

Evaluation Report

Evaluation of ECHO's Global Plan 2000 - Angola

Sector: Water and Sanitation

Country: ANGOLA
Period: January till December 2000
Programme: ECHO/AGO/210/2000/01000
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Structured Executive Summary for Cross Evaluation Purposes

Evaluation

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

Sector: Water & Sanitation during the reference period January – December 2000

Report No.: EC/ECHO-03/2000

Date of Evaluation: 14 November till 11 December 2000

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Purpose and Methodology

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

Main Conclusions

Relevance – All three projects in the field of water and sanitation were found relevant and well targeted. The intervention strategies in all cases were adapted to the needs of the target population. The means employed were found in one of the projects to advanced and not fully adapted to the local conditions (electrical pumps instead of a manual solution).

Effectiveness – Concerning effectiveness and efficiency, the balance of the projects is positive. Nonetheless, one of the projects started very slow and suffered some technical setbacks. Within the chosen strategy, the projects basically proved to be cost-efficient. In one case more cost effective strategies could have been chosen (related to sustainability). It became obvious by assessing the projects proposals that appropriate cost-effectiveness indicators are missing.

Efficiency – Generally, the efficiency of the projects can be judged as good. The ECHO partners capacity in the context of operational management, implementation organisation and monitoring can be seen as sufficient. The efficiency could be increased if the partners would carefully consider measures to increase the sustainability of their programmes in

terms of employing more adequate solutions (adapted to the local capacity for maintenance and repair works).

Coordination and Complementarity – The cooperation amongst the NGOs and with the local offices of the national water directorate (DPA) appeared to be quite satisfactory. Although differences of opinion concerning the strategy exist, both UNICEF and DNA expressed their appreciation for the work of the ECHO funded NGOs.

Impact & Strategic Implications – The impact of the projects clearly varies from operation to operation. Oxfam's intervention undoubtedly improved the water supply in both target areas. However, lasting impact on the water supply is not guaranteed, since Oxfam did not develop a long-term hand pump maintenance strategy. The ACH (E) and the Intersos projects were designed as a pure emergency interventions focusing on the relief of the most acute needs in a very difficult situation. As such, the work had a positive impact on the IDP population during the emergency. However, after the most urgent needs were solved, the NGOs should have worked towards a more sustainable situation (emergency recovery), this in view of the chronic emergency situation in the country.

Visibility – The ECHO projects were visible at field level, although their precise role could have been more clearly presented.

Horizontal Issues – None of the projects included any element of cost recovery. Though this was understandable and justified in an emergency situation, it could harm the national policy in which cost recovery is an essential element within a strategy aiming at sustainability.

Recommendations

As concluded from the ficheops, the ECHO field experts assessed the situation well and were, according the NGOs, very supportive to the projects. However, they lacked the technical background in the complicated reality of rural water supply projects in developing countries. Some of the important *recommendations* in this respect include:

1. Unless a clear emergency exists, no emergency response should be given.
2. The proposals should include more quantitative data, to enable a better assessment of the relevance, chosen strategy and cost effectiveness. The ECHO staff in Luanda should get technical advice in assessing complicated project proposals.
3. The co-operation with and support to the national directorate of water (DPA) in emergency (recovery) projects should be continued in forthcoming projects
4. Even in emergency projects, the issue of sustainability should be considered and discussions concerning an exit strategy should start at an early stage.
5. In Angola, Watsan projects are appropriate and relevant. Projects could become sustainable if put in the framework of long-term development. However water NGO's should keep their capacity for emergency responses, since scenarios, which require very urgent water projects are realistic.
6. In the current situation of Angola, the simplest solution for water supply systems should be chosen.

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Executive Summary

Between the 14th of November and 11 December 2000, a team of three external consultants evaluated at the request of the European Commission the 'ECHO's 2000 Global Humanitarian Plan in Angola'. This is the summary of the evaluation of the water and sanitation (Watsan) sector.

Water and sanitation activities were not included in the global plan 2000¹. Therefore, this evaluation has been focussed on three projects funded under GP1999 and their context in the national situation. The projects included the Oxfam project around Malanje town (Malanje province), the ACH (E) project in Matala (Huila province) and the Intersos project in Caxito (Bengo province). New project proposals have been assessed on their suitability to be included in the GP2001. The consultant studied project documents, had interviews with all concerned (ECHO, NGO staff and government officials) and visited the project areas and target locations of proposed Watsan projects.

As far as *relevance* is concerned, Oxfam improved the water supply in the towns of Malanje and Cangandala, which suffered a large influx of IDP (65,000 people, about 30 % of the total population) during the last 3 years. The project team rehabilitated or drilled 43 wells and equipped them with a new type of hand pumps. In addition, hygiene promotion and social mobilization was included in the program. Although quantitative data are not available in the Oxfam proposal, the field visit and interviews with local authorities indicated that the water situation last year in Cangandala was dramatic indeed. While the situation in and around Malanje town was considered very poor, it was not really an emergency as compared to the "normal" situation in Angola.

ACH (E) provided water from November 1999 (during 4 months) for remote makeshift IDP camps, which were constructed in the region around Matala during August 1999. At the height of the influx 15.000 people were housed in two camps; at present still around 10.000 people remain. ACH (E) provided water, first by water trucks and later by boreholes equipped with electrical pump and connected to tap stands. After the intervention, the local government took over the responsibility for the water supply. The situation Matala at the time was catastrophic with densely packed camps without an adequate water supply. For this reason, the project can be seen as relevant.

The Intersos project in Caxito, a continuation of a failed project, was necessary since the population of the transit camp (26,000 persons) was left without adequate water after the previous project came to its end.

Concerning the *effectiveness and efficiency*, the balance of the projects is positive. The Oxfam project started very slowly and suffered some technical setbacks, but it could surpass its targets. According to the Oxfam evaluation team, in total 80,000 people benefited from this project. The ACH project resulted in a sufficient and safe water supply. The last Intersos project was more effective than its predecessor.

In the projects, within the given strategy, the costs are reasonable (Oxfam 8000 Euro / water point; ACH / 1600 Euro during 4 months). However, concerning the Oxfam project and to a minor extend the ACH (E) project, more cost effective (and sustainable, see below) strategies could have been chosen. Investigation of the project proposals showed that weak cost

¹ ECHO decided to fund one Watsan project (UNHCR in Uige) under GP 2000 after the conclusion of the present evaluation in January 2001, at a total value of EUR 200,000.

effectiveness indicators are given and this apparently is not an important issue when assessing project proposal.

