Evaluation Report

Evaluation of ECHO´s Gobal Plan 2000 - Angola

Sector: Health and Nutrition

Country:	Angola
Period:	January till December 2000
Programme:	ECHO/AGO/210/2000/01000
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Project:	Evaluation Global Plan 2000 - Angola
GMX-PN:	EC/ECHO-03/2000
Period:	November 2000 – January 2001
Contract:	ECHO/EVA-B7-210/2000/01008

in Cooperation with

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“Em suma, o povo deste campo, queremos que as organizações nacionais e internacionais, realizem o bom preconceito protocolo das conversações para que haja e manter a tranquillidade e paz no território nacional assim para permetir o povo retroceder nas suas aréas de juridição.”
Soba de Segonda II, na recepção da missão de avaliação ECHO, 28-11-2000.

Translation: “In summary, the people of this refugee camp, we want the national and international organisations to realise and respect the protocol and discussions, so that there is and will remain calmness and peace within the national territory in order to permit the people to go back to the areas that rightfully belong to them”.

Head of the Refugee Camp Segonda II, Luena, in a speech during the reception of the ECHO evaluation team on 28-11-2000.

This report has been produced at the request of the European Commission.

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: Health & Nutrition

Date of evaluation: 14th of November till the 11th of December.
Report No.: EC/ECHO-03/2000
Consultant's name: Jarl Chabot, Public Health Expert, and Evaluation Team Leader

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. This report focuses on the Health and Nutrition (H&N) Sector. The mission was well prepared and interviews with all stakeholders at the various levels were conducted.

Main conclusions

Relevance - Most projects were highly relevant and addressed important basic needs in particular in the field of nutrition and Primary Health Care (PHC). However, the quality of many of the accepted projects proposals was considered weak, as they often did not contain technical and policy-related information.

Effectiveness and efficiency - Most nutrition and PHC projects have been effective and efficient in reaching their objectives and their target populations. Some provincial hospital interventions appear little effective or efficient, but no reliable data are available to substantiate such conclusion. The high number of 'mixed projects', addressing various objectives and targets at the same time, is difficult to monitor and manage by all partners.

Coordination - Important delays in the administrative processing of a large number of projects in Brussels have been verified. In analysing its causes, the team found at one side over-attention for details in the proposals or amendments in Brussels and at the other side weak proposals from the field that justified to a certain extent, such in detail assessments. The team feels this to be two sides of the same coin. The solution to the problem might be found in Luanda, where the filtering of the projects and the support to bring them to the required level, needs to be improved. These delays already occurred in 1996+1997 pointing to shortcomings in the overall procedures that need attention of higher management within ECHO.

Horizontal issues - There is a lack of clear criteria to define the various types of emergency. This has contributed to the contamination in the ECHO H&N programme. OCHA provided

recently useful definitions of Emergency (E), emergency recovery (E-R) and transition (Tr). According to the team, the first two (E and E-R) define ECHO core business (annex 9)

Recommendations

1. ECHO should develop a pro-active/demand orientation towards its partners. It should introduce the log-frame approach[1] 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 quality. These should be used as a 'check-list' and shared with all clients. As a consequence, the period to ask for supplementary information will decrease. ECHO Brussels should ask for additional information only once and then take a decision!

2. Emergency nutrition support through feeding centres will remain an important area for ECHO support. 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 (except Huambo/ICRC). Mixtures of PHC, Nutrition and hospital interventions should be avoided. New areas of attention should be included to enhance effectiveness. In particular emphasis should be given to MCH related activities (ANC, FP, deliveries and condom distribution), to integrated STD - HIV/AIDS prevention programmes, to resettlement schemes (hen the norms on the settlement of IDP will be respected [2] and to issues related to human rights and the strengthening of civil society.

3. 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 as a reference for ECHO staff.

[1] See also the Article 20 Evaluations´ recommendation in the section "Assessment of Impact and Indicators", page 61.

[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". This degree will become law once it is published and as such it will provide a formal document to guide the whole resettlement process.

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Acknowledgements

The preparation of the evaluation report of the Global Plan 2000 – Angola would not have been possible without the support and valuable contributions of the Head of Units and staff members of the Directorate General for Development and of the European Community Humanitarian Office involved in the planning and implementation of the humanitarian assistance operations and development programmes in the target areas.

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 the 'ECHO's 2000 Global Humanitarian Plan in Angola". This is the report for the health and nutrition sector.

In addition to the review of all documentation provided, the team had extensive discussions with staff of ECHO and DG Dev in Brussels and Luanda, Government officials, staff of various UN agencies (OCHA) and the heads of most NGOs receiving funds under GP2000. During various field visits, NGO staff working in the various provinces was interviewed and their projects visited. Discussions have been intensive and frank, providing essential information on how ECHO is managing its GP2000 programme.

An orientation into the current humanitarian situation in Angola provided distressing information, confirming the chronic nature of the conflict and its devastating effect on health and health services for the population. The most-likely scenario suggested by OCHA in its Consolidated Inter Agency Appeal 2001, seems realistic. However, the suggested numbers might even be on the optimistic side:

"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."

