the NS, which are on institutional capacity development, disaster preparedness, response and risk reduction, long-term and emergency health, HIV and AIDS prevention care, support and treatment, food security and livelihood enhancing interventions.

As reflected in its resource mobilisation plan, ARC is in dire need of financial and material resources in order to grow its programmes and achieve greater impact. Except for limited bilateral projects, ARC 2008-2009 plan has not been funded, although some partners have shown interest in partnering with the NS. A specific donor is DFID supporting the activities under its Institutional Support (IS) Phase III project for the next two years and the funds have recently been disbursed to the NS. A partnership meeting is expected to take place before end of 2008, invited are Red Cross Red Crescent partners and corporate sector to discuss ARC strategic plan.

⁷ UNHCR, Human Development Index Report 2007 - 2008

African Red Cross/Red Crescent Society Health Initiatives (ARCHI) 2010⁸ goal is '*Better health for Africa's vulnerable individuals and groups served by the Red Cross/Red Crescent Societies (RC/RC) in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, ARC will be recognised for its "niche" relating to public health priorities including emergencies as demonstrated during the recurrent cholera outbreaks. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

ARC will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003AO)⁹ which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of ARC is to be further strengthened through a fourth enabling output area on capacity development, designed to ensure expansion of effective service delivery to the most affected communities. The programme represents a quadrupling of the Red Cross effort in the country and targets to reach five million people with messages on prevention and reducing stigma/discrimination; provides services for 6,400 people living with HIV and 16,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Angola.

Our actions are guided at all times by our Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. ARC operational programming based on, and in conformity with our P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors in the country.

ARC incorporates gender sensitivity, anti-stigma and discrimination during in its beneficiary categories. The more specific categories of beneficiaries include women, focusing of pregnant women, children under five year, peri-urban communities and disaster prone localities.

⁸ The decisions and experiences of the National Societies led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004. Refer <http://www.ifrc.org/what/health/archi/>

⁹ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003AO) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003AO.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

Secretariat supported programmes in 2009-2010

Disaster Management

a) The purpose and components of the programme

Programme purpose
To reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2009-2010 is CHF 1,086,875 (EUR 692,277 or USD 993,487)

Programme component: Disaster Preparedness
Outcome 1: Relief stock are pre-positioned at provincial level for community-based first aid, water and sanitation for timely response in the event of an emergency or disaster.
Outcome 2: ARC has an efficient mechanisms and improved capacity in skilled human resources, financial and material resources for optimal disaster preparedness.
Programme component: Disaster Response
Outcome 1: ARC disaster response mechanisms are in place for timely response to minimise the impact of emergencies and disaster on affected populations.
Outcome 2: ARC capacity on the provision of assistance in the restoration of sustainable livelihoods in population affected by disasters is improved.
Programme component: Disaster Risk Reduction
Outcome 1: Community knowledge and awareness of the hazards and risks in their environment is increased.
Outcome 2: Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effect of common natural phenomenon due to climate change.
Outcome 3: Health, social and economic risks amongst communities in the Zambezi River basin, is reduced.

The IFRC Zone office will support the disaster management programme in contributing to the government's effort on strengthening the capacity at the community level. Focus is on implementing vulnerability and capacity assessment (VCA) and building the disaster management capacities of communities and the NS branches. Continual effort is being put on enhancing disaster response capacities in ARC and advocacy on strengthening partnerships with various stakeholders.

The prolonged civil war ended six years ago, but left big threats of landmines and unexploded ordinances (UXO) in many provinces. Disaster response and mine awareness campaigns have been core activities particularly conducted by trained volunteers, and supported by the ICRC.

The ARC plans to assess and to develop livelihood programmes in collaboration with other African NS along the Zambezi River. The Zambezi River Basin Initiative will be coordinated by the IFRC Zone office with the NS as the implementing partner.

b) Profile of target beneficiaries

Disaster Preparedness:

- 2,500 ARC staff and volunteers to be trained on basic disaster management in 18 provinces.
- The volunteers will be operating in 20 disaster prone communities for the next two years.