Co-operation among the NGO's and with the local offices of the national water directorate (DPA) appears to be quite satisfactory. Although differences of opinion concerning the strategy exist, both UNICEF and DNA expressed their appreciation of the work of the NGO's.

The *impact* of the projects is mixed. Oxfam intervention undoubtedly improved the water supply in both target areas. However, lasting impact on the water supply is not guaranteed, since Oxfam did not develop a long-term handpump maintenance strategy. Also other, simpler, water improvements were neglected. For an emergency response, this would have been justified, but given the situation, another option, with more sustainable elements in it, would have been more appropriate.

The ACH (E) and the Intersos projects were designed as a pure emergency interventions focusing on the relief of the most acute needs in a very difficult situation. As such, the work had a positive impact on the IDP population during the emergency. However, after the most urgent needs were solved, the NGOs should have worked towards a more sustainable situation (emergency recovery), this in view of the chronic emergency situation in the country. ECHO projects were *visible*, although their exact role could have been more clearly presented.

Horizontal issues: None of the projects included any element of cost recovery. Though this was understandable and justified in an emergency situation, it could harm the national policy in which cost recovery is an essential element within a strategy aiming at sustainability.

Management: As concluded from the ficheops, the ECHO field experts assessed the situation well and were, according the NGOs, very supportive to the projects. However, they lacked the technical background in the complicated reality of rural water supply projects in developing countries. Some of the important *recommendations* include:

7. Unless a clear emergency exists, no emergency response should be given.
8. The proposals should include more quantitative data, to enable a better assessment of the relevance, chosen strategy and cost effectiveness. The ECHO staff in Luanda should get technical advice in assessing complicated project proposals.
9. The co-operation with and support to the national directorate of water (DPA) in emergency (recovery) projects should be continued in forthcoming projects
10. Even in emergency projects, the issue of sustainability should be considered and discussions concerning an exit strategy should start at an early stage.
11. In Angola, Watsan projects are appropriate and relevant. Projects could become sustainable if put in the framework of long-term development. However water NGO's should keep their capacity for emergency responses, since scenarios, which require very urgent water projects are realistic.
12. In the current situation of Angola, the simplest solution for water supply systems should be chosen.

1. Introduction

Between the 14th of November and the 11th of December 2000, a team of three external consultants evaluated at the request of the European Commission the 'Echo's 2000 Global Humanitarian Plan in Angola'. This is the report for the water and sanitation sector.

The purpose of the evaluation was to:

1. Assess the suitability of the Global Plan 2000 and the level of its implementation.
2. Assess the degree to which the objectives have been achieved.
3. Quantify impact of the Global Plan 2000 (GP2000) in terms of output.
4. Analyze the link between emergency, rehabilitation and development.
5. Establish precise and concrete proposals relating (i) to a possible transfer of ECHO funded projects to the relevant department of DG Dev and (ii) to the future of ECHO funding by sector and activities, focusing on ECHO 'core-business'.

Water and sanitation (Watsan) activities were not included in the GP2000. The consultant was requested to evaluate the Watsan activities in GP1999 instead. Since this plan comprised three projects an important part of this evaluation has been focused on these projects and their implementation in the national context. The projects included the ACH (E) project (number ECHO/AGO/254/1999/01020) in Matala (Huila province) the Oxfam project ECHO/AGO/254/1999/01021 around Malanje town (Malanje province) and the INTERSOS project in Caxito (Bengo province) (number ECHO/AGO/254/1999/01011). New project proposals, (UNHCR/YME in Uige, the Oxfam project continuation in Malanje and the ACH (E) proposal for Menongue) have been assessed on their suitability to be included in the GP2001.

2. Methodology

As part of the preparations of this evaluation, an extensive briefing took place in Brussels with the various departments and persons involved in the Angola programme, where essential documentation was provided (see TOR in annex 1 and list of documents consulted in annex 4). Based on this, a summary of all ECHO projects by province was elaborated (annex 6). Annex 7 presents an overview of definitions used for this assignment and annex 5 an explanatory list of the many abbreviations. Annex 8 describes the matrix and the criteria for emergency or development projects. The proposals of Watsan projects for the year 2001 will be reviewed in the light of the recommendations made in this evaluation. Annex 9 contains some photographs of the projects that were visited.

In Luanda, the team had working sessions with the staff of the NGO's working in Angola. Interviews were also held with the OCHA office in Luanda, the provincial and national directors of the directorate of water (DNA), UNICEF, UNHCR, the ECHO desk-officer and the other staff of the Delegation (list of persons interviewed in annex 2 and work programme of the team in annex 3). From the meetings a clear view emerged about the national policy and the role of ECHO funded Watsan projects in it.

Subsequently the consultant studied project documents of all implementing partners of ECHO which have been involved in Watsan programmes and paid field visits to the (former) ECHO projects in Malanje, Huila and to the provinces Moxico and Uige, where new ECHO projects have been proposed. Unfortunately, due to the lack of timely air transport, no visit could be paid to the proposed project area of ACH (E) in Menongue (Kuando Kubango province). These field visits proved in general to be extremely useful, since community leaders, local authorities and local NGO could be interviewed and the technical quality of the construction paid by ECHO

could be inspected. Most important was the assessment of the overall situation in the areas where the intervention had taken place. It should be noted that the situation could have changed in between the time of the emergency and the field visits, since both projects were completed several months before the visit of the consultant. In November 2000 an independent team of Watsan experts evaluated the Oxfam projects in Malange on request of ECHO (Descaco & Ball, 2000, see annex 4). The findings of this mission have been included in this report. In the following chapters brief descriptions of each project will be given.

3. Context and humanitarian situation

Changing military context

Since the restart of the hostilities at the end of 1998, the political and military situation has changed considerably. About one year ago, in the autumn of 1999, the hostilities switched from open war between the two parties to "hit and run" style guerrilla warfare, leading in 1999 to approximately 1 million people fleeing from their homes, seeking assistance in the provincial capitals. In 2000, military tactics changed and shelling of provincial capitals occurred less frequently. The government claims to control about 90 % of the municipalities of the country and to extend its influence more and more into the hinterland, as FAA is supposed to 'clear' large areas from UNITA influence.

