

# PROGRAMME UPDATE



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

Appeal No. MAAA0001  
12 July 2006

*The Federation's vision is to strive, through voluntary action, for a world of empowered communities, better able to address human suffering and crises with hope, respect for dignity and a concern for equity. Its 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 183 countries.*

### In Brief

**Programme Update no. 1.**

**Period covered: January to May 2006.**

**Appeal target: CHF 1,628,000 (USD 1,241,000 or EUR 1,052,000).**

**Appeal coverage: 8.5%.**

**Outstanding needs: CHF 1,490,000 (USD 1,211,000 or EUR 949,000).**

**Appeal 2006-2007:** <http://www.ifrc.org/docs/appeals/annual06/MAAA0001.pdf>

*<Click here to go directly to the attached interim financial report>*

**Related Emergency Appeal: Angola: Cholera Crisis –** <http://www.ifrc.org/docs/appeals/06/MDRAO001r.pdf>  
**Emergency Appeal no. MDRAO001**

*The programmes herein are aligned with the Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission:*

- *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.*

**Programme summary:** The Angola Red Cross (ARC) is currently engaged in responding to a cholera outbreak which started in February 2006. Most of the national society's human resources, including ARC volunteers, are involved in the operation in 11 provinces. The Federation allocated a total of CHF 200,165 from the Disaster Relief Emergency Fund (DREF) to support social mobilization and to initiate water and sanitation (WatSan) activities in the affected areas.

A preliminary Emergency Appeal was launched on 18 May, for CHF 1,206,656 to assist 30,000 beneficiaries. On 22 June, the Appeal was revised—the budget was adjusted upwards to CHF 1,392,404 and the number of beneficiaries was increased to 1,000,000.

The ARC has embarked on a change process towards becoming a well-functioning national society (WFNS). The change process is designed to build a strong and functional headquarters, with autonomous branches and motivated volunteers trained to assist and address the needs of the most vulnerable communities.

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The national society (NS) runs 23 basic health posts in peri-urban and rural areas in eight of the 18 provinces of Angola. The activities at the health posts are linked to community-based health and care (CBHC) projects which include health education, mother and child care, HIV and AIDS prevention and promotion of behavioural change. Disaster management activities included mine awareness campaigns as well as control and response to the cholera outbreak through the provision of safe water, sanitation, health and hygiene education.

### *For further information specifically related to this operation please contact:*

- **In Angola:** Dr Aleixo Goncalves, Secretary General, Angola Red Cross, Luanda; Email: [cruzvermelha@netangola.com](mailto:cruzvermelha@netangola.com); Phone: +244.2.33.39.91; Fax: +244.2.39.11.70
- **In Angola:** Martin Acosta, Programme Coordinator, Angola Delegation, Luanda; Email: [martin.acosta@ifrc.org](mailto:martin.acosta@ifrc.org); Phone: +244.222.372.868; Fax: +244.222.372.868
- **In Zimbabwe:** Françoise Le Goff, Federation Head of Southern Africa Regional Delegation, Harare; Email: [francoise.legoff@ifrc.org](mailto:francoise.legoff@ifrc.org); Phone: +263.4.70.61 55; 263.4.72.03.15; Fax: +263.4.70.87.84
- **In Geneva:** Terry Carney, Federation Regional Officer for Southern Africa, Africa Dept.; Email: [terry.carney@ifrc.org](mailto:terry.carney@ifrc.org); Phone: +41.22.730.42.98; Fax: +41.22.733.03.95

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](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

## Operational developments

Since 19 February 2006, Angola has been battling with its worst ever cholera epidemic, with over 500 new cases reported daily during the peak of the outbreak (April to mid-May). The origin of the epidemic was the capital of Angola, Luanda where around 90% of the city's total population (estimated at five million) lives in slums with limited or no access to clean water, sanitation, drainage and waste disposal facilities. As of 30 June 2006, Angola had reported a total of 47,037 cholera cases with 2,000 deaths, translating into a case fatality rate (CFR) of 4% in 13 out of the total 18 provinces.

