

InterAction Member Activity Report

Angola

*A Guide to Humanitarian and Development Efforts of
InterAction Member Agencies in Angola*

September 2002



Photo courtesy of Save the Children

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Map of Angola



Map courtesy of Central Intelligence Agency / World Fact Book

Background Summary

On April 4, 2002, 27 years of near-constant fighting in Angola came to an end. By that time the civil war had claimed thousands of lives, left over 4.1 million people displaced, and produced one of the worst sustained humanitarian crises in the world. Angola now faces the enormous challenge of repairing the damage left by more than a generation of conflict. Among the most immediate consequences is an acute food shortage that has left at least 30 percent of the population malnourished.

The territory that is now Angola endured a history of violence throughout much of the time period since Portugal colonized it in 1575. The Portuguese enslaved the native population and sent many to Brazil and other parts of the Americas to work on plantations. Scholars believe Angola became the largest source of people for the slave trade to the Americas by the 19th century. During the 1950s, racial tensions intensified as white immigration steadily increased.

During the 1960s, three independence movements emerged in Angola: the Popular Movement for the Liberation of Angola (MPLA), the National Liberation Front of Angola (FLNA) and the National Union for the Total Independence of Angola (UNITA), led by Jonas Malheiro Savimbi. When independence from Portugal was attained in 1975, the MPLA assumed control of the Angolan government in the capital city of Luanda. The party's leadership, however, was almost immediately challenged by Savimbi's UNITA, and civil war began and continued until the first cease-fire was negotiated in 1991. Throughout this period, the MPLA received large amounts of assistance from Cuba and the former Soviet Union, while UNITA received support from South African troops and resources from the United States. Fighting resumed in 1992, following Savimbi's loss in a democratic election supervised by the United Nations. The leader of UNITA declared the election fraudulent and immediately returned to war. In 1994, both Savimbi and dos Santos signed the Lusaka Protocol, an agreement intended to encourage peace and reconciliation among the Angolan people. The Protocol was built on the Bicesse Accords of 1991, which were aimed at disarmament, the unification of the two armies and national elections. In addition, the UN was given a major role in the peacekeeping process and created the UN Angolan Verification Mission III (UNAVEM III). UNAVEM III assisted with demobilization efforts and investigated human rights abuses committed by both sides. Despite assistance however, fighting resumed in 1998. Much of UNITA's activity at the time was financed through illicit diamond sales worth an estimated \$500 million per year. A cease-fire was not negotiated until April 4, 2002, following the death of Jonas Savimbi.

Though the country has remained quite peaceful since April, the effects of the civil war are overwhelming. Over 3 million people require assistance in Angola, yet funding has remained low since the cease-fire. Although 50 percent of Angola's GDP comes directly from oil sales, the government has given little public accounting for oil revenue and there has been remarkably little benefit from it to the country's economy.

There is great concern for the protection and safe return of nearly 435,000 refugees to the country, primarily from neighboring Zambia and the Democratic Republic of the Congo, as well

as the return of Internally Displaced People (IDPs) to their homes. Since April 2002, over 50,000 are estimated to have spontaneously returned and 300,000 additional IDPs are expected to undergo assisted return during the next 6 months. Moreover, nearly half a million people previously out of reach to international aid groups now are accessible, intensifying the immediate need for assistance. Although the greater access signifies an improvement in security, the rising number of people requiring food aid has placed new pressure on existing supplies.

Whether the minimum conditions for safe and sustainable return can be met is another major concern. There is very little shelter and poor sanitation; health and education facilities are lacking; and there is not enough potable water. Most returnees lack essential supplies such as seeds and tools and are likely to face a desperate shortage of food. Humanitarian access remains a challenge as well, despite improvements since the cease-fire. Inadequate basic infrastructure and the poor condition of many roads have hindered the delivery of food to various areas of the country. The situation is likely to get worse with the coming rainy season, which will make already bad roads even more difficult or impassable, further complicating the delivery of food and other supplies. In addition, the estimated 4 to 5 million landmines scattered throughout the country are a continued threat for aid workers as well as for the local population. The landmines render the roads unsafe for travel and threaten subsistence agriculture, which sustains 85 percent of the population.

The need for improved medical care in Angola is paramount. More deaths result from disease, poor health and malnutrition than from direct violence, and the impact is especially severe for children. One out of every three children dies before the age of five, due in part to widespread and near chronic malnutrition, but also to incomplete immunization coverage. Half of these deaths are due to malaria. Prevention and awareness of HIV/AIDS is also of growing concern. Reports indicate the disease is rapidly spreading, with roughly 5 percent of the adult Angolan population infected, along with approximately 7,500 children under 15 years of age. The return of refugees from countries such as Zambia and Namibia where there is a high prevalence of HIV/AIDS has contributed to the recent increase. Treatment for HIV/AIDS and other illnesses remains a major challenge for Angola. The healthcare system lacks material resources and HIV testing kits are in short supply. Most hospitals have poor sanitation and access to health care is available to less than 25 percent of the population.

The challenges Angola faces in this post-conflict period are massive. Thousands are returning to areas covered with landmines, and are plagued with poor health conditions and desperate food insecurities. As the people of Angola seek to maintain peace and rebuild a nation consumed by civil strife, committed assistance from the international community is critical to success.

Report Summary

This report offers international agencies, non-governmental organizations (NGOs), the media and the public an overview of the humanitarian and development assistance being provided to the people of Angola by InterAction member agencies.

Eleven member organizations reported their current or planned relief and development operations in Angola. The programs address a broad range of sectors, including: agriculture and food security; child protection; disaster and emergency relief; education and training; health care; human rights, peace and conflict resolution; landmine awareness; nutrition and refugees.

These activities take place in a number of locations, including: Huila Province, Benguela Province, Cuando Cubango Province, Huambo Province, Luanda Province, Malanje Province, Cabinda Province, Cuanza Sul Province, Bie Province, and Uige Province.

The agencies in this report have presented various objectives for their programs in Angola. Many deal with addressing the immediate needs of the refugee/IDP population through the distribution of food and non-food supplies, health and nutrition services, polio eradication, etc. Other common themes among program objectives include emergency relief and rehabilitation, education, water and sanitation programs, and peace and reconciliation.

Many of the agencies in this report work with the support of, or in coordination with, local and international partners. Some of the organizations mentioned are: the United Nations Children's Fund (UNICEF), the World Food Program (WFP), the office for the Coordination of Humanitarian Affairs (OCHA), the U.S. Office of Foreign Disaster Assistance (OFDA), the Food and Agriculture Organization (FAO) and Action by Churches Together (ACT).