Internally Displaced Persons (IDPs)

Since January 1998 about 2.7 million people (nearly 20 % of the total national population) have been displaced, while the humanitarian organisations registered in 11/2000 about 1.1 million 'new IDPs'. Despite improved access, at the end of October, an estimated 60% of the areas hosting IDP were still without any humanitarian presence. It is clear from these disturbing figures that humanitarian aid still is facing a huge task to provide minimal living conditions for large groups of populations

Expectations for Humanitarian situation

Although the recent UN fund raising request for 2001² stresses the increased access to affected populations and the expansion of the security perimeters in eight provincial capitals, the improvements are slow and are often reversing or even slipping backwards. According to data collected by this mission from OCHA, the total number of IDPs in the country has remained more or less the same and the accessibility to the 164 municipalities in the country has gone from 36% in 11/99 up to 47 % in 11/00. In certain areas, demining had to be stopped and accessibility and resettlement activities in these areas had to be postponed. Indeed, the road system in large parts of the country is not accessible due to attacks or mines. The only parts relatively well accessible are the coastal areas of and some provinces in the Luanda corridor. The logistic backbone of all humanitarian operations remains the transport by air. In summary, there is no reason to optimism as no significant change of the situation can be foreseen. Politically, reconciliation seems not to be feasible in the short or medium term. The 'chronic emergency situation' is therefore likely to continue in 2001.

Although the security situation, as described above, remains disturbing indeed, climatologically, the years 1999 and 2000 can be considered as about average. With the exception of some floods in the western provinces at the beginning of 2000, no extreme floods or droughts aggravated the precarious humanitarian situation during the last years, but according to experiences gained elsewhere in the region, government and humanitarian organizations should remain alert. At the time of writing, farmers are still awaiting the begin of the rainy season.

² "Consolidated Inter-Agency Appeal for Angola 2001". OCHA, 10/2000.

OCHA assumptions for the future.

The core assumptions made by OCHA regarding the future trends and the most likely scenario for the coming year, seems optimistic (ibidem, p. 20-21):

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

OCHA initiated a rapid assessment of critical needs, where a technical working group for humanitarian coordination was formed for developing a plan of emergency action under the leadership of the government of Angola. Most relevant are the outcomes of the sector groups of water and sanitation for each province. The relation between these, so called, “Minimum Operational Standards for Resettlement” and the Global Plan 2000 will be dealt with in the chapter on horizontal issues as far the Watsan activities concerned.

4. Relevance and appropriateness

GP 2000 estimates that in 1996 only 31 % of the population had access to potable water and 38 % to proper sanitation, a figure that certainly not has increased today. The occurrence of diarrhea caused by contaminated water is estimated to be around 20 – 30 % and is the second cause of death among children. In view of these figures, the Watsan sector in ECHO is, with only three projects and a total budget of around 7 % in 1999, no budget in the GP2000 and with only one in water specialized NGO (Oxfam), not over-represented, to put it mildly. At a meeting with the evaluation team, the representative of OCHA informed the team members that well construction and chlorinating would be among the most important relief activities in Angola. After several field visits and meetings with government officials and IDPs, the consultant can confirm the seriousness of the water (quality) problem in Angola. For this reason, new Watsan projects, in general, can be considered relevant and appropriate in Angola. In the following paragraphs, the projects, which are included in the GP1999, will be reviewed on their relevance as an emergency Watsan project and on their impact on the long-term.

A) Oxfam intervention in Malanje

In response to the increase in number of displaced persons in the Plan Alto at the escalation of the civil war in 1998 and due to the constantly shifting security situation, Oxfam proposed to establish an “air mobile water program” for rapid intervention in areas with the greatest need. This program comprised a/o. the purchase of lightweight drilling equipment, suitable for most geological conditions of Angola.

The target areas that were proposed for the first interventions (Malanje, Uige, Negage) were identified by OCHA as critical areas, where Watsan programs could have a positive impact on the health of the local (resident + IDP) population. According to the project appraisal worksheet, the ECHO staff was aware of the experimental character of this “air mobility” and the lack of clear objectives, but found it worth trying in the context of Oxfam’s technical experience and the unpredictable situation of Angola. The consultant agrees with this view. However, soon after the start of the project, Oxfam concluded that the concept of “air mobility” was not practical and

focused the operation on the Malanje province instead. Oxfam gave no arguments for the change of objectives and the issue was not discussed with, nor approved by, ECHO staff.

Malanje town and Cangandala suffered a large influx of IDPs in the last two years (65,000 or 30 % of the total population). In this region several problematic areas were selected for intervention, among them, the peri-urban quarter of Catepa 5 in Malanje and the town of Cangandala.

Catepa 5 has a population of 10,000 people of which an estimated 50 % are "old" IDP. It suffered another influx of IDP from surrounding areas in January 2000. The traditional houses in the area are relatively well constructed and the quarter did not look overcrowded. The population had access to boreholes equipped with (at the time of the intervention) mainly defunct Indian II hand pumps, traditional open wells and springs.

The town of Cangandala, 33 km south of Malanje was another target area of the ECHO/ Oxfam project. The main water sources are the river, springs, open wells and now boreholes with hand pumps. High influxes of refugees were reported in January 2000, replacing the original population, which already had left the town. According to the DPA director, local NGO's (ADRA national) and the Oxfam staff, the water situation during that period was serious and the Oxfam intervention saved the lives of many people, in spite of the difficult security circumstances.

The Oxfam proposal and the assessment report does not provide much quantitative information about the pre intervention situation, but it made clear that water and the lack of hygiene was a serious problem in the area around the town of Malanje. However, the existing information, concerning both water and hygiene situation was insufficient to conclude that the needs required an emergency response.

From his visit to Malanje town (Cangandala could not be visited due to security problems) and from the above-mentioned interviews, the consultant agrees with the Oxfam view that the situation in Cangandala justified an emergency intervention. The situation in Malanje town, however, appeared to be less serious. The intervention chosen by Oxfam (emergency recovery, with some sustainable elements in it) was appropriate under these circumstances.

B) ACH (E) intervention in Matala

During August 1999 in the region around Matala, local authorities transformed the former agricultural stations of Vissaca and Chipopia to a transit camp of about 15,000 IDPs. The highest influx of IDP was in August, although small groups arrived later. At the peak, the area around Vissaca housed 8,000 IDPs and Chipopia about 7,000 persons in small makeshift huts, built from locally available material. A year later in August 2000, about a third of the population was transferred to more permanent resettlement areas or returned to their former homesteads. At the time of writing (December 2000), still 10,000 people are living in these camps. The stations are situated in a sparsely inhabited, remote area about 20 - 30 km from Matala. The security situation is stable, although sporadic incidents occur.

