



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

**HUMANITARIAN AID
for
vulnerable war-affected populations
in and returning to
ANGOLA**

GLOBAL PLAN 2004

Humanitarian Aid Committee, February 2004

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Explanatory memorandum

1. EXECUTIVE SUMMARY

The April 2002 ceasefire in Angola, after 27 years of civil war, laid the building blocks for a lasting peace in Angola. It also lifted the curtain which had hidden the true extent of the humanitarian crisis in the country, and triggered movements on an unprecedented scale of the most vulnerable population groups, IDPs and spontaneously returning refugees. At the same time, resident populations trapped in their inaccessible home areas have been found to be as vulnerable as those returning. More than 3.800.000 war-affected people resettled or returned to their areas of origin since the ceasefire, up to 70% without any form of assistance from the local authorities or humanitarian organisations, to areas not in compliance with the pre-conditions for resettlement.

The early part of 2003 saw a general stabilisation of the humanitarian situation in all of the areas where humanitarian agencies had uninterrupted access, leading to the assessment in July that the acute phase of the emergency had come to an end. Despite the progress seen, it is estimated that a total of approximately 100.000 people, reportedly with critical needs, remain in pockets where access is hampered by mine infestation, broken bridges and poor road conditions. A key issue in this transitional phase is to provide vulnerable groups in the resettlement areas with the minimum conditions and services to ensure their survival and anchor them in their communities, as a starting point for more durable solutions. In spite of the pockets of emergency, much of the country is now passing into the transitional phase, with resettlement and the establishment of sustainable livelihoods at the top of the agenda for further consolidation of the peace. At the same time, the peace process gives much more scope for longer-term development, and therefore for longer-term development cooperation funding. For these reasons, it is rather likely that the 2004 Global Plan, providing funding of €8.000.000, will be the last for Angola, as ECHO prepares to withdraw from the country.

As other funding instruments come on line, ECHO will be focusing particularly on its own added value: providing funds rapidly to cover gaps in the services required to establish minimum conditions in order to anchor returning and resident vulnerable populations in their home areas. This will involve interventions in difficult and isolated areas, often newly-opened. It will ideally involve partners who follow an integrated, holistic approach, who have capacity for both emergency and transitional development activities and who are co-funded by other donors. ECHO will also encourage partners to collaborate with each other in order to collectively build up the whole range of minimum services in a given area. Furthermore, to take account of the transition phase and its future withdrawal, ECHO will examine the potential for sustainability of proposed interventions. Components of such interventions may be : nutritional support, preventive and curative primary health care, emergency water and sanitation activities, agricultural inputs, humanitarian demining activities, HIV/AIDS awareness and prevention, protection activities, emergency education, logistical support to repatriating refugees and returnees. In addition, ECHO will continue to support UN agencies in their protection, coordination, and logistics tasks, and will maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to coordinate and monitor the implementation of operations.

ECHO's 2003 funding totalled €22 million, reaching almost 2.500.000 beneficiaries.

2. CONTEXT AND SITUATION

2.1. General Context

The April 2002 ceasefire in Angola, after 27 years of civil war, laid the building blocks for a lasting peace in Angola. It also lifted the curtain which had hidden the true extent of the humanitarian crisis in the country, and triggered movements on an unprecedented scale of the most vulnerable population groups, IDPs and spontaneously returning refugees. At the same time, resident populations trapped in their inaccessible home areas have been found to be as vulnerable as those returning. According to Government and UN figures, more than 3.800.000 war-affected people resettled or returned to their areas of origin since the ceasefire, up to 70% without any form of assistance from the local authorities or humanitarian organisations, to areas not in compliance with the pre-conditions for resettlement¹ (or “regulamento”). Of these, at least 150.000 are Angolan refugees who have spontaneously returned from neighbouring countries², primarily to Kuando Kubango, Moxico, Uige and Zaire Provinces, though hundreds of spontaneous returns have been noted in Malanje and Lunda Norte. Furthermore, following the signature in November and December 2002 of tripartite agreements between the UNHCR, the Government of Angola, and the Governments of the Democratic Republic of Congo, Namibia, the Republic of Congo (Brazzaville), and Zambia respectively, and in April 2003 with Botswana, the first organised repatriations of refugees started in late June 2003. Thus far, 40.000 people have been repatriated, mainly from DRC (20.000) Zambia (17.000) and Namibia (3.000). Though humanitarian partners have tried to follow the population flows and the opening of new areas in order to continue to provide assistance, the absence of basic conditions has often made vulnerable groups even more vulnerable. Host communities, already weakened by years of conflict, have rarely been able to cope with the scope and accelerated pace of return, which, aggravated by the chronic structural weaknesses of the social services network, has resulted in continued high levels of vulnerability. In some locations, returnees unable to establish their own survival have turned back to provincial and municipal centres where assistance was available.

2.2. Current Situation

The early part of 2003 saw a general stabilisation of the humanitarian situation in all of the areas where humanitarian agencies had uninterrupted access, leading to the assessment in July that the acute phase of the emergency had come to an end. The majority of IDPs expected to return to their areas of origin in 2003 did so – more than 3.3 million in all. About half a million still remain in camps and temporary resettlement areas, whilst approximately 400.000 live with host families in provincial and municipal urban centres. During 2003, the overwhelming majority of returnees remained dependent on assistance - food aid, for example, was distributed to more than one million beneficiaries a month - and most will only be able to establish sustainable food security in 2004 after two successful harvests in 2003 and 2004. According to the most recent WFP Vulnerability assessment, 2.7 million Angolans remain food insecure, even after the 2003 harvest.