Organization by Sector Activity

Agriculture and Food Security

Action Against Hunger
ADRA
Africare
CARE
Catholic Relief Services
Church World Service
Concern Worldwide
Save the Children
World Vision

Child Protection

US Fund for UNICEF
Women's Commission for Refugee Women and Children

Disaster and Emergency Response

ADRA
Africare
CARE
Catholic Relief Services
Church World Service
World Vision

Education and Training

ADRA
Africare
Christian Children's Fund
Jesuit Refugee Services
US Fund for UNICEF
World Vision

Health Care

Action Against Hunger
ADRA
Africare
CARE
Catholic Relief Services
Christian Children's Fund
Church World Service
International Medical Corps
Jesuit Refugee Services

Save the Children
US Fund for UNICEF
Women's Commission for Refugee Women and Children
World Vision

Human Rights, Peace and Conflict Resolution

Christian Children's Fund
Catholic Relief Services
Jesuit Refugee Services
Women's Commission for Refugee Women and Children
World Vision

Institution Building

Catholic Relief Services

Landmine Awareness

Church World Service
Jesuit Refugee Services
US Fund for UNICEF
World Vision

Micro Enterprise

Christian Children's Fund

Nutrition

Action Against Hunger
Christian Children's Fund
Concern Worldwide
US Fund for UNICEF
World Vision

Psychosocial Programs

Christian Children's Fund

Refugees

Save the Children

Rural Development

Africare

World Vision

Social Assistance

Jesuit Refugee Services

Urban Development

CARE

Jesuit Refugee Services

Water and Sanitation

Action Against Hunger

Church World Service

US Fund for UNICEF

World Vision

Women in Development

Women's Commission for Refugee Women
and Children

Glossary of Acronyms

Acronyms

AAH	Action Against Hunger
ADRA	Adventist Development and Relief Agency International
CRS	Catholic Relief Services
CCF	Christian Children's Fund
CWS	Church World Service
MSF	Doctors Without Borders/Médecins Sans Frontières
IMC	International Medical Corps
JRS	Jesuit Refugee Service
LURE	Luanda Urban Rehabilitation and Micro-Enterprise
SC	Save the Children
WV	World Vision

InterAction Member

Other Acronyms

AACP	Agriculture Area Clearance Project
AFP	Acute Flaccid Paralysis
ACT	Action by Churches Together
AIDS	Acquired Immune Deficiency Syndrome
CPA	Child Protection Advisors
DAP	Drug Action Programme
DFID	Department for International Development
EDF	European Development Fund
EPI	Expanded Program of Immunization
EPRT	Emergency Preparedness and Response Training
FAO	Food and Agricultural Organization
FLNA	National Liberation Front of Angola
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IACFY	Initiatives for Angolan Children and Youth Futures
IDP	Internally displaced person
IERA	Evangelical Reformed Church of Angola
IOM	International Organization for Migration
JSI	John Snow, Inc.
MCH	Maternal/Child Health
MPLA	Popular Movement for the Liberation of Angola
NID	National Immunization Days
NGO	Non-governmental Organization
OCHA	UN Office for the Coordination of Humanitarian Affairs
OFDA	USAID Office of Foreign Disaster Assistance
PVO	Private Voluntary Organization
QFA	Quartering and Family Areas

RHRC	Reproductive Health for Refugees Consortium
SFC	Supplementary Feeding Centers
SV	Stichting Vluchteling
TBA	Traditional Birth Attendant
TFC	Therapeutic Feeding Centers
UN	United Nations
UNITA	National Union for the Total Independence of Angola
UNICEF	UN Children's Fund
USAID	US Agency for International Development
WFP	World Food Program

Action Against Hunger

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Introduction to Action Against Hunger (AAH)

AAH is an international network of sister-organizations with headquarters in Paris, Madrid, London and New York. AAH intervenes in crisis situations to bring assistance to victims of war and famine. The organization's approach to emergency relief is always coupled with long-term objectives to enable affected populations to regain their self-sufficiency. The AAH strategy integrates four sectors of intervention. AAH treats malnutrition in feeding centers, helps to control it through child-growth monitoring and surveys and seeks to prevent it by education. AAH also tries to reinforce coping mechanisms by providing the means to increase food production. At the same time, AAH facilitates the provision of, and access to safe drinking water. Finally, AAH also adds a primary health care component to its programs, including drug supply, training, rehabilitation and control of epidemics.

Action Against Hunger in Angola

AAH has been operating programs in Angola since 1992. The organization's activities have targeted the sectors of nutrition, health, food security and water/sanitation. The interventions have covered emergency activities during the periods of insecurity and in humanitarian crises and relief-development during periods of relative calm and improved accessibility.

The response of AAH during 2001-2002, before the cease-fire, was to provide emergency health and nutrition services targeting vulnerable populations and groups (children and women) regardless of resident or displaced status. In addition, AAH has transitioned towards relief and development in those areas less affected by the war i.e. provincial capacity building through

water/sanitation programs in Cunene, the building of National capacity on anthropometric surveys and the support of farming associations in Matala, Huila province. Since the cease-fire and improved access to populations, AAH has responded through two approaches primarily to increase the accessibility of our current nutrition and health programs and secondly to access vulnerable areas in the provinces where we are operational.

As the working perimeters increased, AAH field teams conducted multisectoral assessments to decide on appropriate interventions, not only to save individual lives but also to help re-establish essential public services for communities. Thereby the number of health facilities being supported has increased and where facilities did not exist mobile clinics increased to cover vulnerable populations living in remote rural areas. AAH community screening teams increased their coverage to visit new areas, referring malnourished children to the nutrition centers and medical emergencies to the health facilities. The number of beneficiaries admitted into AAH centers increased. In particular, Ganda was affected when admissions tripled due to the additional coverage of new villages and two family quartering areas.

The second response included the establishment of an emergency assessment team that included experienced technical and logistic personnel. The objective was to use this team to assess newly accessible areas rather than compromise current activities. These assessments were conducted either as part of the official rapid assessment teams or independently depending on the situation and urgency.

At the moment and in the current crisis the mission is in the expansion phase, strengthening its presence with new bases in AAH's traditional areas and preparing a post emergency and rehabilitation intervention.

Since the first mentioned program, AAH has been involved in looking to provide humanitarian assistance to the resident populations and the displaced from the conflict. The most outstanding programs at the present time are:

Emergency medical-nutritional program in Caconda (Huila province): 10/01 through 6/02 and 7/02 until 2/03.

Food security development in Matala (Huila province): 1/02 until 12/03.

Emergency medical-nutritional program in Ganda (Benguela province): 6/01 through 6/02 and 7/02 until 4/03.

Emergency water and food distribution program in Chipindo (Huila province): 6/02 until 12/02.

Emergency water program in Mavinga (Cuando Cubango province): 7/02 until 4/03.

Health and nutrition program in Cuito Cuanavale (Cuando Cubango province): 2/02 until 12/02.

Adventist Development and Relief Agency International

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Introduction to Adventist Development and Relief Agency International (ADRA)

ADRA is present in more than 125 countries and provides development and disaster relief for individuals and communities without regard to age, ethnicity, or political or religious association.

ADRA in Angola

ADRA Angola seeks to work with Angolan communities toward the development of their desired long-term sustained solutions to provide humanitarian assistance in situations of crisis or chronic distress. ADRA Angola works specifically in the sectors of food security, primary health, disaster preparedness and response and basic education.

Projects

The following ADRA projects were either completed in 2002 or are currently being implemented:

- PIC Viana Project: Project supported child feeding in one of the IDP camps outside the capital Luanda.
- Luanda Schools Project: This new project will rehabilitate 14 schools within the greater Luanda area.
- Schools & Wells Huambo: This project is constructing two primary schools and installing 18 wells within Bongo district of southwestern Huambo.
- Resettlement of IDPs: This Project provides a variety of seeds, fertilizers & tools to returning families in Longongo and Bongo (Huambo) and is supported by Euroaid.
- Bunjei Food Distribution Program: This program provides emergency food for newly accessible populations in northern Huila Province.
- Cambondo Primary Health Care: Recently completed primary health care project to reduce mortality and morbidity in provincial areas of Malanje.
- Primary Health Care for Newly Accessible Populations: This emergency primary health care program meets urgent health needs of populations recently accessible in Malanje province due to the disarmament and peace process.
- Maternal Child Health Care: this project focuses on maternal child health and reproductive health issues, with particular emphasis on reducing mortality and morbidity.