The situation in the Vissaca and Chipopia camps can be considered as catastrophic with up to 15,000 people living in densely packed camps. They had to fetch water from muddy pits (which they had to share with the local population and domestic animals) in a valley, about 200 - 500 m from the camps. The IDPs were totally depended on these water sources and had no alternatives in the vicinity. Therefore, the emergency support operation, including the expensive water trucking operation, can be seen as appropriate and relevant.

C) INTERSOS project in Caxito

This project is a continuation of the project ECHO/Ang/B7-210/97/0226, which failed due to acts of sabotage and bad technical design. The new project in fact is rehabilitation of the work done in the previous project. The large transit camp with IDPs and a hospital had no alternative than the river or a borehole with saline water. In these circumstances the provision of water to the camp was appropriate.

In general, project proposals often confuse within need assessments the various existing standards: some apply the 'Sphere standards'³ (minimum 250 persons / water point), other the, in Angola more appropriate, the MINOP⁴ standards (700 persons / water point). All data given by NGOs are just indications, not even estimates.

5. Effectiveness

Oxfam project in Malanje

The original plan to set up an "air mobile water team" to improve access to potable water in several regions has not been achieved. The objectives in proposal are unclear: The creation of an "air mobile" team or constructing / rehabilitating 30 water points in the target areas with an estimated 20.000 beneficiaries (650 persons / water point). The Oxfam project started very slowly due to technical and administrative problems. In the first three months not much was achieved (1 water point), however after this, the project improved considerable. It surpassed its targets and achieved 43 new or rehabilitated water points (450-persons/ water point). However most of the boreholes (new and rehabilitated alike) deliver even for hand pumps a marginal yield (average 600 l/hr). Most probably, this is caused by the low permeability of the subsoil, rather than poor drilling practices The Oxfam evaluation team did not comment on this. The work suffered several breakdowns of equipment, but at the end, both the technical part and the hygiene education were done satisfactorily. As an emergency recovery project, supplying sufficient and save drinking water to the local IDPs and resident population, the project can be seen as quite effective. Oxfam's evaluation mission in November 2000 estimates that 10 % of the population of Malanje town and 36 % of the population in Cangandala benefited from the intervention. In total 86,000 persons. Unfortunately, no statistics on water born diseases are available (annex 9; photos 1,2)

ACH (E) in Matala

The project responded to urgent needs of 15,000 people in two remote camps with very poor water supply. After solving the most, urgent water needs by supplying trucked water, the team rehabilitated a borehole and drilled another one in the vicinity of the transit camps, installed submersible pumps, diesel generators, pipeline and rehabilitated an old water tower.

The intervention resulted in a sufficient (200 persons / water point) and safe water supply to 8,000 inhabitants (recently arrived IDP) in the Vicassa camp and 7,000 people in the Chipopia camp from 1/12/99 to present. The objective to provided sufficient, good quality water for target population has certainly been achieved (annex 9; photos 4,5,6).

In addition, the ACH (E) project in Matala suffered several technical setbacks. Unfortunately these kinds of problems are quite common in emergency response and are difficult to avoid. Concluding, the project had reached good results in the project period of 4 months and in general, the technical quality of the work is considered professional.

² The Sphere project was launched by several humanitarian organizations to develop a set of minimum standards in emergencies.

⁴ Minimum Operational Standards for resettlement of IDP (OCHA)

The latest project of *INTERSOS in Caxito* appears to be more effective than its predecessor. However, it would not have been necessary if the first project had been carried out more professionally.

6. Efficiency

In the various projects, the work was carried out efficiently, in the sense that within the chosen strategy the costs are reasonable. However, probably more cost effective (and sustainable) strategies could have been chosen in the projects.

The *Oxfam programme in Malanje* drilled 11 boreholes at rather high costs (machinery, technical expertise, consumables etc.), while neglecting the much cheaper options of constructing new or improving existing hand dug wells and springs. Besides, local labor could have benefited from this approach. Certainly, construction of hand dug wells or spring rehabilitation is not always a realistic option, but in this case, the use of the drilling equipment made the costs higher than necessary. Even so, the costs / water point in the Malanje project are, in comparison with other NGO's, not extremely high.

The way ECHO assessed the costs of the Oxfam project proposal appears to be somewhat optimistic: In the ECHO appraisal worksheet, the costs per water point were calculated by dividing the costs of the Watsan equipment by the number of proposed water points. The project document mentioned 112,353 Euro (costs in the Watsan equipment budget line) divided by 30 (number of new water points in the proposal), which gives an amount of 3,745 Euro per water point. Since the entire project was devoted to these water points, it would make more sense to use the costs of the total project of 355,000 Euro. This would give an amount of 11,830 Euro per water point. Finally, Oxfam produced 43 water points, which made the costs per water point 8,255 Euro.

The water operations of *ACH (E) in Matala* are a part of a larger nutrition project. The cost of the total project is 250,000 Euro while the estimated costs for the water system (boreholes / pipeline / generator) were 100,000 Euro for 62 tap stands, or 1,600 Euro / water point, excluding fuel. The costs of trucking food and water (2 months / 20 km / 4 trucks) were in total 60,000 Euro. Data of comparable operations are not available, but with these costs the operation appears to be reasonable efficient. The alternative option to provide water in the camps, which might have been cheaper, is discussed in the chapter of impact and strategic implications.

Often, projects-costs in proposals (like the Oxfam proposal for GP2001) are only justified by costs / beneficiary. While this might be interesting for the effectiveness, it does not say much about the efficiency of the operation. It appears that some NGOs do not have much sense for cost-effectiveness. In one (rejected) proposal the NGO requested 450,000 Euro for 15 simple hand-dug wells (30,000 Euro / well). The latrines in this proposal were budgeted for 230 Euro each, while 50 Euro for a family latrine or 130 Euro for a VIP latrine each would have been more appropriated.

A survey done by Development Workshop in Angola yielded that the net costs of a hand dug well in Angola with a depth of 12 m, including a cheap hand pump (Afridev) is about 4,000 Euro. LWF estimates that the costs of a 21 m deep well, drilled with a locally made rig and a local crew are only 2,500 Euro (including an Afridev hand pump). Bruto costs of these wells are not available and digging or drilling methods are not always applicable, but the data suggest that reducing overhead / staff costs by NGOs might be possible.