¹ Norms on the resettlement of displaced persons, enshrined into law by GoA under Council of Ministers decree number 1/01 of 5th January 2001, officially published on 6th December 2002. Commonly referred to as the “regulamento”. Although the title refers to IDPs, the provisions of the Decree refer to both IDPs and refugees.

² Estimated 442.000 originally, of whom in camps in : DRC – 163.000 ; Zambia – 200.000 ; Namibia – 24.500 ; Republic of Congo – 16.000. Remaining 38.500 spontaneously settled.

For the first time since independence, a nationwide measles vaccination campaign took place in April/May 2003, reaching 7 million children under 15 in 18 provinces. Furthermore, 5 million children were vaccinated against polio in a country where the virus is still endemic, and its crippling effects only too noticeable.

The latter half of 2003 marked the entry of the country into what is generally considered to be the transitional phase. Provincial Plans for the Transition were drawn up in autumn 2003 subsequent to the assessment and planning processes conducted by humanitarian and development partners in collaboration with provincial authorities. These assessments established the coexistence of critical needs with recovery opportunities. According to the Consolidated Appeal for the Transition 2004, results of assessments across all sectors confirm that emergency needs and appalling conditions for communities are often present alongside opportunities for initiating recovery and recuperation work.

Also during 2003, the Government completed the demobilisation and reintegration process, the first part perhaps being more successful than the latter. All of the 35 gathering areas and seven satellites were officially closed in June 2003, and by September, more than 100.000 demobilised soldiers and up to 350.000 of their family members had returned to their areas of origin. In so doing, however, and in the light of slow disbursement of Government demobilisation funds to the provinces and a lack of coordinated and prioritised plans to transport them, they often just swelled the humanitarian caseload.

Despite the progress seen, it is estimated that a total of approximately 100.000 people, reportedly with critical needs, remain in pockets where access is hampered by mine infestation, broken bridges and poor road conditions. Furthermore, the human rights situation continues to cause concern, with a significant portion of the adult population not having proof of identity, and reports of discrimination and intimidation against returning populations being reported in various provinces. Gender-based violence is widely reported and physical harassment by individuals using uniforms and assets of the security and defence forces continues, including of humanitarian personnel.

On the political front, UNITA's first party conference as a political (not military) party in June saw Isaias Samakuva elected as president, whilst José Eduardo Dos Santos was re-elected as president of the MPLA in December. They are likely to be the two candidates for the Presidency of the country at future elections. Though no date has as yet been set, these are expected to take place some time in 2005.

Prognosis : according to all sources, it looks as though peace is holding. Banditry may become a bigger problem, as people face difficulties in establishing livelihoods. The widespread availability of small arms among Angolan civilians could pose a threat to the holding of peaceful elections. The possible trafficking of guns across Angola's borders may also be a cause for concern.

April/May harvest should see a fall in the numbers of people dependent on food aid, and see potential stocks of seeds in the country increase for the 2004/5 planting season. Access to health will still be a problem in many (most) areas, but this will shift from being an emergency to a chronic structural problem. Access to education is still very limited, and will remain so. Govt/UNICEF announced late October a "Back to School Campaign" to get 1.000.000 children back, and train 29.000 more teachers. It is, however, not clear where the funds will come from.

Inadequate state investment in social services and delays in the implementation of specific reintegration programmes for war-affected populations will also affect progress towards relief and recovery.

Local conflicts over land tenure will occur in areas with an intense rate of return, where

commercial agricultural activities are expanding and where centralised and legalistic land distribution procedures are implemented without regard for local customs. Despite coordinated demining efforts, landmine incidents will continue to occur.

According to the CAT, by the end of 2004, 50-60% of resettlement and return areas will be in compliance with the pre-conditions specified in the “regulamento”. By the end of the year also, the majority of the resettlement and return caseload will no longer require emergency humanitarian assistance. The probable increase in HIV-AIDS infection rates will, however, buck the trend of the generally decreasing vulnerability.

3. IDENTIFICATION AND ASSESSMENT OF HUMANITARIAN NEEDS

Angola ranked 164th of 175 in the 2003 Human Development Index, with under-5 mortality of 260/1.000 (Ministry of Plan, GoA) or up to 343/1.000 according to WHO, infant mortality of 150/1.000, and average life expectancy at birth of 36.1 years. Further statistics and indicators are given in Annex 1.

The dilapidation, if not utter devastation, of most of the country and a good part of its population – in both urban and rural areas – is a paradox in the context of staggering natural resources and potential. The extraction of oil (currently 1 million barrels/day, set to double within 5 years) and diamonds is likely to substantially increase, whilst the agricultural potential goes far beyond mere subsistence farming. Angola is possessed of arguably the richest agricultural land in Africa, criss-crossed by many rivers, and is not generally vulnerable to natural disasters.

The Angolan crisis is now moving into the transitional phase between a chronic, complex emergency arising from cumulative mismanagement compounded by 27 years of conflict, to a chronic structural situation characterised by lack of capacity of state institutions, or simply absence of these institutions at provincial and local level. The deterioration of social (particularly health) services has led to the re-emergence of diseases in endemic/epidemic form and unprecedented mortality rates from common diseases, while the dangers posed by the HIV/AIDS virus are all too obvious. Reduced access to food in former conflict areas has created widespread food insecurity and pockets of acute malnutrition. A key issue in this transitional phase is to provide vulnerable groups in the resettlement areas with the minimum conditions and services to ensure their survival and anchor them in their communities, as a starting point for more durable solutions. At the same time, humanitarian actors must remain vigilant and ready to respond to new pockets of emergency as areas which are still inaccessible, or which have become inaccessible again, open up.

