

Evaluation of ECHO's Global Plan 2000 - Angola

Synthesis Report

Country: Angola
Period: January till December 2000
Programme: ECHO/AGO/210/2000/01000
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The opinions and comments contained in this report reflect the opinions of the consultants only and not necessarily those of the European Commission.

Executive Summary for Cross Evaluation Purposes

Evaluation

Subject: Global Plan 2000 (GP) for Angola. The GP 2000 defined the assistance framework for EC/ECHO funded humanitarian operations in Angola, covering the fields of Health & Nutrition, Water & Sanitation and the distribution of Non-Food Items to IDPs in the country.

Sector/Report: Synthesis Report

Date of evaluation: 14th of November till the 11th of December.

Report No.: EC/ECHO-03/2000

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Purpose and methodology

The purpose of the evaluation was to (i) assess the suitability and effectiveness of the GP2000, (ii) quantify the impact in terms of output and analyse the link between emergency, rehabilitation and development. The evaluation focussed on all three sectors, Health and Nutrition (H&N), Water and Sanitation (Watsan) and Non-Food items (NFI). For each sector one expert participated in the assignment. The mission was well prepared and interviews with all stakeholders at the various levels were conducted.

Main conclusions

Relevance - ECHO received 47 requests for funding, of which 22 were accepted with a total value of Euro 10,8 million. H&N was the most important sector (16 projects), representing 70% of the funds; NFI (3 projects) represented 20% of funds, and Watsan with 1 project only 2% of the funds. With the choice of sectors, GP2000 definitely responds to established needs.

Effectiveness and efficiency - GP2000 is effective in addressing the needs of the vulnerable groups. The target population of GP2000 is about 1.5 million people, living in and around 16 municipalities. They benefit from Euro 7 million that is provided under GP2000. This means an average of Euro 4.7 per beneficiary in the sectors H&N and Watsan. GP2000 has adopted a 'wait and see' approach rather than being pro-active and looking for areas of greatest need. Currently, it is not 'reaching out'. Costs per beneficiary were calculated but these figures are not always reliable. Average costs vary between Euro 30,000-60,000 per project per month.

Coordination, coherence and complementarity – The task force in Luanda has been instrumental to develop an exit strategy for projects aiming at institutional strengthening. Collaboration with OCHA and other donors exists but could be intensified. Few initiatives were taken by the ECHO desk in Luanda to establish priorities or to strengthen policy development and coordinated responses. ECHO Luanda provided appreciated technical support to the client NGOs that made use of their resources. Useful instructions were also presented recently to the NGOs to strengthen the monitoring of their project proposals. However, no systematic and coherent framework has been elaborated to standardise the

project proposals, defining in some detail the expected output, activities and their indicators and the risks in implementing projects under GP2000 (log-frame). This would have enabled ECHO to process, compare and monitor the various projects with greater ease.

Impact - ECHO has contributed substantially to reduce suffering for the IDPs, just arriving from war torn areas and the misery of the resident population that have so little and are asked to share it with these newcomers. The effects of these support interventions have been essential and life saving for many of the target groups, by providing food, shelter, drugs, NFI and water where nothing of that kind was available. It has helped to restart the functioning of health posts providing care and treatment to the many in need, both IDPs and residents.

Visibility – Visibility in terms of presence of stickers on cars, walls and other material in general was satisfactory. However, few efforts had been made to present ECHO's role and its objectives to a wider audience

Horizontal issues - The team found the paradigm of “relief to development continuum” of little help to analyse the complex chronic emergency situation in Angola. This so called “LRRD-model” seems an over-simplification of reality. At the moment there is a lack of clear and operational definitions for the various phases Emergency, Emergency-Recovery and Transition. A matrix is suggested that defines these areas in operational terms.

Recommendations

1. ECHO should develop a pro-active/demand orientation towards its partners. It should introduce the log-frame approach¹ and initiate training for NGO's on how to elaborate proposals on this basis (expected output, indicators and risks). Criteria, content and baseline information should be defined beforehand to enhance transparency and improve output and quality performance. These should be used as a 'check-list' and shared with all clients. In this way, the period to ask for supplementary information will decrease. ECHO Brussels should ask for additional information only once and then take a decision!

2. The *quality of the proposals* submitted by the NGOs, in general is quite weak. They are lengthy and voluminous and provide a lot of interesting but not essential information. The team recommends that future proposals should be based on the log-frame approach and provide additional information outlined in chapter 11 of the synthesis report.

3. ECHO should continue its support to emergency nutrition programmes through feeding centres.

In health the focus should be on PHC related activities (health posts and health centres, municipal hospitals), whereas support to provincial hospitals (or only 1-2 departments) should not be further pursued. Mixtures of PHC, nutrition and hospital interventions should be avoided. Support to vaccination activities (UNICEF) in principle provides high value for money, but the results for the coverage study are to be awaited before a decision can be made in this case.

ECHO should re-orient its programme, increasing its contribution to Water & Sanitation activities and broadening its activities to new interventions, like MCH related activities (ANC, FP, deliveries and condom distribution), to integrated STD - HIV/AIDS prevention programmes, to resettlement schemes (only when the norms on the settlement of IDP will be

¹ See also the Article 20 Evaluations' recommendation in the section “Assessment of Impact and Indicators”, page 61.

respected²) and to issues related to human rights and the strengthening of civil society. NFI activities should be pursued.

4. ECHO should strengthen the involvement of its staff in Luanda to prepare emergency requests. They should receive detailed instructions what information these proposals should contain. Strict adherence should be given to the criteria mentioned in annex 9. The experiences of the last three years with the many NGOs that submit proposals to ECHO should be analysed and the quality of their performance should be put together in a register as a reference for ECHO staff.

5. In order to facilitate medium term planning and allow for flexibility and accountability within the ECHO programme, the team suggests ECHO to adopt a:

- Medium term policy approach with a two years budget approved by the member states
- Rolling budget that is to be adapted every six months in the light of the requests and the situation in the country.

This procedure will provide flexibility towards the partners, who can present their requests twice a year, while at the same time reduce administrative work for the ECHO desk. It will provide member states twice a year with an updated ‘indicative list of partners’. Finally, effects on cost-effectiveness and sustainability can be expected, as medium-term planning is likely to improve the effectiveness and internal coherence of the future ECHO programmes.

² On the 19th of October, the President of Angola, José Eduardo dos Santos signed a Degree, defining the “Norms on the settlement of the Internally Displaced Populations”.

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The evaluation team is very grateful to the staff in the EU Delegation in Luanda, the ECHO representatives and the staff members of the NGOs who kindly gave their time and contributions and supported the evaluation in all phases of the exercise with logistical support and guidance.

Finally, but by no means least, it has to be stated that without the efficient and kind help and the organisational know-how of Mrs. Gloria Fatima Nunes Chargas, ECHO-office Luanda, the mission could not have performed its tasks during the limited period time available for the assignment.

Executive Summary

Between the 14th of November and the 11th of December 2000, a team of three external consultants evaluated at the request of the European Commission (EC) the 'ECHO's 2000 Global Humanitarian Plan in Angola' (GP2000).

This evaluation focuses on all three sectors, contained in GP2000: Health and Nutrition (H&N), water and sanitation (Watsan)³ and the emergency relief carried out through the distribution of Non Food Items (NFI). For each sector, one expert participated in the assignment. The mission was well prepared and benefited from an extensive two day briefing in Brussels, interviews with field experts in Luanda, heads of most NGO's and various field visits, during which the majority of ECHO funded projects were visited. Although not all issues of the projects could be analysed in detail, the team feels that overall a good impression could be obtained from the reading of the substantial amount of background documentation and the frank discussions held at all levels. Debriefing and feedback on the findings was given to the taskforce and NGOs in Luanda and later to the ECHO-desk officers in Brussels. Important comments on the first draft were provided by the ECHO desk in Brussels that have been incorporated in the various sector reports and in this synthesis report.

The ECHO programme in Angola started in 1992 and since that time an average of Euro 12 million has been spend annually on humanitarian relief operations, being on average around 6.7% of the total contribution by donors to the 'UN Consolidated Appeals'. The European Commission adopted GP2000 on the 30th of January 2000 for a total value of Euro 13,5 million. From these figures it is apparent that ECHO is an important donor in the humanitarian field in the country.

The *humanitarian situation* in Angola shows little reason for optimism: numbers of Internal Displaced Populations (IDPs) have remained the same compared with one year ago and the accessibility to the 164 municipalities in the country has increased only from 60 (36%) to 69 (42%) These towns often can only be reached with air-transport. Politically, reconciliation seems not feasible in the short or medium term, while economically the reform programme of the Angolan Government (GOA) shows serious shortcoming and delays. The 'chronic emergency situation' is therefore likely to continue in 2001. OCHA's 'most likely scenario' mentions:

"Guerrilla warfare will continue, producing new displacements and inhibiting resettlement and return in most areas of the countryside. Widespread use of mines will continue by all warring parties. Internal displacement will also continue as a result of guerrilla warfare, although its intensity and scope are likely to diminish".

These dim prospects might become worse, if the current lack of rains persists and agricultural production will prove insufficient to feed the 1 million IDPs and the many residents, concentrated around the provincial / municipal towns in almost all provinces of the country. Therefore, important changes in the needs for H&N and Watsan activities cannot be expected in the coming year.

Analysing *relevance and appropriateness*, ECHO received 47 requests for funding, of which 22 were accepted with a total value of Euro 10,8 million. H&N was the most important sector (16 projects), representing 70% of the funds; NFI (3 projects) represented 20% of funds, and Watsan with 1 project⁴ only 2% of the funds. With the choice of sectors, GP2000 definitely responds to established needs.

Projects in the NFI sector are highly relevant, given the nature of that intervention. By adding various items to the NFI products, relevance could be improved. The quality of many of the project proposals in the H&N and Watsan sectors was considered weak, as they often did not contain (i) a clear justification of the intervention, (ii) erratic information on target groups, coverage, beneficiaries and the lack of general baseline information, (iii) a strategy to explain how objectives were to be reached

³ Water & Sanitation projects were not included in the GP 2000. All findings and comments on the Watsan sector are derived from the assessment of GP1999 projects and requests of partners for funding under GP2000.

⁴ ECHO decided to fund one Watsan project (UNHCR in Uige) under GP 2000 after the conclusion of the present evaluation in January 2001 at a total value of EUR 200,000.

and (iv) an analysis to assess the risk of the intervention. As this information is not required in the formal guidelines of ECHO, the NGOs can only be partially held responsible for these omissions.

When looking at *effectiveness and efficiency*, the performance analysis shows that most nutrition projects have been effective and efficient in reaching their objectives; PHC projects have also been effective as shown by the useful indicators elaborated by ECHO. Most provincial hospital interventions appear little effective or efficient, but few hard data are available for such conclusions. The 'mixed projects', addressing various objectives and targets at the same time, are little effective. The water projects show a mixed picture, whereas all three NFI projects appear highly effective and efficient. The team therefore concludes that GP2000 is effective in addressing the needs of the vulnerable groups.

The target population of GP2000 is about 1.5 million people, living in and around 16 of the 69 accessible municipalities, benefiting from Euro 7 million under GP2000. This means an average of Euro 4.7 per beneficiary in the sectors H&N and Watsan. This figure excludes the contributions to NFI, being Euro 2.0 million for an estimated beneficiary population of around 1.1 million IDPs (with 133.500 direct beneficiaries that receive Euro 14.8 per person). The financial support to UNICEF, WFP and Handicap International has not been included in these figures. Average cost per project per month varies between Euro 30.000-60.000.

Issues related to *coordination and coherence* shows a varied picture. The task force in Luanda has been instrumental to develop an exit strategy for projects aiming at institutional strengthening. Collaboration with OCHA and other donors exists but could be intensified. Few initiatives were taken by the ECHO desk in Luanda to establish priorities or to strengthen policy development and coordinated responses. ECHO Luanda provided appreciated technical support to the client NGOs that made use of their resources. Useful instructions were also presented recently to the NGOs to strengthen the monitoring of their project proposals. However, no systematic and coherent framework has been elaborated to standardise the project proposals, defining in some detail the expected output, activities and their indicators and the risks in implementing projects under GP2000 (log-frame). This would have enabled ECHO to process, compare and monitor the various projects with greater ease.

The task force in Brussels only met twice in the past years. Fortunately, an administrative backlog from 1999 has been eliminated and recently submitted proposals are processed within an acceptable period (less than 4-6 weeks). However, the period between submitting draft proposals until a proposal is accepted (and administratively processed) is still substantial (on average between 11-20 weeks).

Concerning *impact*, most ECHO funded projects show adequate coverage and have contributed substantially to reduce suffering for the IDPs, just arriving from war torn areas and the fate of resident populations that have so little and are asked to share it with these newcomers. The effects of these support interventions have been essential and life saving for many of the target groups, by providing food, shelter, drugs, NFI and water, where nothing of that kind was available. It has helped to restart water points and the functioning of health posts, providing care and treatment to the many in need, both IDPs and residents. However, proposals hardly address more long-term issues like training of staff, gender/MCH services, the problems related to resettlement, the upcoming epidemic of HIV-AIDS (condom distribution!) and the important issue of human rights and the building of civil society.

Visibility, in terms of presence of stickers on cars, walls and other material in general was satisfactory. However, few efforts had been made to present ECHO's role and its objectives to a wider audience.

Concerning *horizontal issues*, no clear criteria are used to define the various types of emergency. This has contributed to the 'contamination' in the ECHO programme mentioned before. OCHA recently elaborated some useful definitions of Emergency (E), emergency recovery (E-R) and transition (Tr) phases that have been adapted by the team for use in the water and H&N sector. The evaluation team suggests that the first two (E and E-R) define ECHO's core business (annex 9). Once the population is asked to contribute through cost-recovery schemes and/or the MOH contributes to drug provision (with an explicit budget line), projects should be considered for funding through other than ECHO

channels. The team suggests adopting a long-term 'Intervention Plan' (with 2-3 year time scale) together with a six-month rolling budget to enable flexibility in the management of GP2001.

The report concludes with various *recommendations*. The most important ones are highlighted below:

1. ECHO should develop a pro-active/demand orientation towards its partners. It should introduce the log-frame approach⁵ and initiate training for NGO's on how to elaborate proposals on this basis (expected output, indicators and risks). Criteria, content and baseline information should be defined beforehand to enhance transparency and improve output and quality performance. These should be used as a 'check-list' and shared with all clients. In this way, the period to ask for supplementary information will decrease. ECHO Brussels should ask for additional information only once and then take a decision!

2. The quality of the proposals could be improved by asking for the following information:

- The rationale and motivation for the intervention to be undertaken
- Quantified information on number of target beneficiaries and/or coverage of the intervention.
- Elaboration of a log-frame approach with clearly stated output figures and expected results. This information could provide the baseline that will enable the NGO itself and the ECHO supervisor to monitor to what extent the expected output is attained
- The strategy that is envisaged to realise the proposed objectives
- The risks associated with the intervention and the various alternatives available
- The use of well-defined indicators to monitor the effectiveness over time.

3. ECHO should continue its support to emergency nutrition programmes through feeding centres.

In health the focus should be on PHC related activities (health posts and health centres, municipal hospitals), whereas support to provincial hospitals (or only 1-2 departments) should not be further pursued. Mixtures of PHC, nutrition and hospital interventions should be avoided. Support to vaccination activities (UNICEF) in principle provides high value for money, but the results for the coverage study are to be awaited before a decision can be made in this case.

ECHO should re-orient its programme, increasing its contribution to Water & Sanitation activities and broadening its activities to new interventions, like MCH related activities (ANC, FP, deliveries and condom distribution), to integrated STD - HIV/AIDS prevention programmes, to resettlement schemes (only when the norms on the settlement of IDP will be respected⁶) and to issues related to human rights and the strengthening of civil society. NFI activities should be pursued.

4. ECHO should strengthen the involvement of its staff in Luanda to prepare emergency requests. They should receive detailed instructions what information these proposals should contain. Strict adherence should be given to the criteria mentioned in annex 9. The experiences of the last three years with the many NGOs that submit proposals to ECHO should be analysed and the quality of their performance should be put together in a register as a reference for ECHO staff.

5. In order to facilitate medium term planning and allow for flexibility and accountability within the ECHO programme, the team suggests ECHO to adopt a:

- Medium term policy approach with a two years budget approved by the member states
- Rolling budget that is to be adapted every six months in the light of the requests and the situation in the country.

This procedure will provide flexibility towards the partners, who can present their requests twice a year, while at the same time reduce administrative work for the ECHO desk. It will provide member states twice a year with an updated 'indicative list of partners'. Finally, effects on cost-effectiveness

⁵ See also the Article 20 Evaluations' recommendation in the section "Assessment of Impact and Indicators", page 61.

