The Case of Angola

Prepared for Groupe URD by

Paul Robson

Local researcher André Zinga Nkula

For further copies of this publication please contact:

ALNAP   c/o Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
United Kingdom
Tel +44 (0)20 7922 0300
Fax +44 (0)20 7922 0305
Email alnap@odi.org.uk
Website www.alnap.org

Price per copy £7.50 (including postage and package)

FOREWORD

Since its foundation in 1997, the Active Learning Network on Accountability and Performance in Humanitarian Action (ALNAP) has consistently highlighted the relationship between humanitarian agencies and affected populations as critical to the accountability and performance of the Humanitarian Sector, and the active participation of affected populations as fundamental to their self-determination and dignity.

Although ALNAP member agencies share an understanding of the right of affected people to have a say in actions affecting their lives, given the difficulties in the midst of an emergency, many questions remain as to how, when and with whom. The debate on participation in humanitarian action, albeit well intentioned, has been characterised by assumption and expectation, with too little supporting evidence and too little participation by members of the affected populations.

The global study on the consultation with and participation by affected populations in humanitarian action is the first major effort to seek answers and increase understanding through a direct focus on current practice in the field – eg, how do agencies and affected populations interact? what are the opportunities for participation? why are such opportunities lost? – combining researcher, practitioner, national and international perspectives in each of the study teams. However, participation is not a simple matter of methodology, it requires a willingness to share power, to recognise and respond to the rights of affected populations and to support self-determination proactively.

While not expecting simple answers, the Steering Group has high expectations of the Global Study, which aims to provide humanitarian agencies and their personnel with guidance, insights and reference points to help determine, in dialogue with affected populations, how to maximise participation in a given situation.

The Angola study is one of a series of six country studies and resulting monographs that, together with an extensive literature review, will provide the basis for a Practitioner Handbook and Overview Book.

Andre Griekspoor, Chair
on behalf of the Global Study Steering Group

Matthew Carter	Head Emergencies Support Section, CAFOD
Dr Girma Ejere	Head of Strategic Partnership, Learning & Skills Council
Andre Griekspoor	Technical Officer, Emergency Humanitarian Action Department, WHO
Jean-Marc Mangin	Chief, Emergency Response Unit, CIDA
Kate Robertson	Deputy Coordinator, ALNAP
Dr Ian Shaw	Professor of Social Work, Department of Social Policy & Social Work, University of York

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

ACRONYMS

ACORD	Agency for Co-operation and Development in Research
ADRA	Adventist Development and Relief Agency
ALNAP	Active Learning Network for Accountability and Performance (in Humanitarian Action)
CCF	Christian Children's Fund
HQ	Headquarters
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IMF	International Monetary Fund
MINARS	Ministry of Social Affairs and Reintegration
MINSA	Ministry of Health
MPLA	People's Movement for the Liberation of Angola
MSF	Médecins Sans Frontières
NGO	Non-governmental organisation
OCHA	(UN) Office for the Coordination of Humanitarian Affairs
PRA	Participatory Research Approaches
QFA	Quartering and Family Areas
SADC	Southern African Development Community
SRPA	Special Relief Programme for Angola
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNITA	National Union for the Total Liberation of Angola
UTCAH	Technical Unit for Coordination of Humanitarian Assistance
VAM	Vulnerability Analysis and Mapping
WFP	World Food Programme

Angola

Congo

Democratic Republic of Congo

CABINDA

ZAIRE

UIGE

BENGO

Luanda

LUANDA

KWANZA
NORTE

MALANJE

LUNDA NORTE

LUNDA SUL

KWANZA SUL

Lobito

Benguela

Huambo

BENGUELA

HUAMBO

Kuito

BIÉ

MOXICO

Zambia

HUILA

Lubango

NAMIBE

KUNENE

CUANDO CUBANGO

Namibia

Botswana
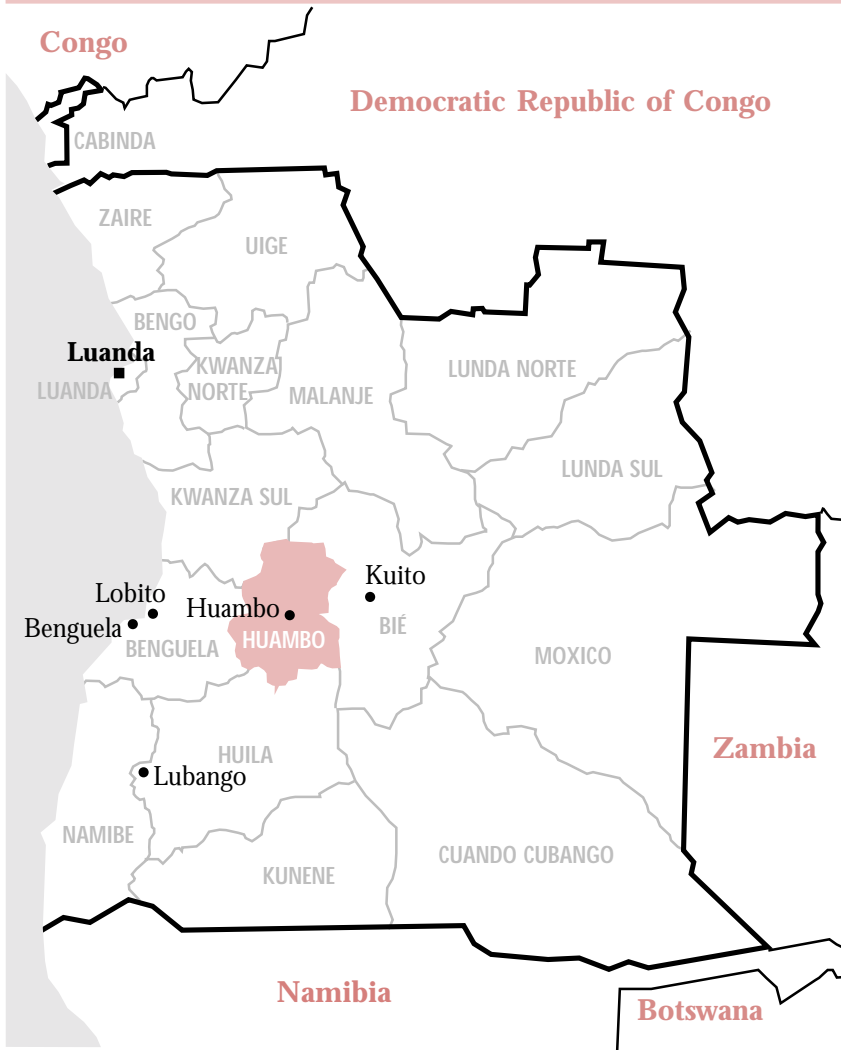
EXECUTIVE SUMMARY

Participation of affected populations has become a central tenet of policy for a number of humanitarian agencies. The 1994 *Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief* commits signatory agencies 'to involve programme beneficiaries in the management of relief aid'. Despite policy level commitments, there remains wide variation in practice. It is against this background that the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) commissioned the 'Global Study on Consultation with and Participation by Affected Populations in the Planning, Managing, Monitoring and Evaluation of Humanitarian Action' with the core objectives of:

- assessing current consultation and participation practice in a range of emergency contexts;
- identifying examples of good practice;
- identifying gaps or inadequacies in current practice and contributing factors; and,
- improving understanding of participation and consultation practice.

A series of six country case studies aims to test the hypothesis that active consultation with and participation by crisis-affected populations in measures to assist them is, according to aid recipients and other key stakeholders, both feasible and beneficial. Angola is the fifth of the case studies. Humanitarian programmes were defined broadly and included emergency programmes (that stress rapid action) as well as programmes that aimed to respond to ongoing crises with longer timeframes.

Participation and consultation were defined in the Angola study as processes in which affected populations and humanitarian actors work together to understand and strengthen preferred ways of meeting survival needs in times of stress.

Conflict in Angola lasted from 1961 to 2002, interspersed with a few periods of peace. Each phase of war in Angola has led to its own waves of displaced people and refugees. There have been periods of acute crisis in Angola (such as October 1992 to November 1994, and late 1998 to 2000). During the intervening years, normally described by Angolans as 'not war but not peace', there were short-term acute crises in certain areas. But generally the crisis was a long-running, structural one with various dimensions. Vulnerability was caused by the collapse of the economy, poor services and weakened institutions.

International humanitarian aid to Angola was very limited before 1990, but has grown rapidly since. The long-running nature of the crisis, and its various dimensions, has led to a variety of different humanitarian agencies operating in Angola; they have differing perceptions of their relations with the affected populations. These range from agencies that perceive consultation and participation in an instrumental way (that is as possibly useful in the realisation of humanitarian actions) to those who see the main objective of humanitarian programmes as increasing people's capacity to take decisions that affect their lives. Agencies with different mandates and perceptions often work in the same area. While there is a consensus that humanitarian intervention in Angola has saved many lives, there is also debate. One criticism centres on the form of humanitarian action during acute crises and its top-down nature. A second is that interventions designed for short-term crises continued for more than 10 years. A third criticism is that the prolonged humanitarian interventions encouraged dependency, and damaged coping mechanism and community institutions. The latter two criticisms are much more common than the former.

Interviews with humanitarian actors in Angola during the Case Study suggest that there have been three different approaches to humanitarian

activity in Angola. The first, a pure emergency approach, aims to respond to acute crises through actions that directly save lives. The second aims to respond to an ongoing crisis through actions that save lives more indirectly, supporting household and community coping strategies, protection of vulnerable groups and peace building. The third approach stresses sustainability, the development of community capacities and the development of citizenship. Examples of participation and consultation in Angola are described for each approach.

Few examples were found, during the fieldwork, of participation and consultation during acute crises. In such situations, the emphasis seems to have been on 'delivery' through standardised programmes. Humanitarian agencies oriented to emergency actions seemed unaware of, and uncomfortable with, the discourse of participation and consultation which they felt would have hindered quick action without adding any value. Some interviewees however, both inside and outside emergency agencies, felt that these perceptions ought to be challenged and that many of the reasons for the low level of participation and consultation related to agency practices and culture and not to the context. One interesting example that supports the feasibility of participatory approaches in emergencies is the planning of emergency interventions in remote, newly accessible areas in the north of Huambo province undertaken by the International Committee of the Red Cross (ICRC). An ICRC team spends a week discussing needs in an area with various sections of the affected population, who then assist in improving access roads and buildings. Participation is in planning and through provision of labour.

Interviewees from humanitarian organisations often mentioned consultation as a way to improve vulnerability assessment, which is important in an unstable social, political and security environment. In Angola, humanitarian information systems have improved greatly over the last 10 years. The Vulnerability Analysis and Mapping (VAM) unit of the World Food Programme (WFP) produces an analysis of food insecurity every six months in 11 of the 18 provinces of Angola. However, there is some recognition by those involved that this analysis is based largely on the

impressions and opinions of their key informants – non-governmental organisations (NGOs) and government officials – and incorporates little information about the survival strategies and perceived needs of the affected populations. Save the Children (UK) has tried to incorporate these elements through household food security assessments in Huambo and Kuito cities in 2000 and 2001, but such assessments are expensive to carry out.

Most questioning of humanitarian action in Angola has been about the fact that humanitarian agencies continued in 'emergency mode' for longer than necessary and did not take into account the patchwork of different situations in different parts of the country. Humanitarian agencies tended to classify Angola as an acute emergency even though this was not the case in many parts of the country. The long-running Angolan crisis created a wider range of problems, but these tended to be neglected. Temporary solutions were applied over an extended timescale and so became inappropriate responses. There are, however, some examples of situations where consultation has proved effective in identifying hidden problems and innovative solutions.

One example is of people in Huambo province who were displaced by a new phase of war in 1998 and lived in appalling conditions in old buildings for more than a year. When it became clear that insecurity was likely to continue, large camps for displaced people were opened. However some agencies decided to consult more deeply and found that IDPs (internally displaced persons) wanted to live alongside their original community in conditions that resembled their villages, and to have access to land. Humanitarian agencies thus helped them to build temporary 'new villages', which was judged to be a successful experience in relation to the larger IDP camps. The humanitarian agencies' main regret was that they did not do this earlier. Another example is the work of certain agencies focusing on children that, through consultation, pinpointed problems of adjustment to school by IDP children and devised solutions.

Although there has been a limited culture of participation and consultation in Angola, there is a strong minority current of opinion in Angola that

considers that both humanitarian and development efforts should focus on participation and consultation. Adventist Development and Relief Agency (ADRA), the local NGO, has the most thought-out philosophy regarding participation and consultation in a long-term, structural crisis such as Angola. ADRA is critical of humanitarian action that has intervened for long periods without giving opportunities for consultation and participation. It feels that humanitarian actors, because of their presence at the community level in many areas of the country, have an important role in rebuilding citizen–state reciprocity.

ADRA has experimented with a participatory method of community development involving mutual learning between ADRA teams and affected populations, so that the latter achieve a certain level of autonomy, affirmation of citizenship and improved living conditions. This involves the recovery of community forms of organisation, while introducing modernising elements, and supporting the (weak) local government structures to relate to communities.

ADRA's view is that this approach implies people's own social organisations being involved in the distribution of food-aid and other relief items, where possible. Some other humanitarian actors report that they leave a considerable amount of responsibility for IDP camp organisation and aid distribution to IDP's elected representatives. This is a position strongly contested by some of the emergency-oriented humanitarian organisations, who argue that distributions through social organisations encourage corruption.

This disagreement illustrates the fact that participation and consultation require an understanding by humanitarian agencies of local social organisation in each particular context. In Angola, participation is not deeply embedded in social life, as it is in Andean countries, for example. Forced displacement has accentuated the disintegration of community organisations that began in the colonial era. There may be no ready-made social organisations to plug into. However personnel of humanitarian organisations who move frequently from one emergency to another may not appreciate such differences in social organisation.