The list of inputs necessary to fulfil the pre-conditions for resettlement, and anchor vulnerable returnee and resident populations in their home areas, includes the following :

- nutritional support
- preventive and curative primary health care
- emergency water and sanitation activities
- agricultural inputs
- humanitarian demining activities
- HIV/AIDS awareness and prevention
- protection activities
- essential non-food items
- emergency education
- logistical support to repatriating refugees and returnees.

The Consolidated Appeal for the Transition, issued in November 2003, put the cost of more than US \$ 262 million, of which more than US \$ 201 million for relief assistance and the remainder for recovery.

4. PROPOSED ECHO STRATEGY

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. ECHO's intervention is closely elaborated and coordinated with other Commission services (DG DEV, EUROPEAID), and responds to the first phase of the strategic objective. By all accounts, the humanitarian situation has largely stabilised, the demobilisation process has been completed, and the initial phase of the return process is under way. Though pockets of emergency are still expected in areas yet to be accessed by humanitarian partners, much of the country is now passing into the transitional phase, with resettlement and the establishment of sustainable livelihoods at the top of the agenda for further consolidation of the peace. At the same time, the peace process gives much more scope for longer-term development, and therefore for longer-term development cooperation funding. For these reasons, it is rather likely that the 2004 Global Plan will be the last for Angola, as ECHO prepares to withdraw from the country, leaving a range of other European Commission funding instruments firmly in place. The Commission will, of course, maintain a physical presence through its Delegation in Luanda, which is itself in the process of expanding as a result of the EC's general policy of devolution.

As this Global Plan is likely to be the last, it will be launched slightly later than in previous years in order to allow ECHO still to be present for two more harvests – until June/July 2005. The crucial decision of whether or not to prepare a Global Plan for 2005 will need to be taken just before then, in the light of the pace of resettlement and the success of the harvests.

This process of phase-out will entail continuing attention to the LRRD process, in terms both of the taking over of individual interventions as well as that of the follow through of policies. In this context, EDF and Food Security budget line funding is crucial (see section 4.3 below). These interventions also bolster ECHO's case for exit.

As other funding instruments come on line, ECHO will be focusing particularly on its own added value : providing funds rapidly to cover gaps in the services required to establish minimum conditions in order to anchor returning and resident vulnerable populations in their home areas. This will involve interventions in difficult and isolated areas, often newly-opened. It will ideally involve partners who follow an integrated, holistic approach, who have capacity for both emergency and transitional development activities and who are co-funded by other donors. ECHO will also encourage partners to collaborate with each other in order to collectively build up the whole range of minimum services in a given area. Furthermore, to take account of the transition phase and its future withdrawal, ECHO will examine the potential for sustainability of proposed interventions – in line with the CSP - such as those which employ and train local staff, work within existing structures, secure community and Government participation, and will assist partners as far as possible to access other sources of funding. This said, it is a given that certain emergency activities (such as, for example, therapeutic feeding and NFI distribution) are, by their very nature, not sustainable.

As was stated in the Global Plan 2003, ECHO will continue to take steps to access funding from other sources to continue projects after ECHO's intervention. In view of ECHO's impending and probable exit from Angola, this becomes even more pertinent.

Geographical focus:

ECHO will focus almost exclusively on designated resettlement sites, with a particular focus on as yet inaccessible areas, as and when they become accessible. It is clear that it is in just such areas that the most critical needs and the highest levels of vulnerability will be found – the pockets of emergency which are the prime focus of ECHO's mandate.

Sector focus:

The priority, and the specific objective, will be to support return and resettlement according to the pledged minimum standards. Interventions will take many forms, with a good part of the funding targeting primary health, agricultural inputs and the logistics of repatriation and return. Other components which will be considered are humanitarian demining, water and sanitation, protection activities, emergency education, coordination and logistics. With the bulk of the population movements already having taken place, the provision of NFIs on the grand scale of the past will no longer be necessary, but must be subject to a thorough needs analysis by the partners concerned. Children will be the major beneficiaries of ECHO-financed interventions. A component of HIV/AIDS awareness will continue to be included in all future interventions, in recognition of the threat which the spread of the virus poses to future social and economic development.

In terms of horizontal issues, ECHO will focus on : coordination through OCHA, taking into account the transition to UNDP responsibility, in order to facilitate the strategic and operational coordination of humanitarian assistance in the framework of the Provincial Plans for the Transition ; protection issues, with a particular emphasis on children and women ; and logistics through the WFP air passenger and air and road cargo transport operations. In this context, whilst it is now possible to transport about 70% of cargo by road, the state of disrepair of the road network, the mine and UXO infestation in many areas and the time involved to transport goods by road may sometimes make recourse to air transport necessary. As a general rule, though, partners must realise that free (or almost free) transport is becoming a thing of the past : they must therefore be encouraged to make their own arrangements for the transport of inputs, and humanitarian personnel must take commercial flights wherever possible. It is to be noted here that as of November 2003, WFP started to cut flights to locations where commercial air transport is available, and re-schedule, combine and strictly prioritise other routes.

