

FINAL EVALUATION REPORT

**Evaluation of ECHO's Global Humanitarian Plans
in Angola, particularly with regard to treatment of
IDPs**

and

**Assessment of ECHO's future strategy
in Angola**

10 June 2002 – 20 July 2003

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GFE
CONSULTING WORLDWIDE

July/August 2003

This evaluation report has been financed by and produced at the request of the European Commission for a total amount of 161,940 Euro (ECHO/EVA/210/2003/01003).

Total of ECHO funds for the period 2002-2003 was €27 million.

The comments contained herein reflect the opinions of the consultants only.

Acknowledgements

The evaluators would like to acknowledge the valuable co-operation and assistance of many, including the following: ECHO Headquarters in Brussels, for thorough briefings and preparation of background documentation; ECHO field office in Luanda, for crucial assistance with travel logistics and protocol (with special thanks to the ECHO technical assistants in Angola); DANIDA evaluator John Cosgrave (Channel Research) who shared information from his parallel evaluation as well as from his extensive experience in Angola; and a long list of ECHO INGO partners in Angola who provided transport and staff time to show us their project areas, with special thanks to those who provided hospitality.

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List of Acronyms

AIDCO	EC Cooperation Department
AIDS	Acquired Immune Deficiency Syndrome
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Aid
CAP	Consolidated Appeal Process (CAP; referring to UN Consolidated Inter-Agency Appeal, and often used to refer to the appeal itself)
CARITAS	Catholic Church Humanitarian Aid Agency
CCF	Christian Children's Fund
CFS	Child Friendly Space
CSP	Country Strategy Paper
CVA	Angola Red Cross – Cruz Vermelha Angolana
DANIDA	Danish International Development Agency
DRC	Danish Refugee Council – also DF Dansk Flygtningehjælp
DR Congo	Democratic Republic of Congo
DW	Development Workshop (Canadian-Angolan NGO)
EC	European Commission
ECHO	European Commission's Humanitarian Aid Office
EDF	European Development Fund (the main mechanism through which development aid is provided to ACP states)
EIDHR	European Initiative on Democracy and Human Rights
EPSP	Emergency Programme of Support of Peace Process
ERF	Emergency Response Fund (of OCHA)
EU	European Union
EURONAIID	European NGO Consortium of Food Aid/Security
FAA	Forças Armadas de Angola (Angolan Army)
FAO	Food and Agriculture Organisation (UN)
FHH	Female Headed Household
FPA	Framework Partnership Agreement (general agreement between ECHO and implementing partners)
GAC	Grupo de Apoio à Criança – Pombinha Branca
GoA	Government of Angola
GP	ECHO's Global Plan for an individual country
GVC	Gruppo Volontariato Civile (Italian NGO)
HAC	Humanitarian Aid Committee
HALO	Hazardous Areas Life-support Organisation (now known as the HALO Trust, a UK mine action NGO)
HIV	Human Immuno-deficiency Virus
HQ	Headquarters
IASC	Inter Agency Standing Committee (co-ordinates among UN agencies)
ICCO	Interchurch Organisation for Development Co-operation
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IEC	Information-education-communication
INAC	Angola National Children's Institute
INGO	International non-governmental organisation
JOHANNITER	Johanniter-Unfall-Hilfe e.V. – German NGO
KAP	Knowledge, Attitudes and Practices (refers to an approach of surveying current KAPs before designing health education interventions)
LRRD	Linking Relief, Rehabilitation and Development
LWF	Lutheran World Federation
MICS	Multiple Indicators Cluster Survey
MINADER	Ministry of Agriculture and Rural Development
MINARS	Ministry for Social Assistance and Reintegration
MINSAs	Ministry of Health
MOU	Memorandum of Understanding

MPLA	Popular Movement for Liberation of Angola (Movimento Popular de Libertação de Angola; governing party since 1975)
MSF	Médecins Sans Frontières
MSF-B	Médecins sans Frontières - Belgium
MSF-CH	Médecins sans Frontières - Switzerland
MSF-E	Médecos sin Fronteras - Spain
MSF-F	Médecins sans Frontières - France
MSF-H	Médecins sans Frontières - Holland (also MSF-NL)
MUAC	Mid-Upper Arm Circumference
NAA	Newly accessible area (since the ceasefire of 2002)
NFI	Non-food Item
NGO	Non-Governmental Organisation
NNGO	National (Angolan) non-governmental organisation
NRC	Norwegian Refugee Council
OADEC	Organização para Ajuda ao Desenvolvimento Comunitário
OCHA	UN Office for Co-ordination of Humanitarian Affairs
PHC	Primary health care
Planalto	The Central Highlands of Angola (Huambo and Bie Provinces)
PRSP	Poverty Reduction Strategy Paper
QA or QFA	Quarterming Area (for demobilising soldiers and dependents)
RACN	Rapid Assessment of Critical Needs
SCF-DK	Save the Children Fund - Denmark
SCF-N	Save the Children Fund - Norway (also Redd Barna)
SCF-UK	Save the Children Fund - United Kingdom
SCF-US	Save the Children Fund - United States
SFC	Supplementary Feeding Centre
SIDA	Swedish International Development Agency
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TA	Technical Assistant (ECHO field office)
TFC	Therapeutic Feeding Centre
ToR	Terms of Reference
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNITA	<i>União Nacional para Independência Total de Angola</i> (the former Angolan armed opposition movement)
UNITA Renovada	The Renewed UNITA (splinter party, since 1998)
UNSECOORD	United Nations Security Coordinator
USAID	United States Agency for International Development
US	United States
UTCAH	Technical Unit for the Coordination of Humanitarian Assistance (GoA counterpart to OCHA)
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme
WHO	World Health Organisation

EXECUTIVE SUMMARY

Evaluated Global Plans (GPs)

- 2002-2003 European Commission's Humanitarian Aid Office (ECHO) financed actions in Angola comprising a total amount of €27 million, of which €6 million were made available through decisions under the GPs.

Date

- The evaluation mission was carried out between 10 June and 20 July 2003 and reporting was done in August 2003.

Consultants

- **Aart van der Heide:** Team Leader, co-ordination and policy issues; internally displaced persons (IDPs); Linking Relief, Rehabilitation and Development (LRRD).
- **Robert Smith:** IDPs and their problems (nutrition, water and sanitation, shelter); Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS); protection.
- **Petra Scheuermann:** Child psychology; psychosocial support; psychosocial programme design.

Purpose, Objectives and Methodology of the Evaluation

Main Purpose

(i.) The main purpose of this evaluation was to evaluate ECHO's GP of 2002-2003 in Angola, particularly with regard to the treatment of IDPs, and to assess ECHO's future strategy.

Global Objectives

(ii.) To obtain information for ECHO in order that it may concentrate its efforts and improve its performance with regard to emergency assistance in Angola.

(iii.) To review ECHO's policy of addressing the humanitarian needs of affected populations irrespective of preconceived categories.

Specific Objectives

(iv.) To evaluate the relevance, impact, effectiveness, efficiency and sustainability of ECHO's actions in Angola.

(v.) To assess ECHO's future strategy.

(vi.) To review ECHO's policy of providing universal assistance to affected populations irrespective of preconceived categories. Regarding sectors of intervention, special attention to be given to child needs, the needs of other vulnerable groups, HIV/AIDS, protection, and psychosocial support.

(vii.) To assist ECHO in defining its progressive and partial phasing-out of operations in Angola.

Methodology

(viii.) The evaluators used the methodology requested in ECHO's Terms of Reference (ToR). Special attention was paid to fieldwork in the provinces in Angola to visit ECHO-funded projects and also projects of non-ECHO partners. Findings, conclusions and recommendations were

discussed with staff and experts from ECHO's local office in Angola during a final debriefing. This report has been written in July/August 2003. Changes of the situation later than August 2003 could not be included.

Overview of the General Humanitarian Situation in Angola

(ix.) The ceasefire agreement of April 2002 marked the end of a 49-year sequence of wars. Many previously inaccessible areas are now accessible – though extensive tracts of land are still unreachable due to minefields and/or destroyed bridges.

(x.) About one-third of Angola's population was displaced at the close of 2001. The majority of IDPs have since returned to their zones of origin, mostly spontaneously. However, a substantial number – 600,000 to 1,200,000¹ – are still displaced due to inaccessibility, food insecurity and/or lack of livelihood opportunities and basic services, as well as mistrust of the peace. Other IDPs have opted to settle in resettlement areas though they are still classed as IDPs by the Government of Angola (GoA). Furthermore, medium-scale displacement continues as people migrate to seek aid (e.g. in Cuando Cubango). This indicates that there are still pockets of emergency need. In addition, as IDPs and refugees return to their zones of origin where there are no essential services and only tenuous food security, new emergency situations occur regularly.

(xi.) Demobilisation and reintegration of ex-combatants has progressed relatively well as a result of serious, albeit incomplete, efforts by the GoA. However several thousand ex-combatants and their dependents remain in officially closed quartering areas (QFAs) or in improvised 'transit areas' where they await onward transport by the government. Many claim not to have received their promised salary payments and civil documentation, and those in the QFAs are generally not allowed food distributions. This constitutes a potential short-term threat to peace and security.

(xii.) Apart from its demobilisation programmes, the GoA's contribution to humanitarian action and reconstruction is judged as inadequate by most international actors – especially considering the government's oil revenue. This is an ongoing bone of contention and has led some donors, such as Sweden, to cease development aid and to continue with only humanitarian assistance.

(xiii.) Political administration of the country remains highly centralised. In June 2003, under the terms of the Memorandum of Understanding (MoU) that ended the civil war, UNITA (*União Nacional para a Independência Total de Angola*) took over the provincial governorships of Uíge, Lunda Sul, and Cuando Cubango, (other governorships, and indeed Ministries, had already been assigned to UNITA after the ceasefire, in accordance with the Lusaka Protocol) as well as the administration of some municipalities. Such divided administration may further hinder local development, or it may engender healthy political competition.

ECHO's Intervention in Angola

Funding

(xiv.) The evaluation period (years 2002 and 2003) covers two Global Plan decisions of ECHO, each of which comprised €8 million. These were supplemented by five emergency or ad hoc decisions according to identified additional needs: three decisions in 2002 constituting a total €6

¹ 600,000 per the United Nations Office for Co-ordination of Humanitarian Affairs (OCHA); 1,200,000 per the GoA.

million, and two in 2003 constituting €5 million and allocation of €8-10 million respectively. Table 1 below contains an overview of ECHO funding to Angola between 2001 and 2003.

Table 1: ECHO Decisions for Angola (2001–2003)

Designation	Amount	Date adopted	Sectors	Duration (Months)
ECHO/AGO/210/2001/01000	€9 million	19 Mar 2001	Health & nutrition, water / sanitation, NFI, protection, logistics	
ECHO/AGO/210/2002/01000	€8 million	6 Feb 2002	Health & nutrition, NFI, protection, logistics	18
ECHO/AGO/210/2002/02000	€2 million	29 May 2002	Nutrition in NAAs	6
ECHO/AGO/254/2002/01001	€2 million	1 Aug 2002	NFI, health & nutrition	12
ECHO/TPS/210/2002/16000 ²	€2 million	30 Sep 2002	NFI, health & nutrition	
ECHO/AGO/210/2003/01000	€8 million	1 Feb 2003	Health & nutrition, NFI, protection, logistics, co-ordination	15
ECHO/TPS/210/2003/07000 ^{3,4}	€5 million	13 May 2003	Minimum conditions for IDP return	
Total €36 million				

Sectors of Intervention

(xv.) In both 2002 and 2003 ECHO was involved in health and nutrition, the distribution of non-food items (NFI), support to co-ordination and logistics and protection. In 2003, HIV/AIDS and humanitarian mine action, as well as other components, were added to ECHO's programming.

Table 2: ECHO Funding by Sector (€) (2002–2003)

	Health alone	Nutrition alone	Health & Nutrition	NFI	Prot.	Co-ord./ Logistics	Various	HIV	Mine Action	TOTAL
2002										
Contracted Amounts (€)	2,239,796	1,826,000	4,431,778	2,330,000	645,000	1,700,000	657,100			13,829,674
% of total	16%	13%	32%	17%	5%	12%	4,7%	0%	0%	100%
	[Health+nutrition: 8,497,574 (61%)]									
2003										
Contracted Amounts (€)	2,577,144	327,000	896,430	1,858,442	287,509	0	300,000	907,000	224,000	7,377,725
% of total	35%	4%	12%	25%	4%	0%	4%	12%	3%	100%
	[Health+nutrition: 3,800,574 (52%)]									

² Allocated from ECHO's €30 million decision for the Southern African food crisis, which is not to be confused with the €30 million from unused European Development Funds (EDF) for Angola that were re-allocated to answer to new immediate needs that came up after the ceasefire (the EPSPP or 'Emergency Support to the Peace Process', 7th/8th EDF), in order to complement ECHO-funded activities. EDF humanitarian funds may be used over a longer time frame than ECHO funds. The objectives may include matters excluded by ECHO's legal basis.

³ Title of decision: 'Humanitarian aid for returnees in Angola and in neighbouring host countries for Angolan refugees'.

⁴ During the field visit of the consultants ECHO/TPS/210/2003/12000 was in the planning stage and has been adopted on August 21st.

Coverage

(xvi.) ECHO has funded activities in almost all provinces of Angola – the exceptions being Luanda, Cabinda and Benguela.

Table 3: ECHO FUNDING BY PROVINCE (€ (2002-2003 to date))⁵

YEAR	Moxico	Uige	Huila	Huambo	Lunda Sul	Bié	Lunda Norte	Kwanza Sul
2002	1,203,783	819,534	1,535,250	2,336,852	868,783	616,167	165,000	136,996
2003	1,185,662	1,024,378	955,556	646,000	329,221	163,500	229,100	250,600

YEAR	Cuando Cubango	Zaire	Kwanza Norte	Malanje	Bengo	Namibe	Cunene	Non-province-specific
2002	1,703,143	125,000	140,000	813,667	0	210,250	210,250	2,945,000
2003	175,000	175,000	175,000	175,000	175,000	0	0	1,718,509

(xvii.) Given that humanitarian need in Angola is strongly, though not exclusively, correlated with displacement, a comparison of ECHO's funding with the number of IDPs per province raises questions with regard to coverage. Whereas regions with comparably fewer IDPs, such as Moxico, are receiving funding, other regions with much higher numbers are not.⁶ On the other hand Moxico has been considered in the last three years as one of the forgotten provinces as few donors were interested in supporting operations in that province; it also has a high number of planned and spontaneous returning refugees. ECHO therefore had pushed and supported partners to start operations in that province. A detailed analysis of IDP numbers and funding can be found in the Main Part of this document. The lack of funding is in some cases because of the absence of a partner organisation in the region (e.g. Malanje), or because of coverage by other donors or European Commission (EC) programmes, or because of limited access to certain regions (like Cabinda) so that within the given circumstances ECHO's coverage is satisfactory.

Sector Activities

Health and Nutrition

(xviii.) Against a background of lack of, or limited access to health services, mortality and morbidity from infectious diseases coupled with and worsened by, malnutrition, has posed the major humanitarian challenge in Angola. In this respect ECHO's strategy is viewed as appropriate in that it is founded on the provision of basic curative services and health and nutrition has accordingly constituted ECHO's main portfolio. These interventions have met emergency needs and have been life-saving.

(xix.) Partners have exploited opportunities for preventive efforts. However, the capacity of ECHO partners and local authorities is highly varied; the Ministry of Health (MINSa), for example, is not yet ready to take over most aid-funded health services, even in the short-term. Physical rehabilitation of health facilities has generally been to an acceptable, albeit minimal, standard. This is in line with ECHO strategy to focus on Primary Health Care (PHC) and emergency nutrition. Routine vaccination is taking place and coverage is improving. Nutritional

⁵ These figures are approximate in that projects covering more than one province are assumed to divide expenditure equally among provinces.

⁶ Please see Figure 1 in Chapter 3.3 and IDP figures in Chapter 4 in the Main Part.

interventions have led to a decline in rates of acute malnutrition and contributed to an overall stabilisation of the nutritional situation.

Recommendations:

- ⇒ ECHO to continue with its health and nutrition interventions, as indicated by ongoing needs assessments.
- ⇒ ECHO to emphasise the need to maximise LRRD in partners' project design, especially including plans for phase-over to MINSA; ECHO support is, after all, short-term.
- ⇒ ECHO to continue to exploit the potential for preventative activities, especially through so-called Knowledge, Attitude and Practices (KAP)-based programmes that promote good practice in health, hygiene and nutrition.

Non-food Items

(xx). The distribution of NFI has been mostly according to need and has been effective. Some inadequate quality of distributed goods was reported, and customs and logistics problems at Government and partner level caused some delays in distribution. The need for NFI is ongoing though it varies with regard to region and target group so that a proper targeting is necessary.

Recommendation:

- ⇒ Distribution must be based on household-level needs assessments, carried out by the proposing ECHO partner.

Logistics

(xxi.) ECHO is funding air passenger and cargo services. For many operations there is no alternative to these flights, which are costly but necessary. However, need for air operations is expected to decline as more roads open and commercial flights begin services to provincial capitals.

Recommendations:

- ⇒ ECHO to continue to fund air transport for as long as there is no realistic alternative.
- ⇒ ECHO to continue the policy as stated in GP 2003 to encourage partners to take commercial transport wherever available.

Co-ordination and Information

(xxii.) The responsibility for co-ordination of humanitarian action at national and provincial level lies with the United Nations Office for Co-ordination of Humanitarian Affairs (OCHA) and ECHO supports this by funding OCHA. Comments and statements by humanitarian actors in the field and reports of donor missions about OCHA's role and performance have been entirely positive and it was recently decided to extend OCHA's mission in Angola until 2005. ECHO funding for co-ordination in the sense of rationalisation of donor-supported activities is viewed as relevant, effective and efficient by the consulting team.

(xxiii.) Another key dimension of co-ordination in Angola is joint advocacy by donors to induce the GoA to fulfil its own humanitarian responsibilities with the considerable resources it possesses. Although ECHO Brussels and other Commission's activities work towards a higher responsibility of the GoA in the humanitarian crisis, the possibilities of ECHO's field office staff to contribute to the process of developing unified donor pressure on the GoA are limited. There are, however, donor working groups for certain sector activities, such as HIV/AIDS, as well as

monthly inter-donor meetings. These co-ordination instruments can be used as platforms for common activities across the sectors to put pressure on the GoA.

Recommendations:

- ⇒ ECHO to continue to fund OCHA.
- ⇒ As far as staff resources allow, ECHO to best make use of working groups and meetings at provincial level, as well as continuing action at the Brussels level, to contribute to the unified donor influence on the government.

HIV/AIDS

(xxiv.) There are only limited data about HIV prevalence in Angola. Although current numbers indicate a lower prevalence than that of other countries in the region, the cessation of fighting and the opening of the country will likely lead to an explosion in transmission rates. There are indications that this has already started.

(xxv.) ECHO only began to fund HIV prevention as part of its general primary health care activities in 2002.⁷ Since then most, though not all, health proposals have included at least ‘HIV awareness’. Under GP 2003 ECHO has funded United Nations Children Fund (UNICEF) training courses for ECHO partner staff on HIV/AIDS awareness raising, which attracted much interest from other donors.

Recommendations:

- ⇒ ECHO to ensure that HIV/AIDS project proposals contain appropriate impact indicators and means of verification.
- ⇒ ECHO to continue to expand HIV/AIDS activities in all its general health projects, ensuring that partners are held accountable for quantifiable outputs with regard to HIV/AIDS activities.
- ⇒ ECHO to continue to seek potential HIV/AIDS interventions where ECHO funding can play a catalyst / quick-impact role.