In this context, important improvements in the Health and Nutrition (H&N) indicators in the coming year are not to be expected. Therefore, ECHO should continue its emphasis on the support for IDP, residents and other vulnerable groups nationwide. In view of the deficient rainfall so far, the expected poor harvest could seriously aggravate the current humanitarian crisis.

As far as the *relevance* of the H&N is concerned, the team observed that most projects were highly relevant and addressed important basic needs in particular in the field of nutrition and Primary Health Care (PHC). However, the quality of many of the accepted projects proposals 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 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 analysing *effectiveness and efficiency,* most nutrition projects have been effective and efficient in reaching their objectives and their target populations; 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 data are available to substantiate such conclusion. The high number of 'mixed projects', addressing various objectives and targets at the same time, is difficult to manage and monitor for all concerned. Most of them score low for effectiveness and efficiency.

As far as *coordination* is concerned, GP2000 was 'contaminated' with various 'transitional projects', according to definitions suggested by OCHA (annex 9). Fortunately, ECHO timely recognised this situation and in collaboration with the task force of the Delegation defined an appropriate 'exit

strategy'. In seven out of 20 projects, delays of more than two months in the administrative processing in Brussels have been verified. Fortunately, it seems that an existing backlog in 1999 has been eliminated and recently submitted proposals are dealt with in an acceptable period (less than 4-6 weeks). However, it seems that the period between submitting draft proposals until a proposal is accepted (and thus administratively processed) is still substantial (on average between 11-20 weeks). As an explanation, the team found at one side detailed questioning for supplementary information by the desk in Brussels and at the other side weak proposals from the field that perhaps justifies such in detail assessments. The team feels this to be two sides of the same coin. The solution of the problem could be a more effective filtering of the requests by Luanda in order to bring them to the required level and an explicit list of minimal technical requirements that the NGO should respect.

Although there is no overall improvement in the fate of the IDP, the ECHO programme did contribute substantially to the alleviation and the reduction of their suffering *(impact).* It also facilitated the re-start of some important PHC programmes. However, the proposals hardly address issues like training of staff, gender / MCH services, the problems related to resettlement, the upcoming epidemic of HIV-AIDS and the important issue of human rights and the building of civil society in the country.

As *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) that have been adapted by the team for use in the 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 to the payment for health services and drugs and/or the MOH contributes to drug provision (with an explicit budget line), projects should be considered for funding through other channels. The team suggests finally 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 GP2000.

The most important recommendations for the health sector can be summarised as follows:

4. ECHO should develop a pro-active/demand orientation towards its partners. It should introduce the log-frame approach[3] 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 quality. These should be used as a 'check-list' and shared with all clients. As a consequence, the period to ask for supplementary information will decrease. ECHO Brussels should ask for additional information only once and then take a decision!

5. Emergency nutrition support through feeding centres will remain an important area for ECHO support. 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 (except Huambo/ICRC). Mixtures of PHC, Nutrition and hospital interventions should be avoided. New areas of attention should be included to enhance effectiveness. In particular emphasis should be given to MCH related activities (ANC, FP, deliveries and condom distribution), to integrated STD - HIV/AIDS prevention programmes, to resettlement schemes (hen the norms on the settlement of IDP will be respected[4] and to issues related to human rights and the strengthening of civil society.

[3] See also the Article 20 Evaluations´ recommendation in the section "Assessment of Impact and Indicators", page 61.
[4] 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.

6. 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 as a reference for ECHO staff.

1. Introduction

On the 15th of January 2000, the European Commission approved a Euro 13,5 million humanitarian support programme for Angola. This 'ECHO 2000 Global Humanitarian Plan in Angola' (or GP2000) defined the humanitarian needs and priorities per sector for the year 2000. For the health and nutrition sector, its objectives were (i) to reduce morbid-mortality rates amongst the most vulnerable sections of the population (focusing on malnutrition, measles and general morbid-mortality) and (ii) to increase access to quality health (addressing PHC, referral hospitals, Sleeping Sickness and access to food). The Plan did not indicate any specific targets or indicators to assess the success of its operations.

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 the GP2000. This report looks at the results of the GP2000 for the health and nutrition sector.
The purpose of the evaluation as described in the TOR was to:

1. Assess the suitability of the last Global Plan 2000 and the level of its implementation

2. Assess the degree to which the objectives have been achieved

3. Quantify impact of the Global Plan 2000 (GP2000) in terms of output.

4. Analyse the link between emergency, rehabilitation and development

5. Establish precise and concrete proposals relating to (i) possible transfer of ECHO funded projects to the relevant department of DG Dev and to (ii) the future of ECHO funding by sector and activities, focusing on ECHO 'core-business'.

A summary of all H&N related projects by province and implementing partner is provided in annex 6.