The increase in the number of resettlement areas where conditions are in place will be a general indicator of the impact of ECHO's strategy. The target set by the CAT is to increase that number from the currently 30% to 50-60% by the end of 2004. Another general indicator is that, by the end of the year also, the majority of the resettlement and return caseload will no longer require emergency humanitarian assistance.

The risks and constraints to the achievement of the objective are precisely those which this decision aims to tackle : mine and other UXO infestation, extremely poor infrastructure and the complete lack of government administration in most areas. Added constraints may be the attitude of the Government in upholding the principles of the voluntary nature of the returns, the free choice of return site, and the distribution of land.

4.1. Coherence with ECHO's overall strategic priorities

Needs-based approach: Angola currently occupies **7th** place in ECHO's worldwide vulnerability rankings (GINA methodology). The Angola crisis has seen one of the longest-running programmes of the Humanitarian Aid Office in Africa – 11 years, since 1993, during which close on €170 million has been committed.

While ECHO in Angola by definition focuses on the most vulnerable - notably **children** under five years of age, who are the specific target of nutrition and MCH/EPI programmes – and their mothers and other **women** in great difficulty as a result of the conflict, the overriding concern is to provide assistance **according to need**. This policy of strict non-categorisation of or discrimination between groups (i.e. IDPs, refugees, resident population, ex-combatants) has been judged to be correct. This will continue to be the case in 2004. Partners will continue to be encouraged to integrate such priorities into all ECHO-financed interventions, and more particularly in healthcare programmes.

With Angola at the crossroads, a constructive approach to **LRRD** will be all the more important in 2004. The phase out from pure emergency to emergency/transition programmes will be completed with handovers to bilateral development donors, and ECHO will continue to coordinate with other Commission departments and to seek out other multilateral and bilateral development donors with a view to building further synergies.

4.2 Impact of previous humanitarian response

Evaluation 2003

The main findings/recommendations of the last major external evaluation³ of ECHO's Angola programme (July 2003) were that “ECHO's policy of giving aid based on need regardless of category is entirely correct”, and that future interventions should be continue to be based on need ; that ECHO's previous funding of primary health and nutrition interventions have “been appropriate, have met emergency needs and have been life-saving” as well as “necessary and effective in terms of getting PHC into NAA's” ; that the strategy of funding essential relief items had also and certainly had an impact on beneficiaries, but that henceforth and in view of the stabilisation of the situation, the funding of such items should only be undertaken subsequent to a careful needs assessment by partners ; that the funding of horizontal activities such as coordination through OCHA (“relevant, effective and efficient”), logistics through WFP and protection through ICRC had been useful and appropriate to the prevailing situation. In general terms, the intervention logic of the two Global Plans (2002, 2003) and subsequent ad hoc decisions evaluated had been “appropriate and relevant”.

Funding

In 2003 the Commission adopted four humanitarian aid financing decisions for or including Angola, for a total of €22 million : the Global Plan itself and three ad hoc decisions aimed at establishing the minimum conditions for war-affected populations in Angola and facilitating their return, including from the neighbouring countries. In line with the strategy developed by ECHO and its partners, the four decisions focused on

³ “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”, June-August 2003, GFE Consulting Worldwide, A. Van der Heide, R. Smith, P. Scheuermann

primary health and nutrition (27 %), repatriation (22%), emergency survival and agricultural inputs (20 %), access (logistics and humanitarian demining) (5%), HIV/AIDS awareness activities (4 %), and protection (3%). Interventions took place in many formerly inaccessible areas (see map annex 2).

Beneficiaries

The full, final results of the 2003 programme will not be known until partners' formal reporting is completed (around autumn 2004), but preliminary analysis of operations funded under the 2003 Global Plan and ad hoc decisions yields the following results⁴:

Components	Beneficiaries	Cost/beneficiary
Health and nutrition	1.140.317	€4,69
Emergency survival and Agricultural inputs	428.500	€9,56
HIV/AIDS awareness	250.000	€3,63
Access (hum. demining)	198.000	€4,70
Protection	135.976	€6,53
Repatriation	50.000	€90,93
Care and maintenance (refugees)	28.800	€8,90
TOTAL	2.324.393⁵	€9,03

A detailed breakdown of these preliminary results, and of the 47 grant agreements issued from 2003 funding, can be found in Annex 3.

It can immediately be noted that, though by far the greatest number of beneficiaries were assisted with primary health and nutrition services, the most expensive activity by far is repatriation, the cost of which also considerably raises the average cost/beneficiary from an otherwise €7.

The total number of beneficiaries assisted demonstrates the extent of ECHO funding.

4.3. Coordination with activities of other donors and institutions

Commission: DG Development/EuropeAid

ECHO collaborated closely with DG Development (DEV) and EuropeAid (AIDCO) in the finalisation of the 9th EDF Country Strategy Paper (€147 million). This programme was signed in Luanda on 28th January 2003, during a joint ECHO-DEV-AIDCO-Delegation mission which accompanied Commissioner Nielson.

Angola is considered to be something of an LRRD "pilot", and was one of the countries selected for a Commission study during 2003. In terms of linkage with ECHO, the most

⁴ All figures until mid-December 2003

⁵ To which must be added respectively the 6 million and 7 million indirect beneficiaries of OCHA coordination and WFP special logistics operations, to which ECHO contributes

significant programmes are the EDF-funded Plan of Actions for Resettlement (PAR) (ongoing) and art. 255 transition programme (funding now exhausted). To these must be added recent financing decisions releasing €26 m and €20 respectively of 9th EDF “B”-envelope funding for programmes of humanitarian access (demining and small road and bridge repair) and to the Fundo de Apoio Social (FAS) for the rehabilitation of social infrastructure will serve not only to reinforce the work of humanitarian actors in the transition phase, but also give a longer-term perspective. At the same time, a new call for proposals for Food Security budget line funding is under way, which will be of interest to some ECHO partners. Furthermore, the future 9th EDF programmes for health and education, as well as a substantial intervention financed from the Food Security budget line, will target those sectors with the most potential for poverty alleviation. On the political level, Angola has also been put on the priority list of countries for election observation.