⁶ On the 19th of October, the President of Angola, José Eduardo dos Santos signed a Degree, defining the "Norms on the settlement of the Internally Displaced Populations". This degree will become law once it is published and as such it will provide a formal document to guide the whole resettlement process.

and sustainability can be expected, as medium-term planning is likely to improve the effectiveness and internal coherence of the future ECHO programmes.

1. Introduction

The ECHO programme in Angola started in 1992 and since that time an average of Euro 12 million has been spent annually on humanitarian relief operations. To date no systematic evaluation of the ECHO programme has been conducted, although an important policy evaluation/formulation mission established the foundations of the current programme in 1997. The current evaluation, that took place in November/December 2000, looks at 'ECHO's 2000 Global Humanitarian Plan in Angola' (GP2000). This is the synthesis report, comprising the three sectors addressed in the GP2000, being the Health and Nutrition sector (H&N), the water and sanitation sector (Watsan – GP1999) and the sector of Non Food Items (NFI). For each of them, a sector-specific report has been elaborated according to the format defined in the TOR. The findings contained in these three reports provide the backbone of this synthesis report. Nevertheless, wherever appropriate, additional information is used in order to arrive at a coherent and balanced view on the performance of the overall GP2000 in Angola. Someone looking for more detailed technical information is referred to the individual sector reports.

The purpose of the evaluation, as described in the TOR is to:

1. Assess the suitability of the last GP2000 and the level of its implementation
2. Assess the degree to which the objectives have been achieved
3. Quantify impact of the GP2000 in terms of output.
4. Analyse the link between emergency, rehabilitation and development (LRRD)
5. Establish precise and concrete proposals relating (i) to a possible transfer of ECHO funded projects to the relevant department of DG Dev and (ii) to the future of ECHO funding by sector and activities, focusing on ECHO 'core-business'.

The EC approved GP2000 on the 15th of January for a total value of Euro 13,5 million. The document provides an inventory of humanitarian needs by sector, discusses lessons learned/constraints and defines the priorities as follows:

1. Health and Nutrition sector (H&N): continued focus on H&N with the goal (i) to reduce morbi-mortality and (ii) to improve access to quality health. ECHO funded projects seek to reduce malnutrition rates, combat measles and sleeping sickness and enable the target groups and the resident population to visit HPs or HCs and support a referral system.
2. Water and Sanitation sector (Watsan): ECHO will provide support for the rehabilitation of watsan in HCs and initiate projects aiming to provide water to IDP camps experimentally.
3. 'Non Food Items (NFI)': ECHO will support the three implementing partners to cover NFI needs in the north, central, southern part of Angola for new IDPs (registered after 12/1998).
4. Other activities under GP2000 include transport/logistics (WFP) and attention to mine awareness activities (Handicap International). These projects have not been included here.

Geographically, priority is given to places and people directly affected by recent fighting, as such places have the highest concentration of IDPs with high rates of malnutrition. Ten percent of the budget was set aside to react quickly to deterioration in the humanitarian situation or to intervene in zones recently open to the humanitarian community. The document includes specific suggestions in the strategic planning matrix for the three sectors.

As the ECHO contribution is only partly included in the various 'Inter-Agency Consolidated Appeals', that have been made by the UN since 1992, the team made an estimate of the ECHO contribution to the overall humanitarian assistance in Angola (annex 8, Table 1). The average annual contribution over the period 1992-2000 by ECHO has been around 6.7% of the total contribution by donors to the 'UN Consolidated Appeals', with an average of about Euro 12 million per year. However, these data need cautious interpretation as contributions from the EC to NESAs, Euronaid and WFP are only

partially included. The recent DANIDA evaluation⁷ provides comparative information: its contribution to humanitarian assistance in Angola is given as an annual 2% or around US\$ 3-4 million per year. It is clear from these figures, that ECHO constitutes an important donor in the humanitarian field.

2. Methodology

As part of preparations, an extensive briefing took place in Brussels with various departments and persons involved in the Angola programme, where essential documentation was provided (see TOR in annex 1 and list of documents consulted in annex 4). Based on this, a summary of all ECHO projects by province was elaborated (annex 6). A list of abbreviations is provided in annex 5. In Luanda, the team had working sessions with the responsables of the NGOs working in the country. Of the 22 ECHO funded NGOs, 19 heads of office have been interviewed. Interviews were also held with the OCHA office in Luanda, the ECHO desk-officers and other staff in the delegation (list of persons interviewed in annex 2; work programme of the team in annex 3). Field visits were made to Malanje, Moxico, Huambo, Uige, Benguela, Lobito and Huila. In total 16 out of the 22 ECHO funded projects have been visited. Due to the complexities of air travel in the country, no visits could be made to four out of the 13 provinces where GP2000 has been operating (Kuando Kubango, Lunda Sul / Norte, Kuanza Sul).

In order to ensure feed-back, the findings of the team were presented during a formal debriefing to the 'task force' within the Delegation (comprising relevant staff from ECHO, Euronaid, NESAs and the health desk of DG Dev) and to all NGOs involved in GP2000 (20 NGOs attended!). The team was fortunate to discuss its preliminary conclusions with the visiting desk-officers from Brussels, Ms Feret (DG-Dev), Ms Foa (DG-Dev), Ms Bolet (SCR), Ms Pantaleoni and with the new and 'sitting' health responsible in Luanda, Mr. Giuseppe Chió and the ECHO co-ordinator, Ms Mercedes Navarro. A formal debriefing session took place in Brussels with staff from ECHO, the evaluation and DG Dev departments. Written comments were provided that were incorporated in this document.

3. Context and humanitarian situation

Changing military context

Since the restart of the hostilities at the end of 1998, the political and military situation has changed considerably. In the autumn of 1999, the hostilities switched from open war to "hit and run" guerrilla warfare, leading in 1999 to approximately one million people fleeing from their homes, seeking assistance in all provincial and some municipal capitals. In 2000, military tactics changed and shelling of provincial capitals occurred less frequently. The government claims to control many municipalities and to extend its influence more and more into the hinterland, as its armed forces (FAA⁸) are supposed to 'clear' large areas from UNITA influence. With the beginning of the rainy season, it is likely that FAA will again lose some of its positions.

Internally Displaced Persons (IDPs)

Since January 1998, about 2.7 million people (nearly 20 % of the total national population) have been displaced according to official sources (government), while the humanitarian organisations registered in 11/2000 about 1.1 million IDPs (numbers of IDPs by province in annex 8, Table 4+5). Despite improved access, at the end of October 2000, an estimated 60% of the areas hosting IDPs were still without any humanitarian presence⁹. It is clear from these disturbing figures that the humanitarian community is facing a huge task to provide minimal living conditions for these large groups of the population.

⁷ DANIDA, November 1999. Evaluation Danish Humanitarian Assistance, Volume 3. Angola. (Appendix 4).

⁸ FAA = Forças Armadas de Angola.

⁹ "Consolidated Inter-Agency Appeal for Angola 2001". OCHA, 10/2000.

Expectations for humanitarian situation

Facing these distressing numbers, the Government of Angola (GOA) established in July 2000 an 'Inter-Ministerial Commission (CISH)', which elaborated in a short period the 'National Emergency Programme for Humanitarian Assistance (PNEAH)'. This programme aims to implement, coordinate and monitor the total of humanitarian assistance in the country. As financial contributions and technical support from line ministries are difficult to ensure, the impact of this programme will depend to a large extent on the contributions of the international agencies that are included in PNEAH. However, its most important achievement is the formal acceptance by the government of the norms, recently elaborated UN that will guide the resettlement schemes in the future. In fact, Angola is the first country to formally adopt such norms at national level.

Although the recent UN/OCHA Consolidated Inter-Agency Appeal, stresses the increased access to affected populations and the expansion of the security perimeters in eight provincial capitals, the improvements are slow, often reversing or even slipping backwards. According to data collected by the team, the total number of IDPs in the country has remained more or less the same and the accessibility to the 164 municipalities in the country has gone from 36% in 11/99 to 42% in 11/00 (annex 8, Table 5). Accessibility has thus slightly improved and the perimeters around some of the municipalities have been extended. The road system in large parts of the country is not accessible due to attacks, mines or broken bridges. The only parts accessible are the coastal areas of some provinces in the Luanda corridor. The logistic backbone of all humanitarian operations remains therefore the transport by air. In summary, there is little reason for optimism as no significant change in the current situation can be foreseen. Politically, reconciliation seems not to be feasible in the short or medium term. The 'chronic emergency situation' is therefore likely to continue in 2001.

The core assumptions made by OCHA regarding the future trends and the most likely scenario for the coming year, seems realistic, although the numbers might be at the positive side (ibidem, p. 20-21):

*"Guerrilla warfare will continue, producing new displacements and inhibiting resettlement and return in most areas of the countryside. Widespread use of mines will continue by all warring parties. Internal displacement will also continue as a result of guerrilla warfare, although its intensity and the scope are likely to diminish. The number of new IDP is likely to decrease from 338.000 to 100.000. The majority of humanitarian activities will therefore focus on emergency recovery (ER), although substantial emergency activities (E) will continue, covering a caseload of at least 350.000 new IDP. Only a handful of pilot transitional (Tr) projects will be initiated"*¹⁰

Economic information

The Gross-National-Product (GNP) amounted in 1998 to US \$ 4100 million, being US \$ 344 per capita. This increased to US \$ 360 in 2000. For the year 2000, the annual budget is expected to increase, due to better oil prices (partially balanced by reduced oil production) and an increase in diamond production. For the year 2000, a total daily production of the national oil producer SONAGOL of one million barrel was projected, providing estimated daily revenue of US\$ 20 million/day. In the areas controlled by the government, diamond production reached a value of about US \$ 470 million in 1999. Debts with foreign countries added up in 1998 to US \$ 10 500 million; gold and valuta reserves were in 1998 US \$ 227 million¹¹. According to a recent report of the Economist

¹⁰ Definitions by OCHA of different types of Humanitarian and Relief operations in Angola:

E = Emergency = The project is addressing a life-saving situation, people are dying, there is acute food shortage and lack of basic infrastructure

E-R = Emergency-Recovery = people may die if the interventions are not continued, there is access but not yet full security and there is some infrastructure often in poor condition

Tr = Transition = There is in principle possibility of sustainable livelihood, people are not dying, there is food security and secure access to rehabilitated infrastructure.

¹¹ Bundesstelle für Aussenhandelsinformation, Südliches Afrika zum Jahreswechsel 1999/2000, Angola, p. 19 ff.

Intelligence Unit¹², the economic situation of the government leaves little room for optimism: (i) a mission from the IMF/WB in October concluded that the macro-economic reform programme is well short of its target and will be extended another six months, (ii) GDP growth in 2001 has been revised downwards to 2.1% because of lower oil production, (iii) inflation will reach over 300% in 2000 and (iv) allocation to the social sectors in the budget 2000 has been reduced (health: 3.6% to 2.8%), although the GOA had promised the FMI to raise that contribution up to 9,3%.

Health and Nutritional situation.

The overall health situation of the population is impossible to assess. No recent information is available and existing data, even when collected at local level, lack precision and are notoriously imprecise, changing in the course of months or weeks. The cluster survey done by UNICEF in 1996 provided a life expectancy at birth of 47 years, an under five mortality and an Infant Mortality of 292 and 170 per 1,000 live births respectively, and a staggering maternal mortality of around 1,500 per 100,000 live births (indicators in annex 8, Table 6). MOH estimated in 1997 that less than 55 % of the health facilities were functioning¹³. This figure most likely has gone down even further. The availability of medical doctors was five per 100,000 people. Recent estimates of vaccination coverage do not exist. Fully vaccinated children are estimated at only 11%^{14, 15}. HIV figures are not available and a sentinel system does not exist. However, some experts estimate prevalence figures of around 4-8%, based on STD consultations in the hospitals of municipalities. Indicators in the field of water/sanitation show that the population with access to safe water is estimated at 65% in urban and 35% in rural areas. However, these figures have not been updated for some years. While new medical emergencies attract attention worldwide (Ebola in Uganda), Angola, with its structural and intractable problems seems to become a “forgotten emergency”¹⁶.

In summary, important changes in the H&N and Watsan indicators are not to be expected. ECHO should therefore continue its emphasis on the support for IDPs, residents and other vulnerable groups.

4. Relevance and appropriateness

Of the 47 projects submitted to ECHO in 2000, 21 were rejected and 4 were withdrawn. Reasons for non-approval included intervention had no priority (6), the area had no priority (5) or the proposal was too weak to be funded (6) (annex 8, Table 2). Thus a total of 22 projects were accepted representing a budget of Euro 10.8 million. The H&N sector was the most important with a total of 16 projects (value Euro 7.5 million or 70%), followed by NFI with 3 projects (value Euro 2.0 million or 18%). The Watsan sector only received Euro 200,000 (1 project, 2%). Despite intentions of GP2000, Watsan remained of little importance in the overall envelope. Other activities to be funded by GP2000 (WFP and mine awareness) received 8% of the budget. The mission has no information what happened with the 10% of the funds to be used for unexpected events.

The proposals often provide little information on the beneficiaries (type, number, localisation, socio-economic background). Numbers of IDP, residents and vulnerable people are included, but to what extent these will be ‘served’ by the project remains a question. Population figures are provided, but it is not clear whether these are ‘covered’ by the project. In short, both the denominator and the numerator (being the expected output of the intervention) of the equation are seldom clearly stated in the proposals, making a reliable assessment of its (cost) effectiveness, its efficiency and its impact (in terms of output) difficult. As the application forms for proposals remains vague when asking for

¹² The Economist Intelligence Unit, London. Angola country report, November 2000.

¹³ MOH, Health Development Plan 1999.

¹⁴ IMC May 2000. Immunization coverage study, Luena Moxico.

¹⁵ EPICENTRE, July 2000. Nutritional and retrospective mortality assessment for Malanje and Lombe.

¹⁶ Pavignani E. and Colombo A, 2000. Draft September 2000. Providing health services in countries disrupted by civil wars, a comparative analysis of Mozambique and Angola 1975-2000 (p. 43).

quantitative information¹⁷, the NGO can only partly be held responsible for these omissions. Therefore the various proposals differ widely in their presentation of quantitative information.

Most proposals submitted to ECHO do not provide a link between the established needs and the proposed objectives and activities. Only one or two indicate how they will try to achieve their objectives (strategy). Few include in their proposals the expected result of the intervention in a quantifiable way. Seldom a link is provided between the needs, the objectives/activities and the inputs that are requested (personnel, equipment etc). In short, no log-frame approach has as yet been introduced. Finally, job descriptions of the staff under contract and their place in the intervention (lines of hierarchy) are seldom included.

In summary, the quality of the proposals submitted by the NGOs, in general is weak. They are lengthy, voluminous and provide a lot of interesting but not essential information. In particular, there is seldom reference to the following information:

- The rationale and motivation for the intervention to be undertaken
- Quantified information on number of target beneficiaries and/or coverage of the intervention.
- Absence of a log-frame approach with clearly stated output figures and expected results. This information could provide the baseline that will enable the NGO itself and the ECHO supervisor to monitor to what extent the expected output is attained
- The strategy that is envisaged to realise the proposed objectives
- The risks associated with the intervention and the various alternatives available
- The use of well-defined indicators to monitor the effectiveness over time.

Recently important indicators have been suggested by the responsables of ECHO Brussels and Luanda, to monitor (and compare) the various H&N projects (see annex 8, Table 8+9). These indicators will be instrumental for ECHO to determine results and relate them to financial input and staffing.

They include for the Nutrition projects amongst others: coverage, mortality, medium weight gain and average length of stay, while the PHC projects include: coverage, new contacts and attendance rates, cost per consultation and staff ratios. Unfortunately, many NGOs have been slow to integrate these indicators in their reporting and so far figures are incomplete and not always reliable. ECHO technical assistance should insist on exact data provision and control its reliability in loco.

The consultants have carried out an analysis of the performance of the various partner NGOs. As expected, the analysis shows that some NGOs do perform well (MSH-H, Concern, CUAMM, CIC and two NFI partners), while others performed more or less acceptable (OXFAM, ACH, MSF-B and Johanniter). Some do show quite a poor performance (Movimondo and GVC). The analysis indicates furthermore that partners involved in two or three specific activities at the same time ('mixed projects') have difficulty in showing acceptable levels of performance, although CUAMM seems the exception to the rule.

In quantifiable terms, an assessment of the performance based on output indicators is not available in the projects under GP2000, due to the absence of a standardised log-frame approach. Therefore, conclusions on their (cost) effectiveness and efficiency often remain limited to quality related observations, together with the Nutrition and PHC related indicators proposed by ECHO, that have been adopted by some of the NGOs. In short, measuring result-oriented performance as requested by ECHO is only partly feasible at the moment. The evaluation team can analyse and comment on existing output data, but if these are not available in the project requests or in the reporting documents, the team can only respond partially to this request.