Some humanitarian organisations have looked at experiences of community participation in food-aid distribution in Tanzania. These experiences have been in a context of peace and stability. Implementation of such an approach might be more difficult in Angola, where these conditions are rarely met. But where humanitarian agencies have worked with local communities and other conditions can be created, the approach may be appropriate.

Thus, in conclusion, Angola has been perceived by many humanitarian agencies and donors as an emergency that required top-down, pre-defined interventions. There have been few approaches that are consultative and participatory, as humanitarian agencies have considered these inappropriate. However there is also a strong current of opinion that humanitarian agencies should have consulted affected populations much more quickly after the peak of acute crises, because when people were eventually consulted it resulted in programmes with completely different approaches. Furthermore critics argue that humanitarian action should have had a wider scope, strengthening the fabric of a disintegrating society, including the promotion of more generalised participation and consultation. Despite the lives saved by humanitarian action, mortality rates in Angola are exceptionally high due to widespread poverty, inequality and poor health services. In a long-running crisis, humanitarian agencies should not ignore the wider causes of vulnerability.

Agencies that have been in Angola for a longer time have a better potential for using participation in humanitarian action, as they can develop the human resources, and the local knowledge and perspectives. But this is a necessary, not a sufficient, condition. There are humanitarian agencies that have been operating in Angola for a long time but have not developed that approach. Those agencies that have development experience have a better potential for using participation in humanitarian action, though in practice it has often been 'crowded out' by the emergency culture.

Constraints to participation and consultation in humanitarian action, however, include:

- high turnover rate of staff;
- an emergency delivery culture in certain agencies;
- a weak participatory culture even in agencies with dual mandates;
- a lack of focus;
- the lack of skills and capacity in participatory approaches;
- donor preference for short-term emergency programmes even in a long-term crisis;
- a lack of long-term commitment from donors;
- requests from donors for funding proposals at short notice;
- a limited knowledge of the context;
- a diverse and rapidly-changing context.

The use of more participatory approaches in humanitarian action presents many challenges. The following recommendations attempt to address these challenges.

Humanitarian agencies need to devote more time to understanding the contexts in which they are operating. Humanitarian agencies should attempt to understand better the nature of the crises, the other humanitarian organisations working in the same area, the local structures of government and organised civil society, and the informal civil society and social structure.

Humanitarian agencies need to devote more time to thinking through the *Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief* and its implications. This requires the agencies to make an organisational commitment to exploring ways of operationalising the more challenging parts of the code.

Organisations with a purely emergency mandate should not necessarily try to be involved in developmental projects, as they do not have the necessary long-term presence or the experience in such areas, and their high turnover of staff does not permit them to build contextual knowledge.

Where it is difficult to be consultative and participatory, such as in a short-term acute crisis, humanitarian agencies should at least seek to improve

their transparency by providing clearer information about their approach and activities.

Humanitarian agencies should be alert for opportunities to move away from pre-defined relief interventions and towards involving affected populations, building accountability, building on and strengthening local capacities and reducing future vulnerabilities, especially when the peak of a crisis passes. Humanitarian agencies should also be alert to the need to move away from pre-defined relief interventions when a crisis continues for some time and temporary responses may no longer be seen as adequate by the affected populations.

Humanitarian agencies should develop the new skills that are implied by participatory approaches, in qualitative analysis and in negotiation and facilitation, which are under-developed in many organisations especially those oriented to immediate relief actions.

Organisations with an emergency mandate should improve their understanding of the approaches of other agencies and avoid 'crowding them out'. They need to avoid competitive relations and make sure that specific agency agendas (such as publicity, profile and agency bias) do not hinder coordination. Rapid-response emergency teams from agency HQs create particular tensions between agencies, and even within agencies.

Humanitarian organisations should consider how to improve coordination between agencies, and move beyond the present 'emergency coordination'. Humanitarian agencies themselves need to consider how to create more effective coordination, without relying on a UN body and how to widen the scope of coordination.

To follow a participatory approach effectively, humanitarian agencies need to build a participatory culture in the organisation. Both emergency and development agencies expressed concern that their participatory approaches in development work did not carry over into emergency work, as they are not sufficiently rooted in the organisation and exist partly at the

rhetorical level. For local personnel (and even international personnel) to be comfortable about applying participatory approaches in new, and challenging, situations, they require support as well as training in listening, reflection and analysis.

Humanitarian agencies need to find ways to improve continuity, and avoid burn-out so that key personnel can stay longer and also monitor and understand the context in which they are operating. While development agencies claim that their longer-term presence in Angola through development work allows them to respond more effectively to emergencies, there is still a high staff turnover that negatively affects institutional memory.

Humanitarian agencies have a tendency to operate in 'panic mode' in acute crises, allowing staff burn-out and insufficient monitoring and understanding of the context. Consideration should therefore be given to suggestions that there should be someone, or a unit of people, outside the agencies in such situations with the specific mandate of better understanding and monitoring the context. This would allow humanitarian organisations to get on with emergency work, though it raises the question of what point of contact could be created to allow the researcher's work to cross-fertilise with that of the agencies.

Donors need to consider whether their policies and practices are useful in long-term crises.

Humanitarian agencies need to consider advocacy towards donor organisations who set the agenda and who, for various reasons, tend to prefer pure emergency relief programmes. Where there is some interest on the part of donors, humanitarian agencies should begin discussions and build partnerships with them.

There should be more evaluations of humanitarian operations that consult the intended beneficiaries and affected populations. It would be useful to do evaluations of this kind, as a post-hoc consultation, even if consultation

of the affected population is difficult during emergency operations. Beneficiary assessments or other forms of 'continuous client consultation' proposed by the World Bank, might be useful to learn for the future if not for current operations.

1   INTRODUCTION

1.1   BACKGROUND

The participation of populations assisted by international humanitarian action in measures supporting them is now widely accepted as crucial to effective social targeting, resource utilisation, accountability, sustainability and impact. For some, participation is also a fundamental right of citizenship, essential to survival, self-protection and self-actualisation in humanitarian emergencies. As such, the participation of affected populations has become a central tenet of policy for a number of humanitarian agencies, incorporated into many mission statements and, in some cases, constitutionally enshrined. The 1994 *Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief* commits signatory agencies 'to involve programme beneficiaries in the management of relief aid'.

Despite policy-level commitments, there remains wide variation in practice. It is against this background that ALNAP commissioned the Global Study on Consultation with and Participation by Affected Populations in the Planning, Managing, Monitoring and Evaluation of Humanitarian Action with the core objectives of:

- assessing current consultation and participation practice in a range of emergency contexts;
- identifying examples of good practice;

- ■ identifying gaps or inadequacies in current practice and contributing factors; and,
- ■ improving understanding of participation and consultation practice.

A series of six country case studies aims to test the hypothesis that active consultation with and participation by crisis-affected populations in measures to assist them is, according to aid recipients and other key stakeholders, both feasible and beneficial [1]. It also aims to provide empirical field data for the study, which seeks to reveal mechanisms that will enhance the voice of affected populations in humanitarian action, while remaining alert to the difficulties of implementing aid interventions in emergency contexts. The trend toward increased participation is underpinned by growing recognition that beneficiaries are not just passive recipients of humanitarian aid, but social actors with insights into their situation, and competencies, energy and ideas that can be harnessed to improve their circumstances. As the primary stakeholders in humanitarian action, affected populations are situated at the centre of the Global Study and, wherever possible, successful consultative and participatory mechanisms and initiatives are identified and promoted.

The selection of the six case studies has sought to capture a broad diversity of characteristics associated with humanitarian emergencies.

1.2   ANGOLA CASE STUDY

Angola is the fifth of the case studies. Angola is a country where a long-term conflict has recently ended but which still shows all the signs of a protracted crisis. There has been massive displacement of the population over a period of more than 25 years and a diverse aid-agency response for more than 10 years.

1.2.1 Conceptual Issues

In the Angola study, participation is understood to be the active engagement of primary stakeholders (beneficiaries) in the planning, management, implementation and assessment of humanitarian measures affecting them. The various facets of participation are often taken to represent increasing gradations of engagement as follows:

■   minimal information sharing on actions affecting the affected population;
■   consultation at some level within programme guidelines;
■   contribution of labour and other skills;
■   direct involvement in planning and in decision making during the project cycle;
■   control of project resources and major related decisions.

The following phrases from the literature describe the type of actions that are part of a participatory and consultative approach to humanitarian action:

■   the incorporation of the views, hopes, expressed needs, responsibilities, capacities and strategies of beneficiaries and affected populations. Restoring people's right to make choices. Reducing powerlessness;
■   respect for victims' capacities and rights (such as the right to autonomy, right not to live in camps, right to reject aid);

- better understanding of coping strategies, linking programmes to them, building capacity to withstand shocks;
- management inclusive of affected populations;
- accountability to intended beneficiaries and affected populations (downward accountability);
- giving victims more room for manoeuvre, keeping options open;
- better sharing of information and transparency;
- respect for initiatives of people: giving them recognition and status;
- not providing pre-determined solutions.
  From Sogge (2000), and Apthorpe and Atkinson (1999).

Participation and consultation were defined in the study as processes in which affected populations and humanitarian actors work together to understand and strengthen preferred ways of meeting survival needs in times of stress. Consultation of affected populations refers to humanitarian actors listening to the affected populations, or purposely seeking their opinion. Participation of affected populations is broader, implying decision making by affected populations and/or their contribution of labour or other inputs.

Consultation and participation are treated as independent but inter-related dimensions of engagement, since consultation can occur in projects that do not have participatory goals or objectives. It was recognised from the outset that participation and consultation may take widely different forms and that no one method of social learning suits all circumstances.[2] One of the aims was therefore to assess how participation and consultation could be put into operation, when they are appropriate and when not, and what factors should be taken into consideration when deciding what kind of participation and consultation is appropriate.

Humanitarian programmes were defined broadly for the purposes of the case study. They include emergency programmes that aim to respond to acute crises through actions that directly save lives, such as supply of relief goods, nutritional rehabilitation or emergency health activities. But they also include programmes that aim to respond to ongoing crises

through actions that save lives more indirectly, such as supporting household and community coping strategies, protection of vulnerable groups and peace building. Emergency programmes usually stress rapid action and rely on delivery of a pre-defined package of inputs so as to facilitate rapid action. Other forms of humanitarian action generally have a longer time-frame and are not necessarily be implemented through 'blueprint' actions.

1.2.2 Methodological Issues

This report is based on six weeks of fieldwork, from 25 September to 10 November 2002, by the author and an Angolan assistant who had experience in humanitarian activities (including some participatory approaches) and in research. The report draws mainly on qualitative data derived from primary stakeholders (beneficiaries) and secondary stakeholders (agencies) and from secondary sources. The literature on Angola was consulted, and project documents reviewed. Interviews were conducted in Luanda with humanitarian agency representatives and key academics and consultants. General meetings with agency personnel and individual interviews with agency staff were conducted in Huambo. Information was collected by telephone and e-mail about programmes in other areas of the country that it had not been possible to visit. Meetings, interviews and focus-group discussions included representatives from the following aid-recipient categories:

■   those never displaced from original homes and communities;
■   those living in camps (internally displaced people);
■   returnees to their original communities – 'resettlement villages'.

The fieldwork took place after the signing of a ceasefire agreement and at a time when large numbers of displaced people were returning to their original communities. The number of people still living in camps was small. A few months before the fieldwork, there had been intense emergency humanitarian activity, when the April 2002 peace agreement allowed access to areas that had previously been inaccessible and where thousands of people had been trapped by fighting. It was a useful time to

be carrying out such a study, while humanitarian actors still remembered the war period and were considering the implications of recent changes.

Group-based research methods were mainly used and complemented by unstructured or semi-structured individual interviews for issues too sensitive or complex to be raised in a public forum and for triangulation purposes. Fifteen group interviews were conducted, each lasting an hour. Respondents included men, women and children. Transcripts were prepared from interview notes, following the interview guide but respecting the interviewees' way of speaking. Analysis involved studying and interpreting information in the transcripts of interviews, through summaries and through comparing information on the same topic from different sources.

1.2.3 Ethical Concerns

Although respondents were at times extremely frank, there were subjects that the team felt unable to explore for fear of jeopardising people's safety or causing distress. For the same reason, information on specific incidents and violations is excluded. All possible efforts were made to avoid raising expectations, but the team was worried about the extent to which this remained an issue in some of the communities visited. Further, while every effort was made by all concerned to maintain as much neutrality as possible, the presence of agency personnel in some instances inevitably had an impact on the data gathered.

1.2.4 Choice of Field Study Sites

The following typology of different areas in Angola was made, according to humanitarian criteria:

- the coastal cities and Lubango; urban areas unaffected by conflict (for at least five years) with concentrations of people who have fled from conflict;
- southern Huila, Kunene and Namibe provinces, rural areas unaffected by conflict for more than 10 years, with low population

density and a pastoral economy;
- inland cities, with concentrations of people who have fled from conflict;
- rural areas that usually remained accessible to humanitarian actors during the period 1999–2002, with concentrations of people who had fled from conflict;
- newly accessible areas; areas that were not accessible to humanitarian actors in the period 1999–early 2002 and that were heavily affected by fighting during this period.

The last type of area (newly accessible areas) can be further subdivided:

- newly accessible areas where access is still limited by poor roads and damaged bridges and a high risk of mines, and where access will be further limited during the rainy season. In Huambo province this included many parts of the north of the province;
- newly accessible areas where access is reasonable, and which became accessible from April 2002 onwards, for example south-east of Huambo city;
- newly accessible areas where access is good, and which became accessible even before early 2002, for example south of Caála along the Lubango road.