In 2004, ECHO will collaborate closely with DG Development, EuropeAid and Delegation in order to further enhance the LRRD process. A joint LRRD mission involving all of the relevant services is scheduled for the first quarter of 2004. Furthermore, as the LRRD approach provides the framework for the above-mentioned CSP, it is appropriate to ensure a coherence between ECHO and EDF instruments during the 2004 CSP mid-term review process.

According to the 2003 evaluation report, “the GP 2003 coordinates 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 geographic distribution..... ECHO’s geographical strategy is broadly relevant and effective”.

Angola Donors' Coordination

Regular coordination meetings of humanitarian donors are held in Luanda under the auspices of OCHA. ECHO is in regular attendance. The Commission is also a member of the recently-established Geneva-based Angola Donors’ Contact Group.

Programming process

The 2004 Global Plan is the result of wide-ranging consultations, starting with the organisation of two workshops with partners, one in Luanda on 13th November, and a second in Brussels on 10th December. These two meetings brought together a total of 90 partners’ representatives. The general conclusion of our consultations with our partners in preparing this Global Plan was that the entry into the transition phase is well-acknowledged, but there are still grounds for concern about pockets of critical need. There was also consensus among partners about the Government’s responsibility for its own people. Some concern was also raised about possible unrest around future elections.

4.4. Risk assessment and assumptions

The main risks and assumptions associated with the proposed programme are that :

- the peace process continues to hold ;
- infrastructure is repaired to allow access to new areas ;
- mine and UXO clearance activities continue to support humanitarian access ;
- climatic conditions are favourable to good harvests in 2004 and 2005 ;

- Europeaid and partners mobilise procedures and resources to ensure linkage ;
- MINSA takes over rehabilitated primary health facilities.

4.5. ECHO Strategy

ECHO's strategy for 2004, bearing in mind the likelihood that this might be the last Global Plan for Angola, will be to continue to contribute to the establishment of minimum conditions for the resettlement of war-affected returning and resident populations. Particular attention will be paid to the pockets of critical need which are still suspected in as yet inaccessible areas, as well as to the potential sustainability of interventions.

In order to maximise the impact of the humanitarian aid for the victims, the Commission decides to maintain an ECHO support office located in Luanda. This office will assess evolving needs, appraise project proposals, co-ordinate and monitor the implementation of humanitarian operations financed by the Commission. The office provides technical assistance capacity and necessary logistics for the good achievement of its tasks.

Principal objective : To contribute to the establishment of minimum conditions for resettlement in Angola

Specific objectives :

- Return and resettlement of war-affected populations : to facilitate the return and assist the resettlement of returning and resident war-affected Angolans, and wherever possible to assist with durable solutions ;
- Special mandates : international agencies are supported in the execution of their protection, coordination and logistics mandates ;
- to maintain a technical assistance capacity in the field, to assess evolving needs, appraise project proposals and to coordinate and monitor the implementation of operations.

4.6. Duration

In view of the fact that certain operations will start on 1st January 2004, the duration for the implementation of this decision will be 18 months. Humanitarian operations funded by this decision must be implemented within this period.

If the implementation of the actions envisaged in this decision is suspended due to *force majeure*, or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. The procedure established in the Framework Partnership Agreement in this respect will be applied.