The ADRA Angola projects are located in Luanda Province, Malanje Province and Huambo Province. The financial value of the programs undertaken during this year totaled US\$ 1,184,000 and benefited an estimated 336,408 people. ADRA Angola usually participates in NGO cooperation forums at both Luanda & provincial level.

Some provincial roads remain in very poor condition. Landmines still remain a problem, but they can be avoided with caution and care.

Africare

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Introduction to Africare

Africare seeks to provide development and relief assistance in health, agriculture, water resources and community development.

Africare in Angola

In Angola, Africare addresses immediate humanitarian needs, particularly the vaccination of children under five and women of reproductive age, and household food security and nutrition. In addition, Africare supports reconstruction, reconciliation and development in war-ravaged communities. Africare's programs in Angola are focused on agriculture and food production, disaster and emergency relief, education/training, health care and rural development.

Projects

Africare continues to conduct Expanded Programs of Immunization (EPIs) for children under five and women of childbearing age, and is also engaged in a nationwide effort to eradicate polio. Africare operates community kitchens that provide nutritional rehabilitation to more than 2,000 under-fives and is distributing food to IDPs. Africare also supports agricultural development and seed multiplication activities.

Africare presently works in Bie Province (EPI, polio eradication, nutritional rehabilitation, food distribution and seed multiplication); Kuanza Sul Province (EPI, food distribution, polio eradication and seed multiplication); and Cabinda Province (agricultural development). Africare is also part of the CORE group, which is conducting polio eradication. Africare is funded by OFDA, USAID, Chevron/Cabinda Gulf, the World Food Program, UNICEF, OCHA, World Vision and the American Soybean Association. On an annual basis, Africare's programs benefit an estimated 100,000 people.

Africare is concerned about mobilizing adequate resources to cope with the enormously expanded numbers of people in need who are now accessible following the April 2, 2002 cease-fire.

CARE

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Introduction to CARE

CARE is one of the world's leading humanitarian organizations fighting global poverty. CARE helps communities improve their quality of life through projects in agriculture and natural resources, economic development, education, food, health, water and sanitation and emergency response.

CARE in ANGOLA

Angola's 25-year civil war caused tremendous suffering for millions of people and destroyed much of the country's infrastructure, productivity and environment. It also created a tremendous need for humanitarian assistance. To address the human suffering and food shortages, CARE began work in Angola in 1989, and has since developed relief, rehabilitation and development programs. Throughout this period, CARE has conducted emergency and relief activities, while implementing rehabilitation and development projects to the extent possible. CARE Angola envisions a gradual transition to rehabilitation programs in both the rural and urban areas, while maintaining the ability to address emergency needs and piloting development projects in Huila and Luanda.

With the resurgence of civil war, at the end of 1998, CARE refocused its ongoing agricultural, health and development activities to assist the tens of thousands of newly internally displaced people (IDPs). Many of these people had participated in CARE projects in their home communities in Bié province, before heavy fighting forced them to leave. CARE continued working with them in IDP camps. CARE has assisted more than 125,000 IDPs living in temporary camps around Kuito, Bié's capital. CARE is providing life-saving food and health care, as well as seeds, tools and technical assistance, so people regain some independence by growing their own food. CARE also works with urban communities in Luanda to reduce poverty. CARE's programs in Angola are focused on agriculture and food production, urban development: service provision, policy influencing, small credit schemes, targeting solidarity groups, disaster and emergency relief, targeting IDPs and health care; including maternal/child health (MCH), polio vaccinations and nutrition education.

FARMER

This project aims to improve food security for families in Bié province by promoting increased agricultural production. CARE works with approximately 15,000 displaced families living in 18 camps around Kuito city. During the past two years the FARMER staff have been working with

the displaced families to restart agricultural activities on safe land close to Kuito city. The beneficiaries arrived in Kuito with very few personal belongings. They were initially provided with household items, and CARE also provided seeds and tools so families could grow crops to supplement food distributions. CARE has overseen seed distributions, including maize, beans, tomatoes, cabbage and onion, ground nuts, sesame and soy. Throughout this activity, CARE worked closely with the government to find suitable land for the displaced, that was fertile and near the city, yet free from land mines. Project managers have been working to ensure good management of the crops in the fields. This project is funded by the USAID Food for Peace project, and is part of the Angolan Monetization Consortium, which includes Catholic Relief Services (CRS), Save the Children/US and World Vision. The total 3 year budget for this project is approximately \$4,500,000.

Bié Emergency Relief Project

The deterioration of the situation in Bié province in December 1998 resulted in a large influx of internally displaced people into Kuito. This reversed the trend of resettlement that had been in effect for many months. As the situation settled down, some IDPs were able to return to their homes. However, the number of refugees in camps remains around 125,000. CARE's emergency relief project aims to increase food security for displaced and vulnerable IDPs and others affected along the way by providing basic food. CARE currently distributes monthly food rations to over 113,000 displaced persons in the Kuito area. The ration includes maize, beans, vegetable oil and iodized salt. CARE works in close collaboration with its partners in this project, namely WFP, and the communities who are being assisted. WFP is responsible for the provision of food, its transportation, storage, and handling, while CARE staff is directly responsible for the actual implementation in the camps. CARE works closely with the community leadership to maintain effective and timely distributions.

In the context of this project CARE has obtained funding for a variety of complementary activities, and several more are in the pipeline. These include, for example, supplying seeds and tools (FAO, EuronAID), health and medicine interventions (OCHA, IMC, CARE-Deutschland), non-food items (IOM), etc. The total budget for this project is \$2,500,000 (or more).

Luanda Urban Rehabilitation and Micro-Enterprise (LURE) Project

This project seeks to alleviate the poverty of 260,000 residents of Kilamba Kiaxi, a peri-urban area of Luanda. CARE has selected Kilamba Kiaxi to implement this project because of its widespread poverty, and the installation of a primary water distribution network there. Both will create a number of development opportunities and challenges in the next several years. The goal is to establish solid, well-run community groups that will be able to achieve individual and community goals. CARE trains community level organizations to play a key role in ensuring that water users pay fees, and that infrastructure improvements are maintained. CARE also works with women's groups, helping them develop micro-enterprise development activities, using a solidarity group model and placing a strong emphasis on training. Specifically, CARE assists with the installation of secondary and tertiary water distribution networks, and is helping to improve road access, drainage and sanitation, through sewage connection and latrines in Kilamba Kiaxi. To support these activities over the long term, CARE is coordinating closely with local non-governmental organizations, local government offices, and community organizations to help them build their program management capacity, develop cost-recovery mechanisms, participate

in policy advocacy, and foster and support community initiatives. The total 3 year budget for this project is \$3,050,000.

Polio Eradication Initiative

This project aims to eradicate polio in the project areas by establishing healthy protective practices at the household, community and health center levels and by promoting awareness of the National Immunization Days (NIDs). The key interventions consist of training volunteers to conduct community surveillance and identification of new polio cases, health education and providing the Ministry of Health with logistical and planning assistance to conduct NIDs. The project is implemented through a CORE consortium of American Private Voluntary Organizations (PVOs); CARE implements project activities in Kilamba Kiayi area of Luanda and in Bie Province. The total under-five target population is 94,000. The total budget for this project is \$170,000.

Scabies Control Project

This project seeks to reduce the incidence of scabies among IDPs in the Kuito area through education and treatment with medication. The project is complemented by a partner project (ADAC) which focuses on practices such as bathing, washing clothes and disinfecting houses, sleeping mats and blankets. The target population is 80,000 people. The total approximate budget for this project is \$200,000.