It should be noted that in all newly accessible areas there was a risk of mines and so humanitarian actors, in practice, were working along main roads and in principal settlements. Returning IDPs were, however, going much further.

It was decided to concentrate the fieldwork in Huambo province, where there are examples of the most important types of area for humanitarian actors (inland cities, rural areas that usually remained accessible to humanitarian actors during conflict and newly accessible areas).

Huambo province also contains quartering areas for former UNITA (National Union for the Total Liberation of Angola) military personnel and their families. Some of the examples of participatory approaches to

humanitarian action, reported in the early interviews of the mission, were in this area. The province has been continuously affected by conflict for many years. There is a diversity of humanitarian situations, such as newly accessible areas, IDPs returning to the province from other provinces and spontaneous resettlement of local IDPs. There are a large number and diversity of humanitarian agencies and programmes operating in close proximity to one another, so it would be expected to provide information on a range of situations as well as on the interaction between different types of agency and programme.

Interviews with beneficiaries were conducted in the bairros of Huambo and the areas around Huambo and Caála that had been accessible areas during the last phase of conflict, and where displaced people had settled during that period. There were also interviews in the newly accessible areas to the south-east and south-west of Huambo. It was not possible to visit the newly accessible areas in the north of the province, though ICRC and Development Workshop fieldworkers were interviewed about these areas. Emergency humanitarian action was not, therefore, directly observed. Interviews related to previous periods of emergency action, and to the various forms of humanitarian action that were occurring and had previously occurred in Angola.

1.2.5 Constraints

There were a number of constraints to carrying out the research.

The length of the mission was limited to six weeks by visa constraints.

All humanitarian actors were extremely busy and had difficulty in scheduling time for meetings. The acute humanitarian emergency following the opening of the 'newly accessible areas' was receding but all actors were involving themselves in various 'recovery and rehabilitation' issues (as many people are returning to rural areas from IDP camps and inland cities). Some humanitarian actors were monitoring new political developments. The Consolidated Appeal was being prepared throughout the period of the fieldwork. New funding proposals were being prepared.

This meant that it took some time at the start of the fieldwork to make appointments in Luanda, and it was not possible to meet a few key individuals. It also made it difficult to organise workshops or group meetings.

There were some transport constraints, though fewer than expected. Since mid-2002, there have been more internal air flights in Angola so inter-province travel is less of a constraint than previously. It is still, however, impossible to hire vehicles in the province, and very difficult to borrow aid-agency vehicles. This has limited travel outside the provincial capital: journeys have to be coordinated with journeys by aid agencies. There are more aid agency vehicles in Huambo than previously, and fuel is not a constraint, but the workload of aid agencies has increased. Some travel within the city area of Huambo was on foot, by bicycle and by motorcycle.

Despite this, it was still possible to obtain a considerable amount of data about the current humanitarian situation in Angola, interview a large number of humanitarian actors in Luanda and Huambo and visit different types of area in Huambo province. Many key individuals made time in their busy schedules to be interviewed.

2 ANGOLA: CONFLICT, CRISIS AND THE AID RESPONSE

2.1 FORTY YEARS OF CONFLICT

Conflict in Angola lasted from 1961 to 2002. An anti-colonial struggle from 1961 to 1974 was followed by a post-Independence conflict. There were some periods of peace (1974–75, 1991–92, 1994–97) during which hopes were high for a lasting peace. But in each case these hopes were dashed. Since April 2002, when a ceasefire agreement was signed between the Government of Angola and UNITA, the signs are more hopeful that the ceasefire will lead to a lasting solution, though there remain tensions and challenges.

Each phase of war in Angola has led to its own waves of displaced people and refugees. There are no accurate figures about the numbers of displaced people because:

■ there are different definitions of displaced people;
■ data collection is poor;
■ there is probably some double-counting when the numbers from different time-periods are aggregated.

In mid-2002 there were 1.8 million people dependent on food aid. The population distribution has completely changed over the last 40 years.

Until Independence (1975) there were high population densities in rural, agricultural areas 100 – 200 kilometres inland from the coast (Uige, Malanje, Huambo and Bie provinces).[3] These areas were the main focus of the destabilisation and low intensity conflict of the 1980s and now have few people. Meanwhile the population of the large urban centres along the coast has expanded rapidly. Out of an estimated population of 13–14 million, probably a third live in the three largest urban centres of Luanda (3.5 million), Benguela and Lobito (1 million), and Lubango (0.5 million).[4] Until the late 1980s there were few humanitarian aid organisations and little aid by state institutions for displaced people: there was thus little incentive for displaced people to congregate in displaced people's camps. Most moved on to the towns and eventually to the larger cities. Even afterwards humanitarian aid was seen as temporary and unreliable and the habit of urban migration persisted.

At the same time, there have been other major changes. In the late colonial period, Angola was a major agricultural exporter.[5] Since then, agricultural production has fallen dramatically and agricultural exports are insignificant. Petroleum production began in the late 1960s (offshore and along the coast in the north of Angola) but has grown rapidly and is now the main driving force of the economy. There have been major exploration efforts offshore in the last five years (as Europe and North America try to diversify their sources of oil). Receipts from oil in 2001 were more than 3000 million dollars. Rapid increases in production are expected in the next three years. The petroleum industry creates few jobs for Angolans directly but its presence is one of the reasons for migration to the coastal cities. Most of the urban poor survive through informal trading activities (in informal market places and in the street): most of what they sell has been imported. Angola is able to afford food and other imports because of its oil income.

2.2   PARTICIPATION AND CONSULTATION IN ANGOLA

Participation and consultation are relatively new words in Angola. 'Traditional' forms of participation and consultation are too far in the past in most areas: the colonial government transformed traditional leaders into government employees and discouraged traditional institutions of participation; rapid social change and migration (both before and after Independence) weakened such institutions further. The Portuguese colonial government was repressive and centralised. The immediate post-Independence government was inspired by a centralised Marxist-Leninist model, and being under pressure from outside increased the atmosphere of suspicion and conformity. The 'democratic transition' of the late 1980s and early 1990s was hurried and focused on national elections rather than on increasing the space for participation and consultation. Pressure for democracy from the international community was accompanied by support from the West for UNITA, which had become even more repressive and centralised than the People's Movement for the Liberation of Angola (MPLA) state. While participation and consultation should have been part of the democratic transition, they are still missing factors.

The capacity for social research in Angola is low, though slowly improving. Much social research is quantitative: qualitative research that asks people's opinions and reasons for their behaviour is rare.[6] There was little social science research in the colonial era, and a strong emphasis on industrial disciplines, such as engineering, after Independence. Even though civil organisations and popular associations will be important for the future of Angola, and even though there have been vast changes in population, social structure and livelihoods, these areas have been little researched (Tvedten, 2000).[7]

It is in fact the aid organisations who have been most closely associated with the concepts of participation and consultation. Yet they have had little

chance to take forward work that develops these concepts. The government, and many members of the aid community, have seen the role of aid organisations as being limited to immediate humanitarian assistance and filling gaps in social services; funding has been limited for such programmes; there is a lack of the local experience necessary for such programmes. Moreover, it appears that international organisations have not managed to bring in the necessary experience.[8]

There is rarely a clear overview of the concepts of participation and consultation, though the words are used in particular (and differing) contexts. Among non-government organisations (NGOs) they are associated with Participatory Research Approaches (PRA), known in Portuguese as Diagnóstico Rural Participativo. The government and the international financial institutions refer to participation when they talk about the need for people to pay for their basic social services: in short, participation and consultation are more likely to be seen as instrumental rather than as part of a coherent view of society.

2.3   HUAMBO AND THE CENTRAL PLATEAU

Huambo province has been affected by conflict for more than 25 years.[9] It was affected by the immediate post-Independence conflict, by destabilisation and low intensity conflict during the 1980s, and by battles for control of Huambo city in 1993 and 1994. It is the second most mined province in Angola, which is, in turn, one of the most heavily mined countries in the world. During the 1994–97 period of 'not peace but not war', UNITA maintained control of Bailundo and Mungo municipalities in the north of the province. The delay in handing back these municipalities to government control (along with neighbouring municipalities in Bié province) was one of the signs of imminent war in 1997 and 1998. Another sign was clashes between government forces and UNITA in south-west Huambo province in mid-1998, which led to large-scale displacements of population to Caála.

In December 1998, government forces tried to retake by force the areas that UNITA had refused to hand back to government control, which set off heavy fighting throughout the north and east of the province. By mid-1999, government forces had taken control of the main points in these areas although guerrilla war continued there for the next two and a half years. From mid-1999 to early 2002, there was a safe area running along the main east–west communications axis through Huambo city, in which there was a high concentration of displaced people. Food aid was flown into this area by humanitarian agencies. There was a slow return of displaced people towards areas south of Caála. Meanwhile the north and east of the province (along with neighbouring areas in Huila and Bie provinces) were inaccessible to humanitarian actors as government forces harried UNITA forces in this area. The civil population either left or hid in the bush or was concentrated in small towns (such as Bunjei, Vila Franca and Ussoque) with very limited humanitarian assistance.

Following the ceasefire agreement of April 2002, humanitarian agencies gained access to a wider area of the province, though the presence of landmines limits access to areas near to roads and some roads remain closed. A rough typology of the areas of the province is as follows:

- Huambo city, with concentrations of people who have fled from conflict;
- the rural areas along the east–west communications axis, which remained accessible to humanitarian actors during most of the period 1999–2002, with concentrations of people who had fled from conflict;
- newly accessible areas (areas that were not accessible to humanitarian actors in the period 1999–early 2002) where access is still limited by poor roads and damaged bridges and a high risk of mines, and where access will be further limited during the rainy season; in Huambo province this includes many parts of the north of the province;
- newly accessible areas where access is reasonable, and which became accessible from April 2002 onwards, for example south-east of Huambo city;

■   newly accessible areas where access is good, and which became accessible even before early 2002, for example south of Caála along the Lubango road.

At the time of the mission, large numbers of displaced people (though not all) had returned to their homes, aiming to begin cultivating before the start of the rainy season (November 2002). Although there had been a severe humanitarian crisis after the ceasefire in areas where military operations had been ongoing, this crisis had subsided by the time of the mission. Large-scale food aid was planned to continue until April 2003, when the first crops would in theory be available. Food aid was being brought by road from Lobito and not by air, as it had been before April 2002. Many different kinds of humanitarian actions were taking place side by side: nutrition centres, food aid, distribution of agricultural inputs (seeds, tools, fertilisers and oxen), school building, adult literacy, credit group formation, seed multiplication and support to farmers' associations.

2.4   ANGOLA: A STRUCTURAL CRISIS

Peace pushes to the foreground a number of deep-seated underlying social problems in Angola.[10] The per capita GDP is US$686, but Angola lies in 146th place (out of 162) in UNDP's 2001 Human Development Index. A high proportion of the income from oil has been used by the state to pay for the war.[11] Government spending on social services has fallen dramatically. With the end of the war, oil revenues will probably transfer to debt repayments and to reconstruction programmes. Transparency about government use of oil revenues is a major issue.

There are still about 1.8 million people dependent on food aid (mainly classified as internally displaced people) though there are many more displaced people living in urban areas and not receiving food aid. There are 450,000 Angolan refugees in neighbouring countries. Peace has allowed access to 'newly accessible areas' (areas in which it was unsafe for

humanitarian organisations to work previously), which has given access to more vulnerable people. There are 200,000 civilians in family camps next to UNITA quartering areas.

About two-thirds of the urban population in 2000–01 was found to be living in poverty and nearly a quarter in absolute poverty. The number of people in absolute poverty doubled between 1995 and 2000 and inequalities widened over this period: the Gini coefficient rose from 0.45 to 0.51[12].

The primary school enrolment rate is just over 60 per cent. The literacy rate (which increased after independence) is declining and a gender gap in literacy is emerging (82 per cent among men, 54 per cent among women). The birth rate is very high: only 6 per cent of women use any kind of contraception and the fertility rate is 7.1 per woman (the fourth highest in the world). Maternal mortality is high (estimated at 1,850 per 100,000 live births). One newborn in seven does not reach the age of 12 months, and one newborn in four does not reach the age of five years. (This is the third highest under-five mortality rate in the world after Afghanistan and Sierra Leone). In the long term, HIV/AIDS may be a significant threat. As yet the rate is low (compared to neighbouring countries) but rising rapidly. Despite the extreme levels of poverty, less than a half of the population use government health services when they are sick, due to their dissatisfaction with the standard of care, the long waits, the lack of medicines and the levying of unofficial fees.

All these indicate a widespread crisis of living conditions throughout the country, which in turn are indicators that, 'the humanitarian crisis has become a structural crisis' (European Union, 2001a). The key underlying causes of vulnerability, poor health and poor education are the collapsed economy (except in the petroleum-economy enclaves) the debilitated state of government services and weakened institutions. The institutional capacity in nearly all branches of public administration has fallen during this period, public administration is disorganised and there is a leadership vacuum (Tvedten, 2000). The long-running crisis has reduced the capacity of the public sector, especially outside the capital, and it cannot be put back quickly.[13]

Spending on the social sector has been very irregular and used as a buffer. It declined significantly in 1998 when the war resumed and oil prices fell, but has recovered since, although the percentage of expenditure on health and education is still the lowest in Southern African Development Community (SADC) countries. Government expenditure on health and education is heavily concentrated at the central level. The distribution of expenditure in the health sector is, in reality, completely different from the principles of the Basic Health Law passed in 1992 to define (redefine) the objectives and roles of the Ministry of Health, prioritising poorer and remoter areas. Government social spending on health and education is also lower in the interior than in coastal areas of the country.[14]

The weakness of the state in the delivery of social services has been described as a de-linking of the state and political elite from society. There is a strong state concentrated in certain sectors (oil, defence, security) but with weak links to other parts of society. The war forced the state to concentrate resources in certain sectors and give low priority to others (Ostheimer, 2000). The possibility of peace in 2002 offers an opportunity for tackling the structural crisis but the absence of war will not by itself resolve the structural crisis. Reconstruction will need to go beyond the return of displaced people and the rebuilding of destroyed infrastructure, to include the reconstruction of the human, social and institutional fabric and tackle the high level of social exclusion and low level of citizenship.