5. Effectiveness

¹⁷ ECHO 1999, "Guide d'utilisation du contrat cadre de partenariat. A l'usage du personnel de ECHO en vigueur le 1/1/99" (incl. implementation arrangements, documents 1-16). Document two asks under 8.2 only for 'envisaged number of beneficiaries'.

As stated in the previous paragraph, most projects do not mention their expected results/output (absence of log-frame approach) or the denominator of their target groups. Therefore, a quantified assessment of the results of the interventions funded under GP2000 is hard to provide, although the standardised indicators introduced by ECHO are likely to improve the situation next year. These, together with a more qualitative assessment of effectiveness and efficiency will be provided below.

When looking at the various sectors, the team observes that NFI score high on effectiveness, do distribution well, are transparent and strengthen local capacity. Their administrative and technical capacity sometimes shows weaknesses. Watsan projects (Oxfam and ACH) do achieve their objectives, but their relevance and effectiveness (Oxfam) and sustainability (ACH) leave room for improvement. H&N projects score high for the nutrition projects (annex 8, Table 8), are effective in improving accessibility for the PHC projects (annex 8, Table 9), but are not considered effective for the 'mixed' projects and for the (provincial) hospitals. These structures are too complex to be managed by the NGOs working in a humanitarian context. The municipal hospitals seem to score in between and need to be assessed on a case-by-case basis.

Summarising, the target population of GP2000 is about 1.5 million people, living in and around some 16 municipalities. They benefit from the total amount of Euro 7 million that is provided under GP2000. This means an average of Euro 4.7 per beneficiary in the sectors H&N and Watsan. This figure excludes the contributions to NFI, being Euro 2.0 million for an estimated beneficiary population of around 1.1 million (with 133.500 direct beneficiaries that receive Euro 14.8 per person). The financial support to UNICEF, WFP and Handicap International has not been included. The figures indicate that most projects under GP2000 are effective in addressing the needs of vulnerable groups.

6. Efficiency

As discussed earlier, efficiency, measuring output (quantitative and qualitative) in relation to the inputs of the various ECHO projects (list of definitions in annex 7), is difficult to quantify.

An indication of the average cost per project per month has been calculated for GP2000, regrouped by type of activity within each sector (annex 8, Table 12). In addition the cost of the projects per beneficiary and the distribution of the costs by sector and budget line (staff, goods/drugs, transport and administration) is provided in annex 8, Table 11+12.

Together, these tables give the following relevant information:

- When grouped on the basis of the type of intervention, the various projects show differences in the various budget lines: H&N spend 35-45% on staff (with Caritas, UNICEF and MSF-H as notable exceptions), Watsan spends only 24% on staff and NFI projects are particular cheap in this respect with between 11-14% on staff costs. However, as the overall operational cost of the NGO is not available, these figures can only provide a first impression. If such information were considered important, this would justify a separate study.
- Taking these limitations into account, within the H/N sector, nutrition projects seem most efficient, followed by PHC projects. Mixed projects and hospital support are more costly, as they require a higher level of competence and expertise.
- Water is within the average range (Euro 60.000/month). Available information shows figures between Euro 1600 – 8200 / water point or an estimated Euro 10-15 / beneficiary
- The NFI sector was considered to be efficient regarding management and coverage. The differences between LWF, SCF and Johanniter can be explained on the basis of their use of transport. Most interventions are considered efficient.
- Generally, the team felt that costs of most projects were within acceptable limits taken the context, the transport and the required input (expatriates, hardware) into account. Within H&N, UNICEF, Concern and ICRC are by far the most expensive (annex 8, Table 12), while Caritas and Goal are the cheapest (around Euro 27.000 /month), most likely due to the restricted use of expatriates and the provision of modest incentives to the existing health personnel. Although the use of incentives is attractive, its medium term consequences and the problems arising later when they are to be funded by DG Dev are such that the team advises against the widespread introduction of these short-term solutions.

Despite the commitment and flexibility of many of the NGOs, some experience weak management and planning capacity and various internal problems that affect project implementation. Monitoring, as a management tool is insufficient and serious efforts in auto-evaluation, internal quality control and assessment of achieved outputs are rare qualities. Only some of the NGOs do provide intensive support and technical expertise to their staff in the field (MSF-H and Concern). Others do provide supervision but in an instructive and commanding way. Most NGOs rely heavily on expatriates and are not looking for qualified Angolan personnel. All NGOs (except one) received ECHO funding for their projects in previous years (annex 8, Table 10). It can therefore be assumed that most NGOs are familiar with ECHO's administrative and financial procedures. However, taking into account the rapid changes in the composition of country teams of these NGOs and the recent changes within the ECHO programme in Luanda and Brussels, it is clear that little institutional memory exists within the various institutions working in humanitarian relief. It is therefore recommended to draft a reference list of all NGOs receiving funds from ECHO, in which the quality of implementation and its overall performance in achieving measurable results are recorded. This list should be transparent and open for the relevant NGO to consult.

7. Co-ordination, coherence and complementarity

The Government of Angola (GOA) recently adopted the 'National Emergency Programme for Humanitarian Assistance (PNEAH)'. This programme aims to implement, coordinate and monitor the total of humanitarian assistance in the country. The initiative by OCHA to undertake a nation-wide needs assessment has been important to (i) define together with the government priorities for future interventions in all sectors, (ii) elaborate a national plan of emergency action (July 2000) and finally (iii) stimulate follow-up through the preparation of emergency plans in all provinces, in which all sectors, NGOs and donors have participated. Although certainly not perfect and often overly ambitious, these plans for the first time provided a framework, accepted by all partners, to guide and improve the dialogue between government and the other actors. Also the official adoption by the Council of Ministers of the Decree on the resettlement of IDP (annex 10) is of significant importance. The role of ECHO in coordination and policy development at this level has been low-key and unsatisfactory. Apart from regular contacts of ECHO staff in Luanda with individual NGOs and donor agencies (incl OCHA), ECHO was not itself involved in the coordination of activities within the three sectors or in provinces with its partners. Whereas, most NGO partners showed active interest to streamline activities, the Luanda desk did initiate few coordination meetings to share experiences.

Coordination within the Delegation is being done through the 'task-force', in which persons from all the funding channels are represented. Meetings of the Luanda taskforce in 2000 were regular (seven meetings this year) and meant to provide a platform for discussion within the Delegation in Angola¹⁸ (NESA, DG Dev and ECHO), in particular on LRRD related issues. The 'exit-strategy' of some humanitarian projects towards DG Dev funding has been regularly on the Task-Force agenda. The matrix (annex 9) provides practical suggestions to define what should be funded by ECHO and what by DG Dev in order to reduce the grey zone in LRRD linkages. Some loose ends have been included in GP2000 that have contaminated its budget. The variety of projects with no standardised format (log-frame) has made supervision and support difficult for GP2000 staff. This is one of the reasons for weaknesses in the some of the projects. The 'exit strategy' that was developed has been instrumental to 'clean' ECHO's portfolio and improve its core business (mandate).

There are two different types of delays related to the acceptance of project proposals:

- Delay 1, being the period necessary to improve on the initial proposal, sometimes taking between 11-20 weeks or more (Annex 8, table 13+14). Reasons for the delay are both with the

¹⁸ In a circular dated 29/11/96 the explicit instructions from management of the RELEX DG's were: "L'objectif est de développer une approche qui mette l'accent sur l'impact et les conséquences des instruments d'aide humanitaire considérés dans leur totalité". Task Forces were to be established in Brussels and in the various delegations.

NGO submitting incomplete proposals and with ECHO demanding supplementary information. Both institutions need time for their communication, as apparent from the additional explanations provided by the ECHO-team (Table 13).

- Delay 2, being the period necessary to process the final proposal internally within ECHO, being most often between 1-4 weeks, but in some instances (7 out of 20 projects) taking 9 weeks or more. There are internal administrative and financial procedures that need to take place. These are therefore the responsibility of the organisation itself.

Annex 8, Table 14 allows the following observations:

- The administrative processing within ECHO (delay 2) takes in 55% of cases (55%) an acceptable 1-4 weeks. In 7 out of 20 projects the period is more than 9 weeks. Although good reasons exist to explain this time period, the team suggests ECHO to review its internal procedures regarding these projects and see what improvements can still be made. Fortunately, the team already noted improvements in the performance of the desk, as most of the recently submitted projects were under the one-month time limit.
- Duration to prepare the final proposal (delay 1) is unacceptable high in most projects (60%) being between 11-20 weeks. During this period a lot of communication needs to take place between the ECHO desk and the relevant NGO. Delays can therefore not be attributed to one side. However, important time gains would be achieved if ECHO could define in detail what it needs to know to assess and approve a project. This information (being a list of information requirements) should be readily available and communicated to any NGO intending to submit a proposal. It implies essentially the adoption of one of the various log-frame approaches.
- More than half of the projects start or continue to operate without a contract signed between the two partners. Some NGOs assume that they can keep their staff in place, waiting for the approval by the desk officer. In this way, the risk for receiving funds implicitly is put on the shoulders of the NGO. ECHO should communicate clearly with the NGO where responsibilities lie in this respect.
- Finally, the evaluation team suggests that the role of the TA in Luanda be reviewed, as the delays necessary to improve the initial proposals could be reduced by the Luanda TA if clear and detailed instructions on what is to be included in the proposals are provided. The proposed introduction of the log-frame approach will prove quite helpful to all concerned.

8. Impact and strategic implications

Coverage of operations for nutritional projects is high (around 60-70%) as apparent from the stratified sample cluster surveys conducted among IDP populations. Also the use of PHC facilities in general is satisfactory with an average of 0.5 to 0.7 new consultations per person per year. Coverage of Watsan activities in the IDP camps is also good, while the NFI activities cover 21% of the currently NFI supported IDPs (details in the NFI-report).

Analysing the overall ECHO intervention in Angola as it relates to impact¹⁹ and sustainability is frustrating. The situation in Angola has been described as one of 'chronic conflict, a forgotten war', where slowly but increasingly the former rural populations are left on their own, without support from central or provincial services: no schools, no teachers, no health facilities, no drugs or health personnel. From the team observations, it seems that with similar IDP figures as in November 1999 and with difficult access to a large number of municipalities, no substantial improvement compared with last year has taken place. The humanitarian situation most likely will remain stable. It is therefore unlikely that ECHO funded actions can be integrated in medium-long term rehabilitation and development programmes, as no signs of collaboration or political dialogue are visible. The ECHO programme therefore will need to continue in Angola, as long as this 'chronic emergency' continues.

ECHO support has contributed substantially to reduce suffering for the IDP, just arriving from war torn areas and the misery of the resident population that have so little and are still asked to share it

¹⁹ Impact looks at the wider effects of the project (social, economic, technical, environmental) on individuals, communities and institutions (see annex 7 for definitions).

with these newcomers. The effects of these support interventions have been essential and life saving for many of the target group, by providing food, shelter, drugs, NFI and water where nothing of that kind was available. It has helped to restart the functioning of health posts providing care and treatment to the many in need, both IDPs and residents. Also the two Watsan projects can be classified as successful E-R programmes, although too little attention has been given to their follow-up or how to build development issues into their activities. Fortunately, training and capacity building has been part of most projects. However, these capacity building activities are only a small part of the NGO budgets (< 4%). Training activities should therefore figure more prominently in ECHO funded projects.

9. Visibility

The means used to communicate about ECHO's presence and actions have been quite limited. Whereas, the team found in the field that the stickers were placed at many relevant places (on cars, walls and various products) there were few efforts made to present ECHO's role and its objectives to a wider audience. It was clear from the interviews with NGO staff, that all knew what ECHO had to offer as a donor agency, but few were aware about the potential broader role ECHO could play in the humanitarian arena (like coordinating, priority setting and awareness raising). Representatives from the population only saw ECHO as a donor agency they had to please in order to apply for future funding. The conclusion seems therefore justified, that apart from the distribution of stickers, T-shirts and other eye-catchers, ECHO should define a more comprehensive policy towards its clients and beneficiaries on what its role and responsibilities are supposed to be.

10. Horizontal issues

ECHO's core business is to address life-saving situations and acute needs. Therefore projects eligible for funding cannot be longer than 6-9 months. For the H&N and Watsan sectors, this implies that in fact only nutrition rehabilitation centres, epidemics like Cholera or Measles and the building of shallow wells are eligible for funding. Support to make health centres function again through some rehabilitation or provision of drugs are difficult to stop after such a short period, because they will not yet be able to run by themselves, in particular in the Angolan context where government is not capable or willing to take the responsibility for its population (being both residents and IDP). Taking ECHO's mandate in this strict sense, will perhaps provide higher value for money, but will limit its actions substantially to the extent that not even support to health posts in the 'bairros' of the provincial towns or resettlement camps can be funded. Only NFI and nutrition interventions remain on the agenda.

Over the last years, ECHO has adopted a 'broad mandate' including funding for health posts and PHC activities, regular measles vaccination programmes and even institutional support for municipal and provincial hospitals to allow for the re-opening or the re-establishment of the facility. Dissatisfaction with this broad mandate within ECHO has led to the definition of an 'exit strategy, in which ECHO projects of long duration have been shifted to the EC development desk (DG Dev). The exit strategy has been highly relevant to clean ECHO portfolio and concentrate itself on its core mandate. Nevertheless, the team observes that a too strict interpretation of this core business will limit ECHO's contribution to humanitarian work to such an extent that it will become less meaningful. Therefore, the team has elaborated detailed technical criteria that should define ECHO scope of action in the future and the relation to criteria applicable for DG Dev (annex 9, Emergency and Emergency-Recovery situations). Given the chronic nature of humanitarian relief in Angola, the application of these criteria in the 'exit strategy' will be instrumental to ensure a lasting impact for ECHO's interventions.

The team suggests that projects fitting in the first two vertical columns of this matrix should be eligible for ECHO funding. Just limiting itself to the first column, would imply that many needs of the distressed population would not be met. This should not be the intention of ECHO core mandate. Given the short-term nature of ECHO's budget (6-9 months) results and value for money can be expected when the recommendations below (in particular number two) are followed.

Other horizontal issues affecting the work of ECHO relate to:

- Security: Here the advice from the provincial security officer from OCHA is the decisive authority.
- Gender: In some of the sectors, projects did explicitly target their interventions to women. Watsan is one example, as fetching water is traditionally a women's job and the campaigns to promote hygiene were therefore targeted and carried out by women. NFI is another example, as often women do get priority during distribution.
- Environment: Within the items of the NFI sector, the introduction of energy-saving stoves, adapted to local conditions, could be an important contribution to save firewood and thus save women time to collect wood around the camps.
- Cost-recovery: Although this is not an issue in emergency situations, in the ER-phase it will become a topic, both for H&N and Watsan as soon as the situation will be stabilised. Ignoring cost-recovery issues, as done during the implementation of water pumps, will have a negative effect on ownership and sustainability of water (or health) systems.

11. Recommendations

The recommendations suggested below are directed to the ECHO management in Brussels and Luanda. They are meant to be used both for strategy development of the GP2001, but also as practical inputs in the activities that could be undertaken in the coming year. Basically, they are meant to answer the question: 'what should ECHO do in GP2001?'

1. ECHO should develop a *pro-active/ demand orientation*, aiming to inform the NGOs about the:

- Various types of projects, ECHO intends to fund within the various sectors (see below);
- Beneficiaries of the various programmes (new IDPs²⁰ together with resident populations, children and women);
- Criteria for accessing these funds (geographical, time limitations, GOA/own contributions and integration within provincial plans)
- Technical information required to apply for funding with good chances for success (introduction of logical framework, defining expected results, risks and relevant indicators).

In order to achieve measurable results, a short training workshop on the use of a log-frame in proposal writing is recommended. This will improve effectiveness/efficiency of the various projects and thus of the desks in Luanda and Brussels. It will also shorten the time between the submission of the first draft and the acceptance of the final proposal.

Geographically, the programme should respond to humanitarian needs in all provinces of the country, where relevant proposals are elaborated. In this way, it is possible to see the two funding channels (ECHO and DG Dev) working in the same province, with different target groups and different NGOs.

2. ECHO should focus its intervention criteria on acute needs in the *H&N sector* to:

- Support emergency nutrition activities through feeding centres.
- PHC related activities (functioning of HPs + HCs and under certain conditions municipal hospitals).
- Support to provincial hospitals (or some of its departments) should not be further pursued.
- Mixtures of Nutrition, PHC and hospital interventions should be avoided.