In response to the cholera outbreak the ARC staff and volunteers worked in the affected areas of Luanda, Benguela, Bengo, Malange and Kwanza Norte provinces. More than 260 volunteers were trained on social mobilization, first aid and provision of oral re-hydration solutions (ORS). The volunteers have been working in coordination with health authorities at the provincial level. In response to the crisis, the Federation allocated a total of CHF 200,165 from DREF (CHF 50,165 on 24 February and CHF 150,000 on 14 April 2006) and, with support from the Federation regional delegation in Harare, a Regional Disaster Response Team (RDRT) member from the Mozambique Red Cross Society was deployed to assist in the operation.

Based on the escalating needs, the Federation deployed a Field Assessment Coordination Team (FACT) specialized in health, WatSan, information, media, telecommunication and logistics for three weeks. The FACT and RDRT worked effectively as a team during the assessment. A preliminary Emergency Appeal was launched on 18 May, for CHF 1,206,656 to assist 30,000 beneficiaries. On 22 June, the Appeal was revised– the budget was adjusted upwards to (CHF 1,392,404 and, the number of beneficiaries was increased to 1,000,000). The short-term activities included social and volunteer mobilization, clean water supply, sanitation and training. Long-term activities, based on the recommendations from the FACT/RDRT assessment, include the construction of latrines and water-points for communities, capacity building and preparedness activities for ARC volunteers.

The ARC has finalized its constitution and the strategic plan; this will now assist the NS to hold its General Assembly which was last held in 1998. The NS is also preparing for the Annual General Assembly (AGM) to be held in July 2006. The Federation regional delegation in Harare has been supporting the constitutional review process and will further give guidance towards the AGM.

## Health and care

The CBH care programme, which is aimed at improving the health of mothers and children in the community through effective and sustainable volunteer's intervention based on ARCHI 2010, continues at the ARC health centres and the surrounding communities. Below are some statistics of beneficiaries for the CBH care activities:

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- Curatives, first aid and treatment of the most common diseases (1,758);
- Health education sessions through public talks (6,524);
- Home visits for malaria and water sanitation prevention activities (4,543);
- Vaccination routine and campaign activities (7,804);
- Childcare and treatment for children aged under five years (5,996);
- Pre-natal assistance and care for women (8,532).

**Goal: Sustainable improvement in the general health conditions of vulnerable communities, whilst building and expanding upon the Angola Red Cross capacity and volunteer base.**

**Objective: National society basic health care provision to targeted communities (with emphasis on refugees and returnees, former internally displaced people (IDPs,) and demobilized combatants) is improved and contributes to the mitigation of priority health problems.**

### Progress/Achievements

**Expected result 1:** Promotion, prevention, first aid and curative intervention in the health posts and surrounding communities have decreased the prevalence of communicable diseases and increased the care and support for people affected by malaria, sleeping sickness, diarrhoea, and tuberculosis.

The ARC appealed to the provincial health authority for support in the CBHC programme, through several visits and meetings conducted at national, provincial and community levels in eight provinces. The ARC assisted a total of 45,157 people through health and care activities in eight provinces with the ARC health posts. Red Cross care facilitators conducted over 4,500 home visits to beneficiaries during this reporting period. These included 5,996 children aged under five years, 8,532 pregnant women and 1,758 adults.

**Expected result 2:** The national society is an active member of the Inter-Agency Coordination Committee (ICC) for the national vaccination activities and related coordination bodies.

The ARC participated at the Inter-agency Coordination Committee (ICC) meeting and during National Vaccination Programme activities. The NS is one of the crucial partners of the Ministry of Health (MoH) in social mobilization activities in the country because of its strong volunteer base. During the report period, the ARC, the Rotary International, the United Nations Children's Fund (UNICEF) and other member of ICC started planning the activities for the next national measles campaign, to be conducted in July 2006. The ARC will be in charge of conducting social mobilization activities in three provinces while at the same time providing support in the other provinces through its volunteer network. The production of information, education and communication (IEC) materials for the campaign has started and the national society's logo is also visible on the pamphlets.

**Expected result 3:** Increased ability of the national society to implement community-base water and sanitation/hygiene promotion intervention.

In response to the current cholera outbreak, more than 260 staff and volunteers worked together with local MoH authorities in community mobilization, health and hygiene promotion, door-to-door campaigns identifying and evacuating diarrhoeal cases, training in water chlorination; administering of ORS as a first aid measure, referral of patients to cholera treatment centres (CTC) as well as distribution of IEC materials, chlorine, soap and jerry cans.