2.5 THE AID RESPONSE

International humanitarian aid to Angola was very limited before 1990. The Portuguese colonial regime did not encourage the presence of humanitarian organisations. The post-independence government had strong links with the eastern block and received technical assistance from Cuba and Eastern Europe. Although ICRC has been present since the

early 1980s, along with a few solidarity organisations, the arrival of most humanitarian and development organisations in Angola dates from the Special Relief Programme for Angola (SRPA) of 1990 to 1992. This coincided with the end of the Cold War, peace talks with UNITA and the USA (that were to lead to the 1991–92 period of peace and the 1992 elections), Angola joining the World Bank and IMF (International Monetory Fund) and reducing ties with Cuba and the eastern bloc. At the same time, legal changes were made that permitted the formation of local NGOs and associations. International humanitarian aid to Angola has grown rapidly since.

Local and international aid organisations saw their role from 1990 to 1992 as either:

■   providing humanitarian assistance to displaced people (of which large numbers remained from the 1980s), to demobilising soldiers during the 1991–92 peace and to those affected by drought in 1989–90; or

■   assisting in reconstruction programmes as peace was consolidated.

However humanitarian organisations were caught up in the crisis that developed after the elections of September 1992.[15] A severe humanitarian crisis developed as war rapidly spread throughout the country and, for the first time, there was fighting in urban areas.[16] The international community provided large amounts of funding for immediate, humanitarian assistance.[17] Most local and international aid organisations oriented their programmes to immediate, emergency assistance and to providing basic health services in the many areas where the state health services had collapsed (as there was funding for little else).

Between 1994 and 1997 there were some attempts to 'move along the continuum' towards reconstruction programmes (often using food aid for food-for-work) but there was a general reversion back to immediate, emergency assistance as the peace unravelled in 1998.[18] Throughout the 1990s, the overall levels of overseas development assistance were about 350

million Euros per year (European Union, 2001b). Almost half of this was food aid and its associated transport costs. Angolan state involvement in emergency assistance was low.

Most humanitarian organisations arrived in Angola between 1990 and 1993. This was a time when there was a hiatus in the Angolan state, when it could not go forward because of the elections and when it was overwhelmed by the post-election crisis: they substituted for state services and have had difficulty subsequently in removing themselves from that

---

Box 1 Controversies about food-for work

Food-for-work was seen as a 'transitional strategy' by the large humanitarian actors in Angola in the period after the Lusaka peace agreement of 1994. It was seen as a way of phasing out gradually from the large-scale food-aid of the 1993–94 period.

WFP now prefers to refer to food for assets (FFA), food for infrastructure (FFI), food for skills (FFS) and food for education (FFE) rather than food-for-work (FFW) activities, and tries to place emphasis on participatory approaches, community mobilisation and achieving self-reliance through these activities. WFP staff recognised that it is difficult to follow such strategies where there is also general food distribution, and that they require a capacity for planning and implementation that is often lacking in partners in Angola. They seemed aware that they are often 'just an excuse for food aid' and at present are restricting them to a very limited number of well-planned projects where food is a complement to elements that are already in place.

Representatives from humanitarian agencies frequently expressed concern that a food-for-work strategy would be attempted again in the current period of peace as they felt it was not a successful transitional strategy in 1995–98. They felt that food-for-work projects tended to divert people from activities that might reduce their own long-term vulnerability, and that many were not well managed: schools and health posts were built that were not well designed and constructed, for example.

role. Gaps in social service spending have been filled by international donor funds. In the case of food aid and health donors have effectively substituted the role of the government in financing services, especially in the interior provinces. Donor funds are however small in education, which remains seriously under-funded.[19]

The long-running nature of the crisis, and its various dimensions, has led to a variety of different humanitarian agencies operating in Angola, with different objectives and mandates.[20] There are humanitarian organisations that concentrate on immediate, emergency humanitarian aid, give absolute priority to saving lives and measure impact by today's death rates and malnutrition. There are also others that are trying to tackle some of the underlying causes of the structural crisis in various ways, and measure impact by longer term indicators as well. Different agencies have different perceptions of their relations with the affected populations. They perceive consultation and participation in different ways, ranging from an instrumental view (that participation and consultation may be useful in helping in the realisation of actions to save lives, in the delivery of emergency supplies or emergency health programmes) to a view that the main objective of humanitarian programmes should be increasing people's capacity to take decisions about their own, and their community's, survival.

Humanitarian actors with different mandates and approaches are often working in close proximity to one another. This proximity has tended to produce tensions as approaches to the same situation differ.

There is a debate about the humanitarian intervention among certain NGOs and certain sections of Angolan society, as demonstrated by a conference held during the last week of the mission, which examined the experience with humanitarian aid in Angola.[21] The criticism that humanitarian intervention may have prolonged the war is almost never heard, and there is a consensus that these interventions have saved many lives. However there are three other criticisms about humanitarian action. One is about the form of humanitarian action during acute crises and its top-down nature. The second is that the scale of the humanitarian intervention gave it a momentum of its own, that interventions designed

for short-scale crises continued for more than 10 years, and that humanitarian agencies continued in 'emergency mode' for longer than necessary; opportunities for other types of activities were missed. The third criticism is that the prolonged humanitarian interventions have caused dependency, and damaged coping mechanism and community institutions. The latter two criticisms are much more common than the former.[22]

Duffield (1994) has criticised the adoption, in the long-running crisis of Angola, of modes of humanitarian assistance best suited to rapid-onset disasters. His critique suggests that these modes of humanitarian assistance ignore the underlying factors (such as lack of willingness and capacity of the state to provide services to its own population), and that it is unrealistic to ignore these factors in such a long-running crisis. It also suggests that the presence of humanitarian aid may have exacerbated the underlying factors, as the state has come to rely on them to provide services and has abandoned its responsibilities. As Ostheimer (2000) notes, the aid community has not addressed the question of the disengagement of the Angolan state from its responsibilities in a constructive way: it has replaced the state when it could have complemented it. The international community placed Angola high on the donor agenda, but concentrated on curing symptoms not causes. 'Within any future peace-building initiative, a comprehensive and holistic approach has to be developed, tackling institutional weaknesses of the Angolan State … One objective must be to re-establish responsiveness between the ruling elite and society … This is fundamental for humanitarian and development fields but also for peace and democratisation.' (Ostheimer, 2000).

Many observers consider that the perception of the crisis of Angola by international organisations is of an emergency, rather than as a long-running structural crisis. Food aid dominates.[23] Ostheimer suggests that the agencies that have focused on emergency humanitarian aid have the most powerful voice, and have often defined the situation as one where 'development is not possible' (see Ostheimer, 2000 footnote 50).

Publicity campaigns, such as that by MSF-France (Médecins Sans Frontières) in mid-2002, encourage a view of Angola as mainly an acute

crisis. The most influential bi-lateral and multi-lateral donors prefer emergency aid in the current political situation of Angola.[24] It is too risky in their own societies to be seen to be 'doing development' in a country with an oil income and at war, even though this ignores many crucial aspects of the Angolan situation.

Development aid is seen by northern governments as conferring political legitimacy, while emergency humanitarian assistance is unconditional. It is safer politically to focus on emergency aid that may buy access to oil potential while seeming to respond to the humanitarian imperative.

Other donors may have made a conscious decision to decrease development aid and focus aid on emergency funding. Collins (1998) reports a USAID official as remarking that 'the U.S., for one, is deeply committed to allowing the market (and IMF restructuring) to lead to development and has no intention of increasing development aid in the

---

Box 2 Agency personnel perceptions of humanitarian action in Angola

'The large agencies that produce the data and the reports that influence international humanitarian aid policy suffer from staff turnover, poor knowledge of the context and poor contacts with local civil society. They arrive with the idea that Angola is an acute emergency and continue to report it in those terms.' *Angolan representative of an international organisation*

'There is a strong influence of donors in encouraging rigid, linear, almost infantile programmes, even though Angola is not linear.' *Field-worker from a UN organisation*

'The scale of the crisis in Angola had led to the industrialisation of aid.' *Representative of an international NGO*

'There is a humanitarian response where the human aspect had been lost. The response has become vast and standardised due to the huge numbers, and has not dealt with the complexity.' *Representative of an international NGO*

future; the drop in U.S. development funds to Africa (annually, from $1.3 billion in 1994 to $700 million today) will not be reversed.'

However another reason is that donors and agencies may simply lack expertise for dealing with 'complex emergencies' such as the Angolan one. Even though there is now some greater recognition of such situations, there is, as yet, little operational experience. Interviews during the fieldwork in the Angola case study revealed that humanitarian agencies do not adequately prepare their staff for the fact that Angola is a structural emergency, and even key staff are surprised to discover the other dimensions of the Angolan crisis. Interviews also revealed that key staff from humanitarian agencies find Angola to be one of the largest and most complex emergencies with which they have dealt. The resources of humanitarian organisations are strained by the easing of security that is revealing new groups of people in need of assistance, whilst they are attempting to plan for the future.[25]

3 PARTICIPATION AND CONSULTATION WHEN RESPONDING TO ACUTE CRISES

Interviews with humanitarian actors in Angola during the case study suggest that there have been three different approaches to humanitarian activity in Angola.

The first is a pure emergency approach, responding to acute crises through actions that directly save lives.

The second approach aims to respond to an ongoing crisis through actions that save lives more indirectly through a much wider range of actions, such as supporting household and community coping strategies, protection of vulnerable groups and peace building.

The third approach includes activities included in the first two approaches but stresses sustainability, the development of community capacities and citizenship as important objectives of humanitarian programmes in the context of a structural crisis.

Examples of participation and consultation in humanitarian action in Angola will be described in this report for each approach separately.

Few examples were found, during the fieldwork, of participation and consultation when responding to acute crises. In such situations, the emphasis seems to have been on 'delivery' through standardised programmes. Humanitarian agencies oriented to emergency actions seemed unaware of, and uncomfortable with, the discourse of participation

and consultation and were very rarely aware of the commitment 'to involve programme beneficiaries in the management of relief aid' in the *1994 Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief* commits signatory agencies. They felt that participation and consultation would not have added any value to emergency humanitarian actions. Such agencies were mainly seeking improved targeting ('getting food to the right people at the right time in the right quantities'). Most respondents from such agencies saw the main constraints to improved targeting as logistics and availability of relief goods ('what is in the food-aid pipeline'). They felt that the height of an emergency requires quick action, with the priority on protection and saving lives, and in acute crises affected people are not in a fit state to take part in dialogue. They felt that the scale of the emergency in Angola was so vast that all resources had to be mobilised to meet immediate needs, not diverted to participation and consultation. Humanitarian agencies were almost overwhelmed by the peaks of the emergency.[26] Humanitarian actions saved many lives and, while there may have been some gaps in the supply of emergency aid, this was because politics and logistics meant that hard choices had to be made.[27]

Some interviewees however, both inside and outside emergency agencies, felt that these perceptions ought to be challenged. Although the scale of the Angola emergency was vast, they felt that it was in many respects a 'routine emergency' that went on for some time and it should have been possible to review the nature of the emergency more deeply. For them, many of the reasons for the low level of participation and consultation relate to agency practices and culture (such as the need for visibility and publicity, shallow participatory culture, staff turnover rates) and not to the context itself. By getting into a non-participatory mode, humanitarian agencies have difficulty in getting back to the participatory mode when the opportunities arise. Local staff, recruited in an emergency, get little experience of any other mode of operation, and so carry over the emergency mode to other scenarios. Resources for non-emergency action were limited because of donor perceptions that Angola was an acute crisis, and because agencies had done little to challenge this perception.

Affected populations themselves pointed to the following deficiencies in emergency aid.

Firstly they noted that there are registrations for emergency aid after a dramatic event, such as after the arrival of displaced people in a safe area, but displaced people who arrived after the registration might not be included and might thus never receive aid. This applies particularly to the ICRC registration system that involves rigour in registration, issuing entitlement cards only at certain fixed times, but which risks omitting people who arrive after the registration. Displaced people who had returned to two villages south of Caála, and who were interviewed, had missed registration and had survived by seeking casual work.

Secondly they drew attention to the fact that temporary relief measures (such as accommodation in tents or abandoned buildings, makeshift water supplies and sanitation) continued for several months or even years before more adequate measures were implemented. Living in tents and abandoned buildings for more than a few weeks is a particularly strong complaint because families have no privacy or cannot live together.[28] People in the north of Angola, whose staple diet is manioc[29] feel strongly about receiving maize as food aid over a long period. Standing in lines and queues for food and other aid is another aspect of aid that is seen to be tolerable only for short periods.

Thirdly their opinion was that humanitarian agencies had been slow to respond to the desire of displaced people to return to their original homes after the ceasefire of April 2002, which led to the need to return periodically to the IDP camps to pick up food aid, seeds and tools. Displaced people felt that humanitarian agencies were more concerned about the security issues in newly accessible areas than the displaced people themselves and did not appreciate how anxious they were to return home. This was a view strongly expressed by displaced people in areas south east and south west of Huambo who were travelling up to 50 kilometres to the former IDP camps to pick up food aid, seeds and tools.