2. Methodology

As part of the preparations of this evaluation, an extensive briefing took place in Brussels with the various departments and persons involved in the Angola programme, where essential documentation was provided (see TOR in annex 1 and list of documents consulted annex 4). Based on this, a summary of all ECHO projects by province was elaborated (annex 6). A list with abbreviations is provided in annex 5. In Luanda, the team had working sessions with the responsibles of the NGOs in the country. Of the 16 NGOs working with ECHO funding in health and nutrition, 13 heads of office have been interviewed (only ACF-E and MSF-B and Caritas Italy were not able to come). Interviews were also held with the OCHA office in Luanda, the ECHO desk-officer and the other DG-Dev related staff in the delegation (list of persons interviewed in annex 2 and work programme of the team in annex 3). Field visits were made to Malanje, Moxico, Huambo and Uige. In total ten out of the 16 ECHO funded H/N projects could be visited. Due to the complexities of air travel in the country, no visits could be made to Kuando Kubango+ Benguela (ACF-H), Lunda Sul / Norte (Caritas Italy and GOAL) and Kuanza Sul (Nuova Frontiera). During interviews, time was taken to explain the objectives of the evaluation.
In order to ensure ownership and 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,

NESA, DG Dev) and to all NGOs involved in GP2000 (20 NGOs attended!). Finally, the team was fortunate to discuss its preliminary conclusions with the visiting desk-officers from Brussels, Ms Feret, Ms Foa, Ms Bolet (SCR), Ms Pantaleoni and with the new health responsible in Luanda, Mr. Giuseppe Chió.

3. Context of the humanitarian situation

Changing military context

Since the restart of the hostilities at the end of 1998, the political and military situation has changed considerably. About one year ago, in the autumn of 1999, the hostilities switched from open war to ”hit and run” style guerrilla warfare, leading in 1999 to approximately one million people flying from their homes, seeking assistance in the provincial and 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 FAA is supposed to ‘clear’ large areas from UNITA influence. With the beginning of the rainy season, it is likely that FAA will again loose some of its positions.

Internally Displaced Persons (IDP)

Since January 1998 about 2.7 million people (nearly 20 % of the total national population) have been displaced, while the humanitarian organisations registered in 11/2000 about 1.1 million ‘new IDPs’ (numbers IDP by province in annex 8, Table 4+5). Despite improved access, at the end of October, an estimated 60% of the areas hosting IDP were still without any humanitarian presence[5]. It is clear from these disturbing figures that humanitarian aid still is facing a huge task to provide minimal living conditions for large groups of populations. In those municipalities that have recently become accessible, the NGO community will encounter enormous challenges to respond to their needs.
From April 2001 onwards, based on the assumption of decreasing numbers of IDPs, WFP decided to focus its intervention on food-for-work (FFW) activities aiming at rehabilitation and transition. They will not to stop their assistance to ‘emergency’ programmes and the target groups will remain new IDP, malnourished children (< 5 years) and women. However, WFP-Moxico told the team that only IDP that registered after October 2000 will receive this food ration. If this decision is enforced, the consequences for food distributions to the one million IDP in the country could be seriously affected.

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. Its most important achievement is the formal acceptance by the government of the norms that will guide the resettlement schemes in the future and that are based on recently elaborated UN norms in this field. In fact, Angola is the first country to formally adopt these norms at national level. Apart from this important decision, it is widely felt among the NGO and donor community, that the contribution from the GOA is quite insufficient with regard to the support it provides to its own displace population.

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

[5] “Consolidated Inter-Agency Appeal for Angola 2001”. OCHA, 10/2000.

(annex 8, Table 5). Accessibility has thus improved and the perimeters around some of the municipalities have been extended. However, in other areas demining had to be stopped and accessibility and resettlement activities in these areas were postponed. Several times, after security assessments, incidents occurred a little time after or before humanitarian support was to re-start its intervention. The road system in large parts of the country is not accessible due to attacks, mines or broken bridges. The only parts relatively accessible are the coastal areas of some provinces in the Luanda corridor. The logistic backbone of all humanitarian operations remains 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.
Much will depend on the agricultural production in the coming year. While in the previous two years, harvest has been relatively good, the prospects at the moment are gloomy as in many parts of the country rains are late and far below what is considered necessary. If poor harvest indeed coincides with the current military situation, the humanitarian situation could change dramatically for millions of people in the first six months of next year.

OCHA assumptions for the future.
The core assumptions made by OCHA regarding the future trends and the most likely scenario for the coming year, seems therefore optimistic to the team (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 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."

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 functioning[6]. The availability of medical doctors is five per 100,000 people. Recent estimates of vaccination coverage do not exist. Some local sample surveys indicate figures of BCG coverage 50%, Measles coverage between 30-55%, DTP3 13%, Polio 75% and fully vaccinated children only 11%[7],[8]. The national survey by UNICEF has not yet taken place. HIV figures are not available and a sentinel system does not exist. However, local experts estimate prevalence figures of around 4-8%, based on STD consultations in the hospitals of municipalities.