7. Co-ordination, coherence and complementarity

The consultant discussed the strategy of the projects with UNICEF, DNA in Luanda and with the local water departments in Malanje and Lubango. Although differences of opinion concerning the strategy exist, both UNICEF (which has a support programme to DNA) and DNA / DPA expressed their appreciation of the NGO's work and co-operation. Staff members of the DPAs were involved in the projects and received "on the job training". The long-term benefits of these relative short-term training programmes aimed at the use of high tech drilling equipment, or at hygiene education, are doubtful, if the project is not continued.

Co-operation and co-ordination among the NGOs appears to be quite satisfactorily. NGO's shared services, kept each other informed on security issues, provided mutual assistance and avoided duplication of work in the project areas. Large scale Watsan projects are relatively few, outside ECHO partners only Worldvision (Malanje and Saurimo) and Development Workshop (Luanda) and AHA (Congo) are engaged in Watsan activities.

8. Impact and strategic implications

The Oxfam intervention undoubtedly improved the water supply in Malanje (Catepa 5) and Cangandala considerably. However, no statistics concerning the decrease in waterborne diseases exist. At present, both areas have sufficient water of good quality. This project can be best classified as a successful emergency recovery programme.

However, a lasting impact on the water supply is not guaranteed, since the project did not develop a long-term pump maintenance strategy. It introduced a new type of hand pump (Afridev) instead of rehabilitating the existing hand pumps (Indian II). Although there is still debate about the characteristics and most suitable use of each of these pumps, it is known from other countries that the maintenance issue of hand pumps is the essential factor in any rural water supply strategy. Even in countries where hand pumps were introduced in the framework of long-term rural development projects, where the maintenance of hand pumps was taken very seriously, pumps ceased to work soon after the end the project. For example Mozambique, which had a well developed strategy accepted by all partners (government, NGO's and UNICEF) and applied for more than 10 years, less than 50 % of the hand pumps in rural areas are operational at any given day. Due to these experiences it is unrealistic to expect that newly introduced hand pumps within the framework of an emergency project will survive long after the end of the project, even when training is given and spare parts have been supplied. The concerns of the consultant about the sustainability is also shared by external Oxfam consultants who visited Malanje in November 2000 to evaluate the project (Descaco & Ball, 2000)

The ACH project in Matala was designed as a pure emergency intervention and focused on relieving the most acute needs in a very difficult situation. The work had a strong positive impact on the IDP population during the emergency. However, it will have no long lasting benefits for the area, since most money was spend on water trucking and the remaining hardware will not survive outside the protected area. At the end of the project, the emergency had been resolved, but when the NGO left the area and handed the responsibility over to the local government, the majority of the IDP was still in the camp. At present, their situation is still satisfactorily, but it depends on the will and capacity of the government (e.g. local DPA) to keep the electrical pumps running. As soon as the pump or generator breaks down or runs out of fuel, the situation will fall back to the original setting. Another disadvantage is that the project had no positive impact at all on the local resident population.

An alternative option would have been the construction of a series of shallow wells in the riverbed and equipping them with high volume hand pumps. Although the costs of both options are probably comparable and the first option yielded a more convenient water supply for the camp population, the second option would have been more sustainable. It would have provided benefits to the local population, which had no access to the tap stands in the camps. In short, after the emergency response (water transported by tank trucks), which was fully justified, the second part should have been emergency recovery (well construction) and not a continuation of the emergency response (boreholes with electrical submersible pumps).

Another illustration of the management of a non-sustainable solution is the *INTERSOS* river water supply project in Cambambe II. The first project failed and a second project had to be implemented to supply sufficient water to the camp. Just 9 months after the completion of the project, the water supply system is already facing severe difficulties, while a large part of the population is still in the camps. According to project documents, the groundwater in the region was too saline to be potable, excluding any other option than the use of river water. It is difficult to judge without hydro-geological investigations, but even in this situation, shallow wells could have been an option (annex 9; photo 8).

This narrative should not be used to blame the NGOs or ECHO of incompetence. It is quite defensible that in an emergency, the NGO chooses an option that it has most experience with, or which benefits most the immediate needs of the (IDP) population. However, it would be useful, if future emergency operations will be carried out more in the perspective of the long-term crisis in Angola.

While, in view with its mandate, ECHO only provides short term funding, the emergencies, in general, last longer in Angola. Hence, the exit strategy of the project should be a point of discussion right from the start. Such a strategy could be the construction of water points, which do not need maintenance (shallow open with buckets, or deep wells with durable, low maintenance, handpumps), supporting the DPA to ensure maintenance, or finding donors for medium-term development projects.

9. Visibility

No ECHO signs were found on installations made by the various projects, but these could have been removed in the period (up to 6 months) between the end of the project and the visit of the consultant. Most project vehicles still had ECHO stickers on it.

The local authorities are familiar with ECHO, although the exact role of ECHO in the projects was not always made clear to them. The local community leaders in general did not know the name ECHO. During field visits, the consultant was introduced to the community leaders by the NGO staff as “the man who paid for the project”.

10. Horizontal issues

Security

The target areas in general were considered a security risk, but the NGO teams often applied even stricter standards than OCHA regulations. ACH (E) organized a successful evacuation of team members from a place in the Huila province. In general, security issues slowed the progress or limited the choice of targets.

Gender issues

None of the projects targeted women, but since water hauling is women's job; the main beneficiaries of this intervention are female. In those cases where hygiene promotion was included in the project, the awareness campaigns were targeted at and carried out by women.

Costs recovery

The national director and local directors of DNA all mentioned the issue of cost recovery. The national policy, which is applied with more or less success in the various regions, is to charge local communities for the installation and maintenance of hand pumps. Although the fee only partly covers the installation costs, it gives a sense of ownership by the local community to their hand pumps and enables the local DPA to carry out repairs. The provision of new hand pumps or the repair of hand pumps at no costs by the NGO's could undermine this approach and will certainly harm the national strategy. Clearly, in an emergency with penniless IDPs, cost recovery is an illusion, but one should be aware of the damage, emergency responses could inflict on long-term development strategies. Oxfam in Malanje is aware of this problem and is trying to solve this issue.

Relation with the "Provincial Emergency Action Plans"

As already mentioned at the beginning of this report, OCHA initiated and supported the development of a "Plan of Emergency Action" at national and provincial levels. The results of these planning sessions in the provinces with past or proposed ECHO projects all emphasize the need of construction or rehabilitation of water points. Most of them also include social mobilization and latrine construction. A shared responsibility by both DPAs and NGO's is in general the most favored approach. Hence, it can be concluded that ECHO Watsan projects and proposals nicely fit in the priorities as worked out by the provinces. Their joint implementation is now the next step.

