
OFDA Annual Progress Report
1st May 2003 – 30th April 2004



Water and Sanitation Programme for Angola

USAid/OFDA

Agreement No. DFD-G-00-03-00093-00

Improved public health through better access to water and sanitation and increased public health awareness in targeted provinces in Angola

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Disaster/ Hazard:	Large population numbers rapidly returning to areas of origin as a result of the end of the conflict in Angola
Time Period covered by the report:	1st May 2003 to 30 th April 2004 (12 months)

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I. Executive Summary

Two years after the peace accord was signed by UNITA and MPLA and ended a devastating 27-year civil war that claimed an estimated ½ million lives and forced around 4 million people to flee their homes, lasting peace and national reconciliation in Angola seems a realistic opportunity. According to UN OCHA Consolidated Appeal for Transition (CAT) document, in 2003 more than 3.3 million war affected people resettled or returned to their areas of origin and warring parties began to reintegrate into the community. There is now a real opportunity to tackle deep-rooted poverty and improve basic vulnerabilities in social services delivery whilst maintaining the impetus of the humanitarian imperative of saving lives and reducing suffering. Managing this strategic phase is a challenge for the whole humanitarian community that needs to focus on the support and strengthening of the capacity of local NGOs, government institutions and communities.

The needs and vulnerabilities in Angola continue to be enormous. According to UN OCHA CAT documents, although the humanitarian situation improved significantly over 2003 where humanitarian agencies had constant and unfettered access, 65% of the population still has no access to potable water and 75% are without access to basic sanitation. Women, young children, elderly and disabled are particularly vulnerable to the consequences of poor public health service provision.

The GoA estimates that 500,000 people remain in temporary settlements, 400,000 still live with host communities and the majority of them remain dependant upon assistance. Regarding the repatriation process, following the signing of the tripartite agreement between the Government of Angola (GoA), UNHCR and countries of refuge (Zambia, DRC and Namibia), official repatriation of refugees started in June 2003 and is expected to continue throughout 2004. For example, the expected figures for 2004-05 related to Bie province is 5,800 according to UNHCR and 8,000 according IMO. These figures are only indicative, due to the high number spontaneous returnees and the uncertainty on their final destination.

The external and internal displacement of very vulnerable people, together with the limited access to basic services in the resettlement areas, represents a real risk of deterioration of the public health in many zones of the country. These factors could strain initial development initiatives and even have serious implications on the peace process. The humanitarian community have to face these new challenges with a maintained commitment to populations returning to their areas of origin, which are more and more accessible as security improves, roads are cleared of mines and infrastructure improves.

After working in IDPs camps and Reception Areas where UNITA forces were gathered to begin the demobilization process, Oxfam GB begun working in returnee areas and newly access areas focusing our work with the most vulnerable communities.

Newly access areas are characterized by a lack of water and sanitation or other forms of public infrastructure. On the basis of needs assessments, and responding to the population needs, Oxfam GB public health teams undertook work within returnee and newly accessed areas focusing on water supply, excreta disposal and hygiene promotion.

Ongoing security problems in relation to mine incidents, the rehabilitation of bridges and closed roads for heavy rains has affected the progress of our operations in Huambo and Bie causing delays to the programme. At the same time, the de-mining operations have allowed the humanitarian organisation to work in newly accessed areas.

Nonetheless, we estimate that during this reporting period