New areas of attention, addressing 'chronic' (emergency recovery) needs where good value for money can be assured, should be included, like MCH related activities (ANC, FP, deliveries and condom distribution), integrated STD-HIV/AIDS prevention programmes (focussing on Information, Education and Communication for the provision and use of condoms²¹), resettlement schemes on the

²⁰ "New IDPs" are defined by OCHA as those that have become IDP after 1998 (due to the 1998/99 wars). The current cleansing operations by FAA, create even more recent IDPs (from the second half of 2000), coming into the provincial and municipal towns.

²¹ Attention should be given to the establishment of an effective distribution system to ensure the continuation of the activity after ECHO funding has stopped.

condition that the norms on the settlement of IDP will be respected²² and issues related to human rights and the strengthening of civil society.

ECHO should also continue to strengthen the *water sector*, but only in situations where acute emergency water-related needs exist, that can be addressed with appropriate technologies (Watsan report). Some important technical information is required before these projects can be approved.

ECHO should continue its important work in the *NFI sector*, as in this sector acute needs are addressed with good value for money.

In the future ECHO should avoid the expression 'exit strategy', as this gives the impression that ECHO is stopping its activities in Angola. In fact, for 2001, the team suggests to talk about a re-orientation of the ECHO programme as defined above.

3. The *quality of the proposals* submitted by the NGOs, in general is quite weak. They are lengthy and voluminous and provide a lot of interesting but not essential information. The team recommends that future proposals should be based on the log-frame approach and provide the following information:

- The rationale and motivation for the intervention to be undertaken
- Quantified information on the number of beneficiaries, the coverage of the intervention and the expected output with relevant indicators. This should provide the baseline for the NGO itself and the ECHO supervisor to verify whether the expected output (= results) is attained
- The strategy that is envisaged to realise the proposed objectives
- The risks associated with the intervention and the various alternatives available
- The use of well-defined indicators to monitor the (cost) effectiveness over time

4. Effectiveness and monitoring will be greatly enhanced by the introduction of the Log-frame approach. Activities will be defined in terms of their expected output and relevant indicators will be included that measure the intended output. The Nutrition and PHC indicators developed by ECHO (Table 9+10) should be included as standard indicators in all proposals. If possible base-line figures should be provided.

Clear agreements should be established with municipal or provincial authorities about the GOA contributions in terms of personnel, drug provision and management responsibility. Proposals should also address the contribution of the NGO to the intended activity and the possibilities for the continuation of the project after ECHO funding has been finalised.

Projects should address their position within the provincial emergency plan. If no authorities are present (Lunda's, Luena, others?), ECHO should support requests as a temporary measure.

5. Task-force meetings should be re-installed to improve the collaboration in the grey area of transition projects (annex 9). The team suggests that projects fitting in the first two vertical columns of this matrix should be eligible for ECHO funding. Just limiting itself to the first emergency column, would imply that many needs of the distressed population would not be met. This should not be the intention of ECHO core mandate.

The team suggests further that the criteria in this matrix be discussed, amended and agreed upon by all EC departments (ECHO, DG Dev, NESAs, SCR). Once agreement has been reached, they should be distributed for anyone to know.

6. As part of the LRRD concept, long term (annual) planning is not possible or realistic in Angola. As the need for flexibility within the ECHO programme and accountability towards the member states is paramount, the team suggests ECHO to adopt a:

1. Medium term policy approach with a two years budget approved by the member states
2. Rolling budget that is to be adapted every six months in the light of the requests and the situation in the country.

This procedure will provide more flexibility towards the partners, which can present their requests twice a year, while at the same time diminish unnecessary administrative work for the ECHO desk. It

²² On the 19th of October, the President of Angola, José Eduardo dos Santos signed a Degree, defining the "Norms on the settlement of the Internally Displaced Populations". This degree will become law once it is published and as such it will provide a formal document to guide the whole resettlement process.

will provide the member states twice a year with an updated 'indicative list of partners', that will enable them to follow more closely what is happening in the country.

7. In a recent report²³, elaborated for the EC, the following *general recommendations* appear applicable and useful for the future of the ECHO programme. They are summarised below:

- There are important risks associated with premature development or rehabilitation projects. A significant Government and/or community contribution towards the cost of rehabilitated physical and social infrastructures should be requested by the EC, in order to develop a sense of ownership and respect for the *res publica*;
- In negotiating rehabilitation and pre-development support by the EC, a set of basic contractual commitments, namely those regarding its financial contributions should be established. These should include the obligation for the Government to respect timely payment of salaries to civil servants working within the aid system. The respect of these basic conditions should be regularly evaluated.
- The present administrative aid framework and related procedures are far too complex. They require radical simplification. The new EU proposal to rationalise the aid instruments (one global envelope for long term assistance, plus an investment facility managed by the EIB) may help to solve these problems. However, for countries like Angola, who suffer from chronic instability, a five-year perspective, even when rolling programming is adopted, appears utopian and inadequate. Moreover, in order to increase flexibility and to reduce delays, both the decision and management capacities of the EC Delegation in Luanda should be significantly reinforced. These suggestions apply not only for the various funding channels of the Delegation but also for the specific office for humanitarian work, being ECHO.

²³ Sanches AA, 10/1999. 'EU cooperation with politically fragile countries: lessons learned from Angola.' ECDPM Discussion paper 11, Maastricht, the Netherlands.

ANNEX 1

TERMS OF REFERENCE



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

TERMS OF REFERENCE

FOR THE EVALUATION OF ECHO'S 2000 GLOBAL HUMANITARIAN PLAN in ANGOLA

ECHO/EVA/210/2000/01008

Name of firm: ETC Netherlands BV

Name of consultant: Hendrik T.J. CHABOT

Global Plan to be evaluated

Decision:

ECHO/AGO/210/2000/01000 for an amount of 13,5 MEURO

Sectors to be evaluated:

- Health & Nutrition
- Water & Sanitation
- Emergency Relief (Non Food Items)

Introduction

In view of the substantial amounts that have been allocated over recent years to finance humanitarian action for the benefit of affected populations in Angola, and in view of the need to draft a new strategy framework to assure coherent humanitarian action, ECHO has decided to launch an evaluation of its activities in this country.

More than 25 years of civil war in Angola have caused massive disruption to the civilian population's livelihood and survival mechanisms. The humanitarian situation deteriorated in 1998 as renewed fighting drove waves of displaced people from the countryside towards the safe provincial capitals and towns of the central regions. Although UNITA overrun about 70% of the country in the opening weeks of fighting, a government offensive launched in September 1999 has succeeded in recapturing many territories. The government has now re-established authority in the central, northern and eastern regions, including several former rebel strongholds.

The widespread instability resulting from the resumption of fighting makes for ECHO any medium/long term planning virtually impossible. As stated in the 1999 and 2000 Global Plans, the Office decided to focus on a limited number of realistic objectives that could be immediately implemented, giving priority to proposals concerning the places and people most directly affected by conflict and with the greatest humanitarian needs.

With emergency food assistance being covered by WFP and EC food security services, the main priorities by sector in Angola have been health, water and sanitation, and emergency relief to Internally Displaced People (IDPs). Although health remains the central focus of ECHO funded actions, the Office's aim has been not to consider it in isolation and to take full account of the obvious links between health and nutrition and health and water/sanitation. ECHO's current health strategy is

the result of a joint strategy undertaken by ECHO and DEG DEV in 1997 (Etude pour une aide humanitaire et une aide a la rehabilitation du systeme de santé en Angola, 1997-1998).

The will to refocus on the original ECHO mandate as defined by the Council Regulation has been increasing in the Commission. ECHO has already, during the implementation of the Global Plan 2000, asked its partners in Angola to start designing an exit strategy for the longer-term components of their actions. Therefore, actions to be funded in the future should be designed to bring immediate relief and avoid focussing on longer-term development issues. Nevertheless, given the need to link relief with rehabilitation and development, any action, which suit this purpose should also be taken into consideration.

Consultant's role

During the course of the mission, whether on the ground or while the report is being drawn up, the consultant must demonstrate common sense as well as independence of judgement. He must provide answers that are both precise and clear to all points in the terms of reference, while avoiding the use of theoretical or academic language.

This evaluation is part of a global evaluation that should be carried out by a team of experts with both considerable experience in the humanitarian field and in the evaluation of humanitarian aid. These experts must agree to work in high risk areas. Solid experience in relevant fields of work to the evaluation and in the geographic area where the evaluation takes place is also required. Knowledge of the Portuguese language is obligatory.

The team members are responsible for the sectors mentioned hereafter:

Mr. Chabot, team leader

Responsible for the synthesis report;
Health & nutrition sector.

Mr. Rijdsijk

Water & sanitation sector

Mr. Schild

Emergency relief (non food items) sector

Purpose of the evaluation

The purpose of this evaluation is set out under points 4.1 to 4.5 below:

1. Assess the suitability of the last Global Plan 2000 in favour of the Angolan population, and the level at which the programme in the various sectors of activity concerned has been implemented;
2. Assess the degree to which the objectives pursued have been achieved and the effectiveness of the means employed;
3. Quantify the impact of the Global Plan in terms of outputs;
4. Analyse the link between emergency, rehabilitation and development;

Establish precise and concrete proposals on:

- a possible ECHO's "exit strategy" from certain activities, should DG DEV be considered to be in a better position to handle the situation;
- the future of ECHO's funding by sector and activities where ECHO's aid be still deemed necessary, with a view to improve the effectiveness of future operations and precise sectors of intervention in order to allow the Office to concentrate on specifically targeted beneficiaries (very vulnerable groups, IDP's, etc)

Specific evaluation objectives

To this end, each consultant will develop the issues set out under points 5.1 to 5.14 below for **his own sector (defined in chapter 3)**, and cover all points in his evaluation report. They will only take into account the new facts since the beginning of the global plan. These specific issues must be studied in each sector evaluated as well as in the synthesis report.

A brief description of the Global Plan and analysis of its context:

The political and social-economic situation, the humanitarian needs and, where existing, of any local capacities available to respond to local needs.

The analysis of the country's present condition in political and socio-economic terms should include an overview, which permits to situate the Global Plan financed by ECHO. This analysis should contain information on the various economic sectors such as social and economic policies in force, the population's degree of dependency on humanitarian aid, the levels of income and its distribution among the population, sanitation and medical policies, access to foodstuffs, etc.

The second part of the analysis should be devoted to identifying vulnerable groups and localising them, as well as giving an estimate of their needs by category.

The evaluation should also permit an appreciation of the capacities both of the local population and of local public authorities to deal with problems pinpointed.

Analysis of the **relevance** of the objectives of the Global Plan, of the choice of the beneficiaries, and of the deployed strategy, in relation to identified needs.

Examination of the co-ordination and coherence for each of the sectors concerned with:

other donors and international operators, as well as with local authorities;

other European Commission services that might be operating in the same zone with projects that are similar or related to the Global Plan;. The projects identified should be described with their cost and with the aid elements they include;

Analysis of **the effectiveness** of the Global Plan in quantitative and qualitative terms for each of the sectors;

Analysis of **the cost-effectiveness** of the Global Plan. The cost-effectiveness has to be established, notably, on the basis of the quantitative elements that have been identified under point 5.4.

Analysis of the **efficiency** of the implementation of the plan global. This analysis should cover:

planning and mobilisation of aid; operational capacities of the partners; strategies deployed;

major elements of the Global Plan such as: staff, logistics, maintenance of accounts, selection of recipients, suitability of the aid in the context of local practices, etc.;

management and storage of merchandise and installations;

quality and quantity of merchandise and services mobilised and their accordance with the contractual specifications (including packaging conditions, the origin of merchandise and the price);

systems of control and auto-evaluation set up by the partners.

Analysis of the **impact** of the Global Plan. This analysis should be based on the following non-exclusive list of indicators, bearing in mind that consultants might well add others:

contribution to the reduction of human suffering;

creation of dependency on humanitarian aid;

effect of humanitarian aid on the local economy;

effect on the incomes of the local population;

effect on health and nutritional practices;

environmental effects;

impact of humanitarian programmes on local capacity-building.

Investigation of the **sustainability** of the Global Plan, and notably of the extent of which some actions currently financed by ECHO and more rehabilitation-oriented could be integrated in medium-long term rehabilitation/development programmes. For these actions, some specific recommendations on the conditions and measures to be taken in order to improve their impact and sustainability have to be elaborated.

Analysis of the **visibility** of ECHO.

Analysis of the **integration** of "gender issues" (social, economic and cultural analysis of the situation of both women and men) in the intervention.

Analysis of the measures taken to assure the security of aid workers, both expatriate and local: means of communication placed at their disposal, specific protection measures, emergency evacuation plan;

On the basis of the results of the evaluation, the consultant will draw up operational **recommendations** on the needs of a humanitarian nature that might possibly be financed by the European Community. These recommendations may also cover, if necessary, other domains than humanitarian aid, such as development co-operation;

An analysis of the methodology of programme planning used by ECHO for the Global Plans for Angola should be included in the synthesis report. This analysis should also include the study of possible alternatives to the Global Plans' approach.

A drawing up of “**lessons learned**” in the context of this evaluation must also be provided. The "lessons learned" must include the role of ECHO and other services of the Commission in the decision making process and monitoring.

Working method

For the purpose of accomplishing their tasks, consultants may use information available at ECHO, via its correspondents on the spot, in other Commission services, the local Commission Delegation, ECHO partners on the spot, aid beneficiaries, as well as local authorities and international organisations.

The consultant will analyse the information and incorporate it in a coherent report that responds to the objectives of the evaluation.

Phases of the evaluation

A briefing at ECHO with the responsible staff for 2 days during which all the documents necessary for the mission will be provided. The day after the Team Leader will submit by e-mail to ECHO "Evaluation" a concise report of the briefing listing any clarifications to the terms of reference which will have to be taken into consideration during the mission;

A briefing with the Commission delegation in Luanda.

The mission to Angola will last 28 days. The consultant must work in close collaboration with the Commission Delegation on the spot, the ECHO correspondent, the ECHO partners, local authorities, international organisations and other donors;

The consultant should devote the first day of his mission to the area concerned to preliminary and preparatory discussions with the correspondent and the local ECHO partners;

The last day of the mission should be devoted to a discussion with the correspondent and the ECHO partners on observations arising from the evaluation. The team will discuss the schema and the content of the synthesis report;

The draft report should be submitted by computer support (Word 7.0 format or a more recent version) to ECHO "Evaluation" in Brussels at least ten days before its presentation and its discussion during the debriefing;

A debriefing at ECHO of 1 day. The day after the consultant will submit by e-mail to ECHO "Evaluation" a concise report of the debriefing listing the points which he will have to take into consideration in his report;

Once the comments given during the debriefing, that entail amendments to the draft report, have been incorporated, the revised text will be submitted back to ECHO "Evaluation", which should mark its agreement within 15 days.

Submission of the final report, which should take account of any remarks.

Timetable

The evaluation will last 55 days, spread out between the date of signature of the contract and its end on the 15 February 2001 with the submission of the final reports.

Report

The evaluation will result in the drawing up of 4 reports (1 par sector and 1 synthesis report) written in English, of a maximum length of 15 pages including the evaluation summary, which should appear at the beginning of the report.

The evaluation report is an extremely important working tool for ECHO. The report format appearing under points 9.2.1 to 9.2.5 below must, therefore, be strictly adhered to:

Cover page

Number of the report, that will be given on the debriefing, in the right top (minimum font 36)

title of the evaluation report:

“Angola, Global Plan 2000, medical sector - 2000.”

“Angola, Global Plan 2000, water & sanitation sector - 2000”;

“Angola, Global Plan 2000, emergency relief sector - 2000.”; “Angola, Global Plan 2000, synthesis report.”

period of the evaluation mission;

name of the evaluator;

Indication that the report has been produced at the request of the European Commission, financed by it and that the comments contained therein reflect the opinions of the consultants only.

Table of contents

Summary (*see form in annex*)

The evaluation summary should appear at the beginning of the report.

EVALUATED GLOBAL PLAN (5 LINES MAX)

DATE OF EVALUATION:

REPORT N°:

CONSULTANT'S NAME :

PURPOSE & METHODOLOGY (5 lines max.):

MAIN CONCLUSIONS (+/- 20 lines)

- Relevance
- Effectiveness
- Efficiency
- Co-ordination, coherence and complementarity
- Impact & strategic implications
- Visibility
- Horizontal Issues

RECOMMENDATIONS (+/- 20 lines)

LESSONS LEARNED (+/- 10 lines)

The main body of the report should start with a section on the method used and should be structured in accordance with the specific evaluation objectives formulated under point 5 above (10 pages maximum).

Annexes

list of persons interviewed and sites visited;

terms of reference;

abbreviations;

map of the areas covered by the operations financed under the Global Plan 2000.