11. Management

From the project documents, appraisal worksheets (ficheops) and correspondence, it appears that ECHO field experts have a realistic picture of the capacities and performances of the NGO's. Weaknesses and strengths of NGO's are well understood, but in case of under-performance of a NGO, the ECHO response could be somewhat stricter. Fortunately, ECHO leaves room for flexible solutions. For example, they assessed the Oxfam "air mobile team project" to be an experiment worth trying. The concept failed, but as stated before, the consultant agrees with the tried effort.

Some project proposals do not discuss strategy or impact of a project but mention only the provision of safe water to a certain number of beneficiaries adding some general phrases. In the complex reality of Angola, this is an omission. ECHO staff should have requested clarifications and would have benefited from technical advice given by outsiders.

Another issues that certainly leaves room for improvement is the cost effectiveness issue, which is seldom discussed. NGOs present indicators as costs / beneficiary, which do not say much about the performance of an NGO itself. The consultant has seen differences in costs / water point among the NGO's, without a detailed explanation of this issue by the NGO or requested by ECHO field experts.

12. Recommendations

The proposals and the final reports prepared by the NGOs should include more (quantitative) data, like total population, percentages of IDPs, number and type of water points, depth to water table, etc. to enable a better assessment and evaluation of the relevance, chosen strategy and cost effectiveness. In addition, the ECHO experts in Luanda should have the possibility of getting technical advice in assessing complicated project proposals.

When assessing the costs effectiveness of an emergency water supply project, the total costs / water point is a reasonable indicator, but should be calculated using the total project costs including overhead and supplementary activities. Cost per beneficiary is a weak indicator and should not be used.

Even in an emergency situation, sustainability should be an important (but not decisive) issue. Discussions concerning the strategy to ensure survival of the benefits of the project after its completion are essential in the chronic emergency of Angola. Without such a strategy, all benefits will disappear once the NGO leaves the project. ECHO should clearly point out its mandate to the NGO's and should encourage the discussion concerning the medium-term impacts. Possible strategies could include the constructions of durable waterpoints, support to local DPA's or the involvement of donors for medium-term development.

The co-operation with and support to the provincial offices of the national directorate of water (DPA) in emergency (recovery) projects should be continued. Their operation should be strengthened.

The water and sanitation situation in rural, peri-urban and in urban areas is far below standards. For this reason, Watsan projects are appropriate and relevant. Most projects are sustainable if put in the framework of long-term development. However, since the political, climatic and security situation can change at short notice, Watsan emergency relief can become again relevant. For this reason, it is of importance that water NGO's keeps their capacity for emergency responses.

In this confusing situation, where the future is very unclear, whenever possible the most simple, solution should be chosen first. If the hydrogeology and time allows, the preferable options are (in this order): (1) rehabilitation or construction of open wells / spring protection, (2) rehabilitating boreholes, (3) drilling of boreholes with hand pumps, (4) drilling and equipping boreholes with submersible pumps and (5) the pumping and treatment of river water

The EU and the UN should assist the national government in developing a national rural water development strategy.

ANNEX 1

TERMS OF REFERENCE



EUROPEAN COMMISSION
HUMANITARIAN AID OFFICE (ECHO)

TERMS OF REFERENCE

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

ECHO/EVA/210/2000/01008

Name of firm: GERMAX, Gerli GmbH
Name of consultant: Drs Anton RIJSDIJK

Global Plan to be evaluated

Decision:

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

Sectors to be evaluated:

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

Introduction

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

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

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

With emergency food assistance being covered by WFP and EC food security services, the main priorities by sector in Angola have been health, water and sanitation, and emergency relief to Internally Displaced People (IDPs). Although health remains the central focus of ECHO funded actions, the Office's aim has been not to consider it in isolation and to take full account of the obvious links between health and nutrition and health and water/sanitation. ECHO's current health strategy is the result of a joint strategy undertaken by ECHO and DEG DEV in 1997 (Etude pour une aide humanitaire et une aide a la rehabilitation du systeme de santé en Angola, 1997-1998).

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

Consultant's role

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

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

The team members are responsible for the sectors mentioned hereafter:

Mr. Chabot, team leader

Responsible for the synthesis report;
Health & nutrition sector.

Mr. Rijdsijk

Water & sanitation sector

Mr. Schild

Emergency relief (non food items) sector

Purpose of the evaluation

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

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

Establish precise and concrete proposals on:

- a possible ECHO's "exit strategy" from certain activities, should DG DEV be considered to be in a better position to handle the situation;
- the future of ECHO's funding by sector and activities where ECHO's aid be still deemed necessary, with a view to improve the effectiveness of future operations and precise sectors of

intervention in order to allow the Office to concentrate on specifically targeted beneficiaries (very vulnerable groups, IDP's, etc)

Specific evaluation objectives

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

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

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

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

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

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

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

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

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

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

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

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

Analysis of the **efficiency** of the implementation of the plan global. This analysis should cover: planning and mobilisation of aid; operational capacities of the partners; strategies deployed; major elements of the Global Plan such as: staff, logistics, maintenance of accounts, selection of recipients, suitability of the aid in the context of local practices, etc.;

management and storage of merchandise and installations;

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

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

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

contribution to the reduction of human suffering;

creation of dependency on humanitarian aid;

effect of humanitarian aid on the local economy;

effect on the incomes of the local population;

effect on health and nutritional practices;

environmental effects;

impact of humanitarian programmes on local capacity-building.

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

Analysis of the **visibility** of ECHO.

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

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

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

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

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

Working method

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

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

Phases of the evaluation

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

A briefing with the Commission delegation in Luanda.