The chronic disruption of health services has had a profound impact on the health status of the population. An epidemic of polio broke out since the resumption of the conflict in 1998, with the mass population displacement and lack of security hindering the eradication campaign. No reliable data exist on the prevalence of sleeping sickness, but it is known that the disease, which had almost vanished from Africa in the 60s, is raging in the endemic areas of Angola[9]. Recently a severe outbreak of pellagra (Vit B3 deficiency) was reported in Kuito[10]. Moderate and severe malnutrition (both acute

[6] MOH, Health Development Plan 1999.
[7] IMC May 2000. Immunization coverage study, Luena Moxico.
[8] EPICENTRE, July 2000. Nutritional and retrospective mortality assessment for Malanje and Lombe.
[9] Various authors, 1998. Human Trypanosomiasis: an emerging public health crisis. British Medical Bulletin, 54, 341-355
[10] Baquet and van Herp, 03/00. A Pellagra epidemic in Kuito, Angola.

and chronic forms) is still highly prevalent in areas accessible to humanitarian assistance, although in some places a decreasing trend is visible. Only 4% of the land is estimated to be cultivated because of fighting and widespread mines.
While new medical emergencies attract attention worldwide (Ebola in Uganda), Angola, with its structural and unsolvable problems seems to become a "forgotten emergency"[11].

In summary, important changes in the health and nutritional indicators in the year 2001 are not to be expected. ECHO should therefore continue its emphasis on the support for IDP, residents and other vulnerable groups nationwide.

4. Relevance and appropriateness

As part of GP2000, a total of 25 requests in the sector of health and nutrition (H&N) have been submitted (annex 8, table 2), out of which 16 have been accepted for funding (64%). Reasons stated for not accepting these nine proposals, include amongst others: the area has no priority, NGO not suitable, poor proposal or other agency already operating in the area or sector. It is also important to mention that almost all NGOs receiving funds under GP2000, already have been funded several times in the previous years by ECHO. It is therefore likely that the performance, their strengths and weaknesses, are well known to the ECHO staff.

The total value of the 16 H&N projects that were accepted under GP2000 is Euro 7,530,000, representing almost 70% of its total value, being 10,835,000 Euro. Within the H&N sector, the evaluation distinguished eight pure health projects (being hospital and/or PHC oriented) with a total value of 4,210,000 Euro, two pure nutrition projects (value 1 million Euro, or 9% of the budget) and six projects in the field of health/nutrition with a value of 2,315,000 Euro or 21% of the total GP2000 budget. For details, see annex 8, Table 3. This means that the proportion between the various interventions is H : N : H/N = 4 : 2 : 3,8. Mixed projects are those that engage in activities in the field of hospital care, nutrition and/or first line health work (PHC).

Within these 16 projects, the distribution of the main budget lines (input data) was found to be quite different. Staff oscillated between 12-47% of the total budget (most being around 35-45%), while the goods (drugs, food or other tools) counted on average for 20-30%. Transport was the third most expensive item in the budgets due to the necessity to use airfreight (between 10-20%). Admin costs were the same in all project proposals (6%). Details are provided in annex 8, Table 12.

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 quite vague when asking for quantitative information[12], the NGO can only partly be hold 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 clear justification of the intervention, nor a clear strategy how to achieve the stated objectives. All requests mention the war, the need of the IDP or the high morbidity and mortality. It seems therefore that priority needs are well addressed. However, few requests 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

[11] 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).
[12] 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'.

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, presented with reliable figures that is collected locally:

- 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 responsibles 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 consultant carried out a performance analysis of the various partner NGOs. As expected, the analysis indicates that some partners do perform well (MSH-N, Concern, CUAMM and CIC), while others show quite poor performance (Movimondo and GVC). The analysis shows furthermore that partners involved in two or three specific activities at the same time (‘mixed projects’) have difficulty in showing acceptable levels of performance (MSF-B), 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 remain limited to the quality related observations, together with the Nutrition and PHC related indicators proposed by ECHO about six months ago, 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 provided in the project requests or in the reporting documents, the team can only respond partially to this request.

5. Effectiveness

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 mentioned earlier are likely to improve the situation for next year. These, together with a more qualitative assessment of effectiveness and efficiency will be provided below.

The effectiveness of the *two nutrition projects* is most easy to determine. Most projects mention the required indicators in their reports (annex 8, Table 8). This permits (using the nutritional surveys carried out earlier in the community) to assess coverage, cure rates, mortality rate and medium weight gain of TFC/SFC. These figures are then compared with the internationally established norm from the Sphere project. Most are found satisfactorily. The employment by some projects of ‘activistas communitárias’, community members that go around to detect early malnutrition, is helpful to increase

the effectiveness of their intervention. The two nutrition projects therefore permit the conclusion that they are effective and able to attain internationally recognised results in emergency situations.