Water and Sanitation

(xxvi.) Water and sanitation constitute a countrywide structural problem. Despite the absence of general structured environmental health data, it can be confidently posited that poor sanitation and hygiene are responsible for much of the high morbidity rates.⁸ Because of the universality of need ECHO has not prioritised this sector. Some of the water points that ECHO partners have installed have been technically deficient (collapsed wells, unlined wells permitting potential contaminations).

Recommendations:

- ⇒ ECHO to selectively support water and sanitation activities, prioritising those where life-threatening, water-borne disease is spreading.

⁷ Exceptions were some activities of ECHO partners together with MINSA. See Chapter 5.5 in the Main Part.

⁸ Baseline studies on Food Security, Livelihood, Nutrition and Health were carried out in February, March and September 2003, in Eastern Kwanza/Sul, Eastern Benguela and Bailundo (Huambo province) for the EuronAid members TROCAIRE, Christian Aid UK, Interchurch Organisation for Development Co-operation (ICCO) and Cordaid.

- ⇒ ECHO partners without water and sanitation specialisation should seek input from one of the few Non-Governmental Organisations (NGOs) in Angola with extensive water and sanitation experience to ensure adequate design and construction.

Protection

(xxvii.) ECHO has funded protection activities through United Nations High Commission for Refugees (UNHCR) and International Committee of the Red Cross (ICRC), such as follow-up for repatriates, and family tracing and reunification. According to ECHO's partners in Angola, as well as according to the Ministry of Social Affairs and Reintegration (MINARS), so far the necessary follow-up visits to reunited families cannot be undertaken as much as wished. This is due to limited funding, in spite of the partners' expressed sense of responsibility to provide support for the often-arising problems within reunited families, as they can hardly cope with the burden of trauma, loss of time, and uprooted family bonds.

While protection activities may not be cost-efficient per case such activity sends an important signal regarding peace-building and the restoration of Angolan society. Reunification can also be expected to decrease future violence by ensuring the (re-) socialisation of separated and war-affected children.

Recommendations:

- ⇒ Protection concerns, especially those relating to female- or child-headed households as well as ex-combatants, should be expressed in all ECHO projects as a cross-cutting issue and reflected in the selection of beneficiaries.
- ⇒ ECHO to continue to fund protection activities through partners with international mandates as a method of ensuring advocacy of human rights.

Children

(xxviii.) Angolan children have suffered enormously and are in overwhelming need of assistance. Recognising this, ECHO has focused its nutrition, health and protection interventions towards the particular needs of children.

Recommendations:

- ⇒ In terms of strategic planning, ECHO needs to include child-related issues as a cross-cutting concern across all individual sectors – for example, health, nutrition, household food security, protection and emergency education.
- ⇒ Children are among ECHO's major beneficiaries and although it is not within ECHO's principle activities, ECHO could stimulate child advocacy campaigns more extensively to mitigate the alarming situation of this most vulnerable of groups. These campaigns can promote the understanding for the situation and the needs of children covering all sectors of life. The provision of an appropriate life-building environment for the most vulnerable and for those dependent on special assistance is highly relevant to ECHO's core mandate.⁹

Psychosocial Programming

(xxix.) Wartime traumas have caused severe psychological distress across Angola's entire population and directly threaten rehabilitation and reconciliation. It is therefore advisable to link psychosocial interventions with emergency relief activities in order to restore a minimum of sanity and dignity. So far ECHO has funded no activities in the sector of psychosocial assistance.

⁹ See Chapter 5.8 in the Main Part for more details.

Such activities have, however, been funded within the framework of the € 30 million EDF programme of emergency support to the peace process.

Recommendation:

⇒ ECHO to begin to stimulate awareness of the psychosocial dimensions of war within project designs. ECHO could also consider training its partners and local counterparts in this area, including the handling of conflict parties. ECHO can stimulate their partners to pay special attention to the psychological damage of the war among the population and accept proposals intending to work in this area, including training of staff with the help of agencies specialized and with experience in Angola. This can only mean that ECHO functions as an initial catalyst but it must be not forgotten that this is a process of many generations and falls within the responsibility of the GoA and long-term oriented donors and aid agencies.

IDPs and the Categorisation of Beneficiaries

(xxx.) The evaluators support ECHO's policy in Angola of giving aid based on need regardless of category: while categorisation can be a useful initial shortcut if detailed assessments are not possible/available, it is unsatisfactory over the longer term. In a long-lasting emergency, displacement inevitably evolves into a variety of situations and degrees of vulnerability: those displaced long ago and effectively resettled versus those newly displaced and in urgent need; those displaced to nearby towns versus those who ended up in other provinces; quasi-economic migrants versus those who fled combat; etc. Another reason not to rely solely on categorisation is that non-displaced people in areas isolated from humanitarian aid are often found to be in worse condition than IDPs.¹⁰ The evaluators are of the opinion that basing aid solely on displacement would not meet the requirements of the recent and current emergency. Moreover, discrimination based on simplistic categorisation could increase tension among the various social groups.

Recommendation:

⇒ Vulnerability criteria are a better instrument of targeting than using categories of beneficiaries and it is proposed that this remain the basis of future aid of ECHO in Angola.¹¹

Evaluation Criteria

Relevance

(xxxi.) The intervention logic of the two Global Plans and subsequent ad hoc decisions has been to concentrate on ECHO's core lifesaving mandate and to hand over additional activities at the margin of ECHO's mandate to other more appropriate EC funding mechanisms. The evaluation team believes that the choice of intervention sectors and decisions concerning priority needs has been appropriate and relevant. This logic is seen to correspond to the changed situation in Angola following the ceasefire and has allowed ECHO to dedicate resources to needs that have developed as a result of the spontaneous return of IDPs and access to previously closed areas.

¹⁰ Please see Chapter 2 and 4 in the Main Part for details about IDP/returnee needs.

¹¹ The parallel DANIDA evaluation focusing on IDP issues reached a similar conclusion, that (in paraphrase) vulnerability is not conterminous with IDP status and therefore aid should not be based wholly on that status. See Chapter 4 for details.

Impact

(xxxii.) Measuring impact requires the use of indicators and comparable data. With the exception of the nutrition sector, lack of baseline data made this analysis difficult. With regard to nutrition, the impact of ECHO's intervention was significant: acute malnutrition is lower in most provinces though chronic malnutrition and hidden cases are still a problem.

Recommendation:

⇒ There is need for more formal evaluations by partners at all stages, and ECHO Technical Assistants (TAs) must obtain more data for the purposes of impact measurement.

Effectiveness

(xxxiii.) Implicit within the effectiveness criterion is timeliness. Regarding timeliness, ECHO's response to project proposals is rated as satisfactory. According to the comments of ECHO desk officer for Angola the time between final submission of proposals and final approvals by ECHO has been significantly reduced in 2003.

Of note is that ECHO does not have arrangements, as do other donors that delegates the power to decide about limited contract volumes to field level. Decisions involve ECHO and the associated services of the Commission including DG DEV, AIDCO, DG BUDGET, the Commission's Legal Service, the College itself and the Humanitarian Aid Committee at Brussels, except for primary emergency decisions, which ECHO can take in 72 hours. Primary emergency decisions must be taken in response to a particular event, which has a precisely identifiable timing. Therefore in respect of new needs in Angola, for example in Newly Accessible Areas (NAAs), ECHO addressed these in its Global Plan. However, in the opinion of the consultants, certain of ECHO's partners wanted funds quicker than was available from ECHO. As a result International non-governmental organisations (INGO) tended to turn to other sources of funding like OCHA's Emergency Response Fund (ERF) to receive funding faster.

Recommendation:

⇒ ECHO to consider maintaining a stronger field presence to be able to react more effectively and quicker to project proposals.

Efficiency

(xxxiv.) The criterion efficiency is linked with the question "Were things done correctly?" and thereby also addresses the concept value-for-money. Lack of comparable data renders analysis of efficiency difficult. Therefore this criterion was not a priority area of study.

Recommendation:

⇒ The only way to assess efficiency is for partners to record more data and for ECHO to do a case-by-case analysis of partner funding proposals, follow-up on partner reporting, and undertake regular site visits.

Coherence and Complementarity

(xxxv.) The major EC initiatives after the 2002 ceasefire constitute the Plan of Action for Angola, one component of which is the €30 million Emergency Programme of Support to the Peace Process (EPSPP). These initiatives complemented ECHO's core programme with additional interventions in food security, health, child protection and education.

(xxxvi.) Analysis of the contracts signed under EPSPP reveals that first signatures were made almost one year after the establishment of EPSPP. This shows that there is still a need for a rapid-response capacity, like ECHO, in Angola until such time as medium-term programmes are under way.

Recommendation:

- ⇒ The achievements of other EC instruments, especially the EPSPP, need to be monitored continuously by ECHO. In case these programmes do not meet all needs entirely or not in the needed time frame, there may be cases where ECHO has to intervene.

Sustainability and LRRD

(xxxvii.) ECHO was found to appreciate the need for LRRD to be incorporated throughout the GP. Positively, evaluators found that LRRD is viewed as a priority in ECHO's Angola strategy – though some of the efforts to hand over activities to other EC instruments were reported as proceeding more slowly than intended. The reason for this can be seen in the heavy workload of responsible EC officials in Luanda and the demand of managing large development projects.

Recommendation:

- ⇒ ECHO to continue with its efforts to hand over as many activities as possible, but should engage in ongoing monitoring of this process as far as the field staff resources allow.

Cross-cutting Issues

Gender

(xxxviii.) The high war-related mortality of adult men is responsible for the existence of many female-headed households (FHH). It has also promoted unofficial polygamy. These factors demand special attention by all donors.

Recommendations:

- ⇒ ECHO to require its partners to put still more emphasise on a gender perspective across all project proposals, and ensure analysis of the differential impact of project activities on women and men.
- ⇒ ECHO to ensure that its partners register FHH for NFI and other distributions.

Human Rights

(xxxix.) Human rights in Angola are an issue of personal civic identity, which begins with the right to free birth registration and corresponding documents. In terms of programmes and funding, ECHO supports ICRC's protection unit.¹²

Recommendations:

- ⇒ ECHO to consider activities related to human rights funding and programming as crucial to rehabilitation and peace building, and although not part of its principle activities should continue to support activities like ICRC's protection programmes, particularly as a part of LRRD.

¹² Further funding in this area has been made available by the EC through the European Initiative on Democracy and Human Rights (EIDHR).

Security

(xl) Mine accidents and banditry pose constant risks. OCHA is responsible for the overall coordination of security and has a good network to get reliable information. However, despite regular briefings and certain restrictions from the provincial United Nations Security Coordinator (UNSECCORD) and OCHA some NGOs apply their own security criteria and follow independent security procedures. As long as ECHO's technical assistants respect OCHA's rules and advice concerning security, and travels with partners security for ECHO staff is adequately guaranteed at the moment of the evaluation.

Recommendation:

⇒ ECHO and other actors must continue to respect OCHA's recommendations concerning security.

Visibility

(xli.) The need for visibility is not equally appreciated or respected by all partners. For example, rehabilitation sites sometimes cannot be identified as being the result of international contribution to humanitarian assistance. Some partners view visibility requirements as tedious and unimportant while others comply in a positive manner.

Recommendation:

⇒ Partners receiving ECHO funding must respect ECHO's rules on visibility.

Assessment of ECHO's Future Strategy

(xlii.) Analysis of the current situation shows that there are still pockets of emergency need. Moreover, the return process requires further assistance in order to achieve minimum acceptable living standards for returnees. The necessity for large-scale food aid and its related logistics will persist well into 2004, if not beyond. A major problem threatening the fragile peace process in terms of reconciliation is the population's psychosocial condition and the overwhelming need for reconciliation and trauma work with all groups of society. Security will remain fragile for many years.

(xliii.) In conclusion, ECHO's role must be to:

Recommendations:

- ⇒ Contribute to the re-settlement process of displaced and other war-affected people in order to achieve minimal living conditions as per the 'Norms for Resettlement' established by the GoA.
- ⇒ Contribute to reconciliation and consolidation of the peace through selective funding of proposals submitted by agencies with experience in this type of work.

(xlv.) A pro-active response will require budgetary and partner-oriented preparedness:

Recommendations:

- ⇒ ECHO to continue to earmark a certain percentage of its budget as a reserve to facilitate rapid response to suddenly occurring or revealed emergency needs.

- ⇒ ECHO to engage in ongoing situational monitoring with its present and potential partners (especially OCHA) in provinces where inaccessible areas are likely to be opened up by demining or road repair.
- ⇒ In addition, ongoing needs assessments and monitoring of currently accessible but highly vulnerable areas is required.
- ⇒ ECHO's approach must be to continue to work towards LRRD and sustainability. Actions by the EC and other parts of the international community will not cover all geographical areas and sectors. ECHO therefore needs to be ready for the unexpected and should continue to fund gaps that fall within its mandate. ECHO to continue to promote LRRD so that partners recognise that ECHO's aid is time-limited and activities should lead to permanent services for the war-affected population.

Recommendations for Specific Sector Interventions

(xlvi.) The following recommendations are not to be understood to mandate the inclusion or exclusion of specific sectors. Particular and unforeseen needs will arise, and ECHO should apply its mandate to such needs in whatever sector.

- ⇒ In the **health sector** assistance should continue with ongoing reviews of needs assessments by partners and with strong LRRD and sustainability components.
- ⇒ **HIV/AIDS** activities should be mainstreamed in all health projects and specific HIV prevention projects should also be considered.
- ⇒ ECHO to be prepared to support new or continuing **therapeutic feeding centres**, particularly in areas with difficult access. Nutritional projects to include components for education on breast-feeding and weaning practices: mothers must be encouraged to breast-feed rather than use infant formulas or powdered milk mixed with unsafe water.
- ⇒ The distribution of **NFIs** should change from large-scale distributions to targeted distribution on the basis of careful needs assessment.
- ⇒ The same applies to the distribution of **seeds and tools**. The need to distribute before the planting season requires partners to start procuring seeds early.¹³
- ⇒ ECHO to support **water and sanitation** activities in priority cases identified in needs assessments and to continue to support the installation of safe water and sanitation facilities in remaining IDP, transit and refugee reception sites.
- ⇒ In order to guarantee the **protection** of human rights ECHO should continue to fund protection activities such as those of the ICRC. Support for the establishment of local protection committees, including traditional authorities and churches, could help to decentralise responsibilities but falls within the area of development funding.¹⁴ Additionally with regard to sector-wide **child issues**, ECHO could fund child advocacy campaigns.
- ⇒ In order to sustain and consolidate humanitarian achievements and to contribute to conflict resolution, reconciliation, and peace-building, **psychosocial assistance** must be integrated across ECHO-funded projects that relate to ECHO's mandate to protect vulnerable groups. This integration could be done through training for partners and integration into project designs.

¹³ After the field mission ECHO advised the consultants that, since August it was able to fund seeds and tools for almost 200,000 people, which were distributed in time for planting as areas became open.

¹⁴ The Cotonou Agreement provides for the funding of capacity building for civil society organisations, and the Country Strategy Paper (CSP) for Angola sets aside €3 million for this.

Indicators for possible ECHO phase-out from Angola

(xlvi.) For the phasing-out of ECHO the evaluators propose guidelines or indicators for the end of Angola's humanitarian emergency and threat of imminent humanitarian deterioration.

- ⇒ **Food Security:** Food security cannot be considered established for an Angolan household until two consecutive successful annual harvests are in. Even in the best case scenario there will be a large food-insecure caseload until mid-2004. This is expected by the international aid community to decline to a medium-sized caseload during 2005 and to a residual one during 2006.
- ⇒ **Completion of demobilisation and reintegration:** Although this process has received considerable attention from the aid community, important gaps remain. Assistance should continue until the process is complete.
- ⇒ **National Elections:** Many actors in Angola, including the evaluation team, view the national elections planned for 2005 as pivotal: peace will be either be secured or will deteriorate. ECHO should plan to remain in Angola – with a reduced portfolio if appropriate – either until the elections are peacefully completed or until it is clear that they are indefinitely deferred.
- ⇒ The evaluators recommend as a general guideline that, similar to food security, the **improvement of coverage in essential services** (described as the minimum conditions *per* the Norms for Resettlement of the GoA) from current post-war levels to southern African regional levels be used as an indicator of the end of the emergency's immediate aftermath and the risk of imminent deterioration.

Timing of possible ECHO phase-out from Angola

(xlviii.) The evaluators propose a timetable taking into account the likely duration of the upcoming Global Plan 2004 decision in comparison with the likely chronology of these indicators.¹⁵

(il.) Specifically, the upcoming Global Plan 2004, with a presumed duration of 15 months, will authorise ECHO activities in Angola until around April 2005. GP2004 is likely to maintain ECHO in Angola until all of the end-of-emergency and imminent-risk indicators have been achieved (as set out in Section 10.1 of the main document) barring unforeseen setbacks. GP2004 should incorporate the likelihood that it will be the last decision for ECHO in Angola.

(1.) As part of the normal consultative process for developing GPs, ECHO should consult partners and other stakeholders later this year (2003) about its proposed timetable for withdrawal. In mid-2004 ECHO must also complete a mid-year review in which it assesses progress toward the end-of-emergency indicators and confirms whether progress is on track to allow its expected withdrawal in mid-2005. If setbacks are found to have already occurred, a GP may be necessary for 2005. Some of the end-of-emergency indicators will only become clear in mid-2005 (elections and second successful annual harvests), so ECHO must make provisional plans to remain ready to respond until then.

¹⁵ Please see log-frame matrix in Chapter 10.2 in the Main Part.

PART 1

Evaluation of ECHO's Global Humanitarian Plans in Angola, particularly with regard to treatment of IDPs

(2002–2003)

1. Purpose and Methodology of the Evaluation

1.1 Purpose and Objectives

(1) The ToR request the evaluation of the ECHO Angola GP for 2002 and 2003, which total €16 million. The period also saw a series of additional decisions to cope with the fast-changing humanitarian situation, amounting to a further €11 million. This brings total funding in the evaluation period (2002–2003 to July 2003) to €27 million.

(2) The global objective of the evaluation is to obtain the information necessary to allow ECHO to concentrate its efforts on emergency assistance in Angola, and to improve its results. The specific objectives are to have an independent structured evaluation of the results of the Global Plan in Angola (concerning **relevance, impact, effectiveness, efficiency and, if appropriate, sustainability**) and of the way these results have been achieved. Other specific objectives are to assess ECHO's future strategy in Angola and to review ECHO's policy of addressing humanitarian needs of affected populations regardless of preconceived categories such as IDPs, hidden IDPs, refugees, returnees, local returnees or local population.

(3) A category of particular focus in the ToR is that of child IDPs. The evaluation is to contain conclusions and recommendations at both strategic and operational levels in this regard. Additionally, the evaluation has to assist ECHO in defining its 'progressive and partial phase out' from Angola.