*Photo right: ARC volunteers distributing relief items during the health and hygiene campaigns, cholera operation.*



**Expected result 4:** The ARC has the capacity to respond to emergency disease outbreaks such as Marburg haemorrhagic fever and cholera among others.

Trained ARC volunteers have been working in the areas of Luanda city affected by the cholera outbreak since the beginning of the cholera outbreak on the 13 February. In Benguela, Bengo and Kwanza Norte provinces, the outbreak was reported on 4 March and in Malange and Kwanza Sul on 10 April 2006. A total of 28,202 families benefited from immediate relief, distribution of chlorine, soap and ORS and a total of 80,033 home visits were conducted by ARC volunteers in Luanda, Benguela, Kwanza Sul, Kwanza Norte and Malange provinces.

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### **Impact**

- The NS volunteer network ensured a wider coverage of communities through health and care activities, which led to effective service delivery during cholera control.
- The ARC contributed to the reduction of morbidity and mortality during the cholera outbreak, through increased prevention and social mobilization activities. Communities were empowered to prevent and control the spread of cholera. By May 2006, cholera cases recorded per day decreased in Luanda city, where ARC activities were concentrated.
- Training of volunteers improved their capacity in social mobilization, community first aid, health and hygiene activities, resulting in efficient service delivery. The work of the ARC volunteers has been significantly recognized by the government and other humanitarian agencies in the country. The authorities at the national, provincial and local level as well as community members of Luanda, Benguela, Kwanza Sul, Kwanza Norte and Malange provinces — which are affected by cholera outbreak — expressed their satisfaction as regards the intervention of the ARC.

### **Constraints**

- Lack of funding for the planned activities, especially for the recruitment of the national health coordinator, affected the development of the programme. Without a national health coordinator, technical support to the branch has been very limited.
- Poor communication between headquarters and provincial level also affected smooth implementation of emergency and long-term health and care activities.

### **Disaster management**

Most of the planned activities were not implemented due to poor funding to the annual appeal. However, the NS was active in responding to the cholera outbreak, and has strengthened its disaster preparedness and response capacity through its involvement in the operation.

**Goal: The vulnerability of the population living in areas affected by disasters is reduced.**

**Objective: The vulnerability of the targeted communities in areas affected by disaster is reduced and their capacity to respond to disaster strengthened through implementation of disaster prevention, preparedness and response strategies.**

### **Progress/Achievements**

**Expected result 1:** A clear disaster management structure exists within the national society with defined roles and resources.

The NS does not have a national disaster management coordinator due lack of funding. Therefore, the capacity of the disaster management structure is low and is currently being supported by the Federation regional delegation in Harare to respond to emerging disasters. The Federation regional delegation supported the NS by strengthening its capacity during the cholera operation. An RDRT member was deployed from the Mozambique Red Cross Society, to support the cholera operation, mainly in community social mobilization.

**Expected result 2:** ARC branches have first aid teams, well trained in community-based first aid (CBFA).

In Malange branch, the RDRT member established a first aid team which is now operational. The planned first aid training sessions were not conducted due to lack of funding.

**Expected result 3:** Improved quality of service of the community-based landmine awareness and education programme in six provinces.

The ARC strengthened the community-based landmine awareness and education programme with the recruitment of a new mine awareness coordinator at the headquarters. The recruitment process for the six provincial coordinators has started and will be in place by the end of the year.

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The ARC, International Committee of the Red Cross (ICRC), Inter-sectoral Commission for Humanitarian Assistance and Mine Awareness (CNIDAH) and the United Nations Children's Fund (UNICEF) signed a Memorandum of Understanding (MoU) on mine awareness activities in 15 provinces for a six month period. UNICEF supported the ARC with, the recruitment and training of new volunteers as well as training materials for this project. More than 50 new volunteers were trained on community mine awareness activities.

### **Impact**

- The ARC volunteers are active in the community landmine awareness programme such that the NS is recognised by CNIDAH as a credible implementing partner.

### **Constraints**

- The NS has limited capacity to implement disaster management activities at national and branch levels. This has affected planning and implementation of activities as well as supervising the work of the volunteers.
- Lack of funding for the annual appeal hindered implementation of the planned disaster management activities, which are aimed at building a well-prepared NS.