The effectiveness of the *nine PHC projects* can also be determined. After the introduction by ECHO Brussels of the required list of monitoring information, some relevant data are now available for ACF, GOAL, GVC and MSF-B. A summary is provided in annex 8, Table 9. It indicates that IDPs and residents are reached but their proportion could not be determined. The annual attendance rate (new consultations per person covered per year) is low in Saurimo and high in Malanje, where there exists a dense network of facilities. The data are presented here under the (unreal) assumption that attendance is regular during the year. Furthermore, in some places, other service providers are active and therefore no comprehensive picture can be provided. Data over longer time periods need to be collected to provide meaningful information. Another point is that no distinction can be made regarding child health or maternal health in the PHC projects. What proportion of the budget goes to hospital and what to PHC services cannot be calculated. The access of the three vulnerable groups[13] that require extra attention couldn't be determined, nor the cost per new consultation.

Finally, for the *ten 'municipal and provincial hospital projects'* funded by ECHO, existing in eight provinces[14], it is impossible to determine their effectiveness in a quantifiable way. There are no indicators established, showing the beneficiaries reached, as often even the populations living in these municipalities are not really known. Also project costs cannot be determined as no specification of the hospital component is available in the requests submitted by the various NGOs involved in these hospital related activities. However, a qualitative impression of the provincial hospitals visited in Malanje (GVC), Luena (MSF-B with own funding), Huambo (Molisv) do suggest that provincial hospitals need much more than just humanitarian support. In fact, the performance of these NGOs is below acceptable levels and ECHO should intensify its supervision or stop its funding to these projects. Only ICRC in Huambo and CUAMM + CIC in Uige seem capable of addressing real needs and attend large number of patients in a qualitative way. Municipal hospitals often work more as special Health Centres and could therefore be easier to support. The mission did not visit enough of these municipal hospitals to provide a clear answer on this issue.

In conclusion, the effectiveness of the ECHO support seems satisfactorily for the nutrition projects in Malanje, Huambo and Luena. The results compare favourably with international established norms. Equally, the results of the nine PHC projects indicate that objectives are met and needs of the IDP and resident populations are addressed. The effectiveness of the various provincial hospital projects in the eight provinces is difficult to assess. The mixture of PHC/Hospital interventions and the unclear definition of the target groups in these interventions, make a quantitative analysis difficult. Personal observations in some of these locations give the impression that useful work is being done in the various health posts and health centres in terms of increasing accessibility and coverage, while ensuring decent care through the provision of essential drugs, supervision and some on the job training of MOH staff. The use of standardised diagnostic and treatment guidelines[15] is an achievement. On the negative side, mention should be made of the little attention given in the current PHC programmes to MCH services (Ante Natal Care, FP/condom distribution, safe motherhood), STD treatment and prevention, including integrated HIV/AIDS programmes. Coverage in these fields seems low, while their inclusion could be quite cost-effective (low input for reasonable output) with the current approaches available. Proposal for HIV/AIDS-projects most likely will focus on Information, Communication and Education (IEC) for the provision and use of condoms. Attention should be given to the establishment of an effective distribution system to ensure the continuation of the activity after ECHO funding has stopped. Training and capacity building is a low priority in most programmes due

[13] These vulnerable groups are: IDP and related residents, children and women of childbearing age.
[14] These provinces are: Uige (CUAMM/Negache and CIC/Uige), Lunda Sul (GOAL/Saurimo), Kuanza Sul (Nuova Fronteira/Gabela and Seles), Malanje (GVC and ADRA International), Bengo (COSC/Caxito), Huambo (ICRC and Movimondo) and Kuito Kuanavale (Menongue, Kuito K. town and Benguela (ACF). This is a total of nine NGOs in seven provinces.
[15] MINSA, Revisão 2000. Manual de diagnóstico e tratamento das doenças correntes. Programa nacional de Cuidados Primários de Saúde. GVC/ Malanje.

to the emergency nature of the activities. The existing Health Information System (HIS) is seldom used for management purposes, even by the NGO-staff itself. Here also, good results could be achieved if proposals were to address this issue systematically.

Measles vaccinations are carried out as part of regular routine work in all HP visited. If campaigns are undertaken, they include all antigens (minus Polio, that is administered separately as part of the NID). As UNICEF works through the national PAV programme, no specific information can be provided concerning their activities for IDPs. Vaccines were available in places visited by the team. Funding to UNICEF should be made conditional on the results of the coverage survey.
The Sleeping Sickness project (Angotrip) is a special case. Funds served to set up a new treatment centre and were therefore of an 'investment nature'. Under the GP2001, ECHO should continue this support because high value for money is achieved in avoiding/preventing important morbidity and mortality in the medium term. This support should only be provided to (i) enable the project to integrate itself within the provincial health services (ideal option) or to (ii) obtain funds from other donors (temporary option). The team recommends including the SS project for only one more year.

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. In annex 8, Table 11 the cost of the various projects per beneficiary is presented. Health projects have an average cost of Euro 4,3/pp, Nutrition projects are cheapest with Euro 3,8/pp and the mix of Health/Nutrition projects is expensive with Euro 5,2/pp.