(4) A Danish International Development Agency (DANIDA) consultant accompanied the ECHO evaluation team to evaluate DANIDA-funded projects and to assess IDP issues in general. This resulted in the production of a separate report.¹⁶

1.2 Methodology

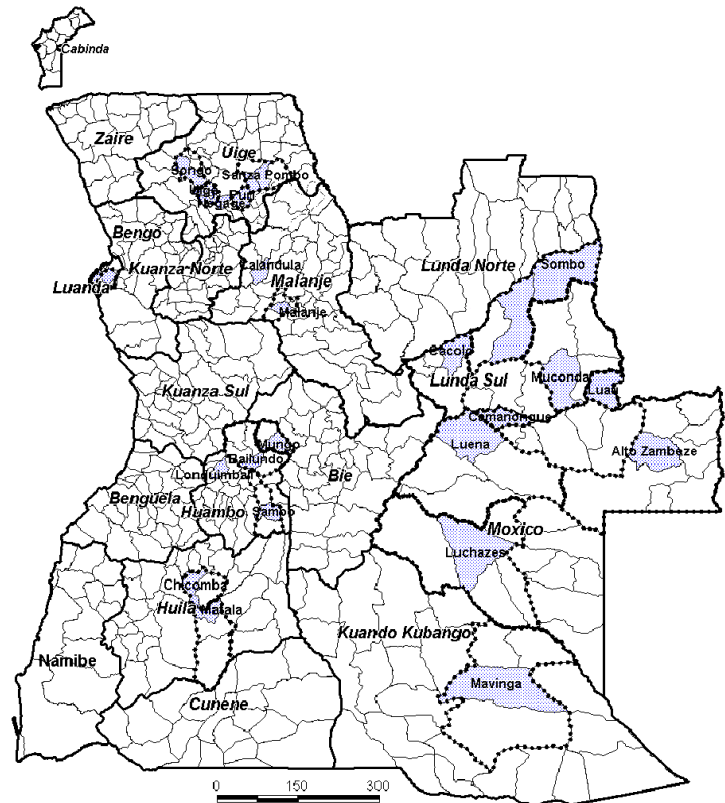
(5) The evaluators used the methodology requested in the ToR: briefing and desk study research in Brussels; meetings in Luanda with the EC delegation, ECHO staff, and ECHO's partners and other agencies (governmental, multilateral/United Nations, and non-governmental); and field visits to

¹⁶ Following an initiative of SIDA (Swedish International Development Agency) last October, ECHO agreed to undertake joint evaluations regarding the issue of IDPs. In a first phase, ECHO is examining its own policy towards vulnerable groups as part of larger evaluations of ECHO's actions in the Sudan, Angola, and Afghanistan. Once these three reports are established, a synthesis report of ECHO's policy will be produced. Since the initiative by SIDA, a number of EU member state administrations have taken an interest, among others DANIDA.

ECHO-funded projects. During these meetings and interviews, specific sector information was collected on the current situation in Angola as well as on the partner agencies and their relationships with ECHO.

(6) Special attention was paid to field visits in the provinces. Projects of ECHO-funded partners but also of non-ECHO partners were visited, for the purposes of complementary assessment and comparison. These visits provided opportunities to talk to the beneficiaries, local project staff, provincial authorities, and other stakeholders. Informal and semi-structured interviews were the principal tools for information collection. The evaluation team divided themselves among different provinces to cover as many projects as possible; each team member prepared an interview guideline with sector-specific questions for the others to use, according to his/her specialisation. Preference was given to those provinces/projects where ECHO partners were still in the implementation phase. Priority was given to provinces with the most ECHO funding (either in terms of financial support, as in Cuando Cubango, or in the number of funded operations).

Map: Locations visited by the evaluation team



(7) Some of the field visits (to Lunda Sul and Huambo) were completed with ECHO technical assistants (TAs). This enabled both the evaluators and assistants to get a better mutual understanding as well as greater background information necessary for the development of ECHO's future strategy. After revising the proposed work plan with the Desk Officer in charge for Angola, ECHO Brussels came to the conclusion that there was no need for the evaluation team to visit the province of Benguela. After the field visits the team processed its information according to a list of priority points. These points were discussed with the ECHO team in Luanda during a half-day debriefing where findings were presented and ideas about the future strategy were developed in more detail. The results of the debriefing were presented in an *aide-memoire*.

(8) The last evaluation of ECHO's Angola programme was carried out in November 2000, covering only Global Plan 2000. The current ToR specify evaluation of the 2002 and 2003 Global Plans, thus leaving 2001 unevaluated. In view of the dramatically changed situation in Angola since early 2002, the generally tenuous institutional memory among humanitarian implementers (ECHO partners) and the relatively limited funds allowed for the evaluation, the evaluators concurred with this strategy.

(9) This report has been written in July/August 2003. Changes of the situation later than August 2003 could not be included.

2. Analysis of the Evolution of the Humanitarian Situation, with a Special Focus on IDPs

(10) The situation in Angola has changed rapidly and continuously over the last 18 months. The sudden peace in April 2002 was followed by a massive wave of mostly spontaneous returns of IDPs to their zones of origin, despite the lack of basic services and conditions there (health, potable water, sanitation, market linkages, education etc). The peace also allowed the opening up of many previously inaccessible areas (which has comprised the majority of the Angolan territory). Upon rapid assessment by the United Nations Office for Co-ordination of Humanitarian Affairs (OCHA) and ECHO partners (mostly between April-October 2002), the populations in these NAAs were found to have some of the severest humanitarian needs, with high levels of malnutrition and epidemic disease. The NAAs also posed the most challenging operating environment for ECHO partners (for example because of mine accidents, roads closed by rains and longer supply lines). Because of the dispersal of IDPs and the conditions in the NAAs, humanitarian action and basic service provision therefore shifted focus from IDP sites to NAAs in order to benefit better both returning IDPs and non-displaced residents.

(11) Over the course of this year (2003) the humanitarian situation has stabilised for the majority of the population, and the situation is settling into a 'structural emergency' of lack of basic services. However there are still pockets of emergency. These include a considerable number of still inaccessible areas that no aid or services have reached, as well as NAAs that are not yet stabilised. Also, food insecurity and chronic malnutrition remain rife (1,000,000 people, one-third of the vulnerable population, are estimated to be food insecure¹⁷ according to a World Food Programme (WFP) study from November 2002-April 2003).

(12) Official repatriation of refugees began (at a trickle) in June 2003, though there are far fewer refugees than IDPs/returnees (approximately 441,000 vs. 3.5 million respectively).¹⁸ Thousands of refugees started returning spontaneously and without any assistance, mainly from Democratic Republic of Congo (DR Congo) to provinces in the north of Angola, as soon as the ceasefire was confirmed.

(13) Demobilisation of ex-combatants has progressed perhaps surprisingly well, thanks to a serious if incomplete effort by the GoA. However, reintegration of ex-combatants, reconciliation and reconstruction of society is only just beginning and will remain an important task for international assistance and especially for the GoA.

(14) The importance for peace and security of rapid demobilisation and reintegration is obvious. The incompleteness of the GoA's effort was greatly due to the shortfall in financial support by the GoA and partly due to the greater-than-expected number of ex-combatants and family members who arrived in the quartering areas, and to their worse-than-expected humanitarian condition

¹⁷ Meaning that they 'cannot currently meet their consumption needs and are not expected to be able to meet their consumption needs before the next harvest', according to the WFP Vulnerability Analysis and Mapping Unit (VAM, p 5).

¹⁸ UN Consolidated Inter-Agency Appeal for Angola, 2003.

(reported to be as severe as any other group in Angola). By July 2003, the GoA declared the quartering areas officially closed, and dismantled most; however many thousands of ex-combatants and family members lingered in the camps (awaiting payment, documentation, or transport), or were moved to improvised sites awaiting onward transport (e.g., the airstrips at Mavinga or Huambo). The GoA is discouraging lingering by blocking food aid to those still at the camps (though they typically allow it at the new temporary sites), which threatens to exacerbate tensions without solving the problem. On the other hand evaluators observed that at least some demobilised soldiers are receiving seeds and tools in their zone of origin or resettlement – as promised and more or less on schedule.

(15) The GoA's contribution to reconstruction and humanitarian action (apart from the demobilisation) is considered inadequate by international actors, especially considering the government's oil revenue. This has led some donors such as SIDA to cease development aid and to continue with only humanitarian assistance. On the other hand the GoA borrowed heavily against future oil revenue in the final years of the war, and has just taken a billion dollars in commercial credit; it therefore cannot be assumed to have infinite cash at hand. Political administration is still highly centralised, with provincial governors appointed by and reporting to the president and municipal administrations (where they exist in more than name) reporting to the governor. In June 2003, under the terms of the MoU that ended the civil war, UNITA (*União Nacional para Independência Total de Angola*) took over the provincial governorships of Uige, Lunda Sul, and Cuando Cubango, as well as the administration of some municipalities where it has historically enjoyed political support (e.g., in northern Huambo province). Such a divided administration may further hinder local development, or it may engender a healthy political competition.

3. Overview of ECHO-funded Actions (2002–2003)

3.1 Introduction

(16) ECHO has been in Angola since 1993. Since that time it has contributed a total of €135 million for humanitarian aid. In the period covered by this evaluation (2002–2003 to July 2003), ECHO's funding in Angola amounted to €27 million. In 2002, ECHO funding in Angola (AGO and TPS funds¹⁹) totalled €4,000,000 out of an estimated US\$77,873,070 of international humanitarian aid (excluding bulk food aid). The United States of America (US) provided 50% of all international humanitarian aid to Angola in 2002 (mostly in the form of bulk food aid), and the European Commission was the second largest donor at 12%.

(17) Most ECHO partners in Angola are international non-government organisations (INGOs). These organisations received 83% of ECHO's funds for Angola in 2002 and 91% to date in 2003 (including the ICRC). The balance is made up by the United Nations (UN) agencies: OCHA, UNHCR, UNICEF, and WFP. ECHO has funded operations in the sectors of health, nutrition, NFI, water and sanitation, protection, co-ordination, HIV/AIDS, humanitarian mine action, humanitarian air transport and logistics.

¹⁹ AGO stands for funds allocated specially for Angola by decision in the Global Plan; TPS are special allocated funding from ECHO's decision for the Southern African food crisis.

(18) The main recommendations of the GP2000 evaluation were (in paraphrase):

- To develop a pro-active/demand orientation to partners, introducing the log-frame approach and training partners in its use, so as to improve the information content of project proposals and streamline their processing.
- Regarding sectors, to continue support for emergency nutrition programmes and NFI; to focus on primary health care; to increase the contribution to water and sanitation; and to broaden into new sectors or sub-sectors such as maternal-child health activities, sexually-transmitted disease (STD); HIV/AIDS prevention programmes; resettlement schemes; human rights; and strengthening civil society.

(19) Continuing a process already initiated before that evaluation, the Global Plan 2001 sought to filter out activities that strayed beyond ECHO's core mandate so as to focus on truly life-saving interventions. This was relevant and opportune, as it coincided with the intensification of the *Forças Armadas de Angola* (FAA; the government army) anti-insurgency campaign in the Central Highlands (*Planalto*) and the consequent increase in displacement and worsening of humanitarian conditions. ECHO sought to hand projects over to other donors as much as possible, especially other EC funding mechanisms. One example was ECHO's perennial support to some provincial-level hospitals, which certainly needed continued support but whose institutional problems required longer-term interventions. Other EC mechanisms took over the support in most cases.

(20) ECHO funding for the years 2001-2003 has been governed by the following decisions:

Table 1: ECHO Decisions for Angola (2001-2003)

Designation	Amount	Date adopted	Sectors	Duration (Months)
ECHO/AGO/210/2001/01 000	€ 9 million	19 Mar 2001	Health & nutrition, water / sanitation, NFI, protection, logistics	
ECHO/AGO/210/2002/01 000	€ 8 million	6 Feb 2002	Health & nutrition, NFI, protection, logistics	18
ECHO/AGO/210/2002/02 000	€ 2 million	29 May 2002	Nutrition in NAAs	6
ECHO/AGO/254/2002/01 001	€ 2 million	1 Aug 2002	NFI, health & nutrition	12
ECHO/TPS/210/2002/160 00 ²⁰	€ 2 million	30 Sep 2002	NFI, health & nutrition	
ECHO/AGO/210/2003/01 000	€ 8 million	1 Feb 2003	Health & nutrition, NFI, protection, logistics, co-ordination	15
ECHO/TPS/210/2003/070 00 ^{21,22}	€ 5 million	13 May 2003	Minimum conditions for IDP return	
Total €36 million				

²⁰ Allocated from ECHO's €30 million decision for the Southern African food crisis, which is not to be confused with the €30 million from unused EDF funds (European Development Funds) for Angola that were re-allocated to 'humanitarian-plus' interventions after the ceasefire (the EPSPP or 'Emergency Support to the Peace Process', 7th/8th EDF), in order to complement ECHO-funded activities.

²¹ Title of decision: 'Humanitarian aid for returnees in Angola and in neighbouring host countries for Angolan refugees'.

²² During the field visit of the consultants ECHO/TPS/210/2003/12000 was in the planning stage and has been adopted on August 21st.

(21) Those in **bold** indicate GP decisions. Since the peace, the GPs have been supplemented by emergency or *ad hoc* decisions according to evolving needs. There is no doubt that emergency decisions have been needed as events accelerated after the peace.

3.2 Evolution of the GPs Funding by Sector, in Light of the Changing Situation

(22) ECHO sectors of intervention in 2002-2003 are according to the GPs: health and nutrition, NFI, co-ordination / logistics, protection, and (from 2003) HIV/AIDS and humanitarian mine action²³. Table 2 below breaks down spending by sector.

Table 2: ECHO Funding by Sector (€) (2002-2003)

	Health alone	Nutrition alone	Health & Nutrition	NFI	Prot.	Coord./ Logistics	Various	HIV	Mine Action	TOTAL
2002:										
Contracted Amounts (€)	2,239,796	1,826,000	4,431,778	2,330,000	645,000	1,700,000	657,100			13,829,674
% of total	16%	13%	32%	17%	5%	12%	5%	0%	0%	100%
	[Health+nutrition: 8,497,574 (61%)]									
2003:										
Contracted Amounts (€)	2,835,344	327,000	896,430	1,858,442	287,509	0	300,000	907,000	224,000	7,635,725
% of total	37%	4%	12%	24%	4%	0%	4%	12%	3%	
	[Health+nutrition: 4,058,774 (53%)]									

Note: Funding for 2003 is not yet fully allocated.

(23) The changes in funding per sector from 2002 to 2003 have generally followed the evolution of the humanitarian situation. Health and nutrition (altogether) has decreased from 61% to 53%, but health projects (without nutritional components) increased from 16% to 37%, and nutrition projects and combined health-and-nutrition projects declined from 13% to 4% and from 32% to 12% respectively. This is consistent with the general easing of malnutrition and continued severity of infectious disease (causing extremely high under-five mortality despite the improvement in nutrition).

(24) Funding for NFI increased from 17% in 2002 to 24% in 2003 to date (though declining in absolute terms); much of the NFI is occasioned by population movement.

(25) Co-ordination (OCHA) and logistics (WFP) have no new contracts yet in 2003, and HIV/AIDS awareness is new in the GP of 2003.

Conclusion

(26) The evolution of the GPs and other decisions has therefore been relevant to the changing humanitarian situation.

²³ A substantial programme of humanitarian mine action has been financed from EC's € 30 million Emergency Programme of Support to the Peace Process (EPSPP).

3.3 Analysis of Funding by Province

(27) Geographically, in 2002 and 2003 ECHO has funded work in most provinces, with the exception of Luanda, Cabinda, and Benguela:

Table 3: ECHO Funding by Province (€ (2002-2003 to date))²⁴

YEAR	Moxico	Uige	Huila	Huambo	Lunda Sul	Bié	Lunda Norte	Kwanza Sul
2002	1,203,783	819,934	1,535,250	2,343,156	868,783	616,167	165,000	136,996
2003	1,185,662	1,024,378	955,556	646,000	329,221	327,000	229,100	250,600

YEAR	Cuando Cubango	Zaire	Kwanza Norte	Malanje	Bengo	Namibe	Cunene	Non-province-specific
2002	1,703,143	125,000	140,000	813,667	0	210,250	210,250	2,945,000
2003	175,000	175,000	175,000	175,000	175,000	0	0	1,718,509

(28) Malanje is an area requiring some stimulation of potential partners, given the acute needs and the shrinkage of ECHO-funded activity there from 2002 to 2003. Cuando Cubango's funding in 2003 is expected to increase when a new contract for the large Mavinga operation is signed. The absence of ECHO-funded projects in certain areas is perhaps striking, given its large number of IDPs (see Section 5 for details on IDPs per province).

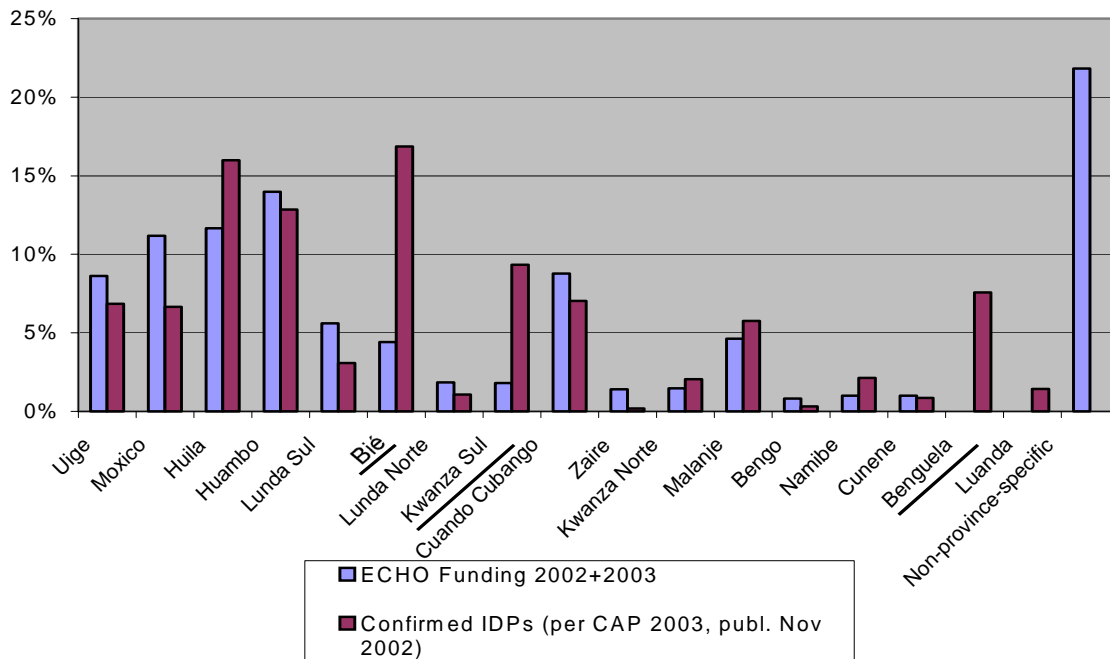
(29) Another way of analysing the geographical distribution of ECHO funds is to compare it to IDPs per province.

The chart on the following page compares ECHO funding per province (2002 plus 2003) to confirmed IDPs per province,²⁵ both as a percentage of the total of ECHO funding and of total of IDPs:

²⁴ These figures are approximate in that projects covering more than one province are assumed to divide expenditure equally among provinces.

²⁵ Of the many measures and definitions of IDPs in Angola, this analysis uses 'Confirmed IDPs' (*per* the CAP 2003), which generally means those in camps and resettlement zones, and excludes the (estimated) larger number in host communities. However, the numbers of 'confirmed IDPs' per province generally parallel the provincial IDP numbers by different measures, and so this analysis of provincial funding versus provincial caseload yields a similar finding by whichever measure.

Chart 1: ECHO Funding Compared to IDPs per Province (as % of total of funding and total of IDPs)



(30) Malanje appears adequately funded, though the acute needs found there by the evaluators tend to confirm that displacement is not the only indicator of humanitarian need in Angola. It should be reiterated that funding per province depends in large part on the humanitarian needs but also on partner presence and capacity. If ECHO had funds available it could consider approaching partners. Also, the GP 2003 co-ordinates programmatically and geographically with other EC funding mechanisms: the former is to focus on its core mandate in the newly-accessible areas and areas yet to become accessible, all of which are designated return sites, while the latter focuses on transitional programmes in the more accessible central Planalto provinces. This improves the relevance and efficiency of the funding's geographical distribution.