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

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

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

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

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

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

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

Timetable

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

Report

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

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

Cover page

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

title of the evaluation report:

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

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

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

“Angola, Global Plan 2000, synthesis report.”

period of the evaluation mission;

name of the evaluator;

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

Table of contents

Summary (*see form in annex*)

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

EVALUATED GLOBAL PLAN (5 LINES MAX)

DATE OF EVALUATION:

REPORT N°:

CONSULTANT’S NAME :

PURPOSE & METHODOLOGY (5 lines max.):

MAIN CONCLUSIONS (+/- 20 lines)

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

RECOMMENDATIONS (+/- 20 lines)

LESSONS LEARNED (+/- 10 lines)

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

Annexes

list of persons interviewed and sites visited;

terms of reference;

abbreviations;

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

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

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

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

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

ANNEX 2

LIST OF PERSONS INTERVIEWED DURING THE ASSIGNMENT

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

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

ANNEX 3

WORK PROGRAMME OF THE TEAM

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

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| | | |
|--------------|--------------------------------------------------------|------------------------------------------------------------------------|
| 30-11 | 07.00 Rijisdijk: Lubango ACF | 14.30 MGM, Mr. Kenneth O'Connell 16.00 NPA, Mr. Dag Hoiland |
| 01-12 | 05.30 Huambo Jarl: ICRC + Movimondo, ConcernUNICEF | Franz: SCF-UK, Camps Casseque, Km25 17.00 Retour Luanda (CICR) |
| 02-12 | 10.00 CUAMM | 15.00 Anton retour Luanda |
| 03-12 | Prepare debriefing/sector | 17.00 Meeting M. Enrico Pavignani |
| 04-12 | Arrival Ms Pantaleoni 10.00 Anton to UNHCR | 15.00 Debriefing Taskforce/EC (NESA, ECHO, DG Dev, Brussels) |
| 05-12 | 07.00 Uige: CIC Hospital, UNHCR; Camps and water | Negage: CUAMM and Angotrip. Frantz: UNHCR/Luanda |
| 06-12 | Prepare debriefing note. Work on individual reports | 17.00 Finalise debriefing note 15.00 Draft debriefing note to Kunze |
| 07-12 | Prepare draft reports | Prepare debriefing presentation NGO |
| 08-12 | Prepare sector reports | 13.00 Debriefing ECHO partners. |
| 09-12 | Finalise debriefing notes and sector reports | 13.00 Meeting M. Broeder/MSF-H |
| 10-12 | Finalise debriefing notes and sector reports | Draft debriefing notes to ECHO-Brussels |
| 11-12 | 08.00 Visit Bengo (COSV) | 22.00 Departure to Paris AF 929 |
| 12-12 | 10.00 Arrival Paris/Amsterdam | |
| 19-12-00 | 10.00 Editing Kunze-Chabot | (meeting in Aachen) |
| 05-01-01 | 4 draft sector reports in Brussels | |
| 15-01-01 | 09.30 Debriefing Angola at | ECHO, Brussels. |
| 17-01-01 | Report of the debriefing to ECHO | |
| 24-01-01 | Comments of ECHO desk to | Evaluation team |
| 10-02-01 | | Submission second draft reports. |

ANNEX 4

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ANNEX 5

LIST OF ABBREVIATIONS.

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

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

ANNEX 6

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

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

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| | | | | |
|-----------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| Caxito | | Nutrition: 1 / 0 | COSV/ Quibaxe | Pop: 56.000 IDP: 26.000 |
| Inside the Planalto | | | | |
| 12. Huambo + Bié / (Huambo + Kuito) | ICRC (CICR) | Health: surgical support for OPD and IDP's +twoHospitals | ECHO / ICRC stop funding | 800.000, 6/6. Pop: 400.000 OPD: 6.000. OPD |
| 13. Huambo, Malanje (Can) Bié | CONCERN (Ireland) | Nutrition: 4 / 2 Nutrition 5 / 0 (0 / 1) Nutrition: 1 / 2 | ECHO / CONCERN | 800.000, 31-08 Pop: 50+40+?30.000. |
| 14. Huambo / Huambo | Movimundo (Italy) ME+paediatric work by SCF-UK (+Benguela) | Health: Prov. Hosp. (Pediatric) 4 HC's and 3 HP's Nutrition: 4 / 3 | DG Dev SCF-UK (Reliquat 6* FED) | 560.000, 1/7 Pop: 400.000 |
| 15. Benguela / Ganda | See ACF Spain/KK To Dutch Coop? | Health: Hosp. Ganda. Nutrition: 1 / 1 | Stop | See KK/ACH Pop: 108.000 |
| 15. Kuando Kubango (KK) / Menongue | ACF Spain To Spanish Coop? | Health: Hosp. Kuito Kuanavale + 6 HC's Nutrition: 4 / 1 | Spanish cooperation? | 650.000, 25/7 Pop: 86.000 |
| (Benguela) | Catholic Relief Services (CRS) | Health: Hospital Cubal (Pediatric) Nutrition: 0 / 1 | Stop | 200.000, 7/4 IDP: 240.000 |
| Non Food Interventions(NFI) in Angola. | | | | |
| 19. +Lunda Norte, Lunda Sul, Moxico. | LWF (Swiss) | Non food relief IDP 3 Camps in Saurimo + Luena | ECHO@ (through Dan-Church-Aid?) | 700.000, 20-07 Pop: 38,500, 24% |
| 20 +Kuando K, Huila, Namibe Kunene | Johanniter Unfall Hilfe (Germany) | Non food relief IDP's | ECHO@ | 650.000, 20-07 IDP: 55,000, 28% |
| 21. +Huambo, Bié, Kuanza Sul, Benguela | SCF-UK | Non food relief IDP's | ECHO@ | 670.000, 12-7/20-9 IDP: 40,000, 10% |
| Water and Sanitation related projects | | | | |
| 17. # Malanje, Moxico, Uige | OXFAM (UK) 1999 | Water and sanitation Camps in 3 provinces | ECHO /OXFAM | 355.000, 17-12-99 Pop: 20,000 |
| 18. #Huila (Matala and Quipungo). | ACH Spain 1999 | Water systems #Request KK/2001 Menongue is made | Stop 1999. | 100.000 Pop: 15.000 |
| National level projects | | | | |
| (National level | ECHO Angola | Functioning costs | ECHO | 111.000+245.000) |
| (National level | WFP (PAM) | Support airplane | ECHO | 700.000) |
| 16. National 55 Municipios in 11 provinces | UNICEF 2000 | Emergency immunisation project IDP's: Measles/TT2 | ECHO | 950.000, 29-06-00 Pop: 650,000 |
| 22. National level (6 prov.) | Handicap Int. | IEC/Mine awareness | ECHO | 230.000, 20/9 Pop: 108,000, 3% |

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

= Water and Sanitation related projects

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

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

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

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

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

ANNEX 7

DEFINITIONS USED FOR THIS ASSIGNMENT.