The technical competence to manage and plan the various projects indicate the same tendency: nutritional programmes by virtue of their relative straight forwardness in objectives and supervision seem relatively 'easy' to deal with, while the mixed projects, that address nutrition, PHC and hospital interventions do require a much higher level of competence and are therefore less efficient in their operations. This applies for personnel management, logistics and also for the capacity to plan and monitor the output of these interventions. Despite the fact, that all projects did address (sometimes implicitly) the issue of quality of care and standardisation of curative and preventive activities, the effect of these efforts are much more difficult to show in the mixed projects than in those with a restricted number of objectives (one or maximal two). This tendency is even clearer in the projects working within the health structures of MOH, where output is to a large extent dependant on the poor motivation of the staff in the health posts and hospitals. In that respect, it should be mentioned that often output in the MOH related projects is quite remarkable given the poor and delayed payment of salaries, the low level of competence, instruction and basic training of employed personnel, the low numbers of MOH staff in most facilities and the little use of incentives in most ECHO projects. Although the use of incentives is attractive (experiences of Caritas Italy in Lunda), 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 (GVC). Most NGOs do rely heavily on expatriates and are not looking for qualified Angolan personnel. With the extensive experience of ECHO in working with NGOs, it seems therefore advisable to analyse this collaboration systematically and draw lessons on their strengths and weaknesses, that could serve as a useful additional input in future project assessments.

Reporting to ECHO by NGOs is weak and irregular. Reports come in late and are extensive with too much attention for detail. Instead of providing short and clear information on achievements (related to

objectives) and constraints that need to be addressed, many pages are written with non-essential details. Indicators promised in the proposal are often forgotten. Unit costs are not included in the H&N projects, although for the latter this should not be too difficult. Administrative issues or the strained relations with the local authorities are rarely mentioned. Only recently, with the definition of the indicator of cost/consultation by ECHO, have these issues been included in some of the reports. The insufficient reporting has seldom been used in feedback to the NGOs, in tighter control or other (financial) measures. Fortunately, the finding of the poor performance by Molisv in Huambo has sparked effective action by the task manager.

7. Co-ordination, coherence and complementarity

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 Angola[16] (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. It is one of the main 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).

Six projects benefited from support by the DG Dev. In 2001, these projects will continue with other than ECHO funding:

1. CUAMM/Uige-Negache: EC/Article 255.
2. Caritas Italy (through Caritas Angola)/Lunda Sul/Norte: EC/Article 255.
3. Nuovo Fronteira/Kuanza Sul: EC/Budget line 2000 (pipeline)
4. GVC/Malanje: EC/Reliquat from 6* FED
5. Molisv/Huambo: To be continued by SCF-UK with EC/Reliquat from 6* FED
6. ACH/Kuando Kubango and Benguela: Will be taken over by the Member States (most likely, the Netherlands and Spanish Cooperation).

At national level, 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. The role of ECHO in coordination and policy development at this level has been low-key and unsatisfactory.

In the field, useful and effective coordination was found between most NGOs. As expected, much depends on the personalities involved, but it seems that here too OCHA is increasingly playing a role in bringing the various players, including the government together. ECHO's technical assistance (TA) participated in the coordination of field visits and assisted in the opening of new interventions.
The cooperation between ECHO's TA in Luanda and the NGOs / projects has been perceived as positive. The role of the ECHO TA is twofold: first providing assistance and support in making or improving the proposal (*advice*) and later, once the project is operational, providing supervision and

[16] 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 consequences des instruments d'aide humainitaire considérés dans leurs totalité". Task Forces were to be established in Brussels and in the various delegations.

control to see whether the work is done as desired (*monitoring*). Most NGOs did express their satisfaction with the support given, although visits to the field while elaborating the proposal were requested. NGOs would like the ECHO expert to visit their projects more often and use his/her expertise to improve performance.

The relation of the TA in Luanda towards the ECHO staff in Brussels is described as "being the eyes and ears of the desk-officer". They advice and monitor for the ECHO-desk in Brussels. Although this position is clear and accepted by everybody, it is not without problems. First, as the staff in Luanda has been actively involved in helping the NGO to make an acceptable proposal, it is sometimes frustrating to see the supplementary information that is asked by the desk officers. This might give the impression that the work of the field expert has been of little use. It might appear as if their expertise is not being recognised by the desks in Brussels.