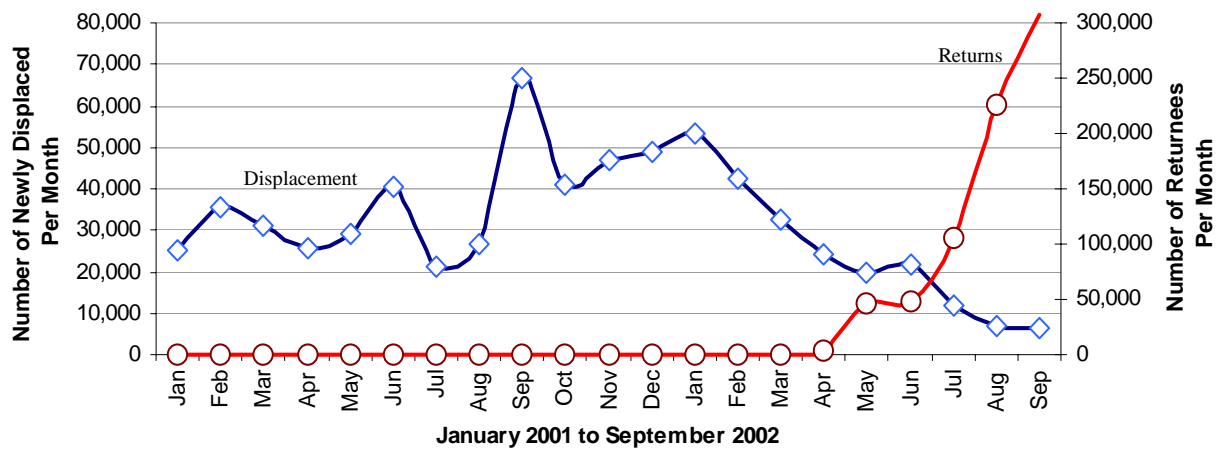
Conclusion

(31) ECHO is executing its planned focus in the eastern provinces only to a certain extent. Moxico (one of the eastern provinces) has received the most funding cumulatively in 2002-2003. The other eastern provinces of Lunda Sul, Lunda Norte, and Cuando Cubango are only fifth, seventh, and eighth respectively in terms of the provincial breakdown of ECHO funding (although Cuando Cubango will jump several places on the list when a new contract for Mavinga is signed). Apart from the planned focus on the east, there appears to be under-funding relative to IDP numbers in Bié and Kwanza Sul and relative to humanitarian needs observed by the evaluators in Malanje. This analysis, however, does not –and cannot- take other donors' activities into account (including other EC instruments), nor can it be assumed that partner capacity exists in the seemingly under-funded areas. Otherwise, ECHO's geographical strategy is broadly relevant and effective.

Recommendation

- Evaluators recommend that ECHO pro-actively determine (probably with OCHA) whether humanitarian needs are being met, especially in Bié, Kwanza Sul, and Malanje. If not, and if no implementing partner is present, ECHO should stimulate necessary interventions either by interested agencies or by informing OCHA, which could use its Emergency Response Fund if funds are available.

Chart 2: New Displacement and IDP Returns (Jan 2001 – Sept 2002)



Reproduced from: UN Consolidated Inter-Agency Appeal 2003.

4. The IDP Question: non-categorisation

4.1 Should ECHO Assist People Irrespective of Categorisation?

(32) The ToR request exploration of this issue, noting that: ‘An ongoing policy debate is whether the humanitarian response to IDPs should be specifically “targeted” to this group or be integrated into policies which address overall vulnerability and needs. There is a need to consider in depth the appropriateness and relative advantages of “targeted” approaches as against generalised policies addressing vulnerability.’

(33) Overall, the evaluators find that favouring IDPs at the expense of others – i.e. relying on categorisation to target aid – would not do justice to the recent and current needs in Angola. However, on a practical level the question is and has been largely obviated by the fact that until the ceasefire the neediest people who were not displaced were in areas inaccessible to humanitarian action. Since the peace, most IDPs have returned home spontaneously, hence becoming “returnees” per ECHO’s mandate. The conditions of their reinstallation (which are shared with their intermingled non-displaced neighbours) now pose the major humanitarian challenge in Angola.

(34) In explanation: IDP numbers in Angola peaked in early 2002 after the ceasefire as people in isolated areas took advantage of the opportunity to seek aid in towns and cities. This added to the already huge displaced population. The greatest cumulative concentration of IDPs was in the central provinces (Huambo, Benguela, Kwanza Sul, Bié, Lunda Sul, Malanje, and Huila); the greatest concentration of people recently displaced since the peace has been in Cuando Cubango. Estimates of peak numbers vary between 1,400,000 (OCHA) and 4,000,000 (GoA). Starting in mid-2002, numbers fell sharply as many IDPs returned to their zones of origin, often in haste so as to arrive in time for the planting season (see Figure 2). Relatively few IDPs have been left after this large-scale spontaneous return. Current estimates range from 600,000 (OCHA) to 1.2 million (GoA).

(35) However, this chronology does not capture the complexity of classification – ie, the fact that people’s status and coping strategies in Angola are not as simple as IDP vs non-IDP. (Similarly, the difference in current estimates is a matter of classification more than information.)

(36) IDPs may be long displaced and effectively resettled, or newly displaced and in serious need. Some have divided their families so as to seek aid or employment in cities or IDP sites while simultaneously maintaining a presence at home; or they may be ‘commuting’ between their home area and an aid site. Some IDPs live in resettlement zones near the main towns but walk 10–15 km each day to cultivate their original fields, returning for safety at night. Some IDPs, both short- and long-term, are still anxious to return home; others have integrated locally and do not want to return, mistrusting the peace and wary of the lack of facilities in their home areas. A family or household can combine several of these characteristics.

(37) Furthermore, many IDPs have migrated to Luanda over the years (perhaps as many as 2 million), and live in huge peri-urban ‘*bairros*’ in very poor conditions; the majority of these are no longer counted as IDPs. Lastly, there is a fine line between war-related displacement and economic migration: war destroyed the economy of many populous provinces, making nearly every resident both war-affected and a potential economic migrant.

(38) The complexity of classification is thus one reason not to rely on categories. Another is the fact that non-displaced people (often called ‘resident populations’ in current discussions) have often been shown to be worse off than the displaced, especially in NAAs, because of their isolation from essential services and markets, and the destruction or theft of their crops, livestock and other elements of livelihoods. Though by definition it is difficult to get information on NAAs, reports from health agents circulating on foot to parts of Mungo, and the fact of newly displaced people who flocked to Mavinga in search of aid, support this interpretation.

Conclusion

(39) Under these circumstances, ECHO’s policy of giving aid based on need regardless of category is entirely correct. Categorisation can be a useful initial shortcut when detailed assessments are not possible, but is unsatisfactory in a long-term emergency.²⁶ Categories do exist in Angola, both in fact and in popular perception (e.g. demobilised soldiers and their families), but discrimination could increase tensions among various social groups. Simplistic categorisation risks incorrect targeting, discrimination, segregation of the population, and may prevent peace building, conflict

²⁶ Categorisations are possible when detailed assessments are not: for example people’s presence in a previously unoccupied locale defines them as displaced.

resolution and reconciliation. Vulnerability criteria are a better instrument of targeting. In some parts of Angola non-displaced residents are likely to be more vulnerable; in other locales, returning IDPs may prove the most vulnerable. The point of vulnerability analysis is to decide targeting on a case-by-case basis.

Recommendation

- ECHO to continue the policy of not categorising but to continue in targeting based on vulnerability analysis.

4.2 Provincial Distribution of IDPs

(40) Throughout the 1990s, some IDPs were ‘resettled’ in special designated zones, usually close to the provincial capital where they had taken refuge. The purpose was generally to move them out of crowded IDP sites – such as the notorious sausage factory in Huambo – into more habitable peri-urban zones with some access to farmland, yet still within the government’s security cordon. This was based on the assumption that they would not be able to return home soon. NGOs and donors debated among themselves and with the government as to whether to endorse and support such resettlement. This was because access to land and tenure security was variable, and it was not clear that the resettlement was always voluntary. Nonetheless some IDPs thus ‘resettled’ now prefer to stay in their resettlement area, though others have left or plan to leave for their zones of origin. This point is made to clarify the term ‘resettlement’ in the Angolan context: as commonly used, it refers to this type of quasi-permanent though not fully satisfactory solution, rather than referring to return to the zone of origin (simply called ‘return’).

(41) OCHA counts 247,062 IDPs resettled in ‘temporary’ sites, distributed among provinces as follows:

Table 4: IDPs Resettled in Temporary Sites, per province (OCHA, May 2003)

Province	Numbers	Province	Numbers
Kuanza Sul	39,425	Lunda Sul	16,501
Benguela	39,145	Namibe	13,765
Moxico	37,156	Malanje	6,571
Huíla	31,120	Luanda	6,498
Cuando Cubango	27,498	Kuanza Norte	3,615
Huambo	24,743	Bié	0 (or no figure reported)

(42) The pattern of numbers per province is somewhat random. They are a function not only of the number or proportion of IDPs originating in each province, but also the availability of resettlement land and the historical security situation (degree of government control) over the areas, usually around provincial capitals, that were designated for resettlement. To take an extreme example, Bié was obviously one of the most war-affected provinces, with a large number of IDPs. Thus the lack of reported temporary resettlement reflects the lack of areas under government control and hence available for resettlement.

(43) OCHA also counts 266,328 IDPs in camps and transit centres (totalling 88 sites):²⁷

²⁷ Ibid.

Table 5: IDPs in Camps and Transit Centres, per province (OCHA, May 2003)

Camp/Transit Centre	Numbers	Camp/Transit Centre	Numbers
Bié	79,568	Kuanza Sul	11,000
Huíla	56,111	Luanda	8,677
Cuando Cubango	43,856	Moxico	8,461
Huambo	36,523	Namibe	3,545
Benguela	18,587		

(44) The scale of the IDP population, as well as the difficulty in readily identifying, classifying, and counting them, is revealed by the estimated numbers of IDP returns, meaning those arriving in their zones of origin from whatever refuge. OCHA reports 2,252,282 returning IDPs in 18 provinces²⁸ as of 5 May 2003. (This figure excludes inter-provincial returns, which would add several thousand more to most provinces.)

Table 6: IDP Returns, per province (OCHA, May 2003)

Province	Numbers	Province	Numbers
Huambo	439,292	Moxico	86,877
Benguela	354,067	Cunene	71,908
Kuanza Sul	321,333	Uíge	62,235
Bié	230,640	Lunda Norte	60,837
Lunda Sul	167,585	Zaire	41,499
Malanje	140,224	Cuando Cubango	34,933
Huíla	103,021	Kuanza Norte	33,284
Bengo	92,146	Luanda	4,180

(45) The fact that such population movements occurred in far greater numbers than reported IDPs, who could be readily counted in camps and resettlements, shows that involuntary displacement went far beyond any simple categorisation of residence in temporary sites.

4.3 Parallel DANIDA Evaluation on IDP Issues

(46) The report from the parallel DANIDA evaluation focusing on IDPs also discusses the question of definitions:

‘IDPs cease being IDPs only when they return to their place of origin, or when given the opportunity for a safe return to their place of origin when the original problem is removed, or when they opt to stay in another area. They do not cease to be IDPs simply because they are able to scratch a living in their area of displacement. Involuntary displacement is what defines IDP status, and not the continuation of whatever vulnerability flows from that displacement. The fact that nearly one million more than the number of IDPs “confirmed” by OCHA appear to have returned to their place of origin confirms that “declassifying” IDPs once they no longer have acute humanitarian needs is inappropriate.’ (‘Angola IDP Evaluation Draft Report v0940.doc,’ John Cosgrave / Channel Research, pp30-31.)

(47) The author compares the fact that by international law, refugees maintain their status indefinitely as long as the displacement is involuntary, irrespective of eventual self-sufficiency. As a recommendation for humanitarian actors in Angola generally, *‘The humanitarian community*

²⁸ Ibid.

should avoid “‘declassifying”’ IDPs unless it is clear that they no longer have any wish to return to their area of origin should they be able to do so. Where it is necessary to distinguish between different types of IDPs, it is better to use the terms developed over the decades for distinguishing between different types of refugees (new caseload and old caseload etc).’ [p31]

(48) While this emphasis on avoiding ‘declassification’ of IDPs may seem to contradict our finding that non-categorisation is better, in fact it does not. It refers to a political debate in Angola about definitions of IDPs vis-à-vis aid entitlements – with some governmental bodies wishing to foster an image of normalisation by minimising IDPs through de-classification – and it makes the point that IDP status can co-exist with a range of levels of humanitarian needs. Our point is similar: if a humanitarian agency bases its approach on certain categorisations like displacement, it inevitably enters into invidious debates about definitions, especially in situations such as Angola’s long-lasting emergency where people have been displaced cyclically. Such debates are not clarified by splitting IDPs into ever-finer sub-categories because people tend to fall into several sub-categories. We do not recommend that current or historical displacement be disregarded: it can be taken as one indicator of probable humanitarian need. But it should not be a unique criterion for aid except in the narrowest and shortest term circumstances.

4.4 IDP / Returnee needs

(49) The problems faced by IDPs returning to their destinations can be summarised as:

- Infant malnutrition (rates in some areas are still high)
- High child mortality
- High child morbidity
- Water-borne and hygiene-related disease
- Poor feeding practices
- Poor knowledge and practices of mothers
- Food insecurity
- Poor accessibility and market linkages

(50) Their needs to be met by the international community therefore include at least:

- Health services
- Potable water and sanitation
- Health education *re* hygiene, sanitation, breast-feeding / weaning / feeding, malaria, HIV/AIDS, and other health threats
- Schools and teachers
- Seeds and tools (for those who have not yet received enough or the right kind), and livestock
- Road and bridge repairs to link with markets and other services.

(51) Re-starting cultivation is one of the major constraints to IDP return. Many abandoned fields have since become thickly forested, and a returnee household may be faced with cutting down and stumping hundreds of hardwood trees with hand tools. The evaluators noted that many opted for – or could only manage – partial clearance in the previous season, cutting trees at knee height and

planting maize among the stumps. Naturally the stumps reduce the yield, and also prevent ploughing by animal traction (even if burned). Presumably stumping will ensue for the following season, for those who can manage it. The point is that returnees face at least two seasons of exceptionally hard work before obtaining normal harvests and perhaps food security.

(52) Livestock are also an important element of food security and livelihoods, especially in the more arid east and south where maize farming is marginal. Small livestock (goats and poultry) contribute to nutrition and income, and cattle with ploughs multiply the area under cultivation. Fortunately many communities have a tradition of farmers' associations, which manage the sharing of a team of oxen among its members.

5. The Evaluation of Specific Sectors

5.1 Health and Nutrition

(53) Health and nutrition's place as the major element of ECHO's portfolio corresponds well with emergency needs and has been a life-saving activity. Against a background of lack of health services and lack of access to those services, mortality and morbidity from infectious disease coupled with, and worsened by, malnutrition, has been the major humanitarian problem in Angola in recent years. As such, ECHO's strategy has been founded appropriately on provision of basic curative services. Partners have also exploited opportunities for preventive efforts, though the scope for this has been limited due to population movements, continued inaccessibility, and short project time spans that limit the impact of health promotion and education. (The scope for prevention is expected to expand in the next phase.)

(54) The main infectious diseases are malaria, acute respiratory infections, diarrhoea, TB, and measles. Malaria (presumed or confirmed) typically accounts for about 50% of health consultations.²⁹ Also present are: poliomyelitis; cholera; suspected or confirmed meningitis (Mungo, Mavinga); suspected shigella (Mavinga); trypanosomiasis (sleeping sickness) in some northern areas; and generally the full array of tropical infections, with lesser prevalence. Acute malnutrition is still a health threat, though less widespread than in 2002. Chronic malnutrition is at astonishing levels, with stunting prevalence of 45% of under-five children.³⁰ HIV/AIDS-data are scanty but alarming (see Section 5.5 below).

(55) ECHO's programme has been necessary and effective in terms of getting PHC into NAAs. Some partners are clearly stronger than others in terms of logistical capacity, medical qualifications, rapid response, etc. Links with MINSA are also variable, depending on partners' inclinations and MINSA's provincial capacity. Most partners are paying salaries for at least some local health staff (sometimes a supplement; often the full salary), sometimes for several years. Donor provision of health services does seem to dissuade government support for the same in the sense that, according to reports, MINSA sends most of its drug supplies to localities where no INGO is operating. However, this does not automatically mean that MINSA has the resources to take over all aid-funded health services in the short term: there may be a zero-sum situation where MINSA resources sent to take over from INGOs could deprive areas without INGOs. Nonetheless, at a minimum, ECHO health partners should signal to MINSA at the outset the limited duration of ECHO support.

²⁹ According to reports from ECHO partners in Mavinga and Mungo.

³⁰ UN Consolidated Inter-Agency Appeal 2003, pp19-21.

Other possible ways to maximise LRRD in emergency PHC projects include: (a) training for MINSA clinical staff (and health professionals not yet integrated into MINSA, such as refugees and UNITA nurses); (b) requiring MINSA to supply a major part of drugs and other materials; (c) meshing the project with provincial-level health planning; and (d) linking the intervention to longer-term funding mechanisms. ECHO and its partners already do some or all of these in nearly every health project. Ultimately, it must be accepted that the scope for emergency funding to guarantee permanent service delivery in an institutional environment such as Angola's is limited.

(56) Physical rehabilitation of health facilities has generally been to an acceptable minimum necessary standard. Some partners have been adept at extending health surveillance and referral into areas inaccessible to vehicles by forming networks of health agents who circulate on foot and provide basic promotion and referral. Routine vaccination is taking place at ECHO-supported facilities; the vaccines are mostly supplied by the government, UNICEF or World Health Organisation (WHO), though the cold chain equipment is often from the NGOs (also often supplied by UNICEF). Vaccination coverage is improving as more people come to the health posts, but it is still low except where special vaccination campaigns have taken place.

(57) Nutritional interventions have also been effective and life-saving. Acute malnutrition was widespread in the first part of 2002,³¹ declined in the second half as WFP distributions and nutritional interventions reached more areas, then increased in early 2003 as rains and mine accidents closed roads and malnourished people dispersed from Quartering Areas (QAs). Since then it has declined again as access resumed and the main harvest came in (for those who managed to cultivate). Most acute malnutrition cases are now believed to be due to social vulnerability (e.g. widows), disease, or feeding practices, and not due to generalised food deficit.³² Partners have devoted less attention to linkages with MINSA regarding Therapeutic Feeding Centres (TFC) and Supplementary Feeding Centres (SFC) than regarding primary health care in general, which is somewhat justifiable on the grounds that the caseload of severe malnutrition is unlikely to reach the same numbers as in 2002 and 2003, whereas the need for primary health care will be constant (or even increasing as new areas become accessible).

(58) Efficiency in the health and nutrition sector is nearly impossible to evaluate because of the great divergence of operating costs across the various NAAs (some close to good roads, some very remote, others accessible only by air).

Conclusion

(59) Health and nutrition projects have undoubtedly been life-saving, especially as a result of primary health care services in municipalities that had none and/or were suffering pandemic disease and malnutrition. Some partners have more capacity than others to deploy qualified medical staff. For both PHC and emergency nutrition, a major question remains whether MINSA has the capacity to take over the facilities that have been opened or rehabilitated by ECHO partners and to maintain a reasonable level of services. As health interventions must evolve into permanent service delivery, the question of sustainability and LRRD is especially pertinent for this sector.