One interesting example of participation and consultation in emergency programmes responding to acute crises is ICRC's planning of emergency interventions in remote, newly accessible areas in the north of Huambo province, such as Calulo and Hengue. An ICRC team spends a week discussing needs in a newly accessible area with various sections of the affected population, who then participate in the relief programme by improving the access roads and buildings for storage. In such newly accessible areas, access is often still limited by poor roads, damaged bridges and a high risk of mines. Access will be further limited during the rainy season. The provision of emergency aid in such cases may therefore involve handing over responsibilities for storage and distribution to local government and representatives of the local population. NGOs have been pre-positioning stockpiles of food in small towns in these areas for distribution during the rainy season by local people, apparently with the agreement of WFP even though WFP rules require humanitarian agencies to monitor food distributions directly. The case of aid distribution in areas of difficult access but pressing needs requires more study and the development of post-hoc monitoring and evaluation. As a representative of an emergency-oriented organisation said 'The real emergency is in places where it is difficult to build relationships but where we need them most.'

Many humanitarian organisations, when questioned about consultation of affected populations, referred to the need for better information systems about vulnerability. Better information systems, with more consultation, would improve targeting through more accurate information. In the long-running crisis, the areas of most acute crisis have changed frequently. There have been constant population movements. Some displaced people have managed, in time, to devise coping mechanisms while others have not. Some resident populations have become more impoverished and vulnerable than displaced people, through the gradual degradation of the economy and social services.

Frequent changes in the context have led to problems such as newly displaced people not getting food aid for considerable periods because they were too late for the periodic registrations. Different types of household economy, and of vulnerability, have not been fully understood:

assumptions have been made about vulnerabilities, capacities and needs that may not necessarily be true (about different types of displaced people, about displaced people versus resident populations). The special needs of women-headed households were particularly stressed by some aid agencies.

In Angola, information systems aiming to improve the impact of humanitarian aid have been developed over the last 10 years. In the early 1990s, information systems were poor but have improved greatly since. Office of Coordination of Humanitarian Assistance (OCHA) has provided fortnightly updates of key events and changes, and a six-monthly report on the overall humanitarian situation. It also carried out, and published, a rapid analysis of urgent needs just after the April 2002 ceasefire, quantifying expected urgent needs in newly accessible areas through consultation with a very limited number of local people during rapid visits.

The WFP VAM unit produces a more detailed analysis of food insecurity every six months in 11 of the 18 provinces of Angola, which assists food aid planning and targeting. VAM takes the following factors into consideration: land availability, rainfall, input availability, food reserves, other income sources, markets, health facilities, agricultural performance, the numbers of IDPs and new arrivals, and levels of military activity. From this it makes assessments about the likely trends in food availability by area. It is seen as a first attempt to move away from assessing food aid needs solely on the basis of the number of IDPs, recognising that, in Angola, IDP is not a useful category for assessing need. There are many types of IDP and it is not just displacement that strips people of their assets and livelihoods.

There is, however, some recognition by those involved that this is based largely on the impressions and opinions of key informants (NGOs and government officials), and that they incorporate little information about the survival strategies and perceived needs of the affected populations.[30] There is some recognition that it should understand better the vulnerabilities of displaced people and the differences between the many

different types of internally displaced people, and the hopes, constraints and choices of the different groups of people. And it is focused on only one dimension of vulnerability, namely the availability of food.[31] There is no real VAM committee between the six-monthly reports. VAM is not owned beyond WFP, a logistical organisation, and not much deeper analysis is done.

Save the Children (UK) tried to gain a deeper understanding of food availability and survival strategies by carrying out household food security assessments in Huambo and Kuito cities in 2000 and 2001, when they were under siege. These provided valuable information about food availability and survival strategies, successively going down from food aid to food security, to household level survival mechanisms, and then to intra-household relations. However household food security assessments of this type appear to be expensive to carry out. They have not been widely used.[32]

Box 3 **Participatory network of health committees in Huambo city**

A Cameroonian doctor from Save the Children (UK) in 2000 set up a participatory network of 22 health committees in the city of Huambo. At the time Huambo was surrounded by insecure areas and completely dependent on airlifted food aid. The committees were interested community members (teachers, students and people from churches). The objective was for them to vocalise and represent what was happening in their communities. The objective was to achieve better impact for health and nutrition, to try to measure the impact of nutrition programmes or get early warning. This could act as a check on food aid targeting or to reactivate nutrition programmes.

The initiative depended a lot on the individual, who had seen this type of network in the countries where he had worked. It became dormant when he left.

The committees were elected by the communities of the bairros. Each committee was made up of 15 people. There was always at least one teacher, one representative from each of the main churches, and one person from the Ministry of Health (MINSA). There were also usually people who sold in the market. The person from MINSA was always the secretary of the group. The committee was based in the nearest health centre, discussed the current levels of vulnerability and planned meetings and talks with the community. They were able to alert MINSA to outbreaks of various diseases. Having people from various areas of activities meant that it was possible to get messages out widely and collect information from a wide area about the health situation. Chlorine was available for disinfecting water and the committees distributed it in the bairros. Each committee would meet once every two months. UNICEF provided money for stationery and for a lunch. UNICEF also organised the meetings.

The network ceased to function when the doctor who had set it up left the area, and when financial help from UNICEF ceased. 'People had got used to the lunch at the meeting, and were less interested in meeting when that ceased,' said a respondent from the Ministry of Health.

4 PARTICIPATION AND CONSULTATION IN LONGER TERM HUMANITARIAN PROGRAMMES

As noted above, humanitarian agencies and donors have treated the situation in Angola as an acute emergency rather than a chronic crisis and mainly provided funding for emergency programmes.[33] The long-running Angolan crisis has, however, created other problems besides lack of food and poor health, but these tended to be neglected. What should have been temporary measures (such as IDP camps, food aid and emergency health programmes) were applied over an extended timescale. The fact that vulnerabilities and needs were more complex was neglected. As Duffield (1994) notes, referring to Angola, humanitarian agencies appear to be trapped into feeding people who have been herded into camps without asking why they are there and if they want to be there.

Thus some interviewees from aid agencies felt that opportunities for other types of activities were missed due to the momentum of food-aid and emergency health interventions, and that agencies did not begin to explore other dimensions of the Angolan crisis. Some interviewees felt that 'the humanitarian system did not adapt well to the "not war, not peace" period of 1995–98' (representative of an international organisation). This leads to a concern that the humanitarian system might not adapt well to the new situation of peace. 'The risk is that food aid will continue to dominate in 2003 onwards by inertia, as publicity campaigns have led donors to hold a perception of a continued acute crisis. We may return to poorly managed food-for-work programmes that are an excuse for continued food aid.'

There are some examples of situations where consultation has proved effective in identifying cases of prolonged use of temporary solutions and seeking new solutions: hidden problems have been identified and innovative solutions found that go beyond the normal pre-defined packages of emergency response.

One example is of people in Huambo province who were displaced by the outbreak of a new phase of war in late 1998. They lived in the open air, or in abandoned shops, warehouses and factories in towns in the safe area of the province (such as Huambo, Caála, Longonjo and Tchinjenje), in appalling conditions. More than a year later, it became clear that insecurity was likely to continue, and that better conditions would need to be found. Some large camps for displaced people were opened near Caála, near Huambo (Kasseque III) and at Cruzeiro (east of Huambo). Some displaced people were moved there, and continued to live there until the ceasefire agreement of early 2002.

However some humanitarian agencies decided to consult more deeply with the displaced people. They found that their criteria for resettlement included the ability to live alongside their original community members in conditions that resembled their home villages, and to have access to land so as to be able to grow produce food. They were even willing to live in areas that were not completely safe (though not their original villages that were still very insecure) to meet these conditions. Humanitarian agencies thus helped these displaced people to negotiate access to land so as to build temporary 'new villages'. This was judged to be a successful experience, in relation to the larger IDP camps, as the 'new villages' did not require any external management, had fewer social problems and managed to produce some of their own food. The humanitarian agencies' main regret was that they did not consult affected populations earlier.

Another example of the way in which consultation revealed unexpected priorities is the work of certain children's agencies – United Nations Children's Fund (UNICEF) and the Christian Children's Fund (CCF) – with IDPs. Consultation with IDPs (and observation of displaced children)

showed that educational problems were not necessarily due to a lack of school buildings, materials or teachers. Experience of conflict, the process of displacement and the lack of schooling over a number of years had created severe difficulties in adjusting to school. Seeking solutions to these difficulties required further consultation, and testing of possible approaches with the parents and teachers. Only through working closely with those involved was it possible to pinpoint the problems and devise solutions.

Another example of an unexpected priority is the frequency with which IDPs request assistance to build an ondjango (the umbundu word for a simple community meeting place), even when they appear to have other, more pressing, practical needs. Building an ondjango means that a community has somewhere to meet, and thus to re-establish its identity as a community in a new place or when it returns to its old location. Dignity and identity are important considerations for an affected population after the peak of an immediate crisis has passed.

Agencies who had identified these unexpected needs through consultation noted that asking people about their needs does not always reveal them immediately. Affected populations expect agencies to provide food, pots and pans, blankets and seeds and tools, and do not mention items that are not on this unwritten 'menu' of items that humanitarian agencies normally provide. Identifying deeper needs can mean listening for, and following up on, the unexpected. 'It means sitting on the ground with people, talking and listening, not going around with check lists,' said the representative of an international NGO with a long experience in Angola.

When agencies began to understand that they had missed out on opportunities to address deeper-seated problems, they regretted not doing it earlier. As the representative of a North American NGO said 'We began to seek more systematically the opinions of affected populations in 2002 when peace came, but then realised that we had left it too late. As it became clear that security was improving, displaced people began to move in large numbers back to their areas of origin, and we realised that we had not built good enough relations with IDPs to begin to understand their

priorities and aspirations in this new situation. Peace revealed new challenges, and new problematic areas that require solutions. We did not really know where people want to return to and how conflicts will be settled between different groups who want to return to the same place. What about people who were moved to an area by UNITA many years ago, do they want to stay there or return to their original areas?'

On the other hand, some agencies do impose actions that may not correspond to the priorities of the affected population. One agency was very open about the fact that in 2002 it insisted that people in newly accessible areas, who were living in grass huts, build more permanent houses even though they said that their priority was to clear and sow new fields. The agency arranged additional food as food-for-work while these people prepared adobe blocks and built houses. The representative of this agency justified this by saying that 'We know that better houses will reduce sickness, even if people who have been living isolated in the bush for many years do not realise it. They have not known anything but grass huts for a long time.'

Box 4 Child-friendly spaces

Consultation with IDPs (and observation of displaced children), by agencies concerned with children, such as the United Nations' Children's Fund and the Christian Children's Fund, showed that educational problems were not necessarily due to a lack of school buildings, materials or teachers. Many IDP children have great difficulty in adjusting to school. The prolonged, structural crisis leads to the accumulation of negative impacts, thus creating complex problems. Repeated displacement of affected populations and the lack of schooling create emotional instability for young people. This makes it difficult for them to go back to school.

The agencies have responded by creating 'child-friendly spaces' in villages and camps in which all children from the ages of three to eighteen

Box 4 Continued Child-friendly spaces

can take part in learning games that help their re-integration in society and harmonious living with other children. One such 'child-friendly space' is in the quartering and family area at Chongolola near Sambo, Huambo province, where there are 2600 children. Residents of the camp have been trained to run the activities: the agencies do not stay in the camp. Most of the children have not seen games such as these before.

The agencies noted that Angola is a very particular situation with particular problems and there were no off-the-peg solutions to the observed problem of poor adaptation to school. It was necessary to carry out a great deal of participatory research (in the sense of careful qualitative research and consultation with children, parents and teachers) to identify the exact nature of the problem, to devise possible solutions and to test them. The agencies stressed that this kind of participation and consultation are an integral part of the planning process, though this process was long and complex and involved many other elements:

- observation;
- learning from other countries;
- listening to those involved (professionals, administrators, decision-makers, affected populations);
- making suggestions and listening to the reaction;
- trying things and seeing the reaction.

The interviewee from one of the agencies stressed that the process 'is not participatory and consultative from start to finish, as ownership remains with the outside agency; given people's vulnerabilities, how can it be otherwise? It is research with a sample through focus group discussions to capture opinions, and this has nothing to do with ownership'.

Some of those involved who were interviewed felt that the process might have been carried out in a different way in another context. 'Focus groups need to be organised because, in Angola, there are no strong, organic community structures that an agency could work through. In Latin America you would expect to find already a local group, or leaders, who can transmit what a whole community is thinking.'

| Box 5 | Participation and consultation in mine-action |

In the past the mine-action community was related to military activities and did not think much of the social surroundings in the areas where they were working. The rule was 'rapid entry and rapid exit'. This has changed and attempts are being made to increase the level of contact with the beneficiary populations, but it is acknowledged that new participatory tools do not as yet go very deep and there is still a long way to go.

In Angola, Norwegian People's Aid has developed the 'Task Impact Assessment'. The first phase, before starting the de-mining of a new area, is to decide whether to clear the area, clarify reasons for clearing the area and to determine priorities among different villages. A village is visited and interviews conducted. In a country like Angola, there are few maps that show where there are mines, so the population is one of the main sources of information about suspected mined areas. Although people were often not there when mining took place and also may not be aware of random mining, it is still a useful place to start.

Getting a reasonable level of information requires more than a quick contact with the population, as they need time to think and remember. It is also an opportunity for 'Mine-risk education' which is more than 'mines awareness' that is often too superficial and with the wrong people. The first phase also tries to assess what will be the impact of de-mining: for example, will it allow them to cultivate a certain area, to access a water point and so forth. It also tries to assess what complementary activities will take place if de-mining is carried out: will the state repair the road if it is de-mined? Will an NGO provide seeds, if an agricultural area is de-mined? De-mining is not a final product, and it is important to assess what other activities and changes it allows.