Previous projects

The Bié Child Survival Project worked with rural communities in Bié Province, promoting appropriate household level practices and community activities to address the key causes of child and maternal mortality. The project addressed reproductive health, diagnosis and management of diarrheal diseases and malaria, improved water and sanitation facilities, and other health issues identified by the community.

Lubango Peri-Urban Social Mobilization and Hygiene Education Project worked with residents of the peri-urban neighborhoods of Lubango, in Huila Province to establish community water user groups; rehabilitate wells; install water pumps and standpipes; conduct health and water and sanitation training; install latrines and train over 2,000 community-level promoters.

Mines Related Interventions Project supported CARE's relief and rehabilitation programming by providing landmine-related activities in Bié Province. The project conducted mine surveys and clearance as well as mine awareness and institutional strengthening.

CARE's projects and programs are located in the Luanda slums (Kilamba and Kiayi) and in Bié province. CARE is funded by USAID, DFID, WFP, EuronAID, FAO, private donors and CARE-USA. CARE engages in cooperative efforts with other local, international, or governmental agencies and has consortium arrangements with various international NGOs (Africare, Development Works, CRS, Save the Children (US and UK), World Vision) for the implementation of three projects (LURE, FARMER and Polio). In addition, CARE has close working and coordination arrangements with various UN agencies, especially OCHA and WFP.

In Angola, CARE is concerned about obtaining visas and work permits as it is a long and arduous process. CARE also expresses concern for the cost of business in Angola which is

extremely high, due to structural and procedural factors. In addition, clearing imported materials at ports is costly and slow and access to many areas still remains difficult, due to mines or the poor state of infrastructure.

Catholic Relief Services

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Introduction to Catholic Relief Services (CRS)

CRS carries out relief and development programs in more than 80 countries around the world. Founded in 1943, CRS is the official overseas relief and development agency of the United States Catholic Community. CRS provides assistance on the basis of need, regardless of nationality, race or religion. CRS works toward its mission by responding to victims of natural and man-made disasters; by providing assistance to the poor to alleviate their immediate needs; by supporting self-help programs that involve people and communities in their own development; by helping those it serves to restore and preserve their dignity and to realize their potential; and by helping to educate the American people to fulfill their moral responsibilities in alleviating human suffering, removing its causes and promoting social justice

Catholic Relief Services in Angola

CRS began working in Angola in 1989 when it provided food assistance to war and drought affected communities. In the years since, the agency has provided a mix of both emergency relief during times of war and long-lasting development activities in times of peace. CRS currently maintains five offices in Angola in Lobito, Luanda, Cubal, Balombo and Ganda. CRS/Angola delivers lifesaving services such as food distributions, nutritional recuperation and recovery, medical support and assistance, health education, and seeds and tools distribution. Additionally, CRS is active in other project areas such as capacity building of local organizations, peace and justice, HIV/AIDS awareness and education, and agricultural recovery.

Emergency

CRS is present in four of the five Quartering and Family Areas (QFAs) of Benguela Province, providing a mix of health and nutrition services, and distributing food, medicine, blankets, water buckets, soap, and other household items. The four QFA populations total 55,000. CRS now also conducts important nutritional assessments in communities that had previously been denied access to relief and aid during the war. Similarly, improved seeds and tools are available to these communities to drastically increase their food security. Emergency Nutrition and Health responds to the desperate conditions of malnourished children and encourages behavior change in caretakers of young children as a preventive measure. CRS has integrated its emergency nutrition programming with the Child Survival health program to address the spectrum of need from immediate care to preventive health education. Nutrition interventions target children under five years of age suffering from severe and moderate malnutrition as well as children at-risk of malnutrition. The need for nutritional recuperation has dramatically increased as greater

access to isolated areas has been made possible with the onset of peace and the improved security situation. Preventive health education targets communities that have high rates of malnutrition and health problems. The agency's work seeks to improve the health of an estimated 50,000 women and children in 18 communities in the Municipalities of Cubal and Balombo, both of which are located in the war-affected Province of Benguela, and is expanding to 19 new areas, some of which are newly accessible. CRS' latest phase of the Emergency Nutrition and Health Program, initiated on 1 June 2002, began just in time to respond to the new emergency situation. In late May, CRS and its program counterparts gained access to areas previously inaccessible due to security (OCHA cleared certain main routes for travel in May), as well as the new UNITA troop Quarters and Family Areas (QFAs). This coupled with the fact that June is normally the last period of the high malnutrition period in the interior, and people living in these two areas do not have crops and even basic food security, caused a large influx of beneficiaries to the program Therapeutic Feeding Centers and Supplementary Feeding Centers. Increased movement of persons from areas still not accessible has increased the number of advanced severely malnourished cases, including a small number of adults.

Health

CRS/Angola health programs focus on child survival, nutrition, Polio eradication and HIV/AIDS. The polio team is increasing its action radius as the security situation improves in the country. During June it was possible to reach Baia Farta, a municipality on the Benguela Province coast, south of Benguela Municipality. The CRS Polio Team participates in the National Immunization Day against Polio activities throughout the year. The team also trained 146 community volunteers for Active Surveillance of Acute Flaccid Paralysis (AFP) in Balombo in June. Later in the year, CRS Angola will be actively supporting the Ministry of Health in Polio Eradication for all the municipalities of Benguela Province.

The CRS/Angola HIV/AIDS programs promote innovative and effective community based programs that respond to the needs of those infected, address the underlying causes of AIDS and reduce the spread of HIV. CRS addresses AIDS related stigma, poverty, and the special vulnerabilities and burdens faced by women. The agency's AIDS policy calls for compassion, not simply sympathy. The CRS/Angola HIV/AIDS portfolio includes four projects (all in proposal stage): 1) the Twayovoka HIV/AIDS Theatre Project, 2) the Caritas Benguela HIV/AIDS Seminar Project, 3) the HIV/AIDS Support to the Cubal Mission Hospital Project, and 4) the Youth Center and Life Skills Project, an integrated project between the HIV/AIDS Program.

Agriculture and Food Security

CRS/Angola's agricultural recovery work aims to increase access to food in 42 farm communities in Ganda, Cubal, Balombo, and Catumbela municipalities, all of which are located in the war-affected Province of Benguela. By targeting Farmers' Associations, the project reaches 4,000 families (20,000 beneficiaries) who participate in activities designed to increase access to local agricultural extension services; increase access to essential agricultural inputs, such as domestic farm animals, seeds, tools and fertilizer; increase crop productivity and diversity; and improve post-harvest storage and preservation techniques.

Institution Strengthening

CRS has a history of and strong commitment to strengthening local partner organizations. Since its creation, the agency has operated through partner agencies worldwide, including thousands of religious and nonsectarian non-governmental organizations, community groups and host country governments. Because of our shared vision and common values, CRS often partners with local Catholic dioceses or Caritas organizations. Horizonte, a local non-governmental organization, is based in Angola's municipality of Ganda, an area that has suffered tremendously from the ongoing civil war. Emergency Preparedness and Response Training (EPRT) is the first emergency related training that Horizonte has received in the seven years since it was started. The EPRT project is designed to improve the institutional and emergency management capacity of Angolan humanitarian assistance agencies, specifically in the areas of emergency preparedness and response. The goal is to increase the effectiveness, sustainability and appropriateness of future emergency responses. In addition to Horizonte, CRS/Angola has built the capacity of nine other local NGOs to better prepare for and respond to emergencies. These organizations have approximately 200 staff, and are implementing more than 60 projects that are directly benefiting more than 100,000 people.