- ARC to preposition two cholera kits to benefit four provinces (Cunene, Huila, Benguela and Luanda) most prone to the health emergencies. The cholera preventive kits are targeted for 2,400 people on cholera treatment and 1,200 with other medical needs.
- Empowering approximately 50,000 people (250 communities) in 18 provinces through community-based initiatives including early warning systems, mitigation and measures to enhance and protect livelihoods.
- 5,000 volunteers will be trained across the 18 provinces on community-based disaster preparedness, social mobilisation and early warning system.

Disaster Response

- ARC will target 50,000 in disaster prone areas in 18 provinces and 30,000 in provinces most affected by disasters.

Disaster Risk Reduction

- 650 staff and volunteers will be trained on undertaking vulnerability capacity assessments at community level in the disaster prone provinces. Initially ten municipalities along the Zambezi River are targeted.
- One million people will be reached by mine awareness campaigns in 18 provinces.
- In the same communities, 20 focal groups to be formed and trained on promoting/educating on mine awareness risk reduction and preparedness.
- 20 communities supported with agricultural equipment, seeds and fertilizers and small livestock.
- 30,000 people along the Zambezi River basin targeted for food security interventions. ARC will train ten coordinators for each municipality to supervise the household activities on sustainable food provision.

c) Potential risks and challenges

Angola is viewed as a rich country with potential for socio-economic growth; this in itself makes it difficult to attract donors. However, the wide gap between the rich and poor coupled with the effects of war compel ARC to seek international assistance.

Given the current limited NS absorption capacity to cover long-term programme and emergency operations, recurrent disasters divert attention from the long-term programmes, thus disrupting the implementation of activities and consequently the quality of service. In addition, the health emergencies have been taking longer than nine months to subside, thus demanding a lot of resources from the NS.

Health and Care

a) The purpose and components of the programme

Programme purpose
Reduce the number of deaths, illnesses and impact from diseases and public health emergencies

The Health and Care programme budget for 2009-2010 is CHF 912,393 (EUR 581,142 or USD 833,997)¹⁰

Programme component: Community-based Health
Outcome 1: The general health of communities improves through an increase in knowledge on the cause and effect of disease through community based first aid and health education activities.

¹⁰ Budget excludes HIV and AIDS programme which is covered under MAA63003

Outcome 2: Communities have access to curative health services through the implementation of a referral system for those in need of such services by their local Red Cross volunteer health monitoring corps.
Programme component: Water and sanitation
Outcome 1: An improvement in access to safe water and sanitation facilities to identified vulnerable communities.
Outcome 2: Vulnerable communities benefit from the Participatory Hygiene and Sanitation Transformation (PHAST) programme which will be developed 2009 and implemented through to 2010.
Programme component: HIV and AIDS
Refer to Link http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003AO.pdf
Outcome 1: Prevent further infections through targeted community-based peer education and information, education, and communication activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT);
Outcome 2: Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support;
Outcome 3: Address stigma and discrimination with targeted communication and advocacy activities; and
Outcome 4: Build the NS capacity to plan, implement, and manage the programme.

The ARC 23 health posts are focal points for community-based and volunteer activities. In 2009 and 2010, the NS will focus on rebuilding the health programme and gradually expanding services to the communities surrounding the health posts. Based on the ARCHI 2010 approach, the planned programmes will focus on improving access to clean water, provision of adequate sanitation facilities, prevention and control of communicable diseases, reducing the impact of health emergencies, and social mobilisation.

The water and sanitation (WatSan) programme is relatively new to ARC, although the needs are huge all over the country. Its focus is on community social mobilisation through health and hygiene promotion, (PHAST methodology), provision of water purification sachets/tablets and oral re-hydration solutions (ORS). The programme support plan is to train volunteers on social mobilisation, distribution of WatSan IEC materials and administration of ORS. The IFRC ensures support in scaling-up the programme and will provide the required technical support.

b) Profile of target beneficiaries

Water and Sanitation

- 100 ARC staff and volunteers trained as trainers for the 18 targeted provinces.
- 100 provincial staff members and volunteers will attend four PHAST workshops to be conducted at regional level.