Phase 2 updates this assessment during the physical de-mining. Phase 3 updates this at the time of handover. It tries to firm up the promises of complementary activities, and assess likely changes on the basis of what actually could be de-mined. Phase 4 takes place afterwards, and tries to assess what the real impact was: did people cultivate more; were seeds provided; was the school rebuilt? Were mine accidents actually reduced? (It is not possible to eliminate mines completely, so the risk

Box 5 Continued Participation and consultation in mine-action

always exists, and more people moving into a cleared area can in fact increase risks.)

This approach attempts to integrate de-mining with people's own strategies and complementary relief and development activities. The challenge is that other agencies, and the government, do not always do what they had promised to do.

CIET, an organisation that has been involved in participatory monitoring of emergency aid in Ethiopia, has also been working with UNICEF in Angola on participatory monitoring of mines awareness.

Box 6 Community school building and repair programme in Huambo

Development Workshop has promoted a community-based school building and repair programme in Huambo since 1995. It began during the period of 'not war but not peace' and was considered a reconstruction programme, but it continued after the resumption of war in mid-1998 right through the period when Huambo was surrounded and completely dependent on airlifted food aid.

Development Workshop considers that the programme is participatory because it involves 'negotiation of responsibilities between Development Workshop, government and community representatives, finding the complementarities. It is only possible to implement the programme in bairros where people are interested in such a partnership. There can be two neighbouring bairros with different social characteristics, and in one it is possible to work because the community is cohesive and in the other it is not'.

Development Workshop justifies a building programme in a prolonged emergency by the fact that it gives employment when people do not have access to other employment, it improves skills and it stabilises communities. Communities appear interested in improving education facilities, even when food is in short supply, as they recognise its importance. 'There have even been demands for adult literacy programmes that we have tried to meet.'

Box 6 Continued Community school building and repair programme in Huambo

The programme has had to be adapted to the constantly changing context. Cement availability depends on whether it can be brought in by road, or has to be flown in. Wood availability depends on access to forests. But the most significant changes have been in people's availability to work on school projects. People were less interested in community projects when the emergency was most severe (they were desperately searching for food) and after peace (when skilled workers could get better-paid jobs as the economy took off, and as there were more opportunities to go back to farming). This means changing the forms of participation as the parameters change.

Skilled workers have always received food-for-work, as have those doing unskilled work for long periods. 'You cannot expect residents to work for long periods for nothing. But we expect communities to organise some free labour contributions for short periods and to make other contributions. The projects should not be driven by food-for-work, they should be driven by creating community assets and skills creation.'

Development Workshop feels that the availability of food aid for long periods in Huambo has reduced people's willingness to contribute to community projects. 'Food aid has undermined participation. Food-for-work projects of other NGOs elsewhere in the city, which are more or less an excuse for food-aid, make it more difficult to interest residents in community projects.'

Development Workshop believes that such projects are a contribution to rebuilding state capacity in the social sector. 'Communities that are involved in organising their own projects, and contribute something, gain confidence to demand that the state provide teachers and books. Though you have to help them build those skills and the confidence, and help create the links with the right Ministries.' This is a very different philosophy from one expressed by some other agencies, particularly those more oriented to emergency actions, who feel that communities should not be encouraged to contribute to infrastructure in their own bairros. These agencies believe that infrastructure is the state's responsibility and community contributions make it less likely that the state will fulfil this responsibility.

5 PARTICIPATION AND CONSULTATION FOR SUSTAINABILITY AND CITIZENSHIP

Although there has been a limited culture of participation and consultation in Angola, there is a strong minority current of opinion in the country that considers that humanitarian and development efforts should focus on participation and consultation. This current of opinion sees the crisis of Angola as a structural one linked to the low level of citizen–state reciprocity, and that the response requires a long-term vision. It considers that the major challenge now for Angolans is the reconstruction of the human, social and institutional fabric, and that reconstruction programmes should be about assisting Angolans to rebuild this human, social and institutional fabric as much as about physical reconstruction.[34] This involves strengthening of community and local government structures and the linkages between them.

The local NGO ADRA has the most thought-out philosophy regarding participation and consultation in a long-term structural crisis such as Angola.[35] ADRA argues that participation and consultation are related to the rights and responsibilities to make decisions about one's own life, ADRA is thus critical of humanitarian action that has intervened for long periods without giving opportunities for consultation and participation. It is concerned that the prolonged humanitarian intervention in Angola has created dependency and damaged community institutions and coping mechanisms: forms of action such as food-aid and emergency health programmes continuing for long periods are dehumanising, 'take the human out of humanitarian', remove the normal day-to-day participation and consultation and control over people's own lives, and encourage passivity.

It would seem that humanitarian actors have an important role in rebuilding citizen–state reciprocity because of their presence at the community level in many areas of the country. It would also appear that humanitarian action should not abandon attempts to support people's autonomy and citizenship just because they are in camps, or because they are IDPs, or because the overall situation is one of crisis. Even at the height of a crisis there is room for empowerment, or at least for taking steps to reduce the disempowerment that comes with living in camps or being an IDP. Providing opportunities for participation helps maintain self esteem, and maintaining self esteem is a necessary precondition for participation.

Thus ADRA proposes, and has experimented with, a participatory community development method that involves mutual learning between ADRA teams and local populations, leading to the latter achieving affirmation of citizenship and improved living conditions. This involves the recovery of community forms of organisation (which have been in decline) while introducing modernising elements of management and resources (through credit): respect needs to be shown for a group's own identity and structures but opportunities need to be found to introduce new ideas (technological, social and political). As noted by an ADRA fieldworker: 'The Soba (village leader) needs to be respected and should not have his prestige undermined, but that does not mean putting all power into his hands. He can be treated as a respected reference figure, while ideas about elected, transparent, democratic committees can be introduced.'

The approach also involves supporting the local government structures, which do not have a participatory culture and skills, so that they can develop positive relations of participation and consultation with these community organisations.

ADRA considers that working with IDPs should not just be about providing a minimum level of consumption. It should be seen as constructing something. It should help to provide an environment in which people's own social organisations can function, finding a space for communities to be together and improving the spatial arrangement of IDP

camps. It has also involved actions to improve awareness of rights and responsibilities, and to strengthen participation and social organisations. It has also included helping relations between IDPs of various origins, between state agencies and IDPs, and between resident populations and IDPs. It is an approach that requires a set of skills not normally found in humanitarian agencies, and a new distribution of responsibilities between national and international agencies.

ADRA's programmes in Malanje began at a period of acute crisis in the province, assisting IDPs living dispersed in abandoned buildings in Malanje city to negotiate access to land so that people from the same community could live together. Programmes in Caála, Huambo province, began in 1999 when the security situation around Caála was improving though much of Huambo province was insecure.

ADRA's view is that this approach implies people's own social organisations being involved in the distribution of food aid and other relief items, where possible (though they recognise that in the short term social organisations may not always have the capacity for this). Excluding social organisations from participating in these activities can hasten their disintegration. This is a position strongly contested by some of the emergency-oriented humanitarian organisations: WFP argues that relief goods should always be distributed directly to families because collective distributions encourage corruption.[36]

This disagreement illustrates the fact that participation and consultation require an understanding by humanitarian agencies of local social organisation in each particular context. There will be variations in the nature and capacity of local social organisations between continents, countries, regions and neighbourhoods. Rural social organisations may be different from urban ones. As some Latin American respondents in the fieldwork pointed out, participation is deeply embedded in social life in Andean countries and is an ever-present part of political discourse in Brazil; but it is lacking in many parts of Africa and particularly in Angola. In the recent colonial period in Angola, forced labour migration and colonial land occupation broke up communities, and the church and the

state tried to weaken traditional social organisations.[37] In the post-colonial period, forced displacement has accentuated these trends.[38] There are thus often no ready-made social organisations to plug into for participation and consultation.[39]

In the QFAs (Quartering and Family Areas) where former UNITA combatants have been waiting for demobilisation after the April 2002 ceasefire, it is clear that the camp social structure is the UNITA military and political hierarchy. This has inhibited consultation with those in the QFAs, who reply to questions by saying that they are waiting for higher authorities to decide their future. The failure of these higher authorities to communicate has frustrated humanitarian agencies who would like clearer information so as to plan future aid interventions.

ADRA's experience does suggest that it may be possible to begin to rebuild social organisations through humanitarian action. However, personnel of humanitarian organisations who move frequently from one emergency to another may not appreciate differences in social organisation. It may be difficult to devise strategies for working with social organisations of unknown capacity, so the default option thus becomes 'do it yourself'.

Wille (2000) considers that humanitarian organisations in Angola have begun to think about community's social organisations but that there is still a considerable way to go. Her own study in Kwanza Norte province shows how a community came to be divided because of displacement. It also points out some of the risks of humanitarian agencies working with community structures when they have little understanding of them, and how they may inadvertently strengthen the hierarchical and undemocratic aspects of such structures by giving power to 'gatekeepers' rather than empowering the whole group.

ADRA's experience of relief distributions through social organisations appears to have some success because it has worked to understand social organisations and to support them. A few other humanitarian actors also have a policy of leaving a considerable amount of responsibility for IDP

camp organisation and aid distribution to IDP's elected representatives.[40] Other organisations have looked at experiences in Tanzania (and subsequently Malawi and Zimbabwe) of community participation in food-aid distribution, as they are aware of the risks of long-term, non-participatory approaches.

The experiences in Tanzania have been in contexts of:

- peace, stability and absence of serious inter-community divisions;
- interventions to save livelihoods, rather than being immediate life saving measures;
- a shared understanding among people, government and agencies concerning humanitarian need;
- strong support for the methodology from central and regional government;
- effective working partnership and broad agreement on the methodology between government (central and regional), WFP and implementing NGOs, with donor support;
- small and coherent village units, with typical populations of 1,000–5,000 where most people know each other;
- well established structures of village government and a tradition of village-level public meetings and decision making;
- participatory approaches (at least for development) encouraged nationally;
- availability of a pool of government extension staff and NGO personnel with some experience of facilitating participatory project approaches in villages, for training and monitoring;
- clear guidelines for implementation, which include instructions for informing and consulting the whole population of a village periodically as well as working through elected committees.

Transfer of such an approach to Angola might be difficult, as, these conditions are rarely met. But it may be appropriate in situations where humanitarian agencies have worked with local communities for some time and where some of the necessary conditions can be created. [41]

The weakening of community social organisation and solidarity in Angola in the last 100 years has been accompanied by a concentration of powers in the hands of one leader of the community, usually the soba or the coordinator.[42] Outside agencies often assume that the group that they are working with is, in fact, a community with cohesion and mechanisms of accountability, but this may not be so. Community-based approaches that merely involve consultation with one leader, or a restricted group, reinforce their role as gatekeepers.[43] Such leaders may be also unduly influenced by government, and not represent the views of their communities. Participatory development requires creating and supporting more representative structures at the community level and creating an awareness of transparency and accountability through civic education about rights and responsibilities. It requires ensuring that the rest of the community is not excluded by working through the soba or through a committee. It implies that 'more participation' is an objective of the programme, and not just a means, and that attempts to support people's autonomy and citizenship should not be abandoned just because people are IDPs and there is a crisis. This requires investment in time and in skills. Only some agencies – such as ADRA, ACORD (Agency for Co-operation and Development in Research), Development Workshop and German Agro Action – have been willing to do this.

6 CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

Generally Angola has been perceived by humanitarian agencies and donors as an emergency that required top-down, pre-defined interventions, despite the fact that it was more appropriate to think of it as a long-running structural crisis. One Angolan respondent felt that 'Aid in Angola has been a large industry. It has had few points of contact and dialogue with Angolan society. It should have had contact at various levels, such as with the state, with the local state, with local NGOs, with communities and with individuals. There is a risk that this industry will leave as quickly as it came, without making many contacts with Angolan society and without helping to rebuild the structures of society.'

Many humanitarian agencies raised the question of the problematic nature of coordination with government, as well as the lack of coordination by government.[44] Most coordination has been carried out by OCHA, and this is usually viewed positively. But respondents questioned whether OCHA has done enough to increase the capacity of its Government of Angola counterpart the Technical Unit for Coordination of Humanitarian Assistance (UTCAH). OCHA may well leave Angola in the near future, if it is decided that there is no longer an emergency, and there will then be no institution with a clear mandate and capacity to coordinate.

One of the characteristics of this long-term structural crisis is a weak human, social and institutional fabric and a weak participatory culture. This in turn implies that participatory and consultative approaches may be more difficult than in other contexts, even in development projects let alone in situations of acute crisis that require an emergency response. Community-based projects that limit consultation to talking to the soba (or any other restricted group of leaders) are assuming that a community has its own internal mechanisms of transparency and accountability, which may well not be the case. Authentic participation and consultation require creating more representative structures within communities, and strengthening their links to the (weak) local government.

A small number of humanitarian agencies have taken a 'transformative approach' in which participation is an objective and not just a means. Although it is an approach that contains many elements of reconstruction (civic education, creation and supported of accountable community structures), they would argue that it should be applied as soon as possible after an acute crisis or even during an acute crisis: the 'continuum' should not be so rigid that opportunities are missed to create the conditions for creating a participatory culture. The agency that has the most developed philosophy for this approach is the local NGO, ADRA, which has applied it in Malanje with newly arrived IDPs and in Huambo with longer-term IDPs.[45] ADRA would argue that what is normally a constraint to participation and consultation (large, complex IDPs camps or IDPs dispersed in towns) needs to be addressed by helping IDPs to live in new villages or bairros that roughly correspond socially to their original settlements. It is notable that, in Huambo province, a number of other agencies belatedly came to a similar conclusion about creating new settlements, but that some of the emergency-oriented humanitarian agencies continued to provide aid to large, complex IDP camps. They argued that participatory approaches to their organisation and to food aid distribution were not possible because of their size and complexity.

