

ANGOLA

INTEGRATED COMMUNITY HEALTH AND DEVELOPMENT PROGRAMME

CHF 5,821,000

90,000 beneficiaries

Programme No. 01.17/98

Angola gained independence from Portugal in 1975 and has since suffered almost constant civil unrest. A peace accord signed in November 1994 has helped the country move into a post-war phase of rehabilitation and development with international support. This support is desperately needed, as the economy seriously suffered through the long days of civil war. Inflation ran at 3,700% in 1996, agriculture has been hard hit due to millions of land mines laid on arable land, infrastructure (roads, bridges, railways) is war-damaged, and there is little financial support for health or education compared with the size of the problem faced. In addition, a high rate of unemployment, the return of refugees and IDPs and ongoing demobilisation leaves Angola dangerously fragile.

In April 1997, the political will for a united Angola was expressed through the formation of a United Government of National Reconciliation, although clashes between the government and UNITA forces have since been reported in the diamond-rich north-east. The peace process is still very slow and recently the United Nations Security Council imposed air and travel sanctions against UNITA and closed its offices abroad as punishment for flouting peace accords. Exemptions will be permitted in cases of medical emergency or for aircraft carrying humanitarian supplies, if approved in advance by the UN sanctions committee. This move could have an effect on the success of the Red Cross programmes in Angola.

The Operation

With peace holding, the Angola Red Cross Society (ARCS) and the Federation has shifted its main strategy from relief to rehabilitation and development through an Integrated Community Health and Development Programme (ICHDP), started in 1996. The ICHDP concept in Angola is based on Project Delegations where a Participating National Society (PNS) works in a specific area but global co-ordination lies with ARCS/Federation.

The overall objective of the programme is to strengthen the ARCS at headquarters and provincial levels so that it can implement its Community Based Health Programme, which assisted 700,000 beneficiaries in 1997 and targets 950,000 beneficiaries (women, under-fives and the elderly) in seven

provinces in 1998. The programme consists of developing basic health facilities and promotion of community based and preventive health care through local health posts. It also includes Institutional/Resource Development, Training and Mine Awareness — the latter will cover 60,000 people in 1998 and forms a major component of ARCS's disaster preparedness programme. To reinforce the preventive side of the programme, an emergency water/sanitation project is planned.

Objectives in 1998

- | To strengthen the management capacities, structures and operational links of ARCS at the central and provincial level through training and implementation of the ICHDP;
- | to improve the general health conditions of vulnerable communities through community health care including water/sanitation and branch activities;
- | to reinforce the capability of ARCS staff at central and provincial level to manage programmes and assist in planning for future financial sustainability;
- | to expand the health network with an increased number of health posts from 21 in 1997 to 29 in 1998.

Plan of Action

Institutional and Resource Development

1998 will be the second year of a three year Programme Framework aimed at assisting ARCS in building a stronger National Society. The extraordinary General Assembly set for February 1998 will be followed up with the formation of provincial governance structures in preparation for the ordinary General Assembly in 1999. The programme hopes to further strengthen the financial systems of ARCS and develop its income generation base. A Financial Development Delegate arrived in 1997 and will, with the Institutional Development Delegate, continue to develop the income generating base and financial systems of ARCS. As well as costs related to institutional reform the programme will finance support costs for ARCS staff, organisational development and the promotion of the Red Cross in Angola.

Health Programmes

Community Based Health

The Community Based Health Programme will continue along the lines agreed in 1996, emphasising preventive and basic curative health care through community participation. Most of the 21 health posts are supported by project delegations while planning, guidance and supervision at national level is co-ordinated by ARCS/Federation.

Water and Sanitation

Over one third of all visits to Red Cross health posts are directly related to poor water/sanitation. An emergency water programme is planned in 1998 to rehabilitate, reinforce and/or drill 35 wells in three provinces (Namibe, Benguela and Cuanza Sul), assisting 250,000 people and reinforcing the transition from a curative based health programme to an increased level of preventive health care.

Relief

Non-food items, such as used clothes, kitchen kits, blankets, soap and medical supplies and equipment will be distributed through ARCS community health posts. The ARCS/Federation will further maintain an emergency stock of relief goods — sufficient for 20,000 people — to directly respond to emergency needs in the case of natural or man-made disasters.

Training

This programme aims at training ARCS staff in various fields, from First Aid to Finance. It also targets upgrading the Viana Training Centre into a commercial training institute to generate income for the National Society.

Mine Awareness

A minimum of 60,000 rural people will benefit from this programme, which will be organised through ARCS provincial branches. Depending on the political and military situation two out of four provinces (Uige, Bié, Huila and Cunene) will be selected.

Project delegation (7)

The ICHDP is presently working with five PNS project delegations in Uige, Bié, Benguela, Cuanza Norte and Cuanza Sul. The Appeal seeks another PNS to fund operations in Namibe and Bengo. Should funding not be found, these operations will not be undertaken.

Huila/Luanda Projects

In addition to the project delegations, this Appeal seeks to maintain current programmes in Huila and Luanda. The funding sought will cover minimum services provided through existing health and branch development programmes. These provinces are considered mini-projects in support of the ICHDP.

Capacity

ARCS has 273 staff members and 200 active volunteers, with Branch Offices in 17 out of 18 provinces. It works actively with the Federation and PNSs in eight of these provinces. The Federation will maintain ten delegates in 1998 and five to nine project delegates depending on the funding and availability of Portuguese speaking delegates.

The management and logistics support to the ICHDP is provided by the Federation and is comprised of the Delegation in Luanda and a logistics support team out of Luanda and Benguela. The Federation maintains a uniform administrative, financial, and reporting service to PNSs and monitors the security situation through a nation-wide security plan. The telecommunication network is extensive and reaches all 18 provinces.