4.7 Amount of Decision and strategic programming matrix

4.7.1. Total amount of the Decision: 8,000,000 Euro

4.7.2 Strategic Programming Matrix

STRATEGIC PROGRAMMING MATRIX FOR THE GLOBAL PLAN

Principal Objective	To contribute to the establishment of minimum conditions for resettlement in Angola.		
<i>Specific objective 1</i>	<i>Activities</i>	<i>Inputs: 5 M€</i>	<i>Target outputs/indicators</i>
<p>Return and resettlement of war-affected populations:</p> <p>To facilitate the return and assist the resettlement of returning and resident war-affected Angolans, and wherever possible to assist with durable solutions.</p>	<ol style="list-style-type: none"> <u>Nutritional support</u> <ul style="list-style-type: none"> implementation of therapeutic (TFC) and supplementary (SFC) feeding programmes in line with anthropometric evidence of global acute malnutrition rates (normally > 10% among children < 5 yrs) promotion of systematic nutrition awareness and screening (including outreach if possible) in primary health activities <u>Preventive and curative primary health care</u> <ul style="list-style-type: none"> small-scale rehabilitation and re-equipment, where possible using labour-intensive methods ; supply of 50% of requirements drugs and consumables for basic curative healthcare, with MINSA supplying remaining 50% ; training of MINSA and former UNITA health staff ; systematic promotion of malaria prevention (awareness and impregnated bed net distributions ; vaccinations ; provision of emergency obstetrical and other services by referral; blood safety: rigorous adherence to indications for blood transfusions, training in correct application and interpretation of grouping and HIV/hepatitis screening tests, respect for standard protocols in the administration of blood products. Beneficiaries trained in hygiene and nutrition practices <u>Emergency water and sanitation activities</u> to ensure basic hygiene conditions are met. <u>Provision of agricultural inputs</u> <ul style="list-style-type: none"> seeds and tools in time for the different planting seasons livestock for breeding and ploughing training of farmers' organisations <u>Humanitarian demining activities</u> to secure access <u>HIV/AIDS awareness and prevention</u> as a component in all interventions. Distribution of condoms. <u>Protection activities</u>, including family tracing and reunification Distribution of essential non-food items , including clothing if necessary, to strictly targeted beneficiaries Emergency education through the TEP programme <u>Logistical support</u> to repatriating refugees and returnees 	<p>In and, in the case of logistics, to the designated resettlement sites</p> <p><u>Potential partners:</u></p> <p>ACH, ADRA, Alisei, AMI, Care, Caritas, CIC, Concern, CUAMM, Cordaid, DanchurchAid, Die Johanniter, DRC, FAO, Goal, GVC, Halo Trust, Intersos, IOM, MAG, Malteser, Medair, MSF, MDM, Movimondo, NPA, NRC, Oxfam, ICRC, IFRC, SCF, Solidarités, Tear Fund, UNHCR, Unicef, World Vision, ZOA</p>	<p><u>General</u></p> <p>Contribute to CAT objective : increase from 30% to 50-60% the proportion of returnees and war-affected resident populations resettling in areas where minimum conditions are in place.</p> <p><u>Nutritional support</u></p> <ul style="list-style-type: none"> Integration of TFCs into MINSA structures = 100% <p><u>Preventive and curative primary healthcare</u></p> <ul style="list-style-type: none"> Number of MINSA and former UNITA health staff trained = case-by-case average cost of drugs and consumables per new contact = 1 € % of correct diagnosis & prescriptions = 80% % of health facilities with adequate latrines and clean water = 90% 50 % essential drugs available 100% of time. Commitment of MINSA for remaining 50% number of new contacts = 0.5/person/year % immunisation coverage EPI = case-by-case % retention and correct use of impregnated bed nets = 80% % transfused blood tested for HIV and respecting indications = 100% takeover of rehabilitated health facilities by MINSA = 100% % attended deliveries/ expected no. of attended deliveries = 60% <p><u>Emergency water and sanitation activities</u></p> <p><u>Provision of agricultural inputs</u></p> <ul style="list-style-type: none"> No. of beneficiaries having access to seeds and tools in time for planting season = case-by-case basis as areas become accessible <p><u>Humanitarian demining activities</u></p> <ul style="list-style-type: none"> No. of beneficiaries able to resettle in mine-free areas = case-by-case No. of sq./km checked and declared safe No. of beneficiaries to whom access is gained = case-by-case No. of humanitarian organisations to whom safe access to beneficiaries is provided = case-by-case No. of beneficiaries receiving mine awareness training <p><u>HIV/AIDS awareness activities</u></p> <ul style="list-style-type: none"> No. of training activities/participants per activity No. of beneficiaries who after training can correctly identify three means of transmission and three ways of prevention of the virus = 80% . Availability of condoms
<i>Specific objective 2</i>	<i>Activities</i>	<i>Inputs: 2.15 M€</i>	<i>Target outputs/indicators</i>

Special mandates: International agencies are supported in the execution of protection, coordination and logistics mandates		Nationwide <u>Potential partners:</u> ICRC, UNOCHA, UNHCR, WFP	<u>Protection activities</u> <ul style="list-style-type: none"> No. of unaccompanied minors registered = case-by-case No. of minors reunited with their families = case-by-case No. of Red Cross messages = case-by-case <u>Coordination activities</u> <ul style="list-style-type: none"> No. of situation reports and maps produced No. of meetings, workshops held with Government and donors <u>Logistics</u> <ul style="list-style-type: none"> No. of flights carrying humanitarian personnel and cargo Tonnage of humanitarian cargo carried by air and by road Uninterrupted pipeline of humanitarian goods
<i>Specific objective 3</i>	<i>Activities</i>	<i>Inputs: 0.35 M€</i>	
Technical assistance ECHO maintains an appropriate field capacity to assess evolving needs, devise coordinated responses, and monitor and evaluate the operations financed by the Commission		Nationwide	
<i>Reserve</i>		0.5 M€	
TOTAL		8.0 M€	