Many humanitarian agencies reported that they had begun to talk to IDPs (and other affected populations) and had discovered unexpected needs and

priorities, but they regretted that they had delayed so long in doing so. When people were eventually consulted it resulted in programmes with completely different approaches. Humanitarian agencies took on wider roles, such facilitating relations between communities and state bodies and assisting the re-planning of settlements.

Even in very difficult situations, such as the area around Huambo in 2000 and 2001 when it was surrounded by UNITA, people unexpectedly seemed interested in adult literacy, improving their schools and other activities beyond immediate needs. What had been adequate solutions at the height of an acute emergency (tents or improvised latrines) were no longer suitable after a few months. This kind of consultation requires the time to 'sit on the ground and listen': going around with a questionnaire can lead respondents to mention only the needs that they normally see humanitarian agencies supplying.

In some cases, the discovery of these new needs led to more profound participatory research and consultation to devise possible solutions and to test them (as in the example of 'child-friendly spaces' in Chapter 4). Where there are no off-the-peg solutions, careful qualitative research and consultation with those involved is required. It is a process where ownership remains with the outside agency, through focus groups discussions with a sample of those involved.

Information systems about vulnerability have improved considerably since 1990. The WFP VAM unit produces a more detailed analysis of food insecurity every 6 months in 11 of the 18 provinces of Angola, which assists food-aid planning and targeting. It is seen as a first attempt to move away from assessing food-aid needs solely on the basis of the number of IDPs recognising that, in Angola, IDP is not a useful category for assessing need. There is, however, recognition that this is based largely on the impressions and opinions of key informants (NGOs and government officials), and that they incorporate little information about the survival strategies and perceived needs of the affected populations. Household food security assessments have been carried out by Save the Children (UK) but

are resource-intensive. The findings of the case study also suggest that consultation with affected populations might contribute to improving the usefulness of vulnerability monitoring.

Very few examples of consultation and participation at times of acute crisis were found. The need for urgent action at such times appears to be the main constraint, though some respondents thought that organisational culture within humanitarian agencies was also a constraint. Humanitarian action undoubtedly saved many lives in Angola, as even its critics agree. However its critics would argue that humanitarian action should have had a wider impact, strengthening the fabric of a disintegrating society, including the promotion of more generalised participation and consultation. Despite the lives saved by humanitarian action, mortality rates in Angola are exceptionally high, due to widespread poverty and inequality, and poor health services. In a long-running crisis, humanitarian agencies should not ignore the wider causes of vulnerability.

Acute survival needs in newly accessible areas, where access is still difficult because of poor roads, landmines or conditions in the rainy season, can only be met when considerable responsibility is handed over to local people or to the local government. This has in fact happened in areas of northern Huambo province where food has been stockpiled for use during the 2002–03 rainy season. Humanitarian agencies appear to see these as 'one-off' exceptions to their normal operating practices. Further study might be useful to develop better guidelines for these situations.

Even though few examples of consultation and participation at times of acute crisis were found, some agencies stressed that opportunities should be sought for building relationships with affected populations or local government or other entities. This could, for example, be through casual conversations at food distributions or learning children's names at nutritional centres. A few agencies mentioned the importance of making every effort to maintain contact with groups with which they had been working, even if security deteriorated and it was not possible to maintain an open presence in an area; maintenance of links in such difficult

situations helps to build trust that can be important later. Building these relationships might be useful if it was necessary to plan a different type of activity, or understand changes in the context. It is notable, however, that only some agencies seemed to recognise this need. Development is an activity that is heavily dependent on monitoring the context and on building relationships with a wide variety of other actors (Fowler, 1997, 2000) and this could also be applicable in emergency contexts.

It is notable that many agencies with an emergency mandate, which now expect to leave Angola in the near future with the coming of peace, feel that they have missed opportunities during their time in Angola. Opportunities were missed to upgrade the skills of their local personnel who presently have skills as food-aid monitors (skills which, it is hoped, will not be required in future). Meanwhile there is a shortage of people with skills in participatory methods that, it is acknowledged, is a constraint on food-for-work or other recovery activities (WFP, 2002a).

In summary, the field research in Angola suggests that active consultation with and participation by crisis-affected populations in measures to assist them is, according to aid recipients and other key stakeholders, both feasible and beneficial. The long-term presence of humanitarian actors in a long-term crisis such as Angola is an opportunity to develop parti-cipation and consultation. The benefits would, in summary, include a better understanding of vulnerability, better response to needs and opportunities in protracted crises and support to a participatory culture itself.

Agencies that have been in Angola for a longer time have a better potential for using participation in humanitarian action, as they can develop the human resources, and the local knowledge and perspectives. But this is a necessary, not a sufficient, condition. There are humanitarian agencies that have been operating in Angola for a long time but have not developed that approach. Those agencies that have development experience have a better potential for using participation in humanitarian action, though in practice it has often been 'crowded out' by the emergency culture.

Constraints to participation and consultation in humanitarian action, however, include:

- high turnover rate of staff;
- an emergency delivery culture in certain agencies;
- a weak participatory culture even in agencies with dual mandates;
- a lack of focus;
- a lack of skills and capacity in participatory approaches;
- donor preference for short-term emergency programmes even in a long-term crisis;
- a lack of long-term commitment from donors;
- requests from donors for funding proposals at short notice;
- a limited knowledge of the context;
- a diverse and rapidly changing context.

6.2   RECOMMENDATIONS

The use of more participatory approaches in humanitarian action presents many challenges. The following recommendations attempt to address these challenges.

Humanitarian agencies need to devote more time to understanding the contexts in which they are operating. One emergency is very different from the next, and long-term structural crises are diverse in nature and different from short-term emergencies. Humanitarian agencies should attempt to understand better the nature of the crises, the other humanitarian organisations working in the same area, the local structures of government and organised civil society, and the informal civil society and social structure.

Humanitarian agencies need to devote more time to thinking through the *Code of Conduct for the Red Cross and Red Crescent Movement and NGOs in Disaster Relief* and its implications. The parts of the *Code* that refer to building on local capacities, involving local beneficiaries in management of

relief aid, reducing future vulnerabilities and improving accountability are little known and little used because their implementation is challenging in a crisis, and because they imply trade-offs between different objectives. This requires the agencies to make an organisational commitment to exploring ways of operationalising them.

Organisations with a purely emergency mandate should not necessarily try to be involved in developmental projects, as they do not have the necessary long-term presence or the experience in such areas, and their high turnover of staff does not permit them to build contextual knowledge. Development projects by organisations with an emergency mandate appeared to have a low success rate.

Where it is difficult to be consultative and participatory, such as in a short-term acute crisis, humanitarian agencies should at least seek to improve their transparency by providing clearer information about their approach and activities.

Humanitarian agencies should be alert for opportunities to move away from pre-defined relief interventions and towards involving affected populations, building accountability, building on and strengthening local capacities and reducing future vulnerabilities, especially when the peak of a crisis passes.[46] Humanitarian agencies should also be alert to the need to move away from pre-defined relief interventions when a crisis continues for some time and temporary responses may no longer be seen as adequate by the affected populations.

Humanitarian agencies should develop the new skills that are implied by participatory approaches, in qualitative analysis and in negotiation and facilitation, which are underdeveloped in many organisations especially those oriented to immediate relief actions.

Organisations with an emergency mandate should improve their understanding of the approaches of other agencies and avoid crowding them out. At times of acute crisis, organisations with an emergency mandate tend to leave little space for organisations with different mandates.

They need to avoid competitive relations and stop specific agency agendas (such as publicity, profile and agency bias) hindering coordination. Rapid-response emergency teams from agency HQs create particular tensions between agencies, and even within agencies.[47]

Humanitarian organisations should consider how to improve coordination between agencies, and move beyond the present 'emergency coordination' in which meetings focus around how much food has been distributed where, or the emergency coordination appeal process, and which agencies whose mandate is longer-term or oriented to capacity-building tend to not attend. Humanitarian agencies themselves need to consider how to create more effective coordination, without relying on a UN body and how to widen the scope of coordination.[48]

To follow a participatory approach effectively, humanitarian agencies need to build a participatory culture in the organisation. Both emergency and development agencies expressed concern that their participatory approaches in development work did not carry over into emergency work as they are not sufficiently rooted in the organisation and exist partly at the rhetorical level.[49] For local personnel (and even international personnel) to be comfortable about applying participatory approaches in new and challenging, situations, they require support as well as training in listening, reflection and analysis.

Humanitarian agencies need to find ways to improve continuity, and avoid burn-out so that key personnel can stay longer and also monitor and understand the context in which they are operating.[50] Promising initiatives (such as a network of community health groups in Huambo city) tend to be lost when particular personnel leave.[51] While development agencies claim that their longer term presence in Angola through development work allows them to respond more effectively to emergencies, there is still a high staff turnover that has a negative effect on institutional memory.

The tendency for humanitarian agencies to operate in panic mode in acute crises can lead to staff burn-out as well as to insufficient monitoring and understanding of the context. Consideration should, then, be given to

suggestions that there be someone, or a unit of people, outside the agencies in such situations with the specific mandate of better understanding and monitoring of the context. Birkeland (2000) for example suggests that humanitarian agencies will inevitably not have time to focus on wider or longer term questions, and that an independent researcher should have that role. This would allow humanitarian organisations to get on with emergency work, though it raises the question of what point of contact could be created to allow the researcher's work to cross-fertilise with that of the agencies.[52]

Donors need to consider whether their policies and practices are useful in long-term crises. Many respondents felt that the attitude of donors made adopting participatory approaches more tricky. Humanitarian agencies who have tried to move towards addressing the structural crisis have felt that many donors are unwilling to move away from an emergency approach. One interviewee said 'If you are sure of your approach it is possible to convince donors, even when it is innovative. But it requires a lot of effort.' Should emergency projects be limited to six months or one year when an emergency has already continued for several years? Should implementing agencies have more notice of what funding is likely to be available and when submissions are required? Should initial project proposals have to state activities precisely in detail when affected populations are going to be further consulted about their priorities? If it is necessary to consult affected populations in detail before submitting a project proposal, thus raising their expectations, what happens if the proposal is turned down? Is it true that 'donors like consultation but do not like to pay for it,' as some respondents said?

Humanitarian agencies need to consider advocacy towards donor organisations who set the agenda and who, for various reasons, tend to prefer pure emergency relief programmes. Where there is some interest on the part of donors, humanitarian agencies should begin discussions and build partnerships with them.

There should be more evaluations of humanitarian operations that consult the intended beneficiaries and affected populations. It would be useful to

do evaluations of this kind, as a post-hoc consultation, even if consultation of the affected population is difficult during emergency operations. Beneficiary assessments, or other forms of 'continuous client consultation' proposed by the World Bank, might be useful to learning for the future if not for current operations.

Box 7 Not a good example

In meetings to prepare the 2003 Consolidated Appeal for Angola, published late in 2002, a number of NGOs expressed the opinion that there should be more consultation of affected populations in preparing the appeal. This was to test some of the assumptions in the appeal about what affected populations were likely to do now that there seemed to be peace, and what their priorities were for support. It was eventually agreed to do such a consultation, but only a few weeks before the appeal had to finalised.

It was generally agreed that this was unsatisfactory, as too little time was available. It was variously described as 'a drop-in-a-bucket approach', 'a frenetic exercise' and 'token consultation'.

'This was not the appropriate framework for consultation. The CAP is a literary exercise, a method of persuasion for donors. Consultation has to be carried out well before that stage is reached.'

Notes

[1] 'There is a strong global demand for a global study of humanitarian programmes and shared social learning, because it is considered that (where feasible and practical) the ethical and practical appropriateness and efficiency of these programmes could be improved thereby.' Apthorpe and Atkinson (1999).

[2] Apthorpe and Atkinson (1999) mention the following as among the many forms of participation and consultation that might be found: action research, social surveys, social and anthropological fieldwork, PRA, panel and focus groups, representative groups, policy dialogue. Forms of participation and consultation normally applied in non-crisis situations might be adaptable for crises or new forms may need to be found.

[3] Coastal areas of Angola are mainly desert or semi-arid. The eastern half of Angola is also dry. Highest rainfall occurs along an escarpment behind the dry coastal plan. This area has the highest agricultural potential. During the late colonial period it produced coffee and maize for export and there were extensive colonial farms and plantations. There was a massive flight of people in 1961 from the far north of Angola into what is now the RDC at the start of the anti-colonial war.

[4] All figures are estimates. There has been no population census since a partial census in 1983 and a complete census in 1970.

[5] Angola was the main coffee exporter of Africa and a major exporter of maize for animal feed in Europe.

[6] A Government/UN study about 'willingness to pay for social services' was mainly a quantitative questionnaire study about how much people actually did pay. The planned qualitative study, to find out whether people actually were willing to pay for services, what their opinion was about payment for services, and under which conditions they might pay, was only carried out on a very small scale.

7   See Robson (2001) for a preliminary series of studies in these areas. Tvedten (2001) also notes that research results in these areas 'often end up on shelves: this may be because they are part of evaluations, and thus sensitive'.

8   The World Bank has talked about 'systematic client consultation' in connection with some of its programmes, but its Government partners have no experience in this approach and the World Bank has not provided the necessary assistance. There have been some useful 'beneficiary assessments' but not a systematic approach to consultation.

9   A very useful study of the recent history of Huambo province (up to 1997) and the effect of conflict on rural communities is Pacheco (2001)

10 See European Union (2001a), OCHA (2002), United Nations (2002), WFP (2002a).

11 The rebel movement UNITA relied heavily on support from South Africa and the USA during the 1980s, and in the 1990s on diamonds from mines it captured in 1992–94.

12 The Gini coefficient measures the extent to which the income distribution of households deviates from an equal distribution. A Gini coefficient of zero implies perfect equality of income. Higher Gini coefficients imply greater inequality.