³¹ 'Results from the first and second phases of the RACN (rapid assessment of critical needs) indicate that global acute malnutrition rates in remote rural areas average between ten and 25 percent during difficult periods.' (UN Consolidated Inter-Agency Appeal 2003, p19)

³² Case studies carried out in 2003 in Ganda (Benguela), Caconda (Huila), Waku Kungo (Kwanza Sul), Cassongue (Kwanza Sul) and Bailundo (Huambo) for Christian Aid, ICCO, TROCAIRE and CORDAID; VAM nutrition assessment.

Recommendations

- ECHO to continue health and nutrition interventions as indicated by needs assessments
- To continue to require partners to maximise LRRD in their project design, especially signalling to MINSA the limited duration of ECHO support.
- To continue to exploit opportunities for preventative activities in addition to curative activities (especially KAP-based promotion of health, hygiene and nutrition).

5.2 Non-food Items

(60) Beneficiaries report that NFI were mostly a crucial and effective input. Some inadequate quality of distributed goods was observed in ECHO and DANIDA financed projects (felted blankets instead of woven, thin aluminium cooking pans, causing flimsiness in both cases).³³

(61) Many agencies implementing NFI suffered from delays in supplying the goods. In recent years, ECHO had three main distributors for NFI: Johanniter for the south, Save the Children Fund-UK (SCF-UK) the centre, and Lutheran World Federation (LWF) the north (corresponding to the three major ports of Namibe, Lobito, and Luanda). In 2003 this was channelled through Danish Refugee Council (DRC) in Uige and Northern Malanje, and Norwegian Refugee Council (NRC) in Northern Malanje and parts of Huila and Cuando Cubango. In 2002 Johanniter did NFI distribution through local partners.

(62) Various distributions were too late due to time-consuming procurement practices and delays in Luanda harbour and in internal transport (mainly with WFP cargo flights that are also co-funded by ECHO). It has also to be mentioned that WFP prioritises seeds and tools above other relief items. In Uige, Malanje, and Lunda Sul delays of six months were normal. Resettled IDPs received their NFI far too late while they were trying to set up households in the bush. Many IDPs returning to Northern Huila (Caconda, Calucembe and Cuze) have not yet received planned NFIs. Currently, recently displaced IDPs in Mavinga urgently need blankets as cold-season night-time temperatures dip to 5 degrees, but the ECHO partner is only just starting to deliver them (Mavinga is accessible only by air, so NFI compete for space on WFP flights to Mavinga with equally urgent food aid).

Conclusion

NFI were and are still an important intervention despite delays in purchase, transport and distribution and delayed arrival on beneficiaries level.

Recommendation

- There may be additional need for NFI, but considering distributions to date, any new proposals must be based on a household-level needs assessment (by the proposing partner), not an assumption that everyone needs NFI.

(63) The same applies for **seeds and tools**. ECHO has not yet funded seeds and tools in Angola, but is currently reviewing proposals for it. In 2003 there have been an estimated 900,000 families in need of seed and tools. The Food and Agriculture Organisation of the UN (FAO), EuronAid, and United States Agency for International Development (USAID) have covered or will cover the majority of these, but there will still be an unacceptably large shortfall, recently estimated as

³³ Also reported by John Cosgrave (Channel Research), DANIDA consultant.

178,000 families.³⁴ Seeds and tools are an appropriate sector for ECHO because they forestall nutritional problems six months hence, which is as rapid as many life-saving interventions. They are an important intervention for peace-building as well as food security and livelihoods, because they give people a stake in staying settled in farming areas, rather than migrating to cities or straying into crime. Nonetheless, requests to fund seeds and tools will have to be accompanied by careful needs assessment, to ensure that the partner is targeting people in need. For example, in one proposal that ECHO is currently considering for Mungo (an NAA in northern Huambo province), the partner assessed (and indeed the community leaders averred) that most communities have adequate seed stocks, whereas arriving demobilised soldiers and families did not; their proposal therefore targeted the latter. ECHO has acted quickly on proposals to ensure that seeds and tools arrive in time for the 2003 planting season (September-November), but partners must now procure, transport, and distribute them fast.

5.3 Logistics

(64) Logistics takes the form of support for WFP's passenger and cargo internal air service. This has been pivotal in maintaining humanitarian presence and activities in most of the country. Air transport has thus been fully relevant, effective, and with a major impact. There being no alternative to air transport for many humanitarian operations, its efficiency is not a crucial criterion: it is costly but not so much so that it precludes adequate funding for other sectors.

(65) Air transport's importance will decline as roads continue to open, but is expected to be needed for at least the next year. For example, Luena is 'accessible by road', but is a 3-day drive from Luanda. Some focal points of recent displacement and food aid, such as Mavinga, are still accessible only by air. Opportunities for greater efficiency will emerge as commercial flights open to more provincial capitals.

The new contract for 2003 with WFP is not yet finalised at the time of the field mission of the consultants.

Recommendations

- ECHO to continue to fund air transport for as long as there is no realistic alternative.
- ECHO to continue the policy as stated in GP 2003 to encourage partners to take commercial transport wherever available.

5.4 Co-ordination and Information

(66) Co-ordination in Angola has two key dimensions: (1) rationalisation of donor-supported activities; and (2) unified donor pressure on the government to meet its humanitarian and development obligations.

(67) Regarding rationalisation of donor-supported activities, ECHO is giving funds for humanitarian co-ordination and information to OCHA, who draw strong praise from all parties. OCHA's co-ordination role is more at the implementation level than the donor level (though their informational function is also crucial to donors). OCHA has field advisers in most provinces with humanitarian activities; their field offices co-ordinate and plan humanitarian activities with both government and NGOs, combines with UNSECOORD to do security assessments in NAAs,

³⁴ UN-Donor meeting presentation, May 2003.

conduct needs assessments jointly with NGOs and government, and collects, organises and forwards information to Luanda. Also at the implementation level, OCHA functions as a donor through its ERF (which can authorise funding within one week, at Luanda level). ERF steps in on occasions where other donors cannot support immediate NGO deployment allowing partners to pursue other donors funding more gradually.

(68) By decision of the UN Inter Agency Standing Committee (IASC), OCHA has responsibility for IDPs in Angola, and UNHCR confines itself to refugees and repatriates. UNHCR maintained a vestigial presence in Angola after 1998 and only became active again in 2002; currently it is still getting established in some provinces. OCHA has a near-monopoly on humanitarian information in Angola (drawing on its NGO partners, with some government input), and there is currently little prospect for ECHO to diversify its sources of information. On the other hand, there is no reason to think OCHA's information is systematically inaccurate.

(69) ECHO's support for OCHA's co-ordination and information role has thus been highly relevant, effective, and efficient in that the co-ordination creates efficiencies. There are concerns about humanitarian co-ordination after the recent departure of OCHA-Angola's head of mission, combined with the imminent replacement of the United Nations Development Program (UNDP) Resident Co-ordinator (who would take over OCHA's co-ordination functions after OCHA's closure). However OCHA HQ in Geneva have just decided to extend OCHA's Angola mission for an additional year, which takes some pressure off the incoming Resident Co-ordinator.

(70) In sectoral terms, donor-working groups exist only for HIV/AIDS, land and the Poverty Reduction Strategy Papers (PRSP). Sectoral working groups also operate at implementer level, like the water/sanitation group chaired by UNICEF; but ECHO is not involved in these. In view of its independence, it is not ECHO's mandate to develop direct contacts with the government about policy matters, and ECHO TAs are not allowed to represent the Commission officially. However, it would be helpful if ECHO's field staff contributes to advocacy at least at the working group level and provincial level. ECHO does participate in monthly inter-donor meetings.

(71) The second dimension is an increasingly politicised issue, given donors' expectations for the government to use more of its own extensive resources for humanitarian work (and also given the government's sense of historical grievance). Such advocacy is mainly transmitted through an *ad hoc* arrangement of 'the 5 ambassadors' (US, UK, Norway, Netherlands, and Sweden), rather than at formal government-donor meetings, which donors report to be *pro forma* and insubstantial.

Recommendations

- ECHO to continue to fund OCHA at roughly similar levels if requested.
- ECHO to best make use of working groups and meetings at provincial level, as well as continuing action at the Brussels level, to contribute to the unified donor influence on the government.

5.5 HIV/AIDS

(72) Data on HIV prevalence in Angola are fragmentary. They indicate lower prevalence than in neighbouring countries, nearly all of which have prevalence rates among the world's highest (Zambia, Namibia, DR Congo, Botswana); Angola's wartime isolation has worked in its favour in

this sense. However, the prevalence is already alarming in some areas,³⁵ and the factors are in place for explosive transmission: refugees returning from high-prevalence countries, truck routes opening, large population movements of IDPs from urban and peri-urban to rural areas and of demobilised soldiers with families. Knowledge of the virus and prevention is low (condoms are even rumoured to be dangerous in some quarters). Early interventions have been and continue to be necessary to try to curtail transmission before Angola encounters the same HIV/AIDS catastrophe as its neighbours, with all its consequences for welfare and peace building.

(73) ECHO's first project in Angola dedicated to HIV/AIDS prevention was ECHO/AGO/210/2003/01005 (UNICEF, "Integrated Prevention of HIV," €350.000, March-June 2003). The major part of its costs are design and production of information-education communication (IEC) materials (local-language pamphlets, posters, flip-charts, videos etc.), along with training for NGO staff, to be replicated by the NGOs with their local partner organisations. The effects of these activities on HIV prevention are therefore indirect and it is too soon to evaluate them (though evaluators did not find the materials to be very visible in the provinces). However experience from other countries suggests that such outputs can be moderately effective and are a helpful early step in a national effort (which in its full phase will need to reach illiterate people by means other than pamphlets, such as radio). The opinion of ECHO's field medical TA was that this is an expensive intervention relative to outputs, though much of this is due to the high cost of printing in Angola. A second HIV project has started (ECHO/TPS/210/2003/07001, GOAL, 'HIV/AIDS awareness raising for returning populations at risk', €57.000, May 2003 – April 2004), focusing on Lunda Sul and the other eastern border provinces, because of the risk of returning refugees. GOAL has considerable experience of STIs/HIV in Angola, and developed this proposal on the basis of a KAP survey in Moxico. The project has an appropriate dual focus on education and STI treatment. (Oddly, the *fiche-op* mentions no indicators, such as change in knowledge of prevention methods, which could be measured easily enough by surveying target communities. This should be required of implementing partners.)

(74) HIV prevention activities as a part of general primary health care activities begin to appear in projects only in 2002 (except occasionally where partners routinely reinforced MINSA protocols including HIV/AIDS, as in HIV screening in blood banks), when ECHO started requesting its health partners to include explicit HIV prevention activities. Since then, activities consisting of at least "HIV awareness" are included in many though not all health proposals, with increasing prominence and budgeting. Evaluators observed little visible activity on HIV at certain projects, and some partners' staff admitted to having inadequate time to spend on it; indeed many contracts were vague about specific outputs for HIV awareness (such as how many sessions, how many attendees). In such circumstances, the use of impact indicators (like change in knowledge) is probably not realistic, but contracts should specify, and partners should be held to, quantifiable activities (outputs) such as number of awareness sessions conducted and number of attendees.

Conclusion

(75) ECHO's prioritisation of HIV/AIDS interventions is highly relevant.

³⁵ MSF-Spain found in the Matala hospital blood bank (Huila province) that 30% of donors (mostly relatives of patients) were sero-positive.

Recommendations

- ECHO to continue to seek potential HIV/AIDS interventions where ECHO funding can play a catalytic and quick-impact role; to ensure that HIV/AIDS project proposals contain impact indicators, such as change in level of knowledge among target populations.
- Continue expanding HIV/AIDS activities in general health projects, ensuring that partners be held to quantifiable outputs regarding the HIV/AIDS activities; to start participating in the inter-donor working group on HIV/AIDS.

5.6 Water and sanitation

(76) Water and sanitation is a structural problem throughout the country. Poor sanitation and hygiene is (presumably³⁶) responsible for much morbidity, leading in turn to acute malnutrition and, with repeated cases, chronic malnutrition. Safe drinking water is unavailable to most (though semi-safe water, e.g. semi-protected traditional wells, is available to many). There is a need for thousands of safe water points and hundreds of thousand of latrines, together with intensive basic hygiene education, throughout the rural areas and cities. The country's hydrological resources are impressive (shallow groundwater and surface water are accessible throughout the dry season in most parts), and there appear to be no cases of absolute lack of water, with the possible exception of some thinly populated parts of the arid south (Cunene, southern Cuando Cubango).

(77) The most recent ECHO contracts with important components of community water supply and sanitation have been with UNHCR (ECHO/AGO/210/2002/01016, April-October 2002, focusing on Uige, and ECHO/AGO/210/2001/01010, April-December 2001, focusing on Zaire, Uige, and Luanda provinces). Since then, ECHO has supported water and sanitation activities only as a minor component of other activities, e.g. a water system and latrines for a rehabilitated health post.

(78) Whatever unfulfilled need for water and sanitation interventions may have existed at the height of displacement before the peace, the mass dispersal of IDPs after the peace mostly obviated the need for emergency water and sanitation at crowded IDP sites (except for a few focal points of new displacement, like Mavinga). This leaves ECHO with no obvious priorities in this sector, not because of a lack of need, but because of the universality of need.³⁷

(79) Regarding ECHO-funded water and sanitation work observed by the evaluators, the quality of the installations was variable. The highest-quality water systems (in terms of water quality and quantity) were also the most temporary, for example, chlorine-treated water pumped via bladders (e.g. Mavinga). More permanent water points at health centres or posts were sometimes lower standard (e.g., an unlined well at Mungo health centre, an unfenced gravity-fed tap frequented by animals at Tchichenje health centre, collapsed wells at Muacanhica IDP camp in Luena), reflecting those partners' lack of specialisation in water point construction.

(80) Some opportunities for hygiene promotion have been exploited, e.g. at the SFC in Mungo (not ECHO-funded), where attending families receive lessons in basic hygiene, and also with a partner in Uige that conducts KAP-based hygiene education. Other opportunities have been missed, as at

³⁶ In the absence of detailed sanitary surveys and water testing, this can only be presumed. MSF-Spain in Huila compared water quality between IDP camps and residents outside: water quality (microbiological) in the camps was four times better.

³⁷ The EC's €30 million programme of 'Emergency Support for the Peace Process' includes €1,400,000 earmarked for emergency water and sanitation through OCHA; however this amount will cover only a very small minority of national needs.

the Cazombo reception centre (not ECHO-funded), whose latrines should have hand-washing facilities.

(81) Further, impact could not be evaluated due to lack of baseline data; however where acute outbreaks of severe water-borne disease had appeared (e.g. shigella in Mavinga), the subsequent safe water supply can be presumed to have had an important impact.

(82) A consideration in this sector is that the major NGO implementers, Oxfam and Development Workshop (DW) (neither of which are implementing partners with ECHO in Angola), are already working at full capacity: Oxfam for one has averaged 300 water points annually in recent years.

Conclusion

(83) The (limited) water and sanitation interventions were:

- Relevant, in the sense of corresponding to needs.
- Efficient, in that they were mostly low-cost constructions.
- Only moderately effective, corresponding to the limited funding dedicated to this sector.
- Sustainable, except for installations that were designed to be temporary (e.g. at the Mavinga health post and IDP site).

Recommendations

- ECHO can selectively support water and sanitation activities, prioritising those where life-threatening water-borne disease is spreading (e.g. shigella, cholera). This typically occurs where crowded populations (as in Mavinga) use surface water, rather than the semi-safe water that traditional wells would provide. As a secondary priority, ECHO can support water and sanitation interventions targeted at communities where no semi-safe traditional wells are possible because of local hydro-geological conditions.³⁸
- The evaluators recommend that partners without water and sanitation specialisation should seek input from one of the few NGOs in country with extensive water and sanitation experience (DW, Oxfam) to ensure adequate design and construction, and /or be required to hire appropriately qualified expatriate staff.

5.7 Protection

(84) The goal of protection is to safeguard the human rights of war-affected people. According to the Global Plans 2001-2003, protection has been identified as one of ECHO's main issues. Interventions to ensure protection of targeted population have been foreseen with a particular emphasis on children, women and returnees.

(85) So far only UNHCR and ICRC have been funded by ECHO for protection activities. UNHCR currently implements a protection component in Zaire and Uige provinces with the provision of basic protection and assistance to some 90,000 Angolan refugees opting to repatriate from DR Congo. Also, ICRC is funded to fulfil their protection mandate, providing the possibility of

³⁸ The evaluators identified at least one such returnee village north of Luena, whose residents had to walk 5 km daily to fetch water.

restoring family links and treatment in accordance with basic humanitarian principles to individuals or groups affected by the civil war.³⁹

(86) UNHCR and ICRC conduct the following activities within the scope of protection:

- Registration of returning refugees.
- Organisation of workshops for local government officials focusing on the repatriation operation and reception of returnees.
- Training on conflict resolution and peaceful co-existence for traditional and church leaders as well as government officials in Uige and Zaire Provinces.
- Tracing activities of ICRC in close co-operation with Ministry of Social Affairs and Reintegration (MINARS) and the Angolan Red Cross (CVA), including the establishment of 142 tracing points in the country's 18 provinces.
- Registration of unaccompanied minors (0-17 years of age) in QFAs, orphanages, paediatric sections in hospitals, and private homes. So far this year a total of 1,382 have been registered by ICRC in all provinces.⁴⁰
- Family reunifications, prepared actively by ICRC, CVA and the local MINARS sections. Children are accompanied when returning to their families. A reunification kit consisting of NFI, schooling material, clothes and a sanitary pack is distributed upon reunification. ICRC has reunited about 350 minors since 2002.⁴¹
- Visits to prisoners and follow-up on their situation.

(87) ICRC's tracing activities includes the publication of a quarterly magazine, the first of its kind in Africa, 'The *Gazeta*' (first published on 25 May 2003), and its distribution within Angola, Zambia, the DR Congo, and Namibia. The magazine lists all tracing requests and registered unaccompanied minors, and will allow families and children to re-establish contact with long-lost relatives through the Red Cross Message Network. The lists have also been made available on the ICRC website.

(88) Also regarding tracing, displaced and dispersed family members can regain contact with each other through the Red Cross Message Network. More than 75,000 messages have been collected and distributed so far in 2003 through ICRC and CVA offices. It has proved to be a valuable tool in Angola and neighbouring countries. Tracing requests are also publicised in radio and TV spots, announcements in churches, and pamphlets distributed in markets, supported by actively visiting the places of origin. Knowing that family members are still living in, or have returned safely to, their place of origin may encourage the others to return as well.

(89) Problems occur due to the movement of population, the unwillingness of so-called foster-families to identify and release an unaccompanied child, and the frequently limited information available per child.

³⁹ Consolidated Inter-Agency Appeal for Angola 2003: 'more than 100,000 children are separated from their families and communities'.

⁴⁰ ICRC July 2003

⁴¹ According to ICRC the provided number of family reunifications is an indicator for successful protection.

(90) The impact and difficulties arising after family reunification are not followed up so far, due to funding and capacity restrictions on ICRC, CVA and MINARS, as well as on other tracing actors such as UNICEF and SCF-UK. Establishing protection networks and community-based protection committees at the local level (including traditional leaders and churches), as initiated by SCF-DK in Uige, presents a communal participatory solution for follow-up.

(100) For further funding, it is advised to insert a follow-up mechanism in protection activities after family reunifications are accomplished, possibly while supporting the establishment of community-based protection committees. Although this is not within ECHO's core activities, this is to ensure the success of family reunifications and enable at the same time assistance through mentoring both the child and the family.