If the report contains confidential information obtained from parties other than the Commission services, this information is to be presented as a separate annex.

The report must be written in a direct and non-academic language.

Each report shall be drawn up in 20 copies and delivered to ECHO.

The report should be submitted with its computer support (diskette or CD ROM, Word 7.0 format or a more recent version) attached.

ANNEX 2

LIST OF PERSONS INTERVIEWED DURING THE ASSIGNMENT

NAME	DESIGNATION / ORGANISATION
<i>Personalities met in Europe (Brussels and Amsterdam)</i>	
Mr. Steffen Stenberg	Head of Unit ECHO 1, Africa
Mme J. Coëffard	Evaluation officer ECHO (former head of unit)
Mr. R. Lewartowski	Evaluation officer ECHO
Mr. A. Felizes Sanchez	Administrator Evaluation service ECHO
Ms M. Pantaleoni	Desk officer Angola, ECHO, Brussels
Mr. Matthew Sayer	Previous desk officer Angola, ECHO
Ms. L. Foa	Desk officer Angola DG Dev, Brussels
Ms. E. Feret	Principal administrator social development, DGDev Brussels
Ms Corinne Bolet	SCR, Brussels, responsible for Angola
Mr. Pierre Capdegelle	Health expert, Regional Bureau Nairobi, Kenya
Mr. Franco Tranquilli	Food security expert, ECHO
Ms S. van der Kam	MSF-H, Nutritionist, PH department.
Technical staff working in the Delegation in Luanda	
Mr. António Cardoso Mota	EC Delegate in Angola.
Ms Mercedes Navarro	Task officer ECHO programme Luanda (non health)
Mr. Alberto Pasini	Previous task officer ECHO Luanda (non health)
Mr. Berend de Groot	Current task officer ECHO Angola (non health)
Mr. Giuseppe Chió	Task officer ECHO programme Luanda (health)
Dr. Guida Rottlandt	Previous task officer ECHO Luanda (health)
Dr. Raúl Feio	Medical Officer, DG Dev Angola (health)
Ms Glória Chagas	Office manager of ECHO in Luanda
Mr. Pietro Magini	Head Nucléo Europeio de Segurança Alimentar (NESA)
Other personalities of agencies and NGO's met in Luanda	
Ms Lise Grande	Head of the Secretary of OCHA in Angola
Ms Paola Carosi	OCHA Field coordinator
Mr. Werner Schellenberg	UNHCR/Representative
Ms A. Cabrera/Ms R.Okoro	UNHCR, Programme officer / Protection officer
UNHCR, Watsan coordinator	UNHCR, Watsan coordinator
Ms. Pilar Dyangani	UNICEF, Section health and nutrition, Resp. ECHO program
Ms Marie Noelle Vieu	UNICEF, Health and Nutrition
Mr. Hanock Barlevi	UNICEF, Mine Awareness Project Officer
Mr. Aidan Mcquade	OXFAM, Head of mission, Coordinator of the programme
Ms Rachel Searie	OXFAM, Programme Service manager
Dr. Luciano Tuseo	GVC (Italy)
Mr. Mike McDonagh	CONCERN (Ireland)
Mr. Peter McNichol	CONCERN, Assistant Director
Mr. Robert Broeder	MSF-H (Country Manager ai)
Mr. Mario Oliveira	ADRA International (Germany), Head of mission.
Mr. Volker Artmann	ADRA International (Germany). Germany
Mr. Marco Brudermann	ICRC, International Committee Red Cross, Head of mission
Mr. Francisco Raposo	CIC, Head of mission in Luanda
Dr. Paolo Abel	Angotrip, Caritas Angola, Head of mission
Mr. Massimo Manzoni	CUAMM Representative Angola
Ms Maria José Garção	AMI, Delegate for Angola
Mr. Rob Kevlihan	GOAL, Field Director
Mr. Jean-Luc Grisel	HI, Handicap International, Director of Projects

Mr. Angelo Lopes	PEPAM, National Education Programme for the Prevention of Mine Accidents
Mr. António Quaresma	DNA, Chef de Departamento de Abastecimento de Aqua
Ms. Sophie Bruas	ACF, Country representative
Mr. Carl J. von Seth	LWF, Lutheran World Federation, Representative
Ms. Sheri Lecker	SCF-UK, Programme Director
Ms. Marisa Astill-Brown	SCF-UK, Humanitarian Assistance Officer
General Hélder Cruz	INAROE, Director General, Luanda
Mr. José Morais	INAROE, programme officer
Mr. Dag Höiland	NPA, Norwegian People Aid
Mr. Kenneth O'Connell	MGM, Menschen gegen Minen
<i>Persons met in the field (Malange, Moxico, Huambo, Uige, Saurimo, Benguela and Lobito).</i>	
Dr. Pedro Francisco Chagas	Malanje, Directeur Provincial de Santé
Mr. Xavier Honorato	Malanje OCHA, Responsable Security
Ms Annette Hearn	Malanje, CONCERN
Els Adams, Laura Bedford	Malanje MSF-H, Coordenador e Infirmeiro Tecnico.
Dr. Bimpa and Ms Alina	Malanje GVC, Médico e parteira
Dr. Antonio Otati	Malanje ADRA/International
Dr. John Ifeawyi	Malanje UNICEF Representative Malanje
Ms Erica Hazelaar	Malanje OXFAM, Programme Manager
Mr. Luiz Augusto Monteiro	Malanje, Representative ADRA/National
Mr. Diamantius Neto	Malanje, Director Provincial de Aqua
Mr. Nico Heijenberg	Moxico, Coordinator MSF-B
Mr. Moises Gourgel	Moxico, Coordinator LWF
Mr. Emilio Sassa Saihnujien	Moxico, Officer for Human Rights, LWF
Mr. Frederic Jamar	Moxico, Watsan specialist MSF-B
Mr. Salomão Sacuissa	Moxico, Director Provincial de Departamento d'Aqua
Mrs. Gregoria Gomes Sarr	Moxico, UNICEF, Head of office
Mrs. Blessing Egrebe	Moxico, WFP Head of Office (ai)
Mr. Michael Masson	Huambo, Coordinator ICRC programme
Ms Patricia Lee	Huambo, Nurse in Huambo hospital
Mr. Luis Suzanne	Huambo, Coordinator Movimondo programme
Mr. Sandy Machulay	Huambo, SCF-UK Acting provincial manager
Mr. Fernando Arroyo	Huambo, OCHA field advisor
Mr. Conçalo da Costa	Uige, Coordinator CIC programme
Dr. Vincenzo Pisani	Uige, Coordinator CUAMM programme
Dr. Paolo Abel	Uige, Coordinator Angotrip programme
Mr. Manfred Arit	Uige, Project Coordinator 4 ME
Mr. W. Tarpai / Mr. Ramirez	Uige, UNHCR Head of office / Protection officer
Ms Irma Lindamarira Bedin	Uige, Caritas Head of Office
Mr. Jon Tellum	Lubango, Project Director, Norwegian Refugee Council.
Mr. Wolfgang Tacke	Lubango, Johanniter, Project Director,
Mrs. Rebecca Wallace	Lobito, Emergency Project Officer, Save The Children (UK)
Dr. Xavier Bartoli	Cubal, MSF-E, Head of Project
Mr. Abeld da Costa	Benguela, Director Provincial de Aqua de Huila
Mr. Pintar	Benguela, Coordinator ACF programme (water) Matala

ANNEX 3

WORK PROGRAMME OF THE TEAM

DATE	MORNING	AFTERNOON
06 Nov	Informal meetings:	Ms M.Pantaleoni, Ms L.Foa and E. Feret.
14 Nov	12.00 Meeting of the team	14.00 Meeting with staff of evaluation unit, ECHO-Angola desk, DG Dev., ECHO-staff in Luanda and former ECHO responsables for Angola (list of persons see annex 2)
15 Nov	Meeting DG Dev and ECHO-Angola desk.	Meeting M. Tranquilli and M. Pasini. Draft report on the briefing 20.55 Departure to Luanda AF 2577
16 Nov	07.15 Arrival of team AF 928	Preparation work programme
17-11	13.00 NESAs (team) 14.00 OCHA (team) 11.00 Anton: UNHCR	Anton: 16300 Oxfam Jarl: 15.30 UNICEF Franz: -
18-11	09.00 Meeting with NGO's Malanje: GVC, CONCERN and MSF-H.	17.00 Enrique Pavignani/SCF-UK
19-11	Preparation field visits	
20-11	12.55 Chabot/Rijsdijk Malanje GVC TFC+Hospital, OCHA. Anton: OXFAM	07.30 Schild to Lubango (SAL) Franz: With Joanniter to Namibe and Matala
21-11	Malanje: MSF-H, Concern, GVC, DPS, UNICEF. Jarl: Lombe/ADRA Anton: OXFAM	07.30 Schild in Lubango: Johanniter office. 10.00 To Benguela (SAL) SCF-UK! 11.30 To Lobito (road) and visit to NFI
22-11	Malanje: Debriefing Anton: ADRA-Nat., Oxfam. 15.00 Chabot/Rijsdijk: Luanda	Schild: Lobito to Cubal to Ganda to Luanda (PAM) + Visite IDP's Schild return to Luanda
23-11	08.30 LWF 09.00 ADRA-International 11.00 CIC, Angotrip/Caritas 14.00 Concern 15.00 ICRC 11.30 UNICEF (Rijsdijk)	12.00 UNICEF (NFI-Déminage) 14.30 Handicap International 17.00 SCF-UK (Schild) 17.30 ACH (Rijsdijk) 18.30 Reception Délegué CE.
24-11	09.00 INAROE (M. H. Cruz)	14.00 Meeting DNA/Luanda
25-11	10.00 Meeting NGO's Moxico, Huambo: AMI, GOAL, Caritas/It, Movimundo, Concern, COSV	12.00 Debriefing Feret/Feio 14.00 Luis Ramalho .
26-11	Preparation field visits	17.00 Meeting with Enrico Pavignani
27-11	07.00 Team: Moxico Jarl: MSF-B, Hospital	LWF: office and Camps
28-11	Team: Moxico 3 HP's, 1 TFC, 1 SFC.	3 IDP-camps and 1 Resettlement UNICEF, WFP
29-11	07.00 Moxico, Return	14.30 Interview Mercedes + Giuseppe
30-11	07.00 Rijsdijk: Lubango ACF	14.30 MGM, Mr. Kenneth O'Connell 16.00 NPA, Mr. Dag Hoiland
01-12	05.30 Huambo Jarl: ICRC + Movimondo, Concern UNICEF	Franz: SCF-UK, Camps Casseque, Km25 17.00 Retour Luanda (CICR)

02-12	10.00 CUAMM	15.00 Anton retour Luanda
03-12	Prepare debriefing/sector	17.00 Meeting M. Enrico Pavignani
04-12	Arrival Ms Pantaleoni 10.00 Anton to UNHCR	15.00 Debriefing Taskforce/EC (NESA, ECHO, DG Dev, Brussels)
05-12	07.00 Uige: CIC Hospital, UNHCR; Camps and water	Negage: CUAMM and Angotrip. Frantz: UNHCR/Luanda
06-12	Prepare debriefing note. Work on individual reports	17.00 Finalise debriefing note 15.00 Draft debriefing note to Kunze
07-12	Prepare draft reports	Prepare debriefing presentation NGO
08-12	Prepare sector reports	13.00 Debriefing ECHO partners.
09-12	Finalise debriefing notes and sector reports	13.00 Meeting M. Broeder/MSF-H
10-12	Finalise debriefing notes and sector reports	Draft debriefing notes to ECHO-Brussels
11-12	08.00 Visit Bengo (COSV)	22.00 Departure to Paris AF 929
12-12	10.00 Arrival Paris/Amsterdam	
19-12-00	10.00 Editing Kunze-Chabot	(meeting in Aachen)
05-01-01	4 draft sector reports in Brussels	
15-01-01	09.30 Debriefing Angola at	ECHO, Brussels.
17-01-01	Report of the debriefing to ECHO	
24-01-01	Comments of ECHO desk to	Evaluation team
10-02-01		Submission second draft reports.

ANNEX 4

DOCUMENTS CONSULTED

- GOA, 07-99. Programa Nacional de Emergencia para a Assistencia Humanitária (PNEAH).
GOA, Decree on the Norms of Resettlement for Internally Displace Populations (IDP).
MINARS, 07/2000. Plan of Emergency Action, with provincial emergency plans available.
InterAction Member Activity Report Angola, December 1999. A guide to humanitarian and development efforts of InterAction Member Agencies
'Council Common Position of 19th June 2000 on Angola'. Published 21-06-00 in the official Journal of the European Communities.
Council Regulation No. 1257/96 of 20th June 1996. Published 02-07-1996 in the official Journal of the European Communities.
ECHO, 31-01-00. 2000 Global plan for Angola.
ECHO, undated. Plan Global Angola 1999 and 1998.
ECHO, 10/97. Proposition de financement communautaire pour une aide en faveur de la population Angolaise 1998.
ECHO, undated. Preliminary reflections on the implementation of an exit strategy in Angola (as of December 1999).
ECHO, Guide d'utilisation du Contrat Cadre de partenariat (Framework Partnership Agreement). A l'usage du personnel de ECHO en vigueur le 01-01-99, y compris les modalités d'exécution (documents 1-16).
LRRD, March 1996. Communication from the Commission to the Council and the European Parliament on Linking Relief, Rehabilitation and Development (LRRD).
DG Dev, Mars 1999. Tableau Récapitulatif des interventions communautaires regroupées par stratégie et instrument financier, Angola-Secteur Santé.
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ECHO, Mr. P. Capdegelle, 27-10-00. Report on a mission to Angola (5th à 19th -10/00).
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ISADE, Janvier 1997. Etude pour une aide Humanitaire et une aide à la réhabilitation du système de santé en Angola 1997-1998. Rapport globale & compte rendu, suivi de la réunion de concertation de Bruxelles du 20-21 Février 1997.
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MSF, 11/00. Angola, behind the façade of 'normalization': manipulation, violence and abandoned populations. A report by MSF, Luanda, 9th of November 2000.
ODI draft 24-12-1997. Humanitarian Policy Programme. Good Practice Review, evaluating humanitarian assistance programmes. ODI, Portland House, London.
Jaspers S, ODI, Humanitarian Policy Group, August 2000. Solidarity and soup kitchens: a review of principles and practice for food distribution in conflict.
Kam v.d. and Tuynman, March 2000, MSF-H, Mission report to Malanje, Angola.
MSF-H, Nutrition guide, draft 10/00. Part III and VI, revised MSF Nutrition guidelines.
Baquet and van Herp, 03/00. A Pellagra epidemic in Kuito, Angola.
Authors, 1998. HAT: an emerging PH crisis. BritMedBulletin, 54, 341-355
OCHA, 04/00. Report on the Rapid Assessment of critical needs.
OCHA, Consolidated Inter-Agency Appeal for Angola 2001.
Evaluation Danish Humanitarian Assistance Volume 3, Angola. 1999.

ANNEX 5

LIST OF ABBREVIATIONS.