Primary Health and Care

- 460 ARC staff and volunteers trained in community-based health and care.
- Approximately 1.5 million beneficiaries reached by health promotion sessions in 23 ARC health posts. The outreach programme will include the distributing of information, education and communication (IEC) material, home visits and social mobilization.
- 600 volunteers trained on emergency health response in 18 provinces.

c) Potential risks and challenges

The health programme has been the flagship of the NS, being implemented through community-based health posts and community volunteering. However, the programme now requires revitalisation to meet the increasing needs and demands of the vulnerable communities. The HIV and AIDS pandemic, compounded by poverty and recurrent disasters has increased suffering of the most vulnerable groups. In addition, the susceptibility to malaria of the people living with HIV (PLHIV), demands and holistic service delivery system, which caters for their health, food and welfare needs. Therefore, the new approach is integrated programming in order to ensure holistic support to the vulnerable people.

Organisational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose
Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

The Organisational Development/Capacity Building programme budget for 2009-2010 is CHF 426,355 (USD EUR 271,563 or USD 389,721)

Programme component : Leadership and Accountability
Outcome 1: ARC has an effective and efficient leadership (governance and management)
Outcome 2: ARC has well defined policies, systems and procedures in place policies for the effective management of the NS.
Outcome 3: ARC has capacity in planning, monitoring, evaluation and reporting (PMER) and programme design, monitoring, evaluation and reporting meet standards stipulated in the Federation's "Performance and Accountability Framework".
Outcome 4: ARC conducts annual audit by an external auditor, and recommendations are timely and diligently implemented.
Programme component : Well-functioning Organisation
Outcome 1: ARC has well defined policies and guidelines in programming, finance management, logistics and human resources management.
Outcome 2: Capacity in PMER enhanced and outputs are meeting the standard requirement of quality and timeliness.
Outcome 3: Effective financial management system, procedure and tools are in place and systematically used.
Programme component : Branch and Volunteer Development
Outcome 1: ARC branches are viable and vibrant and manage their volunteers effectively and efficiently.
Outcome 2: There are sound systems and procedures for the provision of systematic managerial and technical support to the branches by regional centres.
Programme component: Resource Development
Outcome 1: ARC is able to meet at least 25 percent of its core costs by end of 2009 and 50 percent by end of 2010 through local resource mobilisation.
Outcome 2: ARC has a well functioning internal and external communication system, supported by a reliable information technology infrastructure.

The 2009-2010 plans for ARC are to develop its programming by ensuring consistence with the Strategy 2010, the Algiers Plan of Action and the IFRC Global Agenda. The new governance and management teams are committed and motivated to fulfil the vision and the mission of the NS. The IFRC Zone office has already strengthened its in-country support by placing a representative during the transition period and currently supporting the NS through its change process.

The capacity development programme's focus is on the revitalisation of the branches, volunteer promotion and training, training of staff on relevant thematic areas aimed at improving on credibility, accountability and visibility. It has been learnt over the years that ARC' programmes thrive on the work and dedication of its volunteers, especially during emergency operations.

The ARC leadership aims to strengthening the mobilization of provincial branches through the establishment of four regional centres. The aim is to build on synergy and synchronisation of programmes. The provincial assemblies are therefore planned throughout its structure beginning in 2008 into part of 2009. The improvement in governance and management at branch level becomes the premise for the envisaged programme development.

b) Profile of target beneficiaries

- A total of 150 members of National Executive Board and of the 18 Provincial Executive Councils and 2,000 volunteers in 18 branches.

c) Potential risks and challenges

The transformation process, within a post war operating environment demands for a committed leadership which is well trained to effectively lead the process. However, the NS is still seeking the commitment of the governing board members, and plans are underway for the 'good governance' training.