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

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

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

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

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

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

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

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

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

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

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

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

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

ANNEX 8

MATRIX: TYPE OF INTERVENTION AND CRITERIA FOR WATER SECTOR.

| TYPE OF INTERVENTION | Emergency Emergency support | Emergency-Recovery Humanitarian support | Transition / Rehabilitation Current DG Dev/SCR funding | Pre-development (future) |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Definition | The project is addressing a life-saving situation, people are dying, there is acute food shortage and lack of basic items for daily life / infrastructure. Access difficult or dangerous | Most urgent needs are covered but people may die if the intervention is not continued, there is access but not yet full security; there is some infrastructure in poor condition. | There is possibility of sustainable livelihood, people are not dying, there is food security and secure access to rehabilitated infrastructure. Beneficiaries of NFI are now complementing basic items with their own means. | People significantly participate in their own development. Ownership and democracy prevails. |
| Target Population | People in acute, life threatening need, mainly IDP + some residents | IDP + residence people in very bad health conditions. Women and children most vulnerable. | IDP and residence people under poor but 'normal' conditions. | 'Normal' population |
| Health situation | Extremely high occurrence of water borne diseases | The occurrence of water borne diseases is not extremely high, but above national standards. | Occurrence of water borne diseases is at national level. | Occurrence of water borne diseases is at national level |
| Watsan situation | No water sources are available within a distance of 5 km, which can provide a minimum of 5 l / person. The water points are extremely highly contaminated | Water availability is poor even in the Angolan context. In the camps conditions are below MINOPS (700 persons / water point). Water is contaminated. | Water conditions are poor, but normal in the Angolan context. The conditions in the camps are below Sphere standard (250 persons / water point). | Water conditions are poor, but normal in the Angolan context. |
| Examples of (emergency) situations | Recently arrived IDP in new transit camps far from water sources | A mixture of "new", "old" IDPs and resident population lives in peri-urban quarters or camps. | A proposed resettlement area. | A "normal" rural water supply project. |

| | | | | |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Conditions for sustainability and development | None required, but NGO should have exit strategy. | Strategy should contain sustainable elements. Training of local DPA staff if possible. | A sustainable strategy should be developed which fits in the provincial programme. Training of local DPA staff is essential. | Rehabilitation based on a provincial / national reconstruction plan. |
| Action | Delivery with water tankers Emergency rehabilitation. | Rehabilitation of existing water structure. Construction of new water points. | Rehabilitation based on direct needs in the province. | Rehabilitation based on a provincial reconstruction plan. |
| Funding | ECHO funds, anywhere in country (demand oriented) GOA only provides staff, if and when available. All services are free of charge. | ECHO funds in isolated areas. Preparation for costs recovery programmes. | Annual funding by DNA and DG Dev on a contract basis to be reviewed annually. Each participates with specified funds Contribution population is essential. | Funding by DG Dev based on (prov.) sector planning Cost recovery + Sector policy!. |
| Examples of (ECHO) projects | First part of ACH (E) GP 1999 project in Matala (water transport). | Oxfam projects in Malanje province (GP1999 & GP 2001). | LWF project in Luena and Saccasanga. | UNICEF support to DNA and DPAs. |
| Decisions | Decision to be taken by ECHO-Luanda within 2 weeks. | Decision to be taken by ECHO-Brussels within 1 month . | Decision taken based on long-term strategic plan. Tendering procedures. | Decision taken by CE. |
| Contracts | 6-9 months | Contracts 6-12 months | Contracts 1-3 years | Contracts 2-5 yrs |

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

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

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

Tr=Transition = There is in principle possibility of sustainable livelihood, people are nit dying, there is food security and secure access to rehabilitated infrastructure.

ANNEX 9

PHOTOGRAPHS OF THE PROJECTS



Photo 1: Afridev handpump in Catepa 5 (Malanje)
Traditional well in Lombe (Malanje)

Photo 2:



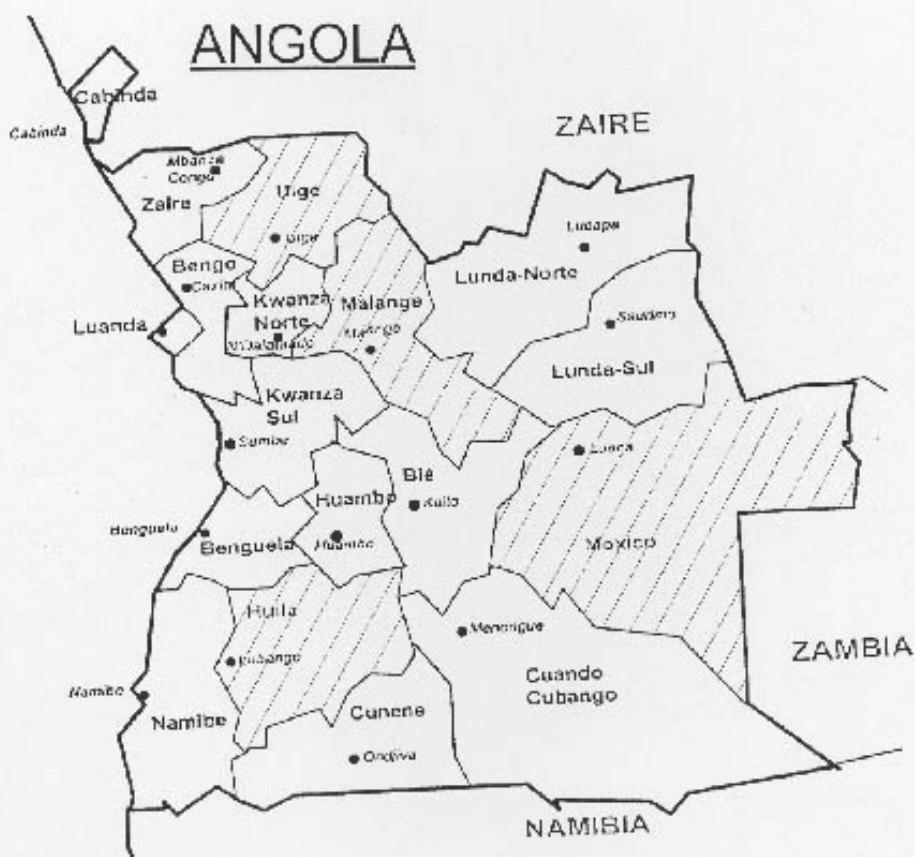
Photo 3: Drilling of a new well in Lombe (Malanje)
Vissaca (Huila)

Photo 4: Open well in riverbed in



Annex 10 Map of areas covered by the Global Plan 2000 Operations

Sector: Water & Sanitation (Watsan)



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