ACH=ACF	Ación/Action contre la Hunger/Faim (Spain)
ADPP	Support the Development from People to People (Danish)
ADRA	Adventist Development and Relief Agency (Germany)
AEC	Association Européenne pour la Coopération
AEDS	Association Européenne pour le Développement et la Santé (Belge)
AMI	Assistenza Medica Internazionale (Italy)
ANC	Ante Natal Care (to pregnant women)
Angotrip	Project to combat Trypanosomiasis (SS/HAT) in Angola.
AT	Assistance Technique
CARITAS	Catholic Relief Agency (present in Italy, Germany, Netherlands etc)
CE	Commission Européenne (EC)
CIC	Associação para a Cooperação Intercambio e Cultura (ONG Portugal).
CICR	Comité International de la Croix Rouge (ICRC)
CISH	Comissão Inter-ministerial para a Situação Humanitária (12-07-1999, PNEAH)
CMPR	Centre de Médecine Physique et de Réhabilitation
CONCERN	Concern
COSV	Coordination committee for the Organisations in Voluntary Service (Italy)
CRS	Catholic Relief Services (American)
CUAMM	Collegio Universitario Aspirante e Medici Missionari (Italy)
DfID	Department for International Development (UK).
DMS	Direction Municipale de la Santé
DNA	Direcção Nacional das Aguas
DPS	Direction Provinciale de Saúde (Santé)
DNSP	Direction Nationale de la Santé Publique
EM	Etat Membre de la Communauté Européenne (CE)
ECHO	European Commission Humanitarian Office (OHCE)
FFW	Food For Work (promoted and distributed by PAM)
GOA	Government of Angola
GOAL	NGO operating in the field of health (Ireland)
GP2000.	Global Programme 2000 (Programme of ECHO for the year 2000)
GVC	Grupo Voluntário Civile (Italy)
HAT	Human African Trypanosomiasis (see SS)
HC	Health Centre
HCR	Haut Commissariat des Nations Unies pour les Réfugiés
HI	Handicap International (France)
H&N	Health and Nutrition (one of the three sectors of GP2000)
HP	Health Post
HIS	Health Information System
HIV/AIDS	Human Immune suppressive Virus / Acquired Immune Deficiency Syndrome
ICRC	International Commission of the Red Cross (CIRC)
IDP	Internally Displaced Populations
IMC	International Medical Corps (USA)
INAROE	Institut National Angolais pour l'Elèvement des Obstacles et autres Engins Explosifs
IOM	International Organisation of Migrations
Johanniter	NGO active in the field of Non Food Items (Germany)
LWF	Lutheran World Federation (Swiss)
LRRD	Linkage with Relief, Rehabilitation and Development
MCH	Mother and Child Health

MDM	Médecins du Monde (France)
MGM	Menschen gegen Minen (People against Mines) (Germany)
MINARS	Ministry of Social Affairs and Re-integration
MOVIMUNDO	NGO operating in health (Italy). Also called “Molisv”.
MPLA	Mouvement Populaire pour la Libération de l’ Angola
MSF	Médecins Sans Frontières (Offices in Belge, Netherlands, Swiss, Spain)
MWG	Medium Weight Gain (gram per kg per day)
NESA	Núcleo Europeio de Segurança Alimentar (EU)
NF	Nuova Frontiera (Italy)
NFI	Non Food Items (Emergency Relief)
ONG	Organisation Non Gouvernementale (NGO)
OCHA	Office for the Coordination of Humanitarian Affairs (secretary to UNDP)
OXFAM	NGO amongst other interventions operating in water (UK)
PAM	Programme Alimentaire Mondial (=WFP)
PAR	Programme d’Appui à la Reconstruction (EU)
PATSA	Programme d’Appui Transitoire à la Santé en Angola
PEPRM	Educational Programme for the Prevention of Mine Related Accidents
PEV	Programme Elargie de Vaccinations (EPI)
PHC	Primary Health Care (Cuidados Primários de Saúde = CPS))
PIN	Programme Indicatif National
PNEAH	Programme Nacional de Emergencia para a Assistencia Humanitária (CISH)
PSC	Poste de Santé Consolidé (CHP)
PSPE	Programme Post Urgence
SARR	Système d’Alerte et de Réaction Rapide
SCF	Save the Children Fund (offices in the UK or USA)
SCR	Service Commun Relex (Relations Extérieures of the EC in Brussels)
SFC	Supplementary Feeding Centre
SS	Sleeping Sickness (THA)
STD	Sexual Transmitted Diseases
TA	Technical Assistance
THA	Trypanosomiasis Humana Africana (SS)
TF	Task Force (existing in Brussels and the various Delegations)
TFC	Therapeutic Feeding Centre
UCAH	Département d’Aide Humanitaire des Nations Unies (OCHA)
UNHCR	UN High Commissionar for Refugees
UNICEF	UN Children’s Fund
UNITA	Union Nationale pour L’Indépendance Totale de l’ Angola
UNOPS	UN Office for Project Services
UTCAN	Technical Unit for the Coordination of Humanitarian Assistance
VRD	Voluntary Relief Doctor
Watsan	Water and Sanitation sector
ZIH	Zone d’Intervention Humanitaire
ZTS	Zone Transitoire de Santé

ANNEX 6

Summary of all ECHO projects under GP2000 by province.
(incl. some plans for 2001).

PROVINCE / town	ONG/PROJECT In GP2000	SUBJECT	STATUS in 2001	Budget (Euro) Contract date / Pop.
Health and Nutrition projects				
<i>Outside the Planalto</i>				
1. *Uige / Negage	CUAMM (Italy)	Health: Municipal Hospital with 2 HC's and 6 HP's Nutrition: 1 / 1	DG Dev / CUAMM (Art 255)	355.000, 17/8 Pop: 35.000
2. Uige / Negage	CARITAS (D) through Angotrip	Health: Trypano-somiasis assistance	ECHO or DG Dev?	270.000, 29/6 Pop: 35.000
3. *Uige / Uige	CIC Portugal Stop, to CUAMM	Health: Provincial Hospital (pediatric)	DG Dev / CUAMM	300.000, 4/3 Pop: 100.000
4. Lunda Norte /various towns *Lunda Sul / Saurimo	CARITAS (Italy) via Caritas Angola CARITAS (Italy) via Caritas Angola	Health: support 8 HP Health: support 8 HP	DG Dev / Caritas It. (Art 255)	280.000, 31/3 Pop: 34.000 Pop: 26.000 IDP: 75.000
5. *Lunda Sul / outside Saurimo	GOAL (Ireland) Stop, Caritas Italy will take over.	Health: Hospital Saurimo and 5 HP's. Nutrition 5 / 0 Camps in Luari	DG Dev / Caritas It. (Art 255)	210.000, 26/7 Pop: 60.000 IDP: 62.000
6. Moxico / Luena	MSF-Belge	Health: 3 HP's Nutrition 2 / 1 (Camps in 3 places)	ECHO@ / MSF-B and AMI Italy	400.000, 24/2 Pop: 44.000 IDP:
(Kuanza Nort / Ndalatando	GVC (Italy). This programme stops.	Health: 1 HC in Ndalatando + 3 HP's	ECHO@ Other GVC Programme?	See GVC-Malanje Pop: 65.000 IDP: 19.000
7. *Kuanza Sul / Gabela, Seles Amboim Sumbe	Nuova Fronteira (Italy)	Health: Hospitals in Gabela and Seles. HC Conda and 7 HP. ?? 4 Camps in Sumbe	DG Dev / Nuova Fronteira (+Huila) (Bline/2000)	600.000, 3/4 Pop: 350.000 Pop: 82.000 Pop: ?? Pop: ?20.000
8. *Malanje (Malanje + Cangandala)	GVC (Italy)	Health: Prov Hospital (Pediatria+Maternity) and 9 HP's + drugs Nutrition: 1 / 0	DG Dev / GVC (Reliquat 6* FED)	570.000, 31/10 Pop: 200.000 IDP: 135.000
9. Malanje / Malanje + Cangandala	MSF-H	Nutrition: 0 / 9, (now 1 TFC and the HP in Cangandula)	ECHO	205.000, 20/7 Pop: 200.000 IDP:
10. *Malanje / Cacuso	ADRA (Germany)	Health: Municipal Hosp of Cacuso + 3HPs .	DG Dev/ ADRA	440.000, 31/7 Pop: 70.000 IDP: 600
11. Bengo / Caxito	COSV (Italy)	Health: Hosp Caxito Nutrition: 1 / 0	ECHO@ COSV/ Quibaxe	140.000, 29/02 Pop: 56.000 IDP: 26.000

<i>Inside the Planalto</i>				
12. Huambo + Bié / (Huambo + Kuito)	ICRC (CICR)	Health: surgical support for OPD and IDP's +twoHospitals	ECHO / ICRC stop funding	800.000, 6/6. Pop: 400.000 OPD: 6.000. OPD
13. Huambo, Malanje (Can) Bié	CONCERN (Ireland)	Nutrition: 4 / 2 Nutrition 5 / 0 (0 / 1) Nutrition: 1 / 2	ECHO /CONCERN	800.000, 31-08 Pop: 50+40+?30.000.
14. Huambo / Huambo	Movimundo (Italy) ME+paediatric work by SCF-UK (+Benguela)	Health: Prov. Hosp. (Pediatric) 4 HC's and 3 HP's Nutrition: 4 / 3	DG Dev SCF-UK (<i>Reliquat 6* FED</i>)	560.000, 1/7 Pop: 400.000
15. Benguela / Ganda	See ACF Spain/KK To Dutch Coop?	Health: Hosp. Ganda. Nutrition: 1 / 1	Stop	See KK/ACH Pop: 108.000
15. Kuando Kubango (KK) / Menongue	ACF Spain To Spanish Coop?	Health: Hosp. Kuito Kuanavale + 6 HC's Nutrition: 4 / 1	Spanish cooperation?	650.000, 25/7 Pop: 86.000
(Benguela)	Catholic Relief Services (CRS)	Health: Hospital Cubal (Pediatric) Nutrition: 0 / 1	Stop	200.000, 7/4 IDP: 240.000
Non Food Interventions(NFI) in Angola.				
19. +Lunda Norte, Lunda Sul, Moxico.	LWF (Swiss)	Non food relief IDP 3 Camps in Saurimo + Luena	ECHO@ (through Dan-Church-Aid?)	700.000, 20-07 Pop: 38,500, 24%
20 +Kuando K, Huila, Namibe Kunene	Johanniter Unfall Hilfe (Germany)	Non food relief IDP's	ECHO@	650.000, 20-07 IDP: 55,000, 28%
21. +Huambo, Bié, Kuanza Sul, Benguela	SCF-UK	Non food relief IDP's	ECHO@	670.000, 12-7/20-9 IDP: 40,000, 10%
Water and Sanitation related projects				
17. # Malanje, Moxico, Uige	OXFAM (UK) 1999	Water and sanitation Camps in 3 provinces	ECHO /OXFAM	355.000, 17-12-99 Pop: 20,000
18. #Huila (Matala and Quipungo).	ACH Spain 1999	Water systems #Request KK/2001 Menongue is made	Stop 1999.	100.000 Pop: 15.000
National level projects				
(National level)	ECHO Angola	Functioning costs	ECHO	111.000+245.000)
(National level)	WFP (PAM)	Support airplane	ECHO	700.000)
16. National 55 Municipios in 11 provinces	UNICEF 2000	Emergency immunisation project IDP's: Measles/TT2	ECHO	950.000, 29-06-00 Pop: 650,000
22. National level (6 prov.)	Handicap Int.	IEC/Mine awareness	ECHO	230.000, 20/9 Pop: 108,000, 3%

* = Projects that are proposed to be included in the DG Dev projects

= Water and Sanitation related projects

+ = Non-food relief programmes (first necessity, mainly for IDP's)

H = Health = PHC programmes + support to Provincial / Municipal Hospitals

N = Nutrition = Supplementary Feeding Centres (SFC) and Therapeutic Feeding Centres (TFC)

Camps = Direct assistance to camps with IDP's and other displaced persons

@ = New programmes requested and/or foreseen for ECHO in the next year 2001 (not complete).

ANNEX 7

DEFINITIONS USED FOR THIS ASSIGNMENT.

For internal use by the evaluation team, an effort was made to define the most important concepts, used during this assignment. The “Good Practice Review” of the Humanitarian Policy Programme (HPP), provided excellent background reading in this respect. The following definitions, relevant to our evaluation are given in the HPP report (pages 17-19):

Evaluation is an examination, as systematic and objective as possible of an on-going or completed project or programme, its design, implementation and results, with the aim of determining its efficiency, effectiveness, impact, sustainability and the relevance of its objectives

Relevance is concerned with assessing whether the project is in line with local needs and priorities, as well as with donor policy.

Efficiency measures the outputs (quantitative and qualitative) in relation to the inputs. This generally requires comparing alternative approaches to achieving the same outputs, to see whether the most efficient process has been used. This may involve consideration of institutional, technical and other arrangements as well as financial management.

Effectiveness measures the extent to which the project or programme achieves its objectives or at least progress toward its purpose; whether this can be expected to happen on the basis of the outputs of the project.

Impact looks at the wider effects of the project (social, economic, technical, environmental) on individuals, communities and institutions. It can be immediate and long-range, intended or unintended, positive or negative, macro (sector) or micro (household). Impact addresses the question: what real difference has the project made to the beneficiaries? How many have been affected? It determines to what extent objectives have been reached (on the basis of outcome indicators) or measures efficiency through output indicators (like tonnes of food delivered, nbr latrines dug, nbr consultations provided or vaccinations given etc. In this way output indicators, that are easy to collect, relate directly to impact. Finally these indicators also refer to management practice of the agency and thus can be used for internal feed-back and monitoring

Sustainability is concerned with measuring whether an activity or an impact is likely to continue after donor funding has been withdrawn. Projects need to be environmentally as well as financially sustainable

Cost effectiveness Analysis links cost (input) with performance (output) and seeks the least expensive way of realising certain benefits.

In Emergency relief, in particular during the joint evaluation of the emergency assistance to Rwanda, the OECD criteria sustainability and relevance were replaced by the following 4 criteria, to make them more pertinent to the emergency character of the humanitarian response.

Connectedness: The need to assure that activities of short term emergency nature are carried out in a context which takes longer term and interconnected problems into account.

Coherence: The need to ensure that the activities of the international community are carried out with an effective division of labour among actors, maximising the comparative advantages of each

Coverage: The need to reach major population groups facing life-threatening suffering wherever they are, providing them with assistance and protection proportionate to their need and devoid of extraneous political agendas

Appropriateness or relevance seeks to determine whether a programme meets local needs

ANNEX 8

PRESENTATION OF RELEVANT TABLES RELATED TO THE TEXT.

Table 1.

ECHO's contribution to OCHA Consolidated Appeal, Angola 1992-2000.

YEAR	TOTAL FUNDS ALL DONORS (US\$ x 1000)	EC FUNDING (Euro x 1000)	EC FUNDING (US\$ x 1000)	% TOTAL FUNDING CE
1992	82,277	7,500	6,750	8,2
1993	147,330	7,500	6,750	4,6
1994	250,753	23,500	21,150	8,4
1995	285,245	7,000	6,300	2,2
1996	303,193	24,000	21,600	7,1
1997	191,322	14,000	12,600	6,6
1998	117,446	19,000	17,100	14,5
1999	136,597	10,000	9,000	6,6
2000	171,168	13,500	12,150	7,1
(2001)				
TOTAL	1,685,331	142,500	113,400	6,7%

Sources: DANIDA 11/1999. Evaluation Danish Humanitarian Assistance 1992-98. Volume 3 Angola (appendix 4), OCHA Consolidated Inter Agency Appeal 2001 and ECHO Global Plan 2000 (January 2000, annex 3).

Note1: During interviews, the team found that in the OCHA data on humanitarian assistance, the ECHO contribution is not (or only partially) included!! To the data presented above, the information from GP2000 has been added. The exchange rate used to convert Euro in to Dollars was taken as: 0.9. The average contribution from the EC to the Humanitarian assistance programme in Angola has been 6,7%, or Euro 12 M/year.

Note2: As a comparison, the average annual contribution of DANIDA to humanitarian assistance in Angola has been around 2% (between US \$ 1.5 and 5.8 Million).

Table 2.

Fate of projects submitted to ECHO under GP 2000:

Projects under GP2000	Totals	Motives for not approval (21)
Approved	22	Intervention has no priority: 6
Not approved*	19+2=21	Area has no priority: 5
(Partly approved*	2)	NGO not suitable, poor proposal: 6
(Pending	5)	Other implementing agency: 3
Proposal withdrawn	4	Other donor already present: 1
Total of submitted projects	47	Total: 21 submissions not accepted

Note: Of the 47 submitted projects, 21 were rejected and 4 withdrew themselves, leaving 22 approved projects under GP2000.

Table 3.

Type of ECHO projects submitted in 2000 with their value:

SECTORS	ACCEPTED	VALUE (EURO)	NOT ACCEPTED
HEALTH (H)	8	4.210.000 (39%)	9
NUTRITION (N)	2	1.005.000 (09%)	-
HEALTH/NUTRITION (H/N)	6	2.315.000 (21%)	-
WATSAN (W)	(1)	(355.000) (03%)	4
NON-FOOD ITEMS (NFI)	3	2.020.000 (18%)	1
AWARENESS MINING	1	230.000 (02%)	1
OTHERS (PAM)	1	700.000 (06%)	6
TOTAL	22	10.835.000	21 projects

Note1: Total value of health and nutrition projects in GP2000: Euro 7.530.000 or 70%

Note2: Almost all accepted projects in GP2000 are extensions of earlier projects funded by ECHO.

Note3: Total available budget for ECHO GP2000 is Euro: 13,500,000.

Note4: ECHO decided to fund only one Watsan project under GP 2000 at a total final value of 200,000 EUR .

Table 4.

Recent data on population numbers and IDPs in all Angolan provinces.