(101) The extension of protection towards vulnerable categories of children (orphans, street children, those being accused of witchcraft etc), women (female-headed households), and families of ex-combatants would provide coverage for the most vulnerable parts of the Angolan population.

(102) Protection activities in general and family reunifications in particular, are according to the involved agencies not cost-efficient per case. However, it sends an important and relevant signal for peace building and restoring Angolan society. The effectiveness of safeguarding human rights of vulnerable war-affected population is self-evident and shows an enormous impact for those benefiting as well as through their symbolic effects for the entire population. Reunification can also be expected to diminish future violence by ensuring socialisation for separated and war-affected children. Even more it contributes a sustainable conclusion to ECHO's live-saving core mandate, by providing a perspective beyond the saved lives.

Recommendations

- Continue funding protection activities for the vulnerable parts of the war-affected population (such as women and children), as a tool to assure advocacy of human rights.
- Protection concerns, especially relating to female- or child-headed household as well as ex-combatants, should be expressed in all projects as a crosscutting issue and reflected in the selection of beneficiaries.
- A longer term funding of protection activities can be linked to other sources of EU funding such as the European Initiative on Democracy and Human Rights (EIDHR) or EDF.

5.8 Child-focused Interventions

(103) Angolan children, having been born and brought up in a country disrupted by decades of civil war, have faced numerous traumas such as displacement, destruction of homes, life-threatening dangers of landmines and exposure to fighting, hunger, abduction, discrimination, sexual violence, and absence of personal and social identity. Moreover most children have suffered from inaccessible or non-existent health care, and disruption to or a general lack of education.

(104) Throughout Angola many children have been and still are separated from their families, while others have been left destitute or without the care of family members. Some of them had to take the responsibility for their parent-less family and became head of household. Others face lives as

orphans within church institutions or foster families.⁴² An uncertain number of children (estimated at between 7,000 and 11,000) have been abducted and forcibly recruited by UNITA or FAA forces.⁴³ They have been kidnapped as child brides and abused as sex slaves, or have been forced to serve as ‘battlefield-collectors’, porters, cooks, or under-aged soldiers.⁴⁴ The number of youth and children working and living in the streets is increasing (estimates range between 2,000 and 10,000 in Luanda and throughout the country, according to UNICEF and GOAL). Their situation is made more devastating by drug and sexual abuse, open violence, and lack of hope.⁴⁵ Of importance is the category of children being accused of and persecuted for witchcraft, mainly in the northern provinces of Zaire and Uige, but also in Luanda.⁴⁶ Approximately 30% of pregnancies nation-wide occur with girls between the ages of 13–18 years. The rate of children and adolescents being infected by sexually transmissible diseases or HIV/Aids is estimated to be significantly high. Finally, an uncertain but huge number of children are handicapped (between 70-90,000 Angolans in total) due to landmine accidents, malnutrition or lack of access to health care (especially those handicapped by cases of polio or cerebral malaria). A special category at risk is the group ‘the forgotten children’ or the ‘lost generation’ (so called by child-related organisations), who have never received any sort of socialisation, family environment, or life-skill training.⁴⁷

(105) ECHO has realised in its Global Plans the great significance of this enormous population group (the 0- to 14-year-olds represent 45% of Angola’s population⁴⁸). Within its interventions as well as this evaluation, ECHO wished to focus specially on impact for children.

(106) Aiming at preventing further deterioration of the most vulnerable populations, ECHO has appropriately focused its Nutrition, Health and Protection projects on responding to the particular needs of children within these sectors.⁴⁹ Supplementary and therapeutic feeding centres as well as increasing coverage of primary health care providing pre- and post-natal care in newly accessible areas have been major interventions to reduce child and maternal mortality and morbidity within the target regions.⁵⁰ Vaccination programmes have been quite effective in raising coverage, given the problems of access and inadequate demographic data.

(107) Although the acute need for emergency nutrition programmes may decline, there is a persisting need for preventative activities to secure nutritional improvement at household level, such as education on weaning practices and the importance of breast-feeding,⁵¹ and the re-

⁴² UNICEF, ‘Angola 2001 Multiple Indicator Cluster Survey (MICS)’, March 2003: Proportion of children aged 0-14 years in households not living with a biological parent: 10 %; Proportion of children aged 0-14 years who are orphans living in households: 11 % (one or both parents).

⁴³ Human Rights Watch, ‘Forgotten Fighters: Child soldiers in Angola’, April 2003. The Coalition to Stop the Use of Child Soldiers estimates that 7,000 children served with UNITA and FAA; child protection workers in Angola have suggested around 11,000

⁴⁴ Ibid and UNICEF/Anna Richardson, “Children Living with UNITA,” November 2001

⁴⁵ UNICEF, ‘Angola 2001 Multiple Indicator Cluster Survey (MICS)’, March 2003: Proportion of children aged 5-14 years who are currently working: 30 %.

⁴⁶ Katja Ekholm Friedman, 2003, ‘Estudo sobre as Crianças em Situação de Risco nas Províncias do Zaire, Uige e Luanda’.

⁴⁷ Global Consortium for the Care & Protection of Children in Emergencies (CCF, IRC, SC-US), ‘Emerging from War: Issues of Survival & Development for Children & Adolescents in Angola - A Child Protection Assessment’, December 2002.

⁴⁸ UNICEF, Demographic Data, 1999

⁴⁹ Ibid: Underweight prevalence is 31 %, Stunting Prevalence is 45 %, Wasting Prevalence is 6 %.

⁵⁰ Ibid: Under-five mortality rate is 250 cases per 1000 children; Infant mortality rate/Probability of dying before reaching age one is 150 cases per 1000.

⁵¹ Ibid.: Proportion of infants aged less than 4 months who are exclusively breast-fed is only 14 %.

introduction of nutritional knowledge, sanitation and food hygiene. Such awareness-raising activities are strongly recommended for funding.

(108) The child protection component in general is mainly focused on family tracing and reunification, and is accompanied by a free birth registration campaign in order to provide legal identity to children to ensure their human and civil rights.⁵² Unfortunately the quality of registration is uneven: the birth dates on some cards are obviously wrong, risking future problems of follow-up and exclusion from voter registration.

(109) Additionally the huge needs of responding to the various war-related traumas of children require psycho-social interventions, supported by the major humanitarian actors, in order to mitigate the emergency situation and the potential for new conflicts arising from unresolved aggressions and increasing violence among children and adolescents.

Conclusions

(110) Even though no ECHO-funded project has been expressly dedicated to children, this especially needy and vulnerable population has been the major beneficiary group of the ECHO-funded interventions for nutrition, health, and protection. The achievements are significant, comprising decreased child mortality and morbidity rates within the interventions areas due to increased access to health care, nutritional support, and vaccination. Family reunifications accomplished to date evince the success of the protection activities. These funding interventions by ECHO have been effective, relevant and mostly efficient, if not objectively cost-efficient in all terms (see Protection, Section). For the question of impact and sustainability, it can clearly be stated that these activities for the improvement of health, nutrition and protection aspects have made an enormous difference for the beneficiary population and will contribute to a stable longer-term perspective for those children.

(111) However, the opening of NAAs and the struggle for reintegration and self-reliance in resettlement zones signals the need for continued rapidly-implemented assistance to bridge the gap between emergency and transition, to ensure that children's needs are met in the sectors of nutrition, health, protection, and emergency education.

Recommendations

- For future strategic planning, child-related issues need to be handled with cross-cutting importance within the individual sectors, such as health, nutrition, household food security, protection and emergency education.
- Although it is not within ECHO's priority activities, ECHO could stimulate child advocacy campaigns to mitigate the alarming situation of most vulnerable categories such as street children, children being accused of and persecuted for witchcraft, and former child-soldiers. The campaigns can promote understanding of the situation and the needs of children covering all sectors of life: *Health and Nutrition*: Feeding Practices, Breast-Feeding Campaigns, Balanced Food for Children; *HIV/AIDS*: Affectedness of children due to HIV-mothers, untested blood-transfusions, rape, drugs, non-disinfected needles with health care; *Education*: Right to go to school and receive education; *Human Rights*: Free Birth Registration; *Psycho-Social Setting*: Family reunifications, awareness rising of Child Labour, Street Children, Children being

⁵² UNICEF, Angola 2001 Multiple Indicator Cluster Survey (MICS), March 2003: Proportion of under-five children whose births are reported registered: 29 %.

accused and persecuted of witchcraft, former Child Soldiers. Providing the foundation for a life-building environment for the most vulnerable and for those dependent on special assistance relates appropriately to ECHO's mandate⁵³.

5.9 Psycho-social Programming

(112) The ToR for this evaluation state: 'Besides a general assessment of the current ECHO's activities in Angola, the following aspects should be given especial consideration: *child needs (particularly Child IDPs), the needs of other vulnerable groups, HIV/Aids, protection and psychosocial support...*'

(113) The effects of long-lasting violent conflicts such as Angola's include not only material and physical suffering, but also emotional, spiritual, psychological and social distress. Most Angolan families have been touched by the four decades of violence. Having family members or friends killed, wounded, or tortured has left deep psychosocial scars. Forced displacement, loss of homes and property, and the prolonged life-threatening dangers of fighting and land mines have led to a thorough socio-economic deterioration and disillusionment.

(114) After the ceasefire of 2002, Angolan society remains unstable. It contains the following major vulnerable groups:

- 3.5 million **IDPs**.⁵⁴ Some are in a divided situation wherein family members (mainly male) went back to the place of origin for reconnaissance, to prepare the home and seek income, while the remaining family still benefits from humanitarian assistance. According to the GoA, 1,389,589 remain internally displaced.⁵⁵
- **Repatriated refugees** returning from neighbouring countries. Since April 2002 approximately 130,000 have returned from DR Congo, Zambia, Botswana, and Namibia, out of a total of 441,000 who had fled Angola.⁵⁶ The younger generation especially face the most challenges, returning to an unknown country, speaking little or no Portuguese, and unfamiliar with the Angolan situation, e.g. mine risks.
- **Demobilised UNITA soldiers and their families** (85,550 ex-combatants and 288,756 family members), who have mostly been transported to their places of origin by the GoA after receiving their identity cards and salaries. However approximately 38,000 remain in the officially closed Quartering Areas awaiting their papers and transport, and face severe conditions as assistance has mostly been cut off. A further 36,000 people await onward transport in transit centres throughout the country, some of them without adequate shelter, food, health assistance or hygiene conditions.⁵⁷ The demobilisation has not been accompanied by a thorough disarmament. In this social group especially, the availability of weapons and readiness to use them could fuel new conflicts if the socio-economic situation continues to deteriorate.

⁵³ Provision of a positive setting of constructive elements, such as safe access to water, health and education; food security; income opportunities for families; reduction/elimination of mine risks; peace-building/trusting measurements such as demobilisation, disarmament etc. This can provide and nourish a life-building environment and make the difference between mere existence, and a human dignity promising life.

Mostly the core elements are dealing with life-saving or life-guaranteeing issues, falling under ECHO's mandate.

⁵⁴ Consolidated Inter-Agency Appeal for Angola 2003.

⁵⁵ Ibid.

⁵⁶ Consolidated Inter-Agency Appeal for Angola 2003: approximately 441,000 Angolans have fled the country.

⁵⁷ OCHA Angola Humanitarian Co-ordination Update 10 July 2003.

- **Impoverished resident populations**, who especially in the NAAs are worse off than the displaced population due to long-lasting lack of humanitarian assistance, and to experiences during occupation by UNITA and FAA such as looting, destruction of crops and theft of livestock, killing, rape and abduction.⁵⁸
- **Especially vulnerable groups**: unaccompanied minors, the elderly separated from or without families, widows, handicapped, street children, female- or child-headed households etc, have the least coping mechanisms, live in devastating conditions, are hardly socially recognised, and receive only minimal attention from international assistance.

(115) Besides war-related traumas and cruelties, the population experiences gender-based violence, juvenile readiness for aggressions and violence, the phenomenon of persecution of children for witchcraft, and fast-spreading HIV/AIDS.

(116) The resettlement and reintegration process of these war-affected social groups is a huge challenge for their communities: fragile solidarity structures have to absorb the various former parties to conflict and provide a home for all of them. The immediate and medium-term satisfaction of existential needs such as housing, food, access to health care and education may initially displace the hostilities, tensions, and desires for revenge. Beyond that, devolving decision-making to the community as much as possible (like identifying beneficiaries for humanitarian assistance) can strengthen community mechanisms for mitigating potential local-level causes of conflict, such as disputes about land use or access to water.⁵⁹

(117) Traditional cleansing rites and healing rituals are essential for the reinsertion of the returning community groups and their individuals; so far as such rites are still preserved in the cultural awareness.

(118) Yet apart from social reinsertion, there remains the phenomenon of post-traumatic stress, which needs support through a process-oriented response.⁶⁰

(119) So far ECHO has funded no activities in Angola in the sector of psychosocial assistance.⁶¹ Combining humanitarian assistance with psychosocial interventions could lay the basis for sustainable reconciliation. ECHO and other donors could facilitate psychosocial activities in their humanitarian programmes, especially for vulnerable groups like traumatised women and children.

(120) Psychosocial interventions tend to urge a long-term commitment. However in this crucial state of consolidating the peace building and the high risk of jeopardising the achievements, it is now urgent to include an understanding of the psychosocial dimensions of the war-caused disorders within every project design, as well as sensitivity to the potential for humanitarian assistance to exacerbate community conflict.

⁵⁸ Consolidated Inter-Agency Appeal for Angola 2003.

⁵⁹ Active Learning Network for Accountability and Performance in Humanitarian Aid (ALNAP), 'Global Study: Angola 2003', p73. The Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief refers '...to building on local capacities, involving local beneficiaries in management of relief aid, reducing future vulnerabilities and improving accountability...'.
⁶⁰ UNICEF offers an appropriate response for children with its 'child friendly space' concept where recreational, health, educational and traditional activities and procedures are combined with a psychosocial service structure.

⁶¹ The €30 million EU EPSPP included this sector.

(121) A few organisations (e.g., Christian Children’s Fund and local churches) have already introduced psychosocial assistance for children and their families and have laid a substantial basis for reconciliation. An extended humanitarian response can be defined as including socio-economic programmes such as non-formal education and adult literacy, mine awareness, HIV/AIDS prevention, and income-generating activities. The handling of former parties to conflict and the approach to psychosocial support could be provided as Training-of-Trainers modules to the implementing partner, Government authorities, and local partners, but does not fall within ECHO’s mandate.

Conclusion

(122) Psychological, emotional and social distress has developed heavily, is widespread throughout the entire population, and amounts to a direct threat to any relief and rehabilitation of Angola, not to mention the processes of peace and reconciliation. It has become a ‘ticking time-bomb’ for Angolan society, making it imperative for international donors to link up psychosocial interventions with emergency relief activities in order to restore a minimum of sanity and dignity.

Recommendation

- Although it does not fall within ECHO’s core activities, ECHO could stimulate awareness of psychosocial dimensions of the war-caused vulnerabilities within project-designs as well and could consider related training of ECHO partners and local counterparts including handling of conflict between parties. Further activities need to be covered by development-oriented organisations.

6. Evaluation Criteria

6.1 Relevance

(123) The intervention logic of the 2002 and 2003 GPs plus other emergency decisions has been sound and relates well to the decisions’ objectives as well as ECHO’s overall objectives. The ‘filtering out’ of perennial projects from 2001 (phasing them over to other EC funding mechanisms where possible) allowed ECHO to dedicate its resources to core emergency work just as demands for that work intensified with the climax of the war, the unexpected peace with its waves of spontaneous return, and the opportunity to extend emergency services into newly accessible areas. The choice of sectors and their changing emphasis over time as the situation evolved rapidly was a key part of the successful intervention logic.⁶²

(124) Regarding EC objectives, ‘The main short-term objective of the EC strategy for Angola is to **support the peace process by stabilising the humanitarian situation** to allow an orderly demobilisation and return process to take place.’ (GP 2003, p11) ECHO rightly considers itself to be at the forefront of that effort, and its interventions have been well-suited to the EC’s main objective. ECHO emphasises that its determination to stay close to the confines of its core life-saving mandate is linked to the resources that are (or should be) available to the GoA for humanitarian aid: ‘Taking into account the wealth of Angola, ECHO will limit its interventions to

⁶² The evaluators recommend some minor adjustments in the sectors of intervention for the next phase. See Part Two Chapter 9 below.

its core life-saving mandate, whilst continuing to underline the responsibility of the Government of Angola in tackling the humanitarian situation.’ (GP 2003, p11)

(125) There is a question as to whether GPs should contain more detail per sector on specific objectives, activities, outputs, and indicators, in the style of log frames. Such a level of planning and analysis has its benefits, but also risks giving a false impression of certainty about what is still a fluid and unpredictable situation. Specific accomplishments very much depend on the capacity of a given partner in a given operating environment, and as detailed in Section 4 below, both of these vary widely and are not accurately predictable at the time a GP is being developed (usually September through November of the preceding year, though emergency decisions have a somewhat shorter time lag).

Conclusion

(126) ECHO to continue to require its partners to include at least a simplified log frame analysis in their proposals, because at that stage the necessary degree of detail and predictability is available. For ECHO’s own part, the ‘strategic matrices’ annexed to the 2002 and 2003 GPs are a reasonable application of the log frame approach to a fluid situation.

6.2 Impact

(127) Measuring impact requires using indicators from the very beginning. In nutrition programmes, these indicators were used (number of patients treated, prevalence of acute malnutrition) and performance could be measured. The impact was substantial in that a main indicator for nutritional problems, acute malnutrition (weight/height, i.e. wasting), is now lower in most provinces. However chronic malnutrition (height/age, i.e. stunting) combined with under-five mortality and morbidity rates tell a different story, remaining very high. It is probable that some of the currently lower prevalence of acute malnutrition is due to the high under-five mortality rates: acutely malnourished children are dying off.⁶³ This is hidden misery.

It is not a criticism of emergency nutrition programmes to point out that nutritional problems have roots that are not solved by therapeutic feeding cures. Food aid alone cannot eliminate malnutrition: insufficient breast milk, poor weaning practices, and high morbidity can cause malnutrition even in the presence of adequate food aid. A decent food security policy at national level and re-launching agricultural and other economic activity could help enormously.

(128) In other sectors (and in nutrition to some extent), lack of baseline data make it hard to judge impact on a relative scale. For example, there may be information on how many acutely malnourished patients were cured at TFCs; but without knowing the total number of acutely malnourished people in that area, or even the area’s actual population, one cannot say to what extent the problem has been solved – there is no denominator to go with the numerator. Such lack of baseline data has probably been unavoidable in the recent situation of incomplete access, but can be rectified in the near future.

(129) The assessment of impact, effectiveness and efficiency can also be improved by regular evaluations by partners themselves. Partners must carry out evaluations as part of the project cycle management and ECHO as funding agency can require these evaluations. They would be especially

⁶³ Food security and Nutritional Baselines in EURONAIID programmes in Waku Kungo (Kwanza-Sul) and Ganda (Benguela) carried out in March 2003 for CORDAID, Christian Aid and ICCO do confirm it; the VAM nutritionist concurs.

appropriate (and cost-effective) for perennial projects, such as one health project in Lunda Sul and Norte that already received ECHO funding for five years. The ECHO TAs perform some evaluative and monitoring functions in reviewing partner reports and visiting the projects, but this process could be more formalised, and small amounts for project evaluations could be approved in project budgets.

Recommendation

- ECHO to stimulate partners to carry out regular project evaluations in which issues such as efficiency, effectiveness, and impact etc. are incorporated.