Peace and Justice Program

CRS Angola contributes to the independent distribution of information and news in Angola with financial support for the Angola Catholic Church-sponsored radio station *Radio Ecclesia*. CRS is one of several organizations that contribute to the expansion of the radio signal to other areas of the country through support of radio repeaters in other provinces. The free flow of information is a major part of building civil society in the war-torn nation and fosters peace and reconciliation.

CRS also supports the Pro Pace Movement of the Catholic Church and other local initiatives with workshops on reconciliation. CRS is pursuing an expansion of these activities to reinforce the peace process and prevent it from unraveling.

Christian Children's Fund

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Introduction to Christian Children's Fund (CCF)

CCF is an international development organization, which assists 4.6 million children and families worldwide. CCF is a non-sectarian humanitarian organization working for the survival, development and protection of children without regard to sex, race, creed or religious affiliation. Its mission is to create an environment of hope and respect for needy children of all cultures and beliefs, to provide opportunities for children to achieve their full potential and to provide practical tools for positive change to children, families and communities.

Christian Children's Fund in Angola

CCF's programs are focused on the following sectors:

- Health and Nutrition: establishing therapeutic and supplementary feeding centers and providing medical services to children
- Psychosocial: mitigating the effects of four decades of violence on children, families and communities
- Education: literacy, job and life skills training, mine awareness, caregiver training to help children begin emotional healing
- Micro Enterprise: income generating activities for the youth
- Human Rights/Peace/Conflict Resolution

CCF is working in Central and Western Angola in the provinces of Benguela, Huambo, Bocoio, Passe, Bie, Luanda, Lubango and Huila. CCF has implemented an innovative community reintegration program that brings orphaned, displaced and emotionally troubled children together with supportive families and communities. Over 5,000 child caregivers have been trained to better understand the impact of war on children. This community-based psychosocial program incorporates local and Western approaches to healing, empowerment through activation and support of traditional social processes, building local capacities through training and supporting local groups, and linking emotional healing, physical reconstruction and community mobilization.

Improvement in the quality of education and integration of children who are out of school remains one of the most important goals of CCF's work in Angola. Through Initiatives for Angolan Children and Youth Futures (IACYF), youth have developed life skills and assumed positive roles through their participation in community projects. A grant from USAID has allowed CCF to expand its' job and life skills training program and income generating activities

to rural areas within Angola. CCF has also provided Mine Awareness and Education for Communities to help participants recognize landmines, mark the area and notify authorities.

CCF's mobile health team travels daily into the quartering area of Passe, seeing about 200 people, most of them children suffering from severe diarrhea, malaria and respiratory illnesses. In addition, CCF has set up functioning medical services in Bocoio where the conditions are just as severe as those in the quartering areas. For the most seriously malnourished children, CCF and Catholic Relief Services have established therapeutic feeding centers. CCF is also in the process of organizing supplementary feeding programs with food provided by World Food Program for the moderately malnourished.

Children and young people in a post conflict situation have specific emotional, social and physical needs and their parents are not normally in a position to provide for these needs without some external support. CCF has established a Child Centered Space in Bocoio and has trained other NGOs and Angolan government agencies on setting up similar spaces. The purpose of Child Centered Spaces is to enable children and adolescents in the family quartering areas or in other selected vulnerable groups to resume healthy development through community based protection, education, psychosocial and reconciliation programs.

CCF has also implemented a program on Child Survival. It includes psychosocial activities to support increased care-seeking by mothers of sick babies and to address the emotional and social issues of caretakers that can limit effective provision of care in the household.

CCF's programs are located in Benguela, Huambo, Bie, Bocoio, Passe, Luanda, Lubango and Huila provinces. Since beginning its work in 1994, CCF has helped a total of 1 million beneficiaries. The current number of beneficiaries is 399,000. CCF is working in cooperation with USAID, Catholic Relief Services and the World Food Program.

Church World Service

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Introduction to Church World Service (CWS)

CWS, founded in 1946, is the relief, development, and refugee assistance ministry of 36 Protestant, Orthodox, and Anglican denominations in the United States. Working in partnership with local organizations in more than 80 countries, CWS supports sustainable self-help development, meets emergency needs, aids refugees, and helps address the root causes of poverty and powerlessness. Within the United States, CWS assists communities in responding to disasters, resettles refugees, promotes fair national and international policies, provides educational resources, and offers opportunities to join a people-to-people network of local and global caring through participation in Crop Walks, The Tools Of Hope & Blanket Program, and the "Gift of the Heart" Kit Program. Through CWS, members of congregations in the USA come together with the ecumenical family worldwide to witness to and share Christ's love with all people. CWS achieves its mission by: sharing and receiving the Gospel; providing opportunities to work together worldwide; meeting basic needs of people; advocating for justice, human rights and the dignity of all; educating for peace and reconciliation; and promoting the integrity of the environment.

Church World Service in Angola

In Angola, CWS supports the activities of our partner the Evangelical Reformed Church of Angola (IERA), a member of the Action by Churches Together (ACT) International network. Through IERA, CWS is working in the areas of health services, agricultural inputs and land for food security purposes; building and rehabilitating health and school facilities; water and sanitation programs; AIDS awareness; distribution of relief goods; food assistance; temporary shelter; and landmine awareness. Recently, CWS' work has been particularly emphasized in the areas of food security, temporary shelter and landmine awareness.

In the last year, CWS through IERA has pursued a multi-year emergency and rehabilitation project in three main provinces of Angola, Uige, Malange and Kwanza-Sul. The principal beneficiaries of this work will be 9,000 vulnerable families - or some 41,000 persons-who have been displaced in the war. In addition, CWS has sent 2 shipments of material resources for distribution by Share Circle Angola.

CWS work is funded by its member denominations and by public contributions; its work is always done on a cooperative basis as part of the Action by Churches (ACT) International network.

Concern Worldwide

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Introduction to Concern Worldwide

Concern Worldwide is a non-denominational voluntary organization dedicated to the relief, assistance and advancement of the poorest of the poor in the least developed countries of the world. Concern believes in a world where no one lives in poverty, or fear or oppression; where all have access to a decent standard of living and the opportunities and choices essential to a long healthy and creative life; where everyone is treated with equal dignity and respect.

The agency's mission is to enable absolutely poor people to achieve major improvements in their lives that are sustainable without ongoing support from Concern. To this end the organization works with the poor themselves and with local and international partners who share Concern's vision to create just and peaceful societies where the poor can exercise their fundamental rights.

Concern Worldwide in Angola

Concern Worldwide became operational in Angola in October 1993, concentrating its programming in Malange, Bie and Huambo provinces. Emergency nutrition programs dominated in 1993 and 1994, but from 1995, Concern began developing more long-term rehabilitation/development programming such as agriculture, rural development, health, vocational training and micro finance/credit projects.

The fourth war, which began at the end of 1998, resulted in the attack and Siege of both Huambo and Kuito, where Concern was operational. In response to the widespread malnutrition that resulted in these cities as well as in Malange, Concern restarted emergency nutrition in Huambo, while maintaining the on-going rehabilitation programs in and around the provincial capitals.

The cease-fire agreement reached in April 2002 has allowed accessibility to tens of thousands of people who had been cut off by the fighting. In 2002, Concern continues to be operational in Malange, Bei and Huambo, the three worst affected provinces in Angola. They contain the largest number of internally displaced, exhibit the highest malnutrition rates and have been the most insecure. Concern actively collaborates with Government, other INGOs, EU and UN agencies, and its programs in Angola are implemented in collaboration with the Ministries of Social Welfare, Health and Agriculture. Concern's budget for Angola in 2002 is in excess of \$2 million and is primarily funded through the USAID/OFDA, EU, Irish Government, UNOCHA, WFP, and public donations.