5. ANNEXES

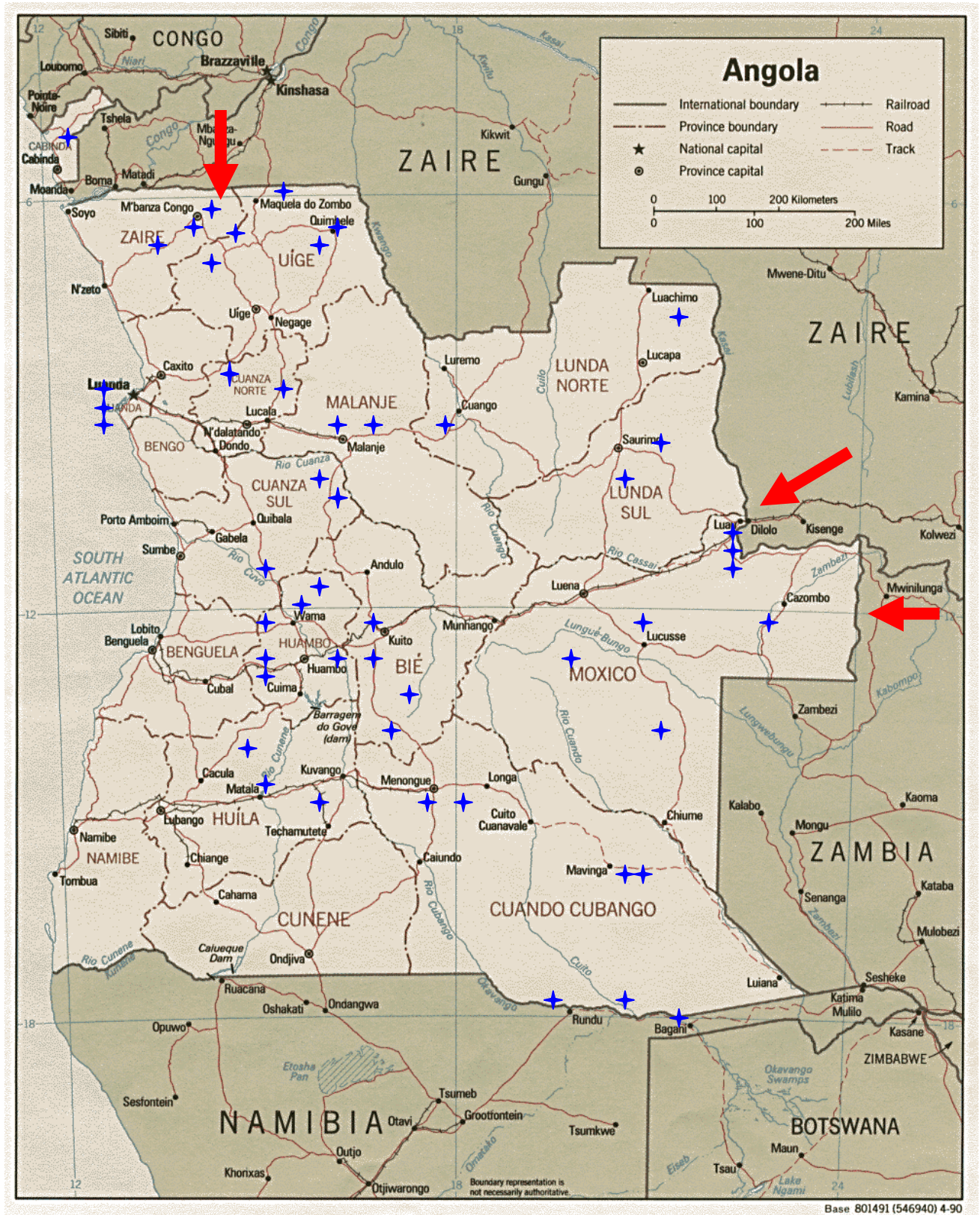
Annex 1: Statistics on the humanitarian situation

Indicator	Location	Year A		Year B ⁶		Source
Infant mortality rate/1000 live births	National	1996	166	2001	150/1000	MICS ⁷
Under-5 mortality rate /1000 live births	National	1996	274	2001	250/1000	MICS
Maternal mortality rate / 100.000 live births	National	1995	1.300 (estimate)	2000	716 (Luanda)	1995 WHO/UNI CEF/UNFPA 2000 GoA
% births attended by skilled health personnel				2001	45%	
% U-5s whose births are reported registered				2001	29%	MICS
School attendance rate (primary)	National	1998	47.4 %	2001	56%	GoA/ MICS
Under-5s stunted	National	1996	53.1%	2001	45%	GoA/MICS
Under-5s wasted	National	1996	6.4%	2001	6%	GoA
Population undernourished	Urban areas	1995	33.3%			GoA
Population requiring food aid	National			2001/2	10.1 %	FAO/WFP
Life expectancy at birth	National	1996	42.4			GoA
Measles immunisation cover	National	1996	45.5%	2001	53%	GoA/MICS
Access to safe water	National	1996	36%	2001	62%	GoA
GDP per capita		1996	\$ 494	2001	\$ 686	IMF; OECD
Development index rank				2003	164/179	UNDP
Total population movements				2002/3	3.800.000	OCHA
Total refugees outside Angola				2003	350.000	UNHCR
HIV/AIDS infection rate (limited estimate)	Luanda	1999	3.4%	2001	8.6%	GoA senti- nel sites
N% women who have been tested for HIV				2001	2%	MICS
Est. total no. of landmines	National			2001	6-7 million	GoA

⁶ Pre-April 2002 Accessible areas only

⁷ MICS = UNICEF Multiple Indicator Cluster Survey, published October 2003, data collected April-October 2001

Annex 2: Map of country and location of ECHO operations



★ ECHO-funded intervention sites
 → Repatriation logistics

Annex 3: List of previous ECHO operations

List of previous ECHO operations in ANGOLA					
Decision number	Decision type	2002 EUR	2003 EUR	2004 EUR	
ECHO/AGO/210/2002/01000	Global Plan	8,000,000			
ECHO/AGO/210/2002/02000	Emergency	2,000,000			
ECHO/AGO/254/2002/01000	Non Emergency	2,000,000			
ECHO/TPS/210/2002/16000*	Non Emergency	2,000,000			
ECHO/AGO/210/2003/01000	Global Plan		8,000,000		
ECHO/TPS/210/2003/07000	Non Emergency		5,000,000		
ECHO/TPS/210/2003/12000**	Non Emergency		8,100,000		
ECHO/AGO/210/2003/02000	Non Emergency		900,000		
Subtotal		14,000,000	22,000,000		0
Total (y-2)+(y-1)+(y)		14,000,000	22,000,000		0