6.3 Efficiency

(130) It is extremely difficult to measure efficiency in emergency operations in terms of resources versus outputs. Partners did not use impact indicators and quality was not measured. Different partners have different cost structures, reflecting salaries, qualifications of staff (e.g. medical doctors vs. more basic health workers), approaches to security and logistics (e.g. ICRC forbidding staff to travel on national airlines), and the particularities of project sites (e.g. some accessible only by air). ECHO's case-by-case approach to assessing proposals for efficiency (as detailed in the *ficheops*) is the most appropriate procedure.

Recommendation

- ECHO to continue assessing proposals for efficiency indicators on a case-by-case basis.

6.4 Effectiveness

(131) Timeliness is a major part of effectiveness in humanitarian work. ECHO's current partners are mostly satisfied with the speed with which donors in Angola processes proposals. But this satisfaction on the part of partners is probably due to use of OCHA's ERF: all ECHO partners in Angola except Médecines sans Frontières (MSF) had received funds from it and did not use ECHO's rapid emergency facility, in which launching of contracts is possible within 72 hours.

(132) Effectively, OCHA carried out the rapid funding response as well as co-ordination. This does not seem to have impeded humanitarian response in Angola. However, if ECHO or other services of the EC wish to position themselves for responses as rapid as OCHA's, then they should adopt some procedures similar to those of the ERF. It is a common administrative arrangement among some donors to have a graduated scale of discretionary power, such that the head of field office can authorise a contract up to a low limit (perhaps €50-100,000) and a short time frame (perhaps 6 months), without the time-consuming reference to headquarters. Requests for greater or longer funding typically require authorisation from headquarters. At present ECHO and EC rules and ECHO's organisational structure do not permit the sub-delegation of authority and responsibility to field level, this would also require the placing of officials in the field; however the evaluators would be remiss in failing to cite the success of OCHA's rapid-response facility with different regulations. It must be noted on the other hand that the moment for rapid response has mostly passed, except for the rapid response to new emergency pockets.

(133) ECHO staff in Luanda still must contend with the extremely low quality of some submitted proposals (also pointed out by the 2000 evaluation).

Recommendation

- ECHO to consider maintaining a stronger field presence to be able to react more effectively and quicker to project proposals.

6.5 Coherence and Complementarity

(134) The relation of ECHO programmes to other EC instruments has two key dimensions: (1) the ‘horizontal’ aspect of dividing the sectoral and geographical map (coherence / complementarity) to ensure coverage and prioritisation of needs, and (2) the ‘vertical’ dimension of ensuring continued support for ECHO-funded projects that must evolve into permanent service delivery (sustainability / LRRD), thus protecting and sustaining the EC’s investment.

(135) This is a key issue because the persisting need for core life-saving activities is now joined by new peacetime opportunities to address Angola’s immense needs for reconstruction. ECHO and the EC in general show every sign of having appreciated the need to carefully divide and align tasks in such a situation. The EC responded to the ceasefire by compiling a ‘Plan of Action for Angola’ in May 2002 that covered a total of €125 million of EC funding available to Angola. The major new feature was the €30 million programme of ‘Emergency Programme of Support to the Peace Process’ (EPSPP) which used funds re-allocated from the 7th/8th EDFs (unused because the war had prevented most development programmes) and is meant to complement ECHO’s programme with additional interventions in food security, health, child protection and education. This complementarity allowed ECHO to focus on its core mandate particularly in the eastern provinces, which had received less donor attention and where operating environments tended to be more challenging. Most of the €30 million is being routed through UN agencies plus EuronAid, except for some NGOs in the mine action sector. Other components of the EC Plan of Action include: PAR (Programme of Aid for Reconstruction, €30 million), which focuses on the Central *Planalto*; the Transition programme (referred to as ‘Line 255’, €6.3 million), a micro-projects fund (€7.4 million, focusing on agriculture), food security (through WFP and EuronAid, €7.9 million), and support to the GoA for the health, education and water sectors (€72 million).

Conclusions

(136) Overall, the Plan of Action is a timely response that addresses the relevant needs on a large enough scale to make a major contribution to the tasks of post-war stabilisation and initial rehabilitation. It also contains a division of labour among the various EC instruments that is coherent and efficient in sectoral and geographical terms. ECHO has played its part successfully in the development and execution of the EC Plan.

(137) Timing is a critical part of complementarity in humanitarian work. To take the EPSPP as an example (with no prejudice implied), its progress report of May 2003 noted that some major contracts had started only in the previous few months (OCHA in February 2003, HALO March 2003, EuronAid April 2003), nearly a year after the ceasefire. This is not a criticism of the EPSPP: the programme involved major disbursements and large-scale project design, and some of its UN partners are less keyed to rapid deployment than emergency-oriented NGOs. But it does show that there is likely to be a continued need for ECHO’s rapid-response capability, if there are to be no gaps in humanitarian action. This seems especially pertinent to humanitarian mine clearance, which

in many parts of Angola is the key activity that enables all other humanitarian action.⁶⁴ Seeds and tools (EuronAid's sector) also have a critical seasonal timing.

(138) ECHO avers that ECHO's near-term future in Angola depends on the success of the EPSPP in practice: '...the success of its implementation will be determinant for ECHO's 2003 strategy'.⁶⁵

Recommendation

- In light of that, the EPSPP (and the other complementary EC instruments) must be closely monitored by the services concerned for the rest of 2003 to determine whether they are achieving the desired results. ECHO must take the results into consideration for the 2004 strategy.

6.6 Sustainability and LRRD

(139) According to ECHO, '...the future EC Country Support strategy for Angola...follows the logic of "LRRD", the objective in the short-term being the immediate post-conflict recovery of the country leading to the preparation of a more traditional development phase with future co-operation focusing on food security, health, education and good governance.' (Decision 254/2002/01000, p7) In the Country Strategy Paper (CSP) signed by Commissioner Nielson and the GoA in January 2003 LRRD is the cross-cutting focus of the strategy. In examining how this is operationalised, the first point regarding sustainability and LRRD is that they imply different things in different emergency sectors:

- NFI distributions are meant to be a one-time intervention that has no need to develop into a permanent service delivery.
- Emergency nutrition is mainly meant to be a similarly punctual set of interventions, though there is an argument for building national capacity for therapeutic and supplementary feeding, and to combine it with outreach activities (nutritional surveillance and education) that multiply the benefits and prevent deterioration.
- Health, meanwhile, is at the other end of the spectrum, in that all health activities introduced into NAAs on emergency terms must eventually transform themselves into permanent health services. (HIV/AIDS prevention activities must similarly be embedded into local structures for indefinite continuation.)
- Water/sanitation requires sustainability on two levels: first, the capacity to implement the activities (construction of water points and sanitary installations plus education) must be developed on a longer term, because Angola's structural water and sanitation emergency will require interventions over a period of years or decades. Second, the beneficiary communities will have to sustain and maintain the water and sanitation installations (e.g. hand pumps) and the related hygiene practices.
- In humanitarian mine action, there are the examples of Mozambique and Afghanistan, whose mine infestation meant that thorough long-term de-mining had to be phased over to lower-cost local organisations. However given that ECHO can fund humanitarian de-mining justifiably only where it rapidly enables critical humanitarian access, other donors should fund mine action partners to try to build sustainable local capacity, because the partners have a much better opportunity to do so with other donors' longer term funds (such as the EPSPP).

⁶⁴ Destroyed bridges are also a major cause of inaccessibility, often in combination with threat of mines.

⁶⁵ 'ProgrammingMatrix_2003.doc', 25/2/2003, by ECHO4; emphasis in original.

(140) The EC Plan of Action, whose strategy prioritises LRRD among the different funding instruments, makes ample provision for the phase-over of those ECHO-funded projects that need continuing support on a lower emergency basis. However, as with the issues discussed in the preceding section, there must be systematic monitoring to make sure this happens in practice.

A simple quarterly summary chart could be developed and shared with other EC services that indicates which projects need or are suitable for phase-over funding (per the sectoral points listed above), and what the future funding status is for each. ECHO already requires partners to indicate in their project proposals the prospects for post-ECHO funding.

Conclusion

(141) Some sectors are more relevant to LRRD than others (health more than NFI for example). In both the horizontal and vertical dimensions (complementarity and sustainability), ECHO's programme is suitably linked with other EC mechanisms. It is clear that a major effort has gone into sustainability and LRRD at both the Luanda and Brussels levels, though it is too early to confirm general success.

Recommendation

- ECHO to continue with its efforts to hand over as many activities as possible, but should engage in ongoing monitoring of this process as far as the field staff resources allow.

7. Cross-cutting Issues

Following are comments on cross-cutting issues not already discussed in preceding sections.

7.1 Gender

(142) Due to the high war-related mortality of adult men, the gender ratio is strongly out of balance in Angola: women abnormally outnumber men. This promotes unofficial polygamy and produces many FHH. A general statement of purpose for gender-sensitive approaches could be given as: promoting gender equality by actively and openly taking into account at the planning stage the possible effects of interventions on the respective situation of men and women. Only partly have female heads of households been identified as direct beneficiaries for NFI and food distributions. The general number of FHH in former war areas (data from Bailundo, Cassongue, Waku Cungo, Ganda, Cacorda etc.) is between 10-15 %.⁶⁶

Recommendations

- Put still more emphasis on a gender perspective in project proposals, and include analysis of the differential impact of project activities on women and men.
- To put more emphasis on specific registration of FHH and their special needs despite the fact that many agencies already do this.

7.2 Human Rights

(143) ECHO's advocacy of human rights issues is manifested in the support to ICRC for their protection unit (family tracing and reunification, including the *Gazeta*). One key question in Angola regarding human rights is personal civic identity which begins with the right of free birth

⁶⁶ Baseline surveys Livelihood, Food Security and Nutrition for Christian Aid, TROCAIRE, ICCO, CORDAID.

registration and corresponding documents, which allow further school enrolment and (eventually) voter registration. The coverage of such documentation activities is improving, but quality is still uneven (e.g. obvious errors in birth dates, as described in Section 5). Provision of identity papers for demobilised soldiers is also incomplete, delaying their dispersal and jeopardising their reintegration. In a similar vein, repatriates who had obtained professional qualifications in neighbouring countries of refuge (e.g. nursing or teaching certificates) face delays in converting to Angolan qualifications, prejudiced by rumours of mass forgery of certificates in their countries of refuge.

Recommendation

- ECHO to consider these activities as an imminent part of rehabilitation and peace building and, although Human Rights advocacy is not a ECHO priority activity, to continue support to it.

7.3 Elderly and Handicapped

(144) Little special support for the needs for elderly (especially unaccompanied elderly) or handicapped was observed. The only observed activity targeting elders was communal kitchens where they could receive warm meals once or twice a day thus relieving them of the burden of collecting firewood.

Recommendation

- Since no detailed information about numbers and social situation is available, no recommendation can be given.

7.4 Security of Aid Workers

(145) The briefings and restrictions from the provincial UNSECCORD or OCHA security officer are the decisive authority for most ECHO partners. However it has been individually observed that NGOs became impatient with the restrictions of driving only by daylight or staying on the main roads. Mine accidents and banditry are constant risks. Some NGOs have their own security criteria and security officer, and follow independent security procedures.

Recommendation

- Since OCHA is doing the overall coordination and has a good network to get reliable information, it is recommended to ECHO's partners to respect OCHA's recommendations concerning security.

7.5 Visibility

(146) Visibility is not an equally appreciated and respected issue among the partners. Sometimes rehabilitation sites cannot even be identified as being the result of an international contribution of humanitarian assistance. There are partners who tend to view visibility requirements as tedious and unimportant, though others comply in a positive manner.

Recommendation

- Partners receiving ECHO funding must respect ECHO's rules on visibility.

PART 2

Assessment of ECHO's Future Strategy in Angola

8. Assessment of the Current Humanitarian Situation and Likely Scenarios for the Near Future

8.1 Current Situation

(147) As detailed in Part 1, many areas inaccessible during the war and its immediate aftermath are now accessible. However, there are still extensive inaccessible areas because of minefields and/or destroyed bridges. Most IDPs have returned to their zones of origin (mostly spontaneously), but a substantial number (600,000–1,200,000) have not returned yet, because of inaccessibility, food insecurity or lack of livelihoods, and mistrust of the peace. Also, medium-scale displacement continues as people move about to seek aid (e.g. Cuando Cubango). This indicates that there are still pockets of emergency needs.

(148) Apart from these pockets, there are considerable needs over most of the country, as IDPs and refugees return to areas with no essential services (indeed no vehicular accessibility, in many cases) and with tenuous food security. Assistance to this return process must continue in order to achieve minimum acceptable living conditions for returnees.

8.2 Likely Humanitarian Scenarios for the Near Future

(149) The evaluators concur with OCHA's recent forecast: 'Virtually all returnees will require some form of humanitarian assistance to survive until food security and sustainable livelihoods can be established. Differences in the level of assistance for returnees may lead to social tensions. Reintegration will be hampered by mine infestation, damaged infrastructure, lack of basic services and limited access to good quality land. Insufficient funding and inadequate planning will hinder integrated programming and the extension of core pipelines into return sites.'⁶⁷ Of particular interest to ECHO, acute malnutrition is likely to rebound somewhat in the hungry season before the next main harvest (due about March 2004), and the need for large-scale food aid and its related logistics will persist well into 2004 if not beyond.

(150) It is clear from this that the mass return of IDPs did not end Angola's long-running humanitarian crisis, but instead shifted it to a different form, albeit one with prospects of medium-term resolution. As the experience from Mozambique shows, the two years of return and reintegration after a long-running conflict can be the most dangerous for war-affected people, and requires in many ways an intensification of humanitarian aid for a certain period, not a relaxation.

⁶⁷ UN Consolidated Appeal Process (CAP) Mid-Year Review, June 2003, p2.

8.3 Needs with Regard to Peace Consolidation

(151) Beyond the narrow interpretation of humanitarian needs, it is necessary to consider the peace process and the role of humanitarian aid in reinforcing it. ‘The main short-term objective of the EC strategy for Angola is support the peace process by stabilising the humanitarian situation to allow an orderly demobilisation and return process to take place.’ (GP 2003, p11) A major problem threatening the fragile peace process in terms of reconciliation is the population’s psychosocial condition and the great need for reconciliation and trauma work for all groups of society. Additionally, security will remain fragile for many years, because disarmament of the former rebels was incomplete. While almost no one expects a resumption of organised rebellion, widespread banditry is a strong possibility if demobilised soldiers do not have satisfactory alternative livelihoods without delay. In such circumstances it is well within a humanitarian mandate to ensure, for example, timely seeds-and-tools distributions to vulnerable people including ex-combatants.

9. ECHO’s Future Strategy

(152) ECHO’s future strategy comprises its role, approach (and that of its partners), sectors, geographical areas, and partners.

9.1 ECHO’s role in Angola

(153) ‘Role’ in this context refers to the adaptation or application of ECHO’s mandate to Angola’s particular situation. This causes the problem of how to define its role as an emergency dwindles.

(154) EC policy is clear that ECHO should not fund activities where development funds could be used instead. The 2001 Commission Communication on LRRD states that ‘humanitarian aid can not address the structural causes of the problems, and is not an appropriate substitute for sustainable social and economic policies...ECHO should therefore focus on its “core mandate”, i.e. life-saving operations in emergencies which aim for the earliest possible exit, combined with co-ordinated and progressive transition from humanitarian aid to normal co-operation instruments.’⁶⁸

(155) On the other hand, ECHO’s mandate covers the immediate aftermath of emergencies as well as the emergency itself.⁶⁹ ECHO’s legal basis (EC Regulation 1257/96) states that its objectives include coping ‘...with the consequences of population movements (refugees, displaced people and returnees) caused by natural and man made disasters...’ The mass return of IDPs is a ‘population movement’ *per* this regulation (especially as it specifically mentions returnees), and therefore the humanitarian consequences of returning IDPs’ dispersal into areas without essential services should be unequivocally deemed to fall under ECHO’s emergency mandate. Naturally this does not imply that ECHO must try to respond everywhere in Angola: it can strategize, prioritise, and co-ordinate with other donors and EC instruments. But the core mandate clearly covers support for establishment of minimal conditions in returnee zones.

⁶⁸Full title: ‘COMMUNICATION FROM THE COMMISSION TO THE COUNCIL AND THE EUROPEAN PARLIAMENT: Linking Relief, Rehabilitation and Development – An assessment’. Brussels, 23.04.2001, COM (2001) 153 final; p9.

⁶⁹ ECHO’s full mandate includes: (1) Provide assistance to victims of crises in countries outside the EU. (2) Save and preserve life during emergencies and their immediate aftermath. (3) Provide relief to people affected by longer-lasting crises. (4) Protect the victims of fighting. (5) Carry out short-term rehabilitation and reconstruction work. (6) Ensure preparedness for natural disasters.

(156) The practical point is, in reality there will be gaps in essential aid during the coming phase of support for re-installation: gaps of timeliness, targeting, and geography. ECHO has a valid role in filling those gaps.

(157) ECHO's role should therefore comprise (in order of priority):

1. Respond pro-actively to hidden or new pockets of emergency needs.
2. Contribute to the re-installation process of displaced and other war-affected people in order to achieve minimal living conditions *per* the Norms for Resettlement established by the GoA.
3. Contribute to reconciliation and consolidation of the peace.

Point 1: Respond pro-actively to hidden or new pockets of emergency needs

(158) A major part of the territory, containing substantial population, is still inaccessible to humanitarian aid. It can be safely assumed that as these areas are gradually opened (with mine clearance and bridge repair), they will reveal emergency conditions similar to those found in NAAs since the ceasefire, and require similar interventions. Such opening of access will continue well into 2004. Also, some currently accessible areas are likely to become inaccessible with the onset of rains, because of road deterioration and rain-induced mine movement; this will coincide with the hungry season just before the next harvest, when food insecurity will rebound. When access is re-established after the rains, some nutritional and health interventions will likely be needed. Food insecurity may also rise in the hungry season in some accessible areas despite planned food distributions, because of the effects of social vulnerability and infectious disease. Responding to these situations is central to ECHO's core mandate.

(159) A pro-active response requires budgetary and partner-oriented preparedness:

(a) to continue earmarking a certain percentage of the budget to enable rapid response to suddenly occurring emergency needs. Decisions allow a reserve but it is difficult to say how much this reserve should be as types and grades of emergency vary.

(b) monitoring situations with present and potential partners (especially OCHA) in provinces that have inaccessible areas likely to be opened up by de-mining or road repair, plus continual needs assessment and monitoring for currently accessible but highly vulnerable areas.

Point 2: Contribute to re-installation process of displaced and other war-affected people in order to achieve minimal living conditions per the Norms for Resettlement

(160) As detailed earlier, the conditions in which returned IDPs and refugees (especially spontaneous returnees) find themselves are hardly an improvement on conditions during displacement. Basic services such as primary health, primary education, and market linkages are non-existent over large swathes of the territory. Community and family infrastructure such as safe water sources and sanitation are mostly yet to be rebuilt, causing daily potential exposure to life-threatening diseases. Angola's long war means that these conditions are so widespread and embedded that the humanitarian problem goes far beyond that of 'normal' under-development, and well into ECHO's mandate. ECHO should selectively support activities to establish these basic services and conditions in the areas where their absence is causing the severest humanitarian problems (e.g. mortality, morbidity, malnutrition). The selection should reflect the need in this

transitional period to anchor interventions even more solidly into sustainable contributions to the rebuilding of social services.

Point 3: Contribute to reconciliation and consolidation of the peace.