## **Organizational development**

Following the decision at the last National Council meeting held in November 2005, three commissions (the constitution, strategic planning and finance and audit commissions) were set up and have been operational during the reporting period. The Audit Commission facilitated the production an external audit report which was submitted to the Executive Council in March 2006. The Federation regional delegation deployed an organizational development consultant in March 2006 to support the Strategic Planning Commission. The consultant assisted the commission in drafting a five-year strategic plan draft which has been circulated to all provinces for comments.

The Constitution Commission reviewed the ARC constitution and the draft was sent to the Joint Commission in Federation Secretariat in Geneva in April 2006. Comments and recommendations have been received and will be presented to the board during the next AGM, planned for July 2006.

**Goal: The Angola Red Cross is a well-functioning national society (WFNS) and is recognized and respected as a key national actor in the humanitarian sector by the community, government, local and international humanitarian agencies.**

**Objective: The Angola Red Cross structures, systems, procedures and the human resources at all levels are developed and strengthened, to better respond to the needs of the most vulnerable communities and to deliver quality humanitarian services.**

### **Progress/Achievements**

**Expected result 1:** The Angola Red Cross finance management is improved at all levels.

The new finance and administration coordinator was recruited in March 2006 and has been working towards closing the 2005 accounts. The coordinator has also started training finance staff and supervising branches. From 24 to 26 April, the coordinator visited Kuando Kubango and Lunda Norte provinces and trained the provincial finance coordinators on financial procedures. The two provinces were supported to start conducting an inventory of the national society's resources. The recommendations from the last KPMG audit report are being implemented and new finance procedures are under development.

### **Impact**

- The participation of the Strategic Planning Commission during the revision of the ARC Strategic Plan and setting up of the technical headquarters' personnel with specific task was improved. The participation of the ARC branches during the revision of the Strategic Plan increased the ownership of the document at the national level.
- The Finance Commission has made the National Executive Council members aware of the financial status of the NS. This will assist in decision making and resource mobilization activities.

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### Constraints

- The national governing board is not complete which leaves gaps during the absence of the president. It leads to delays in decision making and policy formulation.
- The secretary general has been on sick leave since the beginning of the year and without proper backup, it destabilized the headquarters' staff, decreased the control of tasks, delivery of services and effective implementation of the Change Process.

### Implementation and coordination

The implementation and coordination of this Appeal is governed by the Federation's Framework for Action (FFA) which will orient capacity building actions over the next five years, with the aim of building a well-functioning Federation network. The framework is a clear set of actions to reform and renew the Federation to ensure that it remains relevant and effective as an organization.

### Coordination, cooperation and strategic partnerships

The ARC maintains coordination meeting with the MoH, WHO, the World Food Programme (WFP), the United States Agency for International Development (USAID), United Nations High Commissioners for Refugees (UNHCR), the government of Angola as well as other national and international stakeholders. This has been strengthened through continuous dialogue and engagement at both the field and national level. The Federation representative, accompanied by the ARC programme coordinator, national health coordinator and HIV and AIDS coordinator continued to participate in the ICC and Coordination Committee Meeting (CCM) for drafting a proposal to be submitted to the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM).

In the current cholera relief operation, the ARC — with support from the Federation — is coordinating effectively with other stakeholders such as the government, WHO, Médecins Sans Frontières (MSF) and UNICEF. A task force made up of relevant government departments and the Red Cross representatives was instituted and was the decision making body for the cholera epidemic relief operation as regards the development of a plan of action and allocation of resources. The ARC is part of the Social Mobilization Sub-Coordination Committee together with MSF Belgium, MSF France, MSF Spain, MSF Switzerland, OXFAM and other non-government organizations (NGOs) at the provincial level and national levels.

Below is a table reflecting the activities undertaken bilaterally by Red Cross Red/Red Crescent partners in Angola.

<b>Movement partners</b>	<b>Summary of activities (during the reporting period)</b>
Federation	Health and care, HIV and AIDS, disaster management, organizational development – capacity building
ICRC	Training and mine awareness community programme
French Red Cross	Health and care
Netherlands Red Cross	Disaster management
Spanish Red Cross	Social rehabilitation programme
Swedish Red Cross	Health and care, organizational development
<b>Non-Movement partners</b>	<b>Summary of activities (during the reporting period)</b>
Consortium (Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society and Development Cooperation Ireland (DCI).	HIV and AIDS
Government	HIV and AIDS, community based-health
American Embassy /USAID	HIV and AIDS
National organization for PLWHA	Coordination in HIV and AIDS
National civil protection service	Disaster management
WFP	Food aid, HIV and AIDS
UNHCR	HIV and AIDS
WHO	Health and Care
MSF	Health and Care