Programs

Nutrition: The program operates in the three provinces of Malange, Huambo and Bie and consists of therapeutic and supplementary feeding centers in combination with the distribution of emergency provisions such as blankets, buckets and clothes to displaced people who generally have lost everything they possessed. In December 2001, Concern community workers screened 10,300 malnourished children in Kuito alone, with 130 referred to the organization's center. Concern is currently feeding 4,500 on a weekly basis in 9 supplementary feeding programs. Concern is also operating 2 therapeutic feeding centers in Huambo city. Concern has contributed significantly to the elaboration of national protocol for nutrition adopted by the Angolan government and the UN agencies working in Angola, and is also looking into the possibility of introducing a community therapeutic care program that it piloted in Ethiopia. The program is based on community capacities to identify and deal with malnutrition rather than relying on intensive feeding centers

Health: In cooperation with the Ministry of Health, Concern provides medicines to a number of health clinics and health posts in the three provinces, as well as training of local health staff. The aim of the program is to contribute to lasting improvements in people's health by increasing the capability of communities to prevent diseases and improve the basic utilization of available health facilities. The health program provided improved health services to displaced populations in Casseque 3 camp, which has a population of 20-30,000 and is located 12 kms north of Huambo. Health services were also provided in Ecuinha municipality, 40 kms north of Huambo city which houses 80,000, and in the camps for displaced around the town of Camacupa in Bie province. With financial support from OFDA, Concern is supporting the health infrastructure in Malange, through training of local staff, and the provision of basic necessities to health clinics.

Rural Rehabilitation/Food Security: In the three provinces of Bie, Huambo and Malange, Concern has rural rehabilitation programs funded primarily by the European Development Fund, PAR/EDF, the Dutch & Irish governments. The program targets 25,000 households (70,000 people) and combines provision of agricultural inputs, seed multiplication, small animal breeding and environmental protection through tree planting. In 2001, Concern targeted 9,735 resident and resettled families in Kuito, Kunge and Kunhinga municipalities in Bie province, displaced people living in Casseque III camp and in camps around Ecuinha town in Huambo province, as well as residents and displaced in Malange town. In addition, the program targeted 10,000 displaced families in the Kuito area (funded by Ireland Aid). These programs are ongoing through 2002.

Future Plans

As Concern moves into its 12th year of operations in 2002, the organization will continue to address the food security crises by providing emergency nutritional programming as well as developing its longer term programming. The current situation forces us to considerably scale up our emergency programs, while also offering a genuine perspective of growing in a more development direction. Concern is currently planning to start resettlement programs, as well as programs that will address the growing problems of environmental destruction and the spread of HIV/AIDS in Angola.

Doctors Without Borders/Médecins Sans Frontières

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Introduction to Doctors Without Borders/Médecins Sans Frontières (MSF)

MSF delivers emergency medical relief to populations threatened by war, civil strife, epidemics, or natural disasters. A private, non-profit humanitarian organization, MSF was founded in 1971 to respond rapidly and effectively to public health emergencies, with complete independence from political, economic, or religious powers. MSF provides surgery, preventative care, vaccination programs, emergency clinics, water and sanitation, and mental health programs, and will also speak out against abuses that teams witness while providing medical relief.

Doctors Without Borders/Médecins Sans Frontières (MSF) in Angola

More than 170 international volunteers and 2,200 national staff from MSF are now operating relief programs throughout Angola. The operations in response to Angola's nutritional crisis represent MSF's largest undertaking in the world today.

Bie Province

MSF teams run 9 feeding centers that currently treat 5,176 people. In Kuito, 4 therapeutic feeding centers (TFC) treat 526 severely malnourished while 2 supplementary feeding centers (SFC) provide nutritional supplements to 2,100. In Kamacupa, 1 TFC treats 150 people and 2 SFCs provide care to 2,400. A new TFC may open in Cuemba, where MSF has already begun supporting local health structures.

Huambo Province

Two TFCs in Caala care for 450 severely malnourished, while the recently opened TFC in Bailundo cares for more than 700. New TFCs have opened in Chilemba and Sambo, with 160 and 277 beneficiaries, respectively.

Huila Province

The TFC in Matala currently treats 180 adults and children, and 3 SFCs provide supplementary care for 590 people. In Chipindo 1 TFC cares for 244 and 1 SFC provides for 718. Meanwhile, a tent hospital in Bunjei admits 50 patients per week, and the SFC cares for 1,528 people. Another TFC opened recently in Dongo.

Malanje Province

Two TFCs in Malanje currently treat 75 people.

Cuando Cubango Province

A TFC in Menongue currently has 50 beneficiaries. In the recently accessible town of Mavinga, 1 TFC treats 200 severely malnourished adults and children, and 1 SFC in Soba Matias has 346 beneficiaries. MSF also supports 6 health posts in the area.

Uige Province

A TFC in Uige treats 62 severely malnourished while 3 SFCs provide supplemental nourishment to 438 people. In Uamba, a TFC cares for 250 people.

Moxico Province

Two TFCs in Luena treat 113 people, while 828 people receive care at 2 SFCs.

Lunda Sul Province

In Saurimo, 43 people receive care at 1 TFC.

Zaire Province

In M'Banza Congo, 1 TFC treats 20 patients, while 1 SFC treats 177 in Madimba.

MSF has also vaccinated nearly 50,000 children throughout the country against measles. In addition to responding to the nutritional crisis, MSF also provides medical support to a number of hospitals, clinics and health posts in Angola.

International Medical Corps

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Introduction to International Medical Corps (IMC)

IMC is a global humanitarian nonprofit organization dedicated to saving lives and relieving suffering through health care training, medical relief, and development programs. Established in 1984 by volunteer United States doctors and nurses, IMC is a private, nonpolitical, nonsectarian organization. Its mission is to improve the quality of life through health interventions and related activities that build local capacity in areas worldwide. By offering training and health care to local populations and medical assistance to people at highest risk, and with the flexibility to respond rapidly to emergency situations, IMC rehabilitates devastated health care systems and helps bring them back to self-reliance.

International Medical Corps in Angola

IMC has been working in Angola since 1990, and currently provides vaccination coverage for children and women of childbearing age, increased access to improved hygiene and care during childbirth, training for primary health care practitioners, assistance in war affected areas to reduce morbidity and mortality among the most vulnerable populations, and contributes to the reduction of gender-based violence among displaced populations.

Following the formal cease-fire in April 2002, movement and access to areas previously inaccessible increased. IMC continued to provide primary health care assistance and training in Huambo and Malange provinces with funding from the Office of U.S. Foreign Disaster Assistance (OFDA) and in Uige Province with funding from UNHCR. IMC concluded its health project in Moxico Province, which was first funded by OFDA and then by OCHA, Stichting Vluchteling (SV), and John Snow, Inc. (JSI).

Over the past several months in Huambo, Malange, and Uige provinces, IMC conducted vaccination campaigns and restocked essential equipment and supplies at the series of health

posts it supports. From January through March in Huambo, IMC reactivated 24 fixed posts, provided two cold chains, and conducted health activities through four mobile teams. While incidents of measles peaked in December, the disease continued to be a threat in January; IMC conducted measles vaccinations continuously. In February in Malange Province, IMC increased the scope of its expanded program of immunization (EPI) activities, administering 5,570 vaccinations versus the 1,885 vaccinations administered in January. A similar increase occurred in Uige Province, where IMC administered 11,981 vaccinations in February versus 6,846 in January.