PROVINCE	POPULATION (Est. 10/00)	IDP/OCHA (10/00)	BENEF/WFP (11/00)	MUNI- CIP.	SUR- FACE
BENGO*	310.000	25.827	3.575	8	33.016
BENGUELA*	670.000	73.425	56.940	9	31.780
BIE*	1.200.000	123.041	138.428	9	70.314
CABINDA	170.000	6.995	--	4	7.270
CUNENE	230.000	7.051	15.371	6	87.342
HUAMBO*	1.000.000	126.566	64.350	11	34.270
HUILA*	800.000	125.309	102.405	14	75.002
KUANDO KUB*	150.000	51.606	59.328	9	199.049
KUANZA NORTE*	420.000	46.651	50.217	10	24.110
KUANZA SUL*	610.000	89.752	6.748	12	55.660
LUANDA	3.000.000	11.104	19.169	9	2.267
LUNDA NORTE*	250.000	13.047	n.a.	9	103.000
LUNDA SUL*	120.000	61.970	81.590	4	77.637
MALANJE*	700.000	131.931	182.832	14	97.602
MOXICO*	240.000	83.197	32.171	9	223.023
NAMIBE	85.000	14.121	13.648	5	58.137
UIGE*	500.000	97.486	90.456	16	58.698
ZAIRE	50.000	3.877	6.879	6	40.130
TOTAL ANGOLA	10.500.000	1,092,956	924.105	164	1,2 km2

Note1: Of the 18 provinces of the country with 10.5 M people, ECHO projects exist in 13 provinces of the country (*) with a total population of almost 7 million. It is estimated that around 60% of the Angolan population live in the provincial and some municipal capitals.

Note2: The data on IDPs come from OCHA IDP fact sheet 30-09-00. They seem the most reliable recent figures available. Nevertheless they should be taken with caution as its definition (old versus new) and their locations are often not available (see also map / municipality on OCHA's final version).

Note3: As a comparison, the Netherlands has a surface of 32.000 Km2, being similar to the province of Huambo. Angola is therefore 37 times larger than the Netherlands with about 2/3 of its population.

Table 5.

Number of IDP and accessible municipalities in November 1999 and November 2000.

PROVINCE	1999		2000	
	IDP 11/99	MUNICIP.	IDP 11/2000	MUNICIP.
BENGO*	34,832	4/8	25.827	4/8
BENGUELA*	102,526	5/9	73.425	9/9
BIE*	93,879	1/9	123.041	1/9
CABINDA	--	1/4	6.995	1/4
CUNENE	2,871	6/6	7.051	6/6
HUAMBO*	194,000	3/11	126.566	5/11
HUILA*	87,943	5/14	125.309	6/14
KUANDO KUB*	55,032	2/9	51.606	3/9
KUANZA NORTE*	57,831	3/10	46.651	5/10
KUANZA SUL*	41,547	6/12	89.752	6/12
LUANDA	4,901**	9/9	11.104	9/9
LUNDA NORTE*	18,259	2/9	13.047	2/9
LUNDA SUL*	30,110	1/4	61.970	1/4
MALANJE*	134,724	2/14	131.931	4/14
MOXICO*	93,356	1/9	83.197	1/9
NAMIBE	6,409	5/5	14.121	4/5
UIGE*	83,393	2/16	97.486	3/16
ZAIRE	4,950	3/6	3.877	1/6
ANGOLA	1,046,461	60/164	1,092,956	69/164
		36%	+46.495	42% (+9 M)

Note1: Number of IDP in Luanda not really known, because of high number unregistered persons.

Note2: The security situation in the country compared to the same month in 1999 has not improved, but has remained rather stable. There are about the same number of IDP (up with 45,000 on a total of around 1,1 million).

Note3: The number of accessible municipalities has gone from 36% to 42%, representing an increased accessibility to 9 municipalities. However, it should be added, that most of these municipalities could only be reached by airplane. They are not yet accessible by ordinary transport. It seems that the radius of accessible area around the provincial and municipal towns has increased slightly.

Table 6.

Essential Indicators for Angola (1996) and Kenya (1999).

INDICATORS	ANGOLA *	KENYA**
<i>Demographic indicators</i>		
Total population	10-12 million	16.2
Annual Growth Rate	2,8%	12.1%
Proportion Urban Population	50%	30%
<i>Health indicators</i>		
Life Expectancy at birth (yrs)	47	54
Under Five Mortality Rate /1000	292	112
Infant Mortality Rate /1000 life birth	170	74
Maternal Mortality Rate /100.000	1500	650
Children with Low Birth Weight (LBW)	18%	16%
% Children under 1 year fully vaccinated	17%	60%
HIV prevalence	n.a.	9% (1997)
Overall Chronic Malnutrition <5 yrs	53%	36%
Overall Acute Malnutrition <5 yrs	6,5%	2,2%
Births attended in hospital	15%	45%
Doctors per 100.000 population	5	14.1
% population with access to safe water	Urban 65%, rural 35%	-
Per capita GDP (1999) in US\$	522	?
AID to Angola/capita (1998) US\$	28	??
% of total Expenditure on health	2,8%	
Government health expenditure/capita (1996 US\$)	6,6	6,2
<i>Education indicators</i>		
Adult Literacy rate	50% male, 30% female	80%
Net enrolment Ratio, first 6 classes of basic education	59 boys, 51 girls	
Teachers per 100.000 population		
<i>Unemployment indicators</i>		
Urban unemployment Rate	45%	??
<i>Human Development Index (HDI)</i>		
HDI/Angola	0.398	0.519
HDI World position	160 out of total 174	136
Population below poverty (\$39/month/adult)	61%	
Population < extreme poverty (\$14/month/adult)	12%	

* Source Angola: Multiple Indicator Cluster Survey (MICS), UNICEF 1996.

** Source Kenya: Human Development Report 1999.

Table 7.

Contribution of ECHO to the various provinces in the country (Euro x 1000).

PROVINCE	POPULATION (Est. 10/00)	Value GP2000	Target Population	Access. Municip.	Target Municip
BENGO	310.000	140,000	56.000	4/8	1
*BENGUELA	670.000	325,000	108.000	9/9	1
*BIE	1.200.000	200,000	30.000	1/9	1
CABINDA	170.000	--		1/4	
*CUNENE	230.000	--		6/6	
*HUAMBO	1.000.000	1,660,000	400.000	5/11	1
*HUILA	800.000	(100,000 200.000)	200.000	6/14	--
*KUANDO KUB	150.000	325,000	86.000	3/ 9	2
KUANZA NORTE	420.000	170,000	44.000	5/10	1
*KUANZA SUL	610.000	600,000	65.000	6/12	1
LUANDA	3.000.000	--	--	9/9	
*LUNDA NORTE	250.000	140,000	60.000	2/9	1
*LUNDA SUL	120.000	350,000	60.000	1/4	1
MALANJE	700.000	1,700,000	200.000	4/14	3
*MOXICO	240.000	400,000	44.000	1/9	1
*NAMIBE	85.000	--	--	4/5	--
UIGE	500.000	925,000	135.000	3/16	2
ZAIRE	50.000	--	--	1/6	--
TOTAL ANGOLA	10.500.000	7,035.000	1,491,000	69/164	16

* Provinces receiving support in NFI, UNICEF and Handicap International.

Note1: The rest of the Euro 3 M is spent on the 3 Non Food Items (NFI) projects in 11 provinces of the country, indicated with a *, with a total value of Euro 2 M, on the 3 national projects (UNICEF, PAM and Handicap International) with a total value of Euro 1,5 M. and on some internal ECHO costs.

Note2: The best estimate of the target population of the ECHO programme is around 1,500,000 people, living in and around some 16 municipalities. They benefit from the total amount of Euro 7 million that is provided under GP2000. This means an average of Euro 4,7 per beneficiary in the sectors health/nutrition and water/sanitation. This figure excludes the contributions mentioned under Note1 for NFI, UNICEF, WFP and Handicap International.

Table 8.

Summary of indicators for nutritional projects under ECHO funding.

Project / Town	Coverage %	Cure Rate %	Mortality Rate %	Default Rate %	MWG gr/d	Av. Le Stay (d)	Staff Ratio
MSF-H/ Malanje	78,1	71,2	2,5	8,6	8.6	33	-
Cangandala	na	60,0	12	25	8.6	25	-
Concern/ Malanje	n.a.	73	None	17,7	2,8	62	-
Huambo		88	few	5	7,0	-	-
GVC / Malanje	??						-
Movim / Huambo	n.a.	85	2	7	9,9	25	-
CUAMM/ Negage	150	86	3,7	9,8	10.1	22	7,9
GOAL / Saurimo							
MSF-B / Luena							
COSV/ Bengo							
ACF/ Ganda							
Kuito Kuanavale							
Sphere/ Minimum Standards		> 70		< 15	3 g/kg /day	60	

Table 9.

Summary of indicators for PHC projects under ECHO funding.

PROJECT / Province	NBR HEALTH POSTS	POP. COVERED	NEW CONTACTS (NC) (mnth)	ATTEND RATE NC/pop/yr	COST / NC (Euro)	STAFF RATIO/ 100 NC
ACF / Menongue	6	34,150	8128 (3)	0,95		0,5
Kuito K	1	20,500	2200 (3)	0,43		1,4
Benguela	1	41,090	7995 (3)	0,78		0,3
GOAL / Saurima	5	200,000	15491 (3)	0,31		
MSF-B / Luena	3	16,890	14626 (6)	1,73		
GVC / Malanje	9	116,900	81433 (12)	0,70		
CUAMM / Uige	6	35,000	16337 (3)	1,8		
Caritas It/ Lundas	8+8	-	-	-		
N. Front Kuanz S	7	-	-	-		
ADRA / Malanje	3	n.a.	n.a.	n.a		
Movimon Huambo	3	? 70,000	18,603 (4)	0,8		
TOTALS	59 HP	??	-	-	-	-

Note1:

NC=New Contacts (between brackets is the period for which data were provided in months).

NC/pop/yr= New attendance per person per year being calculated on the assumption that the attendance will remain on average the same during the whole year.

Cost/NC= Total Costs (in Euro) per New Consultation over the period of the whole year.

No data are included in the table, as no specifications are available for this particular part of the budget (being the expenditure for the first line HP). This applies in particular to the 'mixed projects'.

Note2: As in some cases, there are other facilities operating in the area, the figures do not pretend to provide an overall picture. Only on a case-by-case basis can an assessment be made whether these numbers are to be attributed to the intervention itself.

Table 10.

Number of contracts with ECHO by NGOs, 1992-2000 (9 years).

NGOs IN GP2000	No. PROJECTS 1992 – 2000.	TOTAL VALUE (EURO)	AV. VALUE / PROJECT
CUAMM	2	720,000	360,000
Caritas D	6	3,400,000	566,000
CIC	10	2,656,000	265,000
Caritas Italy	4	1,240,000	310,000
GOAL	10	2,746,000	275,000
MSF-B	24	9,135,500	380,000
Nuova Fronteira	6	3,590,000	600,000
GVC	3	1,820,000	606,000
MSF-H	12	5,185,000	432,000
ADRA	9	3,030,000	337,000
COSV	4	1,489,000	372,000
ICRC	9	10,890,000	1,210,000
CONCERN	7	2,049,000	293,000
Movimondo	8	3,066,000	383,000
ACF	7	4,300,000	615,000
LWF	7	3,942,000	563,000
Johanniter	3	1,485,000	495,000
SCF-UK	4	2,056,000	514,000
OXFAM	4	1,305,000	326,000
PAM	6	5,953,000	992,000
UNICEF	7	4,148,000	593,000
Handicap Internat.	1	230,000	230,000
Totals	153	74.435.000	486.500

Note1: The duration of the various projects is not known. Therefore the costs/project per month cannot be calculated for the moment. This would be an interesting value to compare the costs with other NGOs, working in the same field.

Note2: Expensive projects are ICRC, PAM and UNICEF. Within the 'normal' NGOs, the top five are: ACF, GVC, Nuova Fronteira, Caritas Germany and Johanniter. The rest of the NGOs ask on average around Euro 300,000 per project. Once more, the duration and the type of project is important additional information in order to compare their costs.

Table 11.

Cost per beneficiary of the various ECHO projects in Euro (best estimates)

NGO	TARGET POPULATION	TOTAL BUDGET	COST / BENEFIC	PERCENT OF BUDGET
UNICEF	900.000	950.000	1	8,8
GVC ITALY	200.000/65.000	570.000	2,1	5,2
ADRA GERMANY	70.000	440.000	6,2	4,0
CARITAS GERM. /UIGE	35.000	270.000	7,7	2,5
CIC PORTUGAL / UIGE	30.000	300.000	10	2,7
CICR / HUAMBO	400.000	800.000	2	7,4
NUOVA FRONT	450.000	600.000	1,3	5,5
CARITAS ITALIA /L.NORTE	60.000	280.000	4,6	2,6
CONCERN	120.000	800.000	6,6	7,4
MSF-HOLLAND / MAL	200.000	205.000	1	1,9
CUAMM ITALY / UIGE	40.000	355.000	8,8	3,2
MSF-BELGE / MOXICO	44.000	400.000	9,0	3,7
GOAL IRL / LUNDA SUL	60.000	210.000	3,5	1,9
COSV BENGO	226.000	140.000	5,3	1,3
MOVIMONDO	400.000	560.000	1,4	5,2
ACF SPAIN	194.000	650.000	3,3	6,0
OXFAM / MALANJE	20.000	355.000	17,7	3,2
NONFOOD ITEMS LWF	38.500	700.000	18	6,4
NONFOOD ITEMS SCF	40.000	670.000	16,7	6,2
NONFOOD ITEMS JOH	55.000	650.000	11,8	6,0
HANDICAP INTERN.	108.000	230.000	2,1	2,1
OTHERS (PAM)	(Not applicable	700.000)	--	--
TOTALS	3,580,500	10.835.000	3,0	100
AVERAGE DISTRIBUTION	163,000/project	492,000/project	3,0/person	

Note1: In total, the ECHO programme is funding: 4 hospitals; 20 health centres, 32 health posts, nutritional feeding centres with a total estimated beneficiary population of seven million people

Note2: The most recent estimates of IDP numbers from OCHA indicate 1,093,000 people.

Table 12.

Budgets by sector, duration (months) and budget lines (%)
of all projects funded under GP 2000.

NGO	PROJ TYP-D	STAFF %	ITEMS %	TRANSP %	ADMIN %	TOTAL EURO	Cost/Proj /Month
UNICEF	H-9	12	47	11	5	950.000	105.500
GVC ITALY	H-9	44	15	14	8.7	570.000	63.300
ADRA GERM	H-10	44	15	20	6	440.000	44.000
CARITAS D	H-10	45	16	8	7	270.000	27.000
CIC PORT.	H-9	38	25	8	6	300.000	33.300
ICRC HUAMBO	H-6	15	25	53	6	800.000	133.300
NUOVA FRONT	H-9	42	20	18	6	600.000	66.600
CARITAS IT.	H-8	32	27	17	6	280.000	35.000
CONCERN	N-7	46	15	13	6	800.000	114,300
MSF-HOLLAND	N-3	24	27	18	6	205.000	68,300
CUAMM ITALY	H/N-9	38	29	10	6	355.000	39,400
MSF-BELGE	H/N-9	42	13	17	6	400.000	44,400
GOAL IRL	H/N-8	47	20	9	6	210.000	26,250
COSV / BENGO	H/N-4					140.000	35,000
MOVIMONDO	H/N-10	36	16	12	6	560.000	56,000
ACF SPAIN	H/N-9	43	23	11	6	650.000	72,200
OXFAM	W-6	24	34	32	6	355.000	60,000
NFI / LWF	NFI-6	13	40	11	1	700.000	116,600
NFI / SCF	NFI-8	14	36	22	6	670.000	83,759
NFI / JOH	NFI-9	11	57	18	6	650.000	72,200
HANDICAP INT	O-9	51	--	15	6	230.000	25,500
OTHERS (PAM)	O-					700.000	
TOT GP2000	158 m.	35%	22%	16%	6%	10.835.000	64,150
TOT GP1999		29	24	20	6	10.000.000	

Table 13

Various delays to process proposals from NGOs up to signature of contract.