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A tripartite coordination meeting has also been established as coordination and cooperation mechanism for ARC, ICRC and the Federation to provide feedback and advice to the president of the NS on programmes, governance and issues of common interest. The Federation is keeping communication channels open with the Spanish Red Cross and the French Red Cross who operate bilaterally with the ARC. The Federation representative in Angola regularly shares general information made available from the Federation such as the Algiers Plan of Action, the Global Agenda, Operational Alliance and the Federation of the Future (FoF).

*[Interim financial report below;](#)*  
*[Click here to return to the title page and contact information.](#)*

**International Federation of Red Cross and Red Crescent Societies**

MAAAO001 - ANGOLA

Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAAAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	344'172	0		1'283'541	0	1'627'713
B. Opening Balance	2'487	1'748		124'034	0	128'268
<b>Income</b>						
Cash contributions						
Danish Red Cross				5'100		5'100
German Red Cross				4'500		4'500
Swedish Red Cross		1'650		82'500		84'150
C1. Cash contributions		1'650		92'100		93'750
Outstanding pledges (Revalued)						
Swedish Red Cross		-1'650		-82'500		-84'150
C2. Outstanding pledges (Revalued)		-1'650		-82'500		-84'150
Reallocations (within appeal or from/to another appeal)						
Norwegian Red Cross		-98		98		0
Swedish Red Cross		-1'650		1'650		0
C3. Reallocations (within appeal)		-1'748		1'748		0
C. Total Income = SUM(C1..C6)	0	-1'748		11'348	0	9'600
D. Total Funding = B + C	2'487	0		135'381	0	137'868

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	2'487	1'748		124'034	0	128'268
C. Income	0	-1'748		11'348	0	9'600
E. Expenditure	-321			-120'916		-121'236
F. Closing Balance = (B + C + E)	2'166	0		14'466	0	16'632

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Interim financial report

Selected Parameters	
Reporting Timeframe	2006/1-2006/5
Budget Timeframe	2006/1-2007/12
Appeal	MAAAO001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
<b>BUDGET (C)</b>		344'172	0		1'283'541	0	1'627'713	
<b>Land, vehicles &amp; equipment</b>								
Office/Household Furniture & Equipment	4'550							4'550
<b>Total Land, vehicles &amp; equipment</b>	4'550							4'550
<b>Transport &amp; Storage</b>								
Transport & Vehicle Costs	48'300	300			3'420		3'720	44'580
<b>Total Transport &amp; Storage</b>	48'300	300			3'420		3'720	44'580
<b>Personnel Expenditures</b>								
Delegates Payroll	278'400				30'853		30'853	247'547
Delegate Benefits	216'000				13'570		13'570	202'430
National Staff	263'406				30'158		30'158	233'247
National Society Staff	91'920				5'511		5'511	86'409
Consultants	42'280				3'828		3'828	38'452
<b>Total Personnel Expenditures</b>	892'006				83'920		83'920	808'086
<b>Workshops &amp; Training</b>								
Workshops & Training	339'900				6'539		6'539	333'361
<b>Total Workshops &amp; Training</b>	339'900				6'539		6'539	333'361
<b>General Expenditure</b>								
Travel	117'856				9'609		9'609	108'247
Information & Public Relation	16'900							16'900
Office Costs	41'280				1'113		1'113	40'167
Communications	42'240				2'032		2'032	40'208
Professional Fees	12'480				-274		-274	12'754
Financial Charges	6'400				4'389		4'389	2'011
Other General Expenses					1'055		1'055	-1'055
<b>Total General Expenditure</b>	237'156				17'924		17'924	219'232
<b>Program Support</b>								
Program Support	105'801	21			7'860		7'880	97'921
<b>Total Program Support</b>	105'801	21			7'860		7'880	97'921
<b>Operational Provisions</b>								
Operational Provisions					1'254		1'254	-1'254
<b>Total Operational Provisions</b>					1'254		1'254	-1'254
<b>TOTAL EXPENDITURE (D)</b>	1'627'713	321			120'916		121'236	1'506'476
<b>VARIANCE (C - D)</b>		343'851			1'162'626		1'506'476	