(170) Although reconciliation is starting to be addressed by some other donors as a medium- or long-term effort, there will be punctual and acute situations requiring ECHO's rapid-funding capacity and mandate to avoid life-threatening and peace-disrupting developments. As disarmament has not been seriously pursued during demobilisation, the availability of and readiness to use weapons presents a high potential danger. A combination may arise of non-improvement in living conditions, persistent non-recognition of political and human rights (i.e. issuing identity cards), possible discrimination in assistance, and a deterioration or stagnation in the resettlement and reintegration process. Such a combination can lead to another outbreak of violence: if not a return to armed conflict, then a degeneration into lawlessness and organised banditry in some regions is a real possibility (and indeed is happening already, at least in Malanje, the evaluators were informed).

(180) A return to violence or insecurity would undermine the gains that ECHO has made to date and the new life-saving activities to be supported in the near future. Rapid response will be necessary to defend ECHO's investment in life-saving infrastructure (physical and human). Such interventions may take the form of 'traditional' sectors such as health, nutrition, and seeds and tools, or they may be more in the nature of protection and psycho-social interventions. However, it has to be stated that such activities cannot be limited to a "rapid response", as it entails long-term engagement and thus does not fall within ECHO's mandate.

(181) Protection will be especially important, to re-socialise and re-integrate ex-combatants, to forestall incidents that may lead to recriminations over human rights abuses, and to engender trust in the unified administration. Humanitarian mine clearance comes under the role of reconciliation and peace-building, insofar as it reduces the viability of a return to armed conflict or establishment of organised banditry, opens the territory to unified administration, and develops close working relationships between the former foes.

9.2 Approach

(182) ECHO's approach should continue its direction towards LRRD and sustainability (bearing in mind that there are likely to be further isolated situations where emergency interventions are necessary with sustainability as a secondary consideration). LRRD has two key dimensions for ECHO in Angola: (1) links with other funding mechanisms (perhaps but not exclusively EC programmes) that will continue to need external support even as they move beyond ECHO's core mandate; and (2) implementation-level linkages with government and national NGOs, to work towards building capacities to deliver basic services permanently.

Point 1: Links with other funding mechanisms

(183) The other EC instruments will not be able to take over all ECHO-funded projects, because of geographical and sectoral pre-programming. ECHO's purpose is to respond to the unexpected, according to humanitarian imperatives, so it inherently has limited scope to shape its programme to accommodate those of longer-term developmental mechanisms, even for the sake of sustainability. However in the upcoming phase in Angola, that scope will be broader than before: the need for urgent provision of basic services stretches more or less evenly throughout much of the country.

ECHO may begin to select its projects partly on the basis of potential links with the other EC mechanisms. For their part, the other instruments, both EC and other international donors and the GoA, should consider ECHO projects as an investment that should be sustained and not abandoned.

Point 2: Implementation-level linkages with government and NGOs

(184) The international donor community cannot continue to provide (and ECHO cannot continue to fund) basic social services in Angola perpetually; it is not possible to run parallel systems through humanitarian assistance. The approach of ECHO-funded projects should reflect (and indeed most already reflect) the change in situation from an acute to a structural emergency. People in war-affected areas generally face the same lack of basic services that constituted an emergency when they were displaced; but now that they are resettled, the possibility exists to develop permanent services.

(185) Interventions should lead to or facilitate permanent services: emergency service provision with no mechanism to develop permanent service delivery will no longer be necessary or justifiable (except in newly-opening areas of acute emergency needs). The approach involves physical rehabilitation to a standard that allows permanent use (as opposed to health facilities in tents, for example), but more importantly, it involves human resources, supply chains, and above all political (administrative) commitment.

(186) Steady co-ordination right from the planning phase with governmental institutions and communal authorities enhances the government's eventual responsibility for the services to be rehabilitated. The areas of most urgent humanitarian problems will often coincide with those where government capacity is lowest, making it difficult but important for ECHO and its partners to spend some of their resources on developing local capacity. Capacity building as part of short-term humanitarian interventions cannot take the place of true political commitment, but training and equipping of local partners (government, NNGOs, churches, traditional authorities, or community organisations) will make such political commitment more effective where it exists. So will stimulating linkages between the population and local government/NNGOs, so that people demand and negotiate basic rights and services. Capacity plus demand will create the conditions for phase-over. In these circumstances, it is justifiable for ECHO to support a degree of capacity-building as is done through training activities within contracts. However, long-term capacity-building of civil society organisations and of government institutions falls within the responsibility of development aid and can be done through the EDF.

9.3 Sectors

(187) This section is not meant to 'rule in' or 'rule out' any sectors. Particular and unforeseen needs will arise outside the sectors discussed below, and ECHO should apply its mandate (as elaborated earlier) to such needs in whatever sector. Rather, this section is intended to illuminate particular issues of need, approach and LRRD in the commonest sectors, and to recommend actions in newer ones.

9.3.1 Health

(188) To be continued according to careful needs assessment and with strong LRRD/sustainability components (links and training with MINSA and local partners), and also continuing the shift towards preventative approaches (health and hygiene promotion, KAP information, malaria

prevention) in addition to curative services. (The tactic used by some partners of training village health promoters or nutrition monitors is useful for extending health promotion by foot into areas inaccessible to vehicles.)

(189) Each contract should include a communication to MINSA (preferably agreed with them through discussion) of the date of cut-off or phase-over of the health facilities and services, to avoid perpetual emergency assistance and possible disincentives to MINSA's assumption of responsibilities. The 2002 and 2003 Global Plans already emphasise that all health interventions must contain an agreement with MINSA about the government's responsibility to pay salaries and supply drugs at least in part. This emphasis is appropriate and conducive to sustainability; however it will not always be successful, given MINSA's real resource constraints. Another appropriate emphasis in the GPs is the requirement for health partners to explore (even at the proposal stage) the possibilities for funding post-ECHO. This too may help convert emergency services into permanent service delivery, but it will have to be monitored for success in practice.

9.3.2 HIV/AIDS

(190) Should be mainstreamed in all projects. Specific HIV prevention projects (such as the new UNICEF and GOAL contracts) can also be considered. Such specific projects will likely consist mainly of support for design and production of information, education and communication (IEC) materials, and educational campaigns targeted at health services, community organs, and high-risk groups.

9.3.3 Nutrition

(191) It is likely that nutritional emergencies will be revealed in future NAAs, so ECHO must be prepared to support new or continuing therapeutic feeding centres according to needs assessments (anthropometric surveillance, food security early warning systems). In particular, ECHO should monitor closely with WFP's VAM and OCHA, because the nutritional situation is likely to deteriorate even in currently accessible areas during the coming hungry season: some people will have crop failures due to lack of seed or bad seeds, weather, or labour shortages, and food distributions are likely to be interrupted in some areas with the onset of rains.

(192) Nutritional projects should include components for education on breast-feeding and weaning practices (as well as good feeding practices for the family in general), because evidence indicates that traditional knowledge is lost. In particular, given the general lack of safe water, mothers must be encouraged to breast-feed rather than using infant formulas or powdered milk mixed with unsafe water (as some currently do in rural as well as urban areas). Where nutrition assistance such as feeding centres is phasing out, nutritional care should be integrated into health and food security interventions.

9.3.4 NFI

(193) To be supported only on the basis of careful needs assessment by ECHO partners, not a general assumption of needs, given heavy distributions to date. Preparedness through buffer-stocks (potentially prudent, given importation delays) should be carefully reviewed with partners and other actors in this sector (OCHA, UNHCR, USAID-funded NGOs).

9.3.5 Seeds and Tools

(194) Similarly to be supported only on the basis of specific needs assessment, given the heavy interventions of other donors (FAO, EuronAid, USAID, etc, as well as the GoA's targeted assistance to demobilised soldiers) and the successful recent harvest for some.

(195) Partner proposals should be carefully analysed for feasibility of procurement vis-à-vis this calendar. Distribution of varied tool kits to certain vulnerable people to enable non-agricultural income generation can be considered, depending on assessed needs.

9.3.6 Water and Sanitation

(196) As discussed, this is a borderline area as regards emergency needs, because the needs (although urgent) are widespread.

(197) Community water supply, sanitation and hygiene education is a life-saving sector, given the prevalence of water-borne and faecal-orally transmitted disease, and its major contribution to mortality and morbidity (especially for under-five children). However, the community mobilisation and education involved, along with construction, normally means that such projects have to be at least medium-term and closely linked with local partners if they are to be even effective, to say nothing of sustainable. Therefore ECHO will have to be selective about supporting water/sanitation projects. It should prioritise areas with outbreaks of life-threatening water-borne or faecal-oral disease (e.g. shigella in Mavinga), and areas where traditional wells offering semi-safe water are infeasible due to local hydro-geological conditions (which are likely to be few, given the country's mostly favourable hydrogeology). Beyond that, water/sanitation activities can be supported as part of the provision of minimum conditions for returnees.

9.3.7 Child Issues

(198) Within the individual sectors, child-related issues continue to be of crosscutting importance (health, nutrition, household food security, protection, and education). ECHO could additionally support child advocacy campaigns such as for the implementation of the Convention on Children's Rights, the situation of street children, assistance to children being accused of witch-craft or for the recognition of former child-combatants, to provide the grounds for a life-preserving and life-building environment for the most vulnerable in society. One approach would be to enable the replication of UNICEF's and CCF's 'Child Friendly Space' concept (CFS), a combination of recreational, school and health activities gathered around a '*jango*' of traditional rites and knowledge, by training CFS trainers and integrating the concept in communal development. ECHO cannot fund these long-term activities, but could fund short-term support in order to catalyse this approach among other interested national agencies.

9.3.8 Protection

(199) As a tool to assure protection of human rights, ECHO and other international donors should continue to fund protection activities such as those of the ICRC, but should underline the importance of introducing follow-up visits to monitor reunified families and their possible complications. Support for the establishment of local protection committees including traditional authorities (*sobas*) and churches could help to decentralise responsibilities and family follow-up.

(200) Protection concerns especially relating to FHHs and ex-combatants should be expressed in all projects as a crosscutting issue and shall be reflected in selection of beneficiaries.

9.3.9 Psycho-social Interventions

(201) In order to sustain and consolidate humanitarian achievements and to contribute to conflict resolution, reconciliation, and peace building, an integration of psychosocial assistance is recommended for EC funded projects. Although psychosocial interventions may seem to be on the margin of ECHO's mandate, ECHO has in fact funded them in Kosovo and Bosnia, and continues to fund them in Sierra Leone. EC developmental funding instruments were less present in the Balkans at that time than they are now in Angola so that there might be no need for an ECHO intervention. But if a situation is identified where immediate psycho-social assistance is necessary but other EC instruments are unable to respond in time, ECHO could consider it within its mandate to do so.

(202) Integration of psychosocial assistance into protection activities (either by ECHO or by other EC instruments) could be in two forms:

A) *Training for partners*: To strengthen the capacity of staff in selected partner organisations and governmental institutions (i.e. MINARS) to address appropriately the psycho-social needs of war-affected individuals (children, youths, ex-combatants, women, handicapped) and respect appropriately the former conflict parties in communal decision-making. This involves training of humanitarian workers and both international and governmental policy-makers who do not necessarily have a professional background in the psychosocial dimensions of working with conflict-affected populations or in mediation for conflict resolution.

B) *Integration into project designs*: A holistic approach of psycho-social programmes requires a good understanding of the situation of the war-affected individuals and communities, their past experiences and their present circumstances; it needs the involvement of the community in the process of understanding the impact of conflict and forced displacement on the development and well-being of themselves and especially their children, and to involve them in defining priorities. Use of local cultural resources and respect for indigenous healing processes have particular urgency where people have suffered oppression, atrocities and denial of human rights. Psychological knowledge must be made available to local people in the local language.

(203) In the wider view, it is most important to help communities rebuild the structures that are central to their social networks, such as places of worship, communal meeting areas (*jangos*), and schools. Psychosocial well-being is enhanced and facilitated through the social support that community members offer one another. Community participation is primarily seen as aimed at meeting the right to self-determination, and as a basis for strengthening the community's own resources, thus enabling the returned and resident population to develop structures for identifying and responding to the needs of individuals, families and the wider community. Social bonds have to be rebuilt and strengthened to achieve a functioning social ecology, enabling the community to rely again on its own coping mechanisms.

9.3.11 Co-ordination

(204) ECHO's future strategy should include continued support for OCHA in its co-ordinating and informational functions.

9.3.12 Logistics

(204) Continue supporting WFP's logistical role, especially air transport, as far as it is still needed for humanitarian action.

9.3.13 Humanitarian Mine Action

(205) Support survey, awareness training, and minefield demarcation for areas and populations at elevated risk (especially returning refugees unfamiliar with mines), and support mine clearance where it enables access for urgent humanitarian assistance.

9.4 Geographical Areas

(206) Humanitarian needs exist or may arise throughout much of the country, so there is no justification to exclude particular provinces in advance. There can be a general presumption that most emergency activity will take place in NAAs (including future NAAs not yet open). Beyond that, certain provinces in particular seem to need a greater ECHO presence, like Malanje (see Section 3.4).

10. Phasing-out

(207) There is always a tension between a strict application of ECHO's core mandate (implying early post-emergency departure) and preparedness for recurring humanitarian needs. A recent ECHO working paper stated: 'With respect to defining transparently and at a very early stage, what conditions will generate the decision for ECHO to phase-out, there seem to be three broad categories of factors that would cause ECHO's phasing-out or exit: (1) Phase-out and hand-over due to improvement of the humanitarian situation; (2) Phase-out due to commitment by other donors; (3) Suspension due to constraints to humanitarian operations.'⁷⁰

(208) Of course, 'improvement of the humanitarian situation' begs the question of how this is measured and assessed. This section suggests guidelines or indicators for the end of Angola's humanitarian emergency and threat of imminent humanitarian deterioration; a simplified log-frame that matches the end-of-emergency indicators with ECHO's recommended role; and a timetable taking into account the likely duration of the upcoming GP 2004 decision in comparison to the likely chronology of those indicators.

10.1 Recommended Indicators for End-of-Humanitarian Emergency and Threat of Imminent Deterioration

10.1.1 Food Security

(209) OCHA and WFP cite a 'rule of thumb' that food security (and therefore removal of the threat of imminent nutritional deterioration) cannot be considered established for an Angolan household or

⁷⁰ 'ECHO WORKING PAPER – Subject: General guidelines for ECHO's exit strategies'. Brussels, 13 May 2003, ECHO 4/PB D(2003), pp3-4.

community until two consecutive successful annual harvests are in. (It is a rule of thumb more than a scientific law because, among other reasons, parts of Angola have more than one annual harvest.) The evaluators concur with this, and would add that food security requires that at least some livestock assets be restored for households especially in areas that are marginal for maize cultivation. Many war-affected households have already had their first successful harvest earlier in 2003; others will cultivate for the first time in late 2003; and a few will not manage to cultivate this year at all. Therefore in the best-case scenario, there will be a large food-insecure caseload until mid-2004, declining to a medium-sized caseload into 2005, and a residual one until 2006. Prudence dictates that ECHO should be prepared to support nutritional and logistical interventions at least until the medium-sized caseload achieves security in mid-2005. A fair indicator of the end of the food-insecurity emergency would be the reduction of the prevalence of vulnerability to food insecurity (as defined by WFP-VAM) from current high levels to regional southern African levels.

10.1.2 Completion of De-mobilisation and Reintegration

(210) Demobilised soldiers have already received a lot of attention and aid from the GoA, using its own resources and those of the World Bank. However important gaps remain, with obvious risks for peace and security. The immediate aftermath of emergency cannot be deemed to have ended until this process is complete, meaning that all ex-combatants and their family members receive the treatment promised in the GoA-UNITA MoU: salary, national identity documents, transport to zone of origin or desired destination, household kits including seeds and tools, and allocation of adequate land. Given that the GoA managed to deliver this to most ex-combatants within one year of the MoU, with adequate focus one more year (till mid-2004) should suffice to treat the remaining caseload.

10.1.3 National Elections

(211) It is far from certain that national elections will take place in 2005 as promised. However the obstacles to this are less formidable than they were leading up to the previous post-ceasefire elections (in 1992), so it should be considered very possible. Many interviewees at different levels informed the evaluators that the elections would be a pivotal moment, in which peace will be secured or will deteriorate. There will be considerable donor interest in facilitating the elections. However with the very real possibility of tensions before and after any elections, ECHO should plan to remain in Angola (with a reduced portfolio if appropriate) either until the elections are peacefully completed or until it is clear that they are indefinitely deferred.

10.1.4 Establishment of Minimum Conditions for Return and Resettlement

(212) As described, the fact that the humanitarian situation now resembles a structural emergency of lack of essential services puts ECHO in a difficult position to define the natural end of its presence in Angola. The evaluators recommend as a general guideline that, similar to food security, the improvement of coverage in essential services (described as the minimum conditions *per* the Norms for Resettlement) from current post-war levels to southern African regional levels be used as an indicator of the end of the emergency's immediate aftermath and the risk of imminent deterioration.

10.2 Matching End-of-Emergency Indicators with ECHO's Role

(213) The three-part role recommended for ECHO can be matched with the above indicators for end of emergency and imminent risk in the following simplified log-frame:

Table 7: Simplified Log-frame Linking ECHO's Role with End-of-Emergency Indicators

Role	Indicator(s)	Relevant Sectors	Phasing-out criterion	Assumptions
1. Respond pro-actively to hidden or new pockets of emergency needs.	Crude infant mortality and morbidity rates and their aetiology; Mid-Upper Arm Circumference (MUAC) or severe acute malnutrition rates; incidence of life-threatening infections.	Health, nutrition, NFI, logistics, co-ordination, mine action, water and sanitation.	Health and nutrition indicators attain average regional levels.	If humanitarian aid remains active and unimpeded, pockets of emergency will be resolved within 1-2 years.
2. Contribute to the re-installation process of displaced and other war-affected people in order to achieve minimal living conditions <i>per</i> the Norms for Resettlement;	Percentage of war-affected people enjoying minimal living conditions <i>per</i> the Norms for Resettlement: potable water availability; food security indicators, such as: number of meals a day and composition; availability of seeds.	As above plus HIV/AIDS, protection, emergency education (possibly).	Establishment of permanent service delivery such that coverage of essential services attains regional levels.	The major part of resources for this large-scale effort will have to come from GoA and developmental aid. ECHO should fill the most critical gaps.
3. Contribute to reconciliation and consolidation of the peace.	Physical security from organised or criminal violence; development of political structures (national, local, and community-level).	Protection, psychosocial support, emergency education, co-ordination.	Demobilisation and reintegration of ex-combatants successfully completed; 2005 elections successfully completed.	Full reconciliation is a long-term process and can last more than a generation. This means that ECHO needs to formulate to what extend it can contribute.

10.3 Timing

(214) The upcoming Global Plan 2004, with a presumed duration of 15 months, will authorise ECHO activities in Angola until about April 2005. A further 3-6 months can be assumed for final reporting and liquidation. GP2004 will therefore keep ECHO in Angola as far as necessary to confirm all of the indicators of end of emergency and imminent risk suggested above in Section 13.1, barring unforeseen setbacks. GP2004 should therefore incorporate the likelihood that it will be the last decision for ECHO in Angola, and project proposals to be funded from it should be assessed from that perspective. As part of the normal consultative process for developing GPs, ECHO must consult partners and other stakeholders later this year (2003) about this proposed timetable for withdrawal. Importantly, in mid-2004 ECHO must also do a mid-year review in which it assesses progress towards the end-of-emergency indicators, and confirms whether progress is on track to allow its expected withdrawal in mid-2005. If setbacks have already occurred, a GP may be necessary for 2005. Some of the end-of-emergency indicators will only become clear in mid-2005 (elections and second successful annual harvests), so ECHO must make provision to remain ready to respond until then.

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