The ARC also suffers the consequences of prolonged emergency operations, which have depleted its capacity. Without the commitment of the volunteers, little could be achieved in terms of the relief assistance. Strategies have been put in place to counter act the discrepancies in disaster response capacities through engaging into programmes that build community resilience to disasters; the impact of disaster is limited where mitigation initiatives are effective.

The NS has been facing challenges in attracting competent personnel at the current remuneration plan. However, ARC is one of the NS with all salaries covered by the government and negotiations are underway to raise the scale to market rates. Modalities are being put in place on how to cover other core costs, which are huge for the NS given the distant branches it is running.

Principles and Values (P&V)

a) The purpose and components of the programme

Programme purpose
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.

The Principles and Values programme budget for 2009-2010 is CHF 177,054 (EUR 112,773 or USD 161,841)

Programme component: Promotion of Humanitarian Values and Fundamental Principles:
Outcome 1: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity and gender)

Programme component: Operationalization of Humanitarian Values and Fundamental Principles:
Outcome 1: The dissemination of the Fundamental Principles is integral component in all NS programmes and activities.
Outcome 2: The Fundamental Principles and Humanitarian Values are internalised and practised at all levels of the organisation (leadership, management, staff corps and the communities served).

The IFRC, ICRC and resident Partner National Societies (PNS) will be assisting ARC in disseminating information about the Red Cross Movement and improving on visibility and good publicity. Activities aimed at disseminating the Fundamental Principles of the Movement and Humanitarian Values, will be integrated with all programmes.

Since 2003, the ARC developed an HIV and AIDS project with a component to combat the discrimination and stigmatisation of PLHIV and victims of sexual abuse. The activities to be carried out in 2009 and 2010 are inspired by the positive results achieved through the HIV and AIDS project.

b) Profile of target beneficiaries

- 1,500 staff and volunteers for training on the P&V.
- Two million people to be reached through dissemination activities.

c) Potential risks and challenges

The limited human resources capacity at the headquarters compounded by the funding constraints continues to hinder developments in the dissemination of the P&V. In addition the Red Cross Emblem is not well understood in the country is still subject to misuse.

It has also been a challenge to formulate activities under the promotion of the Principles and Values as a programmatic area. Nevertheless their operationalization through integration with other operational programmes has ensured improvement on gender equity, anti-stigma and discrimination and knowledge on sexual gender-based violence.

Role of the Secretariat

The Secretariat's budget for its support role in 2009-2010 is CHF 159,144 (EUR 101,366 and USD 145,470)

a) Technical programme support

ARC has a 30-year history of actively working in health and care and disaster response programming, through its 23 health posts. ARC has some branches with commendable experience in emergency operations, although there have been some gaps in co-ordination from the headquarters. The network of over 2,000 volunteers has been the core resource in implementing all community-based activities, including participation in national immunization programmes. At branch level, first aid training has been conducted to strengthen actions of volunteers during health emergencies.

With the new leadership, the NS requires further governance and management orientation into the Red Cross Movement priorities development and standard operational procedures (SOPs). The IFRC Zone office in Southern Africa has placed its focus on providing technical support to the NS leadership in all areas of policy development, governance and management development and programming. The IFRC Country Representation is closely supporting and monitoring the implementation of the change process, and provides coaching to NS staff at headquarters and provincial levels. Additional support is provided by the IFRC Zone office upon the request of the NS.

In terms of implementation and management of programmes, ARC has full responsibility and accountability. The branches at provincial level are in charge of the day-to-day activities directly contacting beneficiaries through volunteer network. At the national level, programme departments manage the programmes, develop policies and guidelines and supervise the branches during implementation. Periodically, programme department will produce regular programme updates and share with the stakeholders.

b) Partnership development and co-ordination

The NS will seek to formalize its partnerships with local and international partners through the signing of a Memoranda of Understanding (MoU). A partnership forum is to be created for all stakeholders to come together and to explore ways of collaboration and co-ordination, guided by the NS strategic plan for recovery. The combination of resources and efforts will maximize the collective impact of services being delivered, and for the NS to achieve its objective of becoming a well functioning NS within the next five years. Support from the IFRC will be sought to improve collaboration and co-ordination utilizing the Cooperation Agreement Strategy (CAS) approach that aligns NS needs, strategic directions, capacities and priorities as well as support received from partners.