Partner	First draft proposal (<i>Letter of intention</i>)	Final proposal (<i>date full supp. info. received</i>)	Contract Signed by ECHO	Delay 1 (First draft till contract)	Delay 2 (Final proposal till contract)	Duration between first and final draft (in weeks)
MSF – B (01001)	26/11/1999	17/02/2000	3/03/2000	14 weeks	2 weeks	12
Concern (01002)	18/11/1999	7/02/2000 (28/02/2000)	15/03/2000	16 weeks	5 weeks (2 weeks)	11
ACH – E (01003)	17/11/1999	18/02/2000	10/03/2000	15 weeks	3 weeks	12
Nuova Frontiera (01006)	5/11/1999	21/02/2000	3/04/2000	21 weeks	6 weeks	15
CRS (01007)	31/10/1999	6/03/2000	18/04/2000	24 weeks	6 weeks	18
HI* (01008)	8/11/1999	8/11/99 - 31/01/00 (6/3/2000)	13/05/2000	27 weeks	15 weeks (10 weeks)	12
ICRC* (01009)	(28/01/2000)	6/03/2000	13/06/2000	20 weeks	14 weeks	6
GVC* (01010)	26/11/1999	31/01 - 7/03/2000 (19/04/2000)	25/05/2000	26 weeks	16 weeks (6 weeks)	10
Caritas–D* (01011)	26/11/1999	1/03/2000	30/05/2000	26 weeks	13 weeks	13
UNICEF* (01012)	17/11/1999	14/06/2000	4/07/2000	33 weeks	3 weeks	30
Johanniter* (01013)	24/11/2000	13/01/2000 - 18/04/2000 - 5/04/2000 (11/07/2000)	20/07/2000	34 weeks	27 weeks 13 weeks (9 days)	21
Goal (01014)	25/04/2000	17/07/2000	3/08/2000	14 weeks	3 weeks	11
MSF – NI (01015)	3/04/2000	(13/07/2000)	20/07/2000	14 weeks	1 week	13
SCF – UK (01016)	10/04/1999 (15/12/1999)	10/07/2000	12/07/2000	30 weeks	2 days	29
LWF (01017)	15/11/1999	31/05/2000	28/07/2000	32 weeks	8 weeks	14
Caritas–It* (01018)	2/05/2000	2/05/2000	20/07/2000	11 weeks	11 weeks	1
CIC (01019)	7/04/2000	12/07/2000	4/08/2000	17 weeks	3 weeks	14
Movimondo* (01020)	25/01/2000 (translation arrived 13/4/00)	13/07/2000	3/08/2000	16 weeks	3 weeks	13

CUAMM* (01021)	24/11/1999	3/08/2000	17/08/2000	36 weeks	2 weeks	34
Adra (01023)	21/09/2000	21/09/2000	9/10/2000	3 weeks	3 weeks	1
WFP (01024)	15/09/2000	15/09/2000	30/10/2000	6 weeks	6 weeks	1

**Notes: According to written information received from the ECHO desk in Brussels, the following explanations were provided to justify some of the delays apparent from this table:*

Handicap International: The potential 'overlap funding' with OCHA dragged things out. Taking over DG DEV contract from 1998.

ICRC: There was a problem over 'sharing' the plane with other NGOs. Annual contribution. High medicine budget.

GVC: Very poor proposal. Lengthy battle to achieve greater transparency and details

Caritas-D: Starting modified to match the late signing of the contract

UNICEF: Contribution to on-going project in Angola. There were many alterations to the proposal made.

Johanniter: Final information not received until 11-07-2000.

Caritas Italy: Letter of complaint received 10-07-2000.

Movimondo: Weak proposal required extensive re-working, weak partner combined with long ECHO delays.

CUAMM: Needs to clarify FPA status of CUAMM caused long delays on the part of ECHO.

Table 14.

Delay between date of submission of final proposal and signing of contract by ECHO and Duration (in weeks) to prepare the first draft of the proposal to its final stage.

Delay 2: Final proposal till contract*				Duration to prepare final draft**		
1-4 wks	5-8 wks	9-12 wks	> 13 wks	1-10 wks	11-20 wks	> 21 wks
MSF-B	Concern	LWF	HandicapI	ICRC	MSF-B	UNICEF
ACH-E	Nuova Fr.	Caritas-It.	ICRC	GVC	Concern	Johanniter
UNICEF			GVC	Caritas-It	ACH-E	SCF-UK
GOAL			Caritas-D	ADRA	Nuova Fr	
MSF-NI			Johanniter	WFP	HandicapI	
SCF-UK					Caritas-D	
CIC					GOAL	
Movimondo					MSF-NL	
CUAMM					LWF	
ADRA					Movimondo	
WFP					CUAMM	
					CIC	
11 NGOs	2 NGOs	2 NGOs	5 NGOs	5 NGOs	12 NGOs	3 NGOs

*Delay 2 (being the moment that all supplementary information has been received and the signing of the contract) represents the real time needed to process the proposal through the ECHO system.

**The duration to prepare the final draft (being the period between the reception of the first draft in Brussels till all supplementary information has been received) depends not only on the ECHO administration, but also to a large extent on the adequate and fastness of the responses provided by the various NGOs.

ANNEX 9

MATRIX: TYPE OF INTERVENTION FOR HEALTH, WATER AND NON-FOOD ITEMS.

TYPE OF INTERVENT	Emergency Emergency support	Emergency-Recovery Humanitarian support	Transition / Rehabilitation Current DG Dev/SCR funding	Pre-development (future)
Definition	The project is addressing a life-saving situation, people are dying, there is acute food shortage and lack of basic items for daily life / infrastructure. Access difficult or dangerous	Most urgent needs are covered but people may die if the intervention is not continued, there is access but not yet full security; there is some infra-structure in poor condition	There is possibility of sustainable livelihood, people are not dying, there is food security and secure access to rehabilitated infrastructure. Beneficiaries of NFI are now complementing basic items with their own means.	People significantly participate in their own development. Ownership and democracy prevails
Target Population	People in acute, life threatening need, mainly IDP + some residents	IDP + residence people in very bad health conditions. Women and children most vulnerable.	IDP and residence people under poor but 'normal' conditions.	'Normal' population
Example of Activities	There is no health system Nutrition Rehab centres surveys half yearly. Other activities (PAV, Screening) should link up. Establishment of shelters (huts, plastic sheets);	One level of health system functions. Health Post (HP) to provide curat./ prev. care. Screen risk cases, children, women and IDP. Demining is precondition for resettlement	Two-three levels of health system function Referral is assured between HP-HC, Municipal Hosp (MH) and Provincial Hospital. Regular services are provided in most places	Support on whole system, integration of vertical programmes
Aim programme Food Rights	Life saving Food insecurity Human rights violated	Coping and survival strategies Some food security Human right to be consolidated	Sustainable livelihoods Food security Human rights are respected	Sustainable devt Food security, Rights strengthened
Human resources	Technical Assistance (TA) with health staff from NGO, Food For Work (FFW) or from MOH	Staff (T Médios) from Ministry concerned (MOH). TA to manage and supervise the system. FFW practised.	All staff from (health) services. TA is advisor to DPS/DMS and controls external inputs (project-mode). Focus on training/planning, building mgmt capacity	DG Dev supports provincial sector plan (sector-mode)
Infrastructure	Only essential rehabilitation to restore functioning of buildings security of stores, pharmacy and water taps	Light rehabilitation of HP infrastructure (incl water), Take care of security of stores, pharmacy and water taps	Rehabilitation based on direct needs in the province	Rehabilitation based o Provincial Reconstruction Plan
Drugs provision	Kits or donations according to need, managed by external TA	Kits or donations according to need, managed by TA.	Drugs come from Prov. Nat. budget, DG Dev supports to set up the system (pipeline)	Drugs come 100% from national budget
Funding	ECHO funds, anywhere in country (demand oriented) GOA only provides staff, if and when available. All services are free of charge.	ECHO funds in isolated areas. GOA provides staff. GOA drug provision through explicit budget line is not a condition No contribution by population	Annual funding by MOH and DG Dev on a contract basis to be reviewed annually. Each participates with specified funds Contribution population + MOH/DG Dev define zone of intervention	Funding by DG Dev based on (prov.) sector planning Cost recovery + Sector policy!

Planning	Include in Plan for Emergency Preparedness (Food, water, PAV, malaria, screening)	Include in Provincial Emergency Plan (health/ nutrition, water sectors)	Establish transition plans from emergency to reconstruction	Provincial Plan for Reconstruction
Decisions	Decision to be taken by ECHO-Luanda within 2 wks (Note2)	Decision to be taken by ECHO-Brussels within 1 month	Decision taken based on long-term strategic plan. Tendering procedures	Decision taken by CE
Contracts	6-9 months	Contracts 6-12 months	Contracts 1-3 years	Contracts 2-5 yrs
Examples:	Feeding centres (both TFC and SFC). Urgent water provision and / or distribution of Non-Food Items	PHC schemes in towns, risk approach. Simple water interventions. Resettlement schemes, distribution NFI	Municipal / Provincial health services Management support in planning and monitoring the services	Provincial health plans as part of overall reform plans in the sector

Definition of different types of Humanitarian and Relief operations (so-called “Emergencies”) in Angola:

E = Emergency = The project is addressing a life-saving situation, people are dying, there is acute food shortage and lack of basic infrastructure

E-R = Emergency-Recovery = people may die if the interventions is not continued, there is access but not yet full security and there is some infrastructure often in poor condition

Tr = Transition = There is in principle possibility of sustainable livelihood, people are not dying, there is food security and secure access to rehabilitated infrastructure.

Note1: A number of NGOs undertake mixtures of interventions. This has advantages (the complete intervention in one hand), but also some drawbacks (lack of expertise in some of these fields, increasing dependence and more complex relations with GOA). It seems recommendable to ask the requesting NGO to limit its support to maximal two of these support interventions, if requests are made to ECHO. Furthermore, no requests should anymore be accepted that have both emergency and rehabilitation components in one proposal.

Note2: It would be highly recommended to put the responsibility for emergency operations as defined in this table with ECHO Luanda. However, due to formal contractual responsibilities, the team has been informed this is not possible at the moment. Nevertheless, given the delays verified in ECHOs operations, the team suggests the ECHO management in Brussels to review these formal impediments and see whether this part of the ECHO operations can be decentralised.

Note3: Some five NGO projects, aiming to provide institutional support to provincial and/or municipal hospitals have been funded by GP2000. In 2001, these projects will in part continue with different funding arrangements. These are:

1. CUAMM/Uige-Negache: Article 255. (Can Angotrip be included in this funding?)
2. Nuovo Fronteira/Kuanza Sul: Budget line 2000 (pipeline)
3. GVC/Malanje: Reliquat de 6* FED
4. Molisv/Huambo: To be continued by SCF-UK with Reliquat funds from 6* FED
5. ACH/Kuando Kubango and Benguela: Will be taken over by the Member States (Spanish Cooperation).

Note4: ECHO should not talk anymore about ‘exit strategy’, as this gives the wrong impression that ECHO is stopping its activities in Angola.

In fact, for 2001, the team suggests to talk about a renovation of the ECHO programme, expanding its projects to some new and important areas, like MCH, integrated STD – HIV/AIDS programmes and human rights issues.

Annex 10

This is a preliminary translation. An official translation is forthcoming.

COUNCIL OF MINISTERS

DECREE NUMBER

Considering that the UN Guiding Principles on Internally Displaced People establish the general principles governing the treatment of internally displaced people;

Angola being a country with high numbers of internally displaced people undergoing resettlement and returning to their areas of origin;

Having found it necessary to establish the rules governing the resettlement process under the terms of the provisions of paragraph (f) of Article 112 and Article 113, both of the Constitutional Law, the Government decrees the following:

Article 1

The herein attached norms on the resettlement of internally displaced, which are integral to the present decree, are approved.

Article 2

The doubts and omissions resulting from the interpretation and enforcement of this decree are resolved through ministerial proclamations issued by the Minister of Assistance and Social Reintegration.

Article 3

This decree will come into force on the date of its publication.

SEEN AND APPROVED BY THE COUNCIL OF MINISTERS

ISSUED

LUANDA, 19 OCTOBER 2000

THE PRESIDENT OF REPUBLIC

JOSE EDUARDO DOS SANTOS

NORMS ON THE SETTLEMENT OF THE INTERNALLY DISPLACED POPULATIONS

Article 1

(Organs to Lead the Process)

The responsibility for resettlement and return rests with the Provincial Governments, which will oversee the process through the Provincial Humanitarian Coordination Group and the reactivated Subgroup on Displaced and Refugees.

The Subgroup on IDPs and Refugees should be composed of Government entities, NGOs, humanitarian organisations and other institutions involved in the process.

Article 2
(Competences of Provincial Governments)

The Provincial Government should, through the Subgroup on Displaced and Refugees under the Provincial Humanitarian Coordination Groups, implement the following tasks:

- a) To plan, organize and ensure the implementation of all resettlement and return processes;
- b) To receive new internally displaced people and returnees and channel them to the reception centres;
- c) To identify the displaced people who wish to be resettled or return to their areas of origin, giving particular attention to the most vulnerable (widows, children, elderly, disabled) that may require specialized assistance;
- d) To identify resettlement and return sites;
- e) To monitor the overall resettlement and return process ensuring adherence to the norms on the resettlement of the internally displaced populations;
- f) To ensure that resettlement and return are voluntary and that State Administration is present at all sites;
- g) To ensure that adequate transportation is provided for populations returning to their points of origin;
- h) To take appropriate measures to ensure family reunion, the safety and dignity of populations during movements to resettlement and return sites;
- i) To exercise any other competences as determined by higher authorities or conferred to him/her by the law.

Article 3
(Identification of Land)

For the identification of resettlement and return sites, the Subgroup on Displaced and Refugees must consider the following:

- a) The quality and quantity of agricultural land to be provided, free of charge, to resettled or returned populations shall be, whenever possible, at least one-half hectare per family;
- b) Community involvement in land identification and distribution;
- c) Unhampered access to the nearest market;
- d) Availability of sufficient space to construct shelters.

Article 4
(Security of Site)

- a) All resettlement and return sites must be verified as de-mined.
- b) For the purpose of the preceding paragraph, INAROOE and its partners should create mine awareness brigades and, whenever necessary, conduct required de-mining.
- c) In all resettlement and return sites, the relevant organs within Defence and Security will conduct, whenever necessary, an assessment to verify and certify the security of the resettlement site.
- d) For the purpose of the preceding paragraph, the humanitarian organisations may be invited to assess security conditions in the resettlement or return site

Article 5
(Voluntary Resettlement and Return)

1. To ensure the voluntary nature of the resettlement process, the Subgroup on Displaced and Refugees must reach agreement with the traditional authorities representing the IDPs who are resettling as well as with the authorities representing the host communities.
2. The Subgroup on Displaced and Refugees should involve all interested parties and beneficiaries in the planning and management of the relocation.

Article 6
(State Administration)

1. The State Administration must be extended to the resettlement or return sites.
2. In the framework of humanitarian assistance coordination, UTCAH and the UN through the Humanitarian Coordinator, will assist the local authorities in the assessment of the viability of resettlement areas.

Article 7
(Rehabilitation of Infrastructure)

In the rehabilitation of health posts and health centres as well as schools in the resettlement and return sites, the Provincial Governments will be assisted by UN Agencies and other partners.

Article 8
(Social Assistance)

1. Appropriate Government ministries will ensure that health and education personnel are supported at the resettlement and return sites and will ensure that essential medicines and emergency school material are supplied, without prejudice to the provisions of other articles herein.
2. MINARS will ensure the operation of PICs and the Programme for Community-based Education.
3. Humanitarian organisations will be invited to support Provincial Governments with the provision of school material and essential medicines.

Article 9
(Water and Sanitation)

The Water Sector will work with humanitarian agencies and communities to ensure water quality and water points in sufficient quantity to supply the resettling populations.

The local authorities and humanitarian agencies will work with communities in the construction of latrines.

Article 10
(Resettlement Kits)

Provincial Governments and humanitarian agencies will provide agricultural seeds to resettled and returned families as well as a tool kit to facilitate self-construction and self-employment.

Article 11
(Food)

Humanitarian agencies will provide food rations to resettled populations for a period to be determined, and will support food-for-work programmes aimed at the preparation of land, rehabilitation of social infrastructures and other areas necessary for community stability.

Article 12
(Assessment)

The Provincial Humanitarian Coordination Group shall carry out regular assessments of the resettlement and return process.

SEEN AND APPROVED IN THE COUNCIL OF MINISTER SESSION HELD ON

THE PRESIDENT OF THE REPUBLIC

JOSE EDUARDO DOS

Annex 11/1 Map of areas covered by the Global Plan 2000 Operations

Sector: Health and Nutrition



Population:	12.6 million persons, around 60% live in the national and provincial capitals and other important urban areas.
Surface:	Landmass of 1.2 million square kilometers – Fifth largest country in Africa

Annex 11/2 Map of areas covered by the Global Plan 2000 Operations

Sector: Water & Sanitation (Watsan)



Population:	12.6 million persons, around 60% live in the national and provincial capitals and other important urban areas.
Surface:	Landmass of 1.2 million square kilometers – Fifth largest country in Africa

Annex 11/3 Map of areas covered by the Global Plan 2000 Operations

Sector: Non-Food Items Distribution (NFI)



Population:	12.6 million persons, around 60% live in the national and provincial capitals and other important urban areas.
Surface:	Landmass of 1.2 million square kilometers – Fifth largest country in Africa