13 As Duffield (1994) has pointed out, referring to Angola, a long-running crisis saps a society's strength to recover from that crisis. It affects many aspects of society beyond immediate survival needs, such as social structures and people's ability to express themselves, or to speak without aggression, or to hold back aggression. In Angola, the vulnerability early-warning mechanisms developed during SRPA were themselves destroyed by the subsequent war.

14 Analysis of public expenditure in Angola is complicated by extra-budgetary expenditure that is outside the integrated system of state financial management SIGFE (Sistema integrado de gestão financeira do Estado). IMF uses other sources to estimate extra-SIGFE expenditure.

15 When UNITA rejected the results of the elections and re-mobilised for war.

16 Inland cities such as Huambo, Malanje, Uije and Kuito were besieged for long periods by UNITA.

17 Perhaps due to a guilty conscience that they had not been prepared to prevent a

war re-commencing out of elections that they had promoted (or 'as a fig-leaf' as some interviewees expressed it).

[18] There have been debates in Angola about the use of the continuum concept. For some agencies the implication of the 'continuum' is that there should be a retreat along the continuum when the overall security level in the country worsens, as in 1998. Other agencies see opportunities for non-emergency interventions in certain safer areas even though other areas are reverting to war. The local NGO, ADRA, proposes a model where the continuum is applied to groups of people rather than to the country as a whole. People require immediate assistance when they are displaced or directly affected by war, they then require assistance to stabilise themselves and then further assistance to rebuild or develop their livelihood strategies.

[19] The social funds of the oil companies and a private foundation in the name of the President of the Republic (FESA) are another alternative funding stream for the social sector. The size of these funding streams is unknown though perhaps it is considerable (Tvedten, 2000). These streams again bypass the relevant social sector ministries.

[20] Representatives of the different organisations interviewed gave widely different definitions of 'humanitarian action', some narrow and some very broad.

[21] 'Emergency action put to the test'. President Hotel, Luanda, 5–7 November 2002. Organised by ADRA and German Agro-Action.

[22] The debate is similar to that described by Collins (1998) between the 'classical humanitarians' and those who follow a Relief-to-Development-and-Democracy (RDD) Approach.

[23] In 2000, the percentages of public aid to Angola by the EU, Norway and USA were: food aid 47 per cent; health sector 14 per cent; non-food emergency aid 8 per cent (European Union, 2001b). This situation is not unique to Angola. Despite many years of conflict, short-term emergency projects continue to account for the greater part of NGO response in Ethiopia, Sudan, Uganda and Angola. It will be too late to wait with research and other responses until after the emergency, especially when complex emergencies last for decades. (Birkeland, 2000.)

[24] WFP (2002a) notes that '… [t]he Angola WFP operation was a PRRO (protracted relief and recovery operation) from Jan 2000 onwards, and that some recovery operations were included in some areas though there was still conflict in others.

The constraints were that many operators were unaware of opportunities for recovery in certain areas while the country as a whole was still at war, and there was no consensus among donors about relief to recovery strategies and their possibility.'

25 'NGO's absorption capacity is nearing saturation point. Their resources are stretched. They work in difficult conditions and are tired.' (European Union, 2001a).

26 'We have some experience of doing focus group discussions, but we were overwhelmed by speed of return of IDPs to their areas of origin. In the 1992–3 emergency we were running against the clock so we just "intervened" like everybody else even though we talk about participatory programmes.' *Country Director, US NGO*

27 'We distribute what we can, where we can. If we have split peas, we distribute split peas. Questions of vulnerability and preferences are conditioned by this.' *Provincial Delegate, UN Agency, Huambo.* (WFP in Huambo were at the time distributing, through other humanitarian agencies, split peas, an unknown commodity in the area.)

28 'We lived in a vast space with all the women on one side and all the men on the other side.' *A woman who had lived for a year in an abandoned factory as an IDP in Caála*

29 Cassava.

30 There are intended to be VAM committees in each province, made up of staff from each humanitarian agency, who continuously monitor the key variables. However, it was acknowledged that most of the work was done in the few days every six months when the WFP VAM unit staff visit the province, and that there is little continuous monitoring. It is unclear who 'owns' VAM: the agencies see it as part of WFP, but VAM is in WFP for convenience and is a small unit in a large logistical and supply organisation.

31 WFP stressed that VAM aims to improve targeting, and participation and consultation are interesting only if it will do that. It is a technical tool to show who is getting food, who will need it in future and who will not need it (Are the right people getting food, in right amounts and at the right time?) WFP does not see its role as looking at wider issues, such as consulting people about whether they want to live in their present location.

32 See Seaman, Sawdon and Taylor (2000), Wright (2001) and Sawdon (2002).

33 One exception is in the city of Luanda where there have been few emergency

programmes. The British government is funding an innovative reconstruction programme through non-governmental organisations.

[34] It involves recognising people's social and motivational capacities and vulnerabilities and not just their material capacities and vulnerabilities. See Anderson and Woodrow (1989).

[35] See ADRA (2001a) and ADRA (2001b).

[36] An example of the controversies mentioned by Apthorpe and Atkinson (1999) 'about vulnerability, social responsibility and targeting – trusting a community in targeting and in saying who is vulnerable.'

[37] Some authors consider that one of the aims of the wars of destabilisation of the 1980s in southern Africa and Central America was precisely to weaken community cohesion. See Nordstrom (1992).

[38] In the Angolan context it appears that severe stress has weakened further communities' 'social capital', their ability and propensity to cooperate and for practical solidarity. See Robson and Roque (2001). In other contexts, however, for example where social capital had not been weakened previously, stress may have the effect of bringing people closer together to help each other. The answer to the question of Apthorpe and Atkinson (1999) 'does society "break up" or "rise to the occasion" when under stress?' may depend on the previous conditions, on the strength of solidarity and social organisation beforehand. There are probably differences between more stable communities from the central plateau whose social structure may recover easily, and others, such as former 'contract labourers' who have never been able to go back to the land. This is suggested by the comments of Development Workshop staff about different bairros in Huambo city and by the condition of people from the central plateau still living on abandoned plantations, or in Tombwe, Namibe province).

[39] See the comments in the example about 'child-friendly spaces' in the previous chapter regarding the use of focus-group discussions in Angola where negotiations in Latin America would be with organic community groups.

[40] For example Lutheran World Federation in Moxico province, and also German Agro-Action in Bengo, Benguela and Kwanza Sul provinces though GAA has had disagreements with WFP about this policy.

[41] Some humanitarian organisation argued that it was impossible to work through

elected committees in IDP camps in Angola, because the concentrations of people were too great. There is some force in the argument that working though committees in such circumstances would be difficult, but it may be another argument for re-organising IDP camps, as other organisations had done by creating 'new villages'.

42 See Pacheco (2002). Humanitarian agencies sometimes see it differently, considering that autocracy is due to the fact that these are 'traditional, iron-age societies'. Alternatively, humanitarian agencies debate which of the traditional figures is the most authentic.

43 Or reinforce 'destructive vertical power relations' in the words of Wille (2000). Traditionally sobas held meetings in the ondjango where the whole community could watch, if not participate, but this is not necessarily now the case.

44 Such as unreliable information from state bodies about their plans; unrealistic government plans based on poor data and without consultation; and failure to open health posts that have been built with assistance from humanitarian aid.

45 There is evidence that strategies such as credit and community capacity building have had some success even with groups who were recently in acute need.

46 For example as advocated by White and Cliffe (2000).

47 Representatives of certain humanitarian organisations reported that they prefer not to be assisted by emergency teams from HQ, because the representatives lose control of their programme. They report that emergency teams admit that they 'prefer action to analysis' but that this leads to difficulties later.

48 ADRA do not attend coordination meetings because they find emergency coordination issues of little relevance. Another Angolan who was interviewed (representative of an international NGO) was critical of meetings that 'haggle over who is distributing what and where' but felt it necessary to attend so as to attempt to introduce local contextual information.

49 A respondent from a UN agency noted that the agency has participation of one of its four main modes of action, but has de-emphasised this of late and has not implemented it in Angola: in practice it has not made the effort to adapt it to the more complex context and to emergency activities.

50 'Emergencies bring out the worst in organisations; they crowd themselves out.

They require an institutional anchor that can really engage with the issues and not the day-to-day minutiae: but this never happens.' *Huambo representative of a British NGO*

51 Participatory approaches appear to rely too heavily on individual staff members, and thus not be pursued when these move on. Many interviewees mentioned the national-level Community Rehabilitation Programme (PRC) of 1995. UNDP reacted quickly to the Lusaka Peace Agreement of November 1994 by instituting consultations throughout the country about community rehabilitation needs. The staff concerned then moved on and the programme, and particularly its participatory elements, lost momentum. Consultation without follow-up brought disillusionment.

52 Birkeland carried out research in Huambo in 1999 when it was under siege. She notes that humanitarian personnel could not understand why she was there; they tended to accept many of the colonial myths about Huambo and the central plateau that have been disputed more recently by Angolan writers. She points out that agencies had not noticed that people harvested their maize when it was very young because it was quite likely to be stolen if left on the plant too long, thus reducing their harvest, an important point for food security and vulnerability considerations.

References

ADRA, 2001a. 'Relatório da formação em Desenvolvimento Comunitário no Huambo, Março 2001'. Huambo: ADRA.

ADRA, 2001b. 'ADRA Huambo Relatório Anual 2001'. Huambo: ADRA.

Anderson, Mary B., and Peter J. Woodrow, 1989. *Rising from the ashes: development strategies in times of disaster.* Boulder, Colorado, USA: Westview Press.

Apthorpe, Raymond, and Philippa Atkinson, 1999. 'Towards shared social learning for humanitarian programmes'. London: ALNAP.

Birkeland, Nina M., 2000. 'War, environment and forced migration in Angola' in *Recovery and development after conflict.* Trondheim, Norway: Department of Geography, Norwegian University of Science and Technology.

Collins, Cindy, 1998. 'Critiques of Humanitarianism and Humanitarian Action' in *Humanitarian Coordination – Lessons Learned.* Stockholm: OCHA, New York.

Doyle, Michael, 1999. 'Recommended Guidelines for Implementation of Community Managed Targeting and Distribution of Food Aid in Tanzania'. Dar es Salaam: Prime Minister's Office (Tanzania), WFP, SCF (UK), TCRS, NPA, DFID (UK).

Duffield, Mark, 1994. 'Complex political emergencies with reference to Angola and Bosnia: an exploratory report for UNICEF'. Birmingham, UK: School of Public Policy, University of Birmingham, UK.

European Union, 2001a. 'Angola – European Community Country Strategy Paper and National Indicative Programme'. Luanda: European Union.

European Union, 2001b. 'Aid flows to Angola: an overview'. Luanda: European Commission Delegation in Angola.

Fowler, Alan, 1997. *Striking a balance: a guide to enhancing the effectiveness of non-governmental organisations in international development.* London, UK: Earthscan.

Fowler, Alan, 2000. *The virtuous spiral: a guide to sustainability for NGOs in international development.* London: Earthscan.

Nordstrom, Carolyn, 1992. *Paths to domination, resistance and terror.* Berkley: University of California Press.

OCHA, 2002a. 'Report to donors: Angola January – June 2002'. Luanda: OCHA.

OCHA, 2002b. 'Avaliação Rápida das Necessidades Críticas: Angola Abril – Maio 2002'. Luanda: OCHA.

Ostheimer, Andrea E., 2000. 'Aid agencies: providers of essential resources?' in *Angola's war economy – the role of oil and diamonds*, edited by J. Cilliers and C. Dietrich. Pretoria: Institute for Security Studies.

Pacheco, Fernando, 2001. 'Rural communities in Huambo', in *Communities and reconstruction in Angola*, edited by Paul Robson. Guelph: Development Workshop.

Pacheco, Fernando, 2002. 'Caminhos para a cidadania: poder e

desenvolvimento a nível local na perspectiva duma Angola nova'. Política Internacional 25:43–50.

Robson, Paul, and Sandra Roque, 2001. 'Here in the city there is nothing left over for lending a hand: in search of solidarity and collective action in peri-urban areas in Angola'. Guelph: Development Workshop.

Sawdon, Gary, 2002. 'The household economies of Kuito, Bie province'. Luanda: Save the Children (UK).

Seaman, John, Sawdon, Gary, and Anna Taylor, 2000. 'Final Report on a Survey to Assess the Food Needs of the Population of Huambo, Angola'. London: Save the Children (UK).

Tvedten, Inge, 2000. 'Report to NORAD on selected development issues in Angola 1999/2000'. Bergen: Christen Michaelson Institute.

Tvedten, Inge, 2001. 'Angola 2000/2001: key development issues and the role of NGOs'. Bergen: Christen Michaelson Institute.

United Nations System in Angola, 2002. 'Angola: the post-war challenges'. Luanda: United Nations.

WFP, 2002a. 'Summary report of the evaluation of the WFP Angola portfolio'. Rome: World Food Programme.

WFP, 2002b. 'Relatório de análise de vulnerabilidade: Huambo, Maio – Outubro 2002'. Luanda: WFP.

WFP, 2002c. 'Vulnerability Analysis November 2001–April 2002: National Overview Angola.' Luanda: World Food Programme, Vulnerability Analysis and Food Aid Working Group.

Wille, Janecke, 2000. 'Social capital and humanitarian mine action: demining as post-conflict assistance in Cassua, Angola'. Oslo: Oslo University.

White, Philip and Lionel Cliffe, 2000. 'Matching response to context in complex political emergencies: relief, development, peace-building or something in-between?' Disasters 24 (4).

Wright, Mark, 2001. 'Food security assessment: Kuito 2001'. Luanda: Save the Children (UK).