Currently, the German and Spanish Red Cross Societies are working bilaterally/unilaterally in Angola in response to HIV and AIDS and capacity building in disaster management, emergency health support and specific social programmes directed at youth rehabilitation and vocational training. The ICRC has supported the tracing activities aimed at restoring family links of families disconnected by the war and has also been the biggest donor for the mine awareness project. It is expected that with the new recovery programme, more partners will show interest in supporting the NS. The potential partners for this plan include the corporate sector (oil and diamond companies, and the Partner Red Cross Societies such as American, Austrian, Belgian, Danish, Finnish, Japanese, Norwegian and Swedish Red Cross Societies.

As auxiliary to government, ARC has supported many initiatives such as the national vaccination campaign and relief assistance. Of late, ARC has been recognised as a major partner of government in emergency operations and as a result is partnering with the National Civil Protection Commission, which facilitates rapid response to emergencies. In various areas, ARC has cooperated with United Nations agencies such as UNICEF, WHO, UNDP and Global Fund. With technical support of the ICRC, ARCS coordinates with National Commission for De-mining and Humanitarian Assistance of Mine Victim (CNIDAH), UNICEF and Handicap International in the mine awareness programme.

In April 2007, the secretary general of ARC was elected as a president to the National Malaria Forum and has been closely involved in administering malaria policies and strategies. The secretary general also represents the NS at the Country Coordination Mechanism (CCM), which coordinates HIV interventions in Angola. This cooperation is expected to continue in the future and as ARC re-establishes itself through change process, aims to take a leading role in its humanitarian mandate.

c) Representation and Advocacy

The IFRC representative facilitates relationships between NS and its stakeholders including Movement members and other humanitarian agencies. The office of the IFRC representative advises and coaches the secretary general and other senior management members on strategic directions and co-ordinates effective response.

Promoting gender equity and diversity

Due to the long lasting civil war, Angola has a bigger female population than male. However, female participation is limited, since many women are illiterate and are easily excluded in training and educational programmes. Therefore in programme design, planning and selection of methodologies, this issue is considered. For example, pictorial promotional materials and dramas in local languages, which they can easily comprehend, are widely used to disseminate IEC material and messages. When recruiting volunteers, the NS is gender sensitive by encouraging participation of women, by producing information, education and communication (IEC) material, which is user friendly for people with very limited literacy.

Quality, accountability and learning

To be accountable to beneficiaries, partners and donors, ARC initiated the change process to enhance its service delivery system. In partnership meeting scheduled for late 2008, the progress to achieve accountability will be shared with the partners and donors. Policies, guidelines and standard operation procedures, which are under development, will provide quality standard measures for each programme.

The NS has planning and information sharing meetings with Red Cross/Red Crescent partners in the country and will continue in 2009 and 2010. The reporting systems are slowly being strengthened to ensure sharing of progress and information with stakeholders, at the same time ensuring accountability to donors and knowledge sharing (learning) among NS staff.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
<p>For further information specifically related to this plan, please contact:</p> <ul style="list-style-type: none">• In Angola: Warter Bombo Guange Quifica, Secretary General, Email vquifica@yahoo.com Phone: Tel: +244.922.313.242; Fax 244.222..372.868• In Angola: Karen Hvid: Federation Representative: Email: karen.hvid@ifrc.org; Phone: Tel: +244 923 408 557; Fax: +244.222.372.868.• In Southern Africa Zone: Françoise Le Goff, Head of Zone Office, Johannesburg; Email françoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230• In Geneva: Busi Tshili; Officer (Management Support Team), Coordination and Programmes Division; Email: busiwe.tshili@ifrc.org; Phone: Tel: +41.22.730.4207; Fax: +44.22.733.0395	