In all three provinces, IMC conducted maternal/child health (MCH) activities, with education on sexually transmitted diseases, reproductive health, and the use of mosquito nets for malaria prevention. Between January and March alone, more than 15,000 persons participated in the discussions, and the number of women seeking consultations increased considerably, from 5,324 in January to 6,793 in March. In May, IMC started another MCH project in Luanda under a sub-grant from Management Sciences for Health, in which IMC will improve access to MCH services, train traditional birth attendants (TBAs), and support EPI and community mobilization programs.

IMC also supported (TBA) activities and continued to distribute TBA kits. IMC-trained TBAs provided health education to hundreds of community members on reproductive health, the importance of pre- and post-natal consultations, the value of breastfeeding, the importance of the use of latrines, and malaria prevention. IMC also provided gender-based violence (GBV) training to key stakeholders in government ministries in June, when the IMC Angola program hosted IMC's GBV unit, which conducts an Africa training program funded by the State Department's Bureau for Population, Refugees, and Migration.

Security remains a concern for IMC in Angola. Following the signing of the April 4 Memorandum of Understanding, the circulation of goods and services has increased markedly throughout the country. However, the large number of landmines remaining in Angola, estimated at six to 20 million, renders large areas of Angola unfit for occupation and leaves many roads dangerous for travel, limiting the distribution of humanitarian goods and services.

Jesuit Refugee Services

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Introduction to Jesuit Refugee Services (JRS)

JRS is an international Catholic organization, at work in more than 40 countries, which has a mission to accompany, serve and defend the rights of refugees and displaced people. Set up by the Society of Jesus (Jesuits) in 1980, JRS is a worldwide network of associates and institutions of this Catholic religious order. It serves refugees, offering them practical and spiritual support, according to their humanitarian needs, regardless of their beliefs

Jesuit Refugee Services in Angola

JRS projects focus on the following areas:

Education

Viana camp, Luanda: 2,468 children attending primary schools; teacher training seminars
Luena camp: 673 students in the JRS education program; 20 amputees are on an adult literacy course

Negage camp: Promotion of human rights and peace-building through schools to 1,955; formation of recreational, dance and theatre groups; adult literacy courses for women, and teacher training.

Urban projects

Luanda camp: Providing services to refugees at Community center: 14 refugees have attended skills-training courses; micro-credit projects for families; dispensary at community center; teacher training in English grammar.

Peace education:

Luanda camp: Running peace education workshops; children's rights and formation, conflict resolution and holistic education.

Advocacy

Luanda camp: JRS works in collaboration with Episcopal Justice, Peace and Migration Commission, and Organization for the Co-ordination of Humanitarian Affairs.

Health

Luena camp: Three primary health posts providing free medicine and consultations, as well as disease prevention activities.

Landmine survivors

Luena camp: working with 100 land mine survivors by providing vocational training; micro-credit projects (12 women beneficiaries), literacy courses, hospital visits, non-food items to 95 survivors, and pastoral care and counseling.

Social Assistance

Luena camp: 25 elderly women assisted with food and soap monthly.

Negage transit camp: Welcoming and accompanying displaced people

JRS receives funding from: Caritas Germany, Misereor (Germany), Cordaid (Netherlands), Trocaire (Ireland) and last year UNHCR.

Save the Children

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Introduction to Save the Children

For more than 70 years, Save the Children has created real and lasting change in the lives of children in need by providing families and communities with the tools they need to break the cycle of poverty, ill health and illiteracy, and offering children the best chance not to only survive, but to also thrive.

Save the Children in Angola

Save the Children (SC) has been operational in Angola since January 1994, after the signing of the Lusaka Accord, providing emergency food assistance to more than 180,000 IDPs affected by the civil war. In July 1995, SC/US began to implement the Agricultural Area Clearance Project (AACP) to support a structured settlement process for more than 91,000 IDP families. The project, located in Kwanza Sul, Moxico and Bengo provinces, focused on transitioning this IDP population from emergency assistance to sustained resettlement. SC had the most widespread IDP resettlement project in Kwanza Sul.

In 1999, SC obtained funding from USAID for a Development Activity Proposal and has been implementing a large scale food security and monetization program in Angola ever since. With funding from several sources, the Angola Field Office is currently implementing the following activities:

Health:

To combat severe health and nutrition problems, Save the Children has recently started an emergency measles vaccination and vitamin A treatment campaign in Kwanza Sul. 3,000 children have been vaccinated. In addition, A Save the Children health program for mothers and children has begun in Luanda, Angola's capital, where approximately 40 percent of the population resides.

Food Security

In Moxico Province, where much of the war was fought and fertile land is scarce, Save the Children is distributing approximately 4,000 metric tons of food donated by the United Nations World Food Program (WFP). Supplementary feeding for 5,000 malnourished children under 12 years is provided in Huambo and Caála towns and 2,000 metric tons of food are being distributed

in Kwanza Sul, the province with the largest number of IDPs. SC is working with CARE, Catholic Relief Services (CRS) and World Vision (WV) on a consortia proposal to Food for Peace to create an NGO food pipeline (managed by NGOs rather than WFP) for short term distributions to meet the critical food needs in Kwanza Sul and Moxico. SC is also seeking funding for DAP activities (Agriculture and maternal/child health) for the period FY03-05. Finally, Save the Children works with communities and children in urban settings to understand poverty and design local solutions that focus on safe day care and access to more food, education and health services.

Refugee Services

Save the Children engages in participatory work with displaced girls and women to facilitate their access to basic services and provides a comprehensive humanitarian package for 60,000 people in two QFAs and one displaced persons' camp. This includes food, essential household items, health and nutrition support and family tracing for child soldiers and other children separated from their families. In addition, 25,000 children under 10 years – many of them malnourished - are receiving a supplement to their diet. Save the Children gives nationwide support to the Ministry of Social Assistance and Reintegration in its national family tracing and reunification programme and works with children affected by the war to help them reintegrate into communities.

Advocacy

Save the Children uses experience in the field to encourage the Government of Angola, the UN, international community and local communities to devise and implement appropriate policies and practices in the best interests of Angolan children.

US Fund for UNICEF

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Introduction for U.S. Fund for UNICEF

The U.S. Fund for UNICEF works for the survival, protection and development of children worldwide through fundraising, education, and advocacy. Created in 1947, it is the oldest of 37 national committees established in industrialized countries to support UNICEF programs in over 160 developing countries and territories.

UNICEF in Angola

The program aims to ensure greater realization of children's rights through interventions in specific areas of health, nutrition, water and sanitation, education, child protection and mine awareness. The program will focus on women and children, while responding to acute emergency needs. Key priorities are as follows:

- To reduce preventable childhood diseases through increased immunization coverage, improved protective and curative strategies for malaria, improved access to water and sanitation, and increased awareness of the dangers of HIV/AIDS.
- To eradicate polio by the year 2005 by immunizing at least three million children every year.
- To support the protection of children's rights against abuse and violence, the reunification of children with their families and registration of births.
- To promote mine awareness in some 14 provinces to reduce the number of landmine victims.

Internally Displaced Persons

At least 80 percent of Angola's internally displaced persons (IDPs) are children and women. UNICEF and its partners are building temporary housing that incorporates medical, educational, and social programs to promote the well-being of displaced children and mothers. Supplies include tents, blankets, soap, lamps, vaccination equipment and medical kits containing essential drugs.

Health

UNICEF and its partners will focus on immunization, malaria control, maternal mortality reduction, provision and management of essential drugs, and community participation. These efforts target 1.5 million children under five, new internally displaced children and mothers, and 560,000 pregnant and lactating women. More specifically, UNICEF will provide 200,000 insecticide treated nets for the Roll Back Malaria campaign, train 350 community Birth Attendants and midwives as well as distribute clean delivery kits. Basic information on health and nutrition is available at the household level.