Dated : 17/12/2003

Source : HOPE

* Allocation for Angola from wider €30.000.000 decision for Southern Africa

** Allocation for Angola from wider €25.000.000 decision for Southern Africa

Annex 5: List of Abbreviations

ACH	Action Contre el Hambre
ADRA	Adventist Development and Relief Agency
AIDCO	EuropeAid – Co-ordination Office
AMI	Assistência Medical International
CAT	Consolidated Appeal for the Transition - UN fundraising instrument
CIC	Associação para a Cooperação, Intercâmbio e Cultura
CMR	Crude Mortality Rate
CUAMM	Medici con l’Africa (Collegio Universitario Aspiranti e Medici Missionari)
DCA	DanChurchAid
DG DEV	Directorate General for Development
DRC	Danish Refugee Council
ECHO	European Commission Humanitarian Aid Office
EDF	European Development Fund
EPI	Extended Programme of Immunisation
EU	European Union
FAO	Food and Agriculture Organisation
GINA	Global Index for humanitarian Needs Assessment
GP	Global Plan
GVC	Gruppo Volontariato Civile
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IOM	International Organisation for Migration
LRRD	Linking Relief, Rehabilitation and Development
MAG	Mines Advisory Group
MCH	Mother and Child Healthcare
MDM	Médecins du Monde
MINSA	Ministerio da Saude (Ministry of Health)
MSF	Médecins Sans Frontières
MUAC	Middle Upper Arm Circumference
NAA	Newly-accessible areas
NFI	Non Food Items
NGO	Non-Governmental Organisation
NIP	National Indicative Programme
NPA	Norwegian People’s Aid
NRC	Norwegian Refugee Council
OCHA	Office for Co-ordination of Humanitarian Assistance
SCF	Save the Children Fund
SFC/P	Supplementary Feeding Centre/Programme
STD	Sexually Transmitted Diseases
TFC/P	Therapeutic Feeding Centre/Programme
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
UXO	Unexploded ordnance
WFP	World Food Programme
WHO	World Health Organisation

COMMISSION DECISION

of

on the financing of humanitarian operations from the budget of the European Union in ANGOLA

THE COMMISSION OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Union,
Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid⁸, and in particular Article 15(2) thereof,

Whereas:

- (1) Unprecedented movements of up to 3.8 million of the most vulnerable population groups have taken place in Angola since the cease-fire agreement in April 2002 ;
- (2) The Government of Angola has established by law the minimum conditions for resettlement of IDPs and refugees in designated resettlement sites ;
- (3) Local resident populations in the designated resettlement sites are often equally as vulnerable ;
- (4) These minimum conditions are not in place in the majority of these designated resettlement sites, giving rise to fears of a deterioration of the humanitarian situation of returnees and local populations ;
- (5) Children have been particularly affected by the conflict;
- (6) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Union for a period of 18 months in order to reach an acceptable level of completion ;
- (7) It is estimated that an amount of 8.000.000 Euros from budget article 230201 of the general budget of the European Union is necessary to provide humanitarian assistance to up one million vulnerable war-affected Angolans, taking into account the available budget, other donors' interventions and other factors ;
- (8) In accordance with Article 17(3) of Council Regulation (EC) No. 1257/96 of the 20th June 1996 concerning humanitarian aid, the Humanitarian Aid Committee gave a favourable opinion on 19 February 2004.

⁸ OJ L 163, 2.7.1996, p. 1-6

HAS DECIDED AS FOLLOWS:

Article 1

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves an amount of 8,000,000 Euro for humanitarian aid operations (Global Plan) for the benefit of war-affected Angolan populations from article 230201 of the general budget of the European Union.
2. In accordance with article 2 of Council Regulation (EC) No 1257/96, the humanitarian operations will be implemented in the framework of the following specific objectives:
 - Return and resettlement of war-affected populations : to facilitate the return and assist the resettlement of returning and resident war-affected Angolans, and wherever possible to assist with durable solutions ;
 - Special mandates : international agencies are supported in the execution of their protection, coordination and logistics mandates ;
 - To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to monitor the implementation of operations.
3. The amounts allocated to each of these objectives and for the reserve are listed in the annex to this decision.

Article 2

Without prejudice to the use of the reserve, the Commission may, where this is justified by the humanitarian situation, re-allocate the funding levels established for one of the objectives set out in Article 1(2) to another objective mentioned therein provided that the re-allocated amount represents less than 20% of the global amount covered by this decision and does not exceed 2 million Euro.

Article 3

1. The duration of the implementation of this decision shall be for a period of 18 months, starting on 01/01/2004. Expenditure under this decision shall be eligible as from that date.

If the actions envisaged in this decision are suspended due to *force majeure* or comparable circumstances, the period of suspension will not be taken into account for the calculation of the duration of the implementation of this decision.

Article 4

This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission

Annex: Breakdown of allocations by specific objectives

Specific objectives	Amount per specific objective (Euro)
Return and resettlement of war-affected populations ; to facilitate the return and assist the resettlement of returning and resident war-affected Angolans, and wherever possible to assist with durable solutions	5,000,000
Special mandates : international agencies are supported in the execution of their protection, coordination and logistics mandates	2,150,000
To maintain a technical assistance capacity in the field, to assess needs, appraise project proposals and to monitor the implementation of operations	350,000
Reserve	500,000
TOTAL	8,000,000