The delays to have projects accepted are partly due to the long period necessary to improve on the initial proposal, sometimes taking between 11-20 weeks or more (Annex 8, table 13) and partly due to the proper time 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. In the first situation, reasons for the delay are with the NGO submitting incomplete proposals and with ECHO demanding supplementary information. Both need time for their mutual communication, as apparent from the additional explanations provided by the ECHO-team. In the second situation, the internal administrative and financial procedures take their time and are therefore the responsibility of the organisation itself. The team has the impression that a backlog from the previous year (1999) has been standing in the way for rapid processing of the contracts, as the more recently elaborated contracts show a substantial shorter delay.
Annex 8, Table 13 provides a summary and allows for some important observations:

- The administrative processing within ECHO (delay 2, being between final proposal and contract) in most cases (55%) takes an acceptable 1-4 weeks.
- In 7 out of 20 projects the period is more than 9 weeks. Although various good reasons exist to explain this long time period, the team suggests ECHO to review its internal management 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 is unacceptable high, in the majority of projects (60%) being between 11-20 weeks. It is clear that during this period a lot of communication takes 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.
- 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

Analysing the ECHO intervention in Angola as it relates to impact[17] 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 completely left on their own, without support from central or provincial services: no schools, no teachers, no health facilities, no drugs and 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 will remain stable or become slightly better. 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, the suffering of the children and mothers and the misery of the resident population that have nothing and are still asked to share it with these newcomers. The effects of these support interventions have been life saving for many of the target groups, just by providing food, shelter, drugs and water where nothing of that kind was available. It has helped to restart the functioning of health posts in some areas providing care and treatment to the many in need, both IDP and residents. Training and refresher courses, translating parts from new textbooks, has improved the quality and effectiveness of some of the interventions. All NGOs do dedicate time and resources to training. However, these capacity building activities are only a small part of the NGO budgets (< 4%). Training activities should figure more prominently in the various projects submitted to ECHO for funding.

9. Visibility

Almost all projects that were visited by the team use the ECHO stickers on cars, walls and other clearly visible places. Also in discussions with field staff, the name of ECHO is familiar to everybody and it seems that these tools do provide partners and local authorities with an effective visibility. To what extent, the name 'ECHO', representing the contributions of the people of Europe, has any meaning for the direct beneficiary of the programme was difficult to find out. Visibility of ECHO programme is more than the amount of stickers to be seen at cars and products. This issue will be discussed in the synthesis report in more detail.

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 sector, this implies that in fact only nutrition rehabilitation centres and epidemics like Cholera or Measles 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.

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, leading to repeated requests from NGOs for the same activities has led to the definition of an 'exit strategy, in which ECHO projects of long duration and institutional character 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

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

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.
The team suggests further that the criteria in this matrix be discussed, amended and agreed upon by all EC departments (ECHO, DG Dev, NESA, SCR). Once agreement has been reached, they should be distributed for anyone to know. With the expected changes in the responsibilities and organisation of the various departments of the EC, it is vital for a relief organisation that the public in Europe and in Angola knows where to go with their requests and proposals. Therefore, these criteria should be elaborated by all EC departments together, so that there will be minimal overlap or grey areas.

As part of the LRRD concept, long term 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, 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.

11. Recommendations

ECHO should develop a *pro-active/ demand orientation*, aimed to inform its clients, the NGOs in the country, about (i) the various types of projects ECHO intends to fund within the H&N sector; (ii) the beneficiaries of the various programmes (new IDPs[18] together with resident populations, children and women); (iii) the criteria for accessing these funds (geographical, time limitations and GOA/own contributions) and (iv) the (technical) requirements needed to apply with good chances for success (introduction of logical framework, defining expected results, risks and relevant indicators). 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.

ECHO should *re-orient its intervention criteria* in the health and nutrition sector. Emergency nutrition support through feeding centres will remain an important area for ECHO support. 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 (except Huambo/ICRC). Mixtures of PHC and hospital interventions should be avoided. New areas of attention should be included, like MCH related activities (ANC, FP, deliveries and condom distribution), integrated STD-HIV/AIDS prevention programmes (focussing on condom supply and distribution), resettlement schemes on the condition that the norms on the settlement of IDP will be respected [19] and issues related to human rights and the strengthening civil society.
The support for measles vaccination appears justified (i) in places with high numbers of non-vaccinated IDP-children, that need urgent attention and care and/or (ii) in places where the regular service provision is not available anymore. ECHO should include UNICEF requests for funding on the condition that the programme will be “comprehensive”, meaning (i) to include all the antigens needed in that particular situation, and (ii) to be given through the regular health services. Special vaccination days are a viable option if all other antigens are also included.
The support for the SS project in Uige should only be continued with ECHO funding until its integration in the overall DG Dev funding for Uige is assured (around 6 months). In general, projects seem to perform better where the NGO is capable to define its operations in more detail and with more focus (avoid too many different activities of mixed projects).
Finally, 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.

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

[18] “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.
[19] 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.

- Reporting by NGOs should be timely, according to the contract. Reports should provide quantified information, but also an explanation how these data relate to objectives and output.
- Final reports should be a consolidation of constraints and achievements. A realistic picture should be presented rather than the 'rosy reports' being submitted at the moment.

In terms *of effectiveness and efficiency*, support to Nutrition and PHC services should continue. 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.
Effectiveness 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 8+9) should be included as standard indicators in all proposals. If possible base-line figures should be provided.

Coordination in Brussels has not been optimal. 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, NESA, SCR). Once agreement has been reached, they should be distributed for anyone to know. With the expected changes in the responsibilities and organisation of the various departments of the EC, it is vital for a relief organisation that the public in Europe and in Angola knows where to go with their requests and proposals. Therefore, these criteria should be elaborated by all EC departments together, so that there will be minimal overlap or grey areas.

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:

I. Medium term policy approach with a two years budget approved by the member states
II. 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 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.

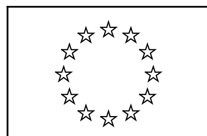
In order to address the *various issues* described before, the team recommends:

- ECHO (both Brussels and Luanda) should define what it needs / wants to know (checklist) in order to approve a project. For reasons of efficiency and transparency, ECHO should indicate the norms and requirements the proposals have to respond to (log-frame, indicators etc)
- Echo should make sure that all proposed projects under GP2001 are part of and contribute to the relevant 'provincial emergency plans' (include in checklist).
- ECHO should inform its clients (the NGOs) on these information requirements. This should be part of a wider 'information policy'.
- Once a proposal has been submitted, ECHO Brussels should only once ask for additional information. Then it should make a decision to fund the proposal yes/no with whatever information is available. ECHO-officer in Brussels should not hesitate to discard proposals that are considered poor and unclear or that are not likely to provide the expected output.
- ECHO should continue to always inform its clients about the reasons why the request was not considered fit for funding. The possibility should be created to submit complaints when

decisions were unfair or not justified. This will provide important learning for the organisation on where things go wrong.

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. Rijsdijk
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
Personalities met in Europe (Brussels and Amsterdam)	
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 Departemento 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	INAROEE, Director General, Luanda
Mr .José Morais	INAROEE, programme officer
Mr. Dag Höiland	NPA, Norwegian People Aid
Mr. Kenneth O'Connell	MGM, Menschen gegen Minen
Persons met in the field (Malange, Moxico, Huambo, Uige, Saurimo, Benguela and Lobito).	
Dr. Pedro Francisco Chagas	Malanje, Directeur Provincial de Santé
Mr. Xavier Honorato	Malanje OCHA, Responsible 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 Departemento 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. Manfried 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 responsibles 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 NESA (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, ConcernUNICEF	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).
ISADE/Dallemagne G., Juin 1997. Mission d'identification et de programmation des interventions communautaires dans le secteur de la santé en Angola. Rapport de mission.
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.
Pavignani E. and Colombo A, 2000. Draft 09/00. Providing health services in countries disrupted by civil wars, a comparative analysis of Mozambique and Angola 1975-2000.
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 Hambre/Faim (Spain)
ADPP	Support the Development from People to People (Danish)
ADRA	Adventist Development and Relief Agency (Germany)
AEC	Association Européenne pour la Coopération
AEDES	Association Européenne pour le Développement et la Santé (Belge)
AMI	Assistenzia 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	Associaçào para a Cooperaçào 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 Médicine 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 Municipal de la Santé
DNA	Direcção Nacional das Aguas
DPS	Direction Provincial de Saúde (Santé)
DNSP	Direction Nationale de la Santé Publique
EM	Etat Membre de la Communauté Eurpéenne (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)
INAROEE	Institut National Angolais pour l'Elèvement des Obstacles et autres Engines 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	Nucléo 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 Recontruction (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				
Outside the Planalto				
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

Inside the Planalto				
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 *(Reliquat 6* FED)*	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.

	1999		*2000*	
PROVINCE	**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****
Demographic indicators		
Total population	10-12 million	16.2
Annual Growth Rate	2,8%	12.1%
Proportion Urban Population	50%	30%
Health indicators		
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
Education indicators		
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		
Unemployment indicators		
Urban unemployment Rate	45%	??
Human Development Index (HDI)		
HDI/Angola	0.398	0.519
HDI World position	160 out of total 174	136
Population below poverty ($39/month/adult) Population < extreme poverty ($14/month/adult)	61% 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)	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 Cangandala	78,1 na	71,2 60,0	2,5 12	8,6 25	8.6 8.6	33 25	- -
Concern/Malanje Huambo	n.a.	73 88	None few	17,7 5	2,8 7,0	62 -	- -
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 Kuito K Benguela	6 1 1	34,150 20,500 41,090	8128 (3) 2200 (3) 7995 (3)	0,95 0,43 0,78		0,5 1,4 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		
MovimonHuambo	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	?26.000	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 *(Letter of intention)*	Final proposal (*date full supp. info. received)*	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
H I* (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 – Nl (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-Nl			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 and contributes to drug provision through explicit budget line No contribution 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 nit 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). Is 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:

7. CUAMM/Uige-Negache: Article 255. (Can Angotrip be included in this funding?)
8. Caritas Italy (through Caritas Angola)/Lunda Sul/Norte: Article 255.
9. Nuovo Fronteira/Kuanza Sul: Budget line 2000 (pipeline)
10. GVC/Malanje: Reliquat from 6* FED
11. Molisv/Huambo: To be continued by SCF-UK with Reliquat from 6* FED
12. 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) thatmay 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, INAROEE 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 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