Nutrition

Nutritional rehabilitation will support severely malnourished children under the age of five and women of childbearing age in IDP camps and vulnerable communities. Therapeutic Feeding Centers (TFCs) will be stocked with supplementary and fortified food and equipment to ensure reliable nutrition surveillance systems. UNICEF will also train staff and mothers in psychosocial stimulation activities at TFCs, and develop an Information, Education, Communication package on nutrition to be used at the community level.

Water and Environmental Sanitation

Water and sanitation efforts aim to increase access to potable water and to reduce environmental health risks through better sanitation and hygiene education. Safe drinking water will be available to 300,000 people through the rehabilitation and installation of piped water supply systems, wells, boreholes, hand pumps, and water purification tablets. Also, user and safety instructions will be distributed to family and public latrines and public laundries.

Education

An increase in effective learning environments and improved quality of primary education will target 180,000 children and 30,000 women in IDP camps and 300,000 children in vulnerable areas. UNICEF will produce kits for non-formal education programs and support the training of educational promoters who will use messages related to personal development, health, HIV/AIDS, hygiene, sanitation and community development. In particular, groups dealing with literacy and life-skills will target girls and women.

Child Protection

Issues of child protection affect all Angolan children, including the 3 million in need of birth registration and 90,000 other vulnerable children. UNICEF will provide material, technical and financial support for birth registration and family tracing and reunification programs. Four child-friendly spaces will be established to provide integrated services to children and women in IDP camps or poor communities densely populated by IDPs. Material and psychosocial support and protection will be made available to children orphaned, infected, or directly affected by HIV/AIDS. Efforts will continue to strengthen monitoring and reporting violations against children and will promote advocacy for children's rights.

Women's Commission for Refugee Women and Children

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Introduction to Women's Commission for Refugee Women and Children

The Women's Commission seeks to improve the lives of refugee women and children through a vigorous program of public education and advocacy, and by acting as a technical resource. The Commission, founded in 1989 under the auspices of the International Rescue Committee, is the only organization in the United States dedicated solely to speaking out on behalf of women and children uprooted by armed conflict or persecution.

Watchlist on Children and Armed Conflict:

The Watchlist is an NGO initiative to improve monitoring, reporting and follow-up action to protect the rights and security of children in specific situations of armed conflict. Watchlist reports compile information from a variety of sources detailing all factors related to the impact of armed conflict on children and make recommendations for action. The Watchlist operates within a framework of universal human rights principles, especially the Convention on the Rights of the Child.

Women's Commission for Refugee Women and Children in Angola

In Angola, Women's Commission seeks to build capacity of local partners addressing reproductive health of internally displaced population, and to advocate within the country where refugees/Internally displaced persons (IDPs) reside as well as at the US and UN levels for increased access to quality reproductive health services for the internally displaced population. The Women's Commission's projects focus on gender issues/women in development, health

care, specifically reproductive health, human rights/peace/conflict resolution and child protection.

Watchlist on Children and Armed Conflict

This NGO initiative monitors and reports details on violations of Angolan children's rights and security in areas including health, HIV/AIDS, education, refugees/IDPs, landmines, small arms, child soldiers, trafficking and exploitation, and gender based violence. The Watchlist on Children and Armed Conflict informs and influences the UN Security Council, UN and other international agencies, domestic governments and others making policies related to the protection of Angolan children. In addition, it makes practical recommendations for action to improve child protection, such as calling on the UN Security Council to:

- Give top priority to ensuring immediate humanitarian access and assistance for all children in need, particularly for the newly accessible population and internally displaced children and adolescents throughout the country
- Mandate Child Protection Advisors (CPAs) to work in the provinces to promote children's rights, including monitoring and assessing the situation and reporting back to the highest UN levels
- Summoning government, UN and other donors to immediately allocate funds for the establishment of de-mining programs and mine awareness educational programs, especially targeted at IDP women, children and adolescents.

Projects

A reproductive health assessment was conducted among internally displaced persons in Angola in February 2001 by Columbia University, John Snow, Inc. (JSI) Research and Training Institute and the Women's Commission on behalf of the Reproductive Health for Refugees Consortium (RHRC). The assessment team visited IDP camps in Bie, Malanje, Moxico, and Huambo provinces as well as Viana IDP camp on the outskirts of Luanda.

Another reproductive health assessment was conducted in Zambia in September 2001 by the Women's Commission on behalf of the RHRC. Camps in the western and northern provinces were visited and focus groups were conducted with urban refugees as well. Angolans make up the majority of the refugee population in the country.

The Watchlist on Children and Armed Conflict issued a comprehensive report on Angolan children in April 2002. The report compiled information from a broad range of sources and made recommendations for child protection actions related to immediate peace-building, on-going reconstruction and children and adolescents' participation in reconstruction. The report was widely distributed among the UN, NGOs, national governments, the media and others. The report is available on the Watchlist website at www.watchlist.org

The Women's Commission works closely with the Reproductive Health for Refugees Consortium whose members include: American Refugee Committee, CARE, Columbia University's Heilbrunn Center for Population and Family Health, International Rescue Committee, JSI Research and Training Institute, Marie Stopes International and the Women's Commission for Refugee Women and Children.

The Women's Commission supports the efforts of ANGOBEFA, a local Planned Parenthood affiliate which is based in Luanda. ANGOBEFA is working to improve reproductive health services to the local population with a special emphasis on adolescents. In addition, the Women's Commission supports the work of Hodi, the only local agency working with the refugee population in Zambia. During assessment visits, the Women's Commission works closely with UNFPA and UNHCR as well as any other agencies responsible for the reproductive health of the refugee/IDP population.

The Watchlist is managed by an international Steering Committee including, CARE International, Coalition to Stop the Use of Child Soldiers, Norwegian Refugee Council, Save the Children Alliance, Women's Commission for Refugee Women and Children and World Vision. The Watchlist collaborated closely with many groups in Angola and around the world in the production of the report.

World Vision

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Introduction to World Vision (WV)

World Vision International is a Christian relief and development organization working for the well being of all people, especially children. Through emergency relief, education, health care, economic development and promotion of justice, World Vision helps communities help themselves.

World Vision in Angola:

For more than 13 years, World Vision Angola (WVA) has provided large-scale emergency relief and community development, mainly in the northern provinces of Cabinda, Malange, Luanda and Kwanza Norte. WVA's strategy over the next five years includes seven basic components:

- Relief assistance to IDPs and refugees returning to their homes
- Improved agriculture, roads and rural development;
- Improved health (nutrition, roll-back malaria; HIV/AIDS prevention, control and home-based care), water and sanitation;
- Improved educational opportunities, especially for children in especially difficult circumstances;
- Mine awareness;
- Promotion of justice and consolidation of peace; and
- Christian witness and spiritual nurture.

Projects

An integrated multi-sectoral program in the areas of food aid, agricultural production, health and nutrition, water and sanitation, and mine awareness is currently designed to support the rapid return of war-displaced families and demobilized soldiers. On-going projects include a food security project through the Development Assistance Program funded by the U.S. Agency for International Development and a civil society participation project funded through the British Agency for International Development, slated to conclude in 2004.

The regional focus of current programs includes the provinces of Cuanza Norte, Cuanza Sul, Luanda, Malanje and Cabinda. Future plans include expanding this focus through cluster development to the provinces of Uige, Lunda Norte, Zaire, and Huambo. In all, World Vision is helping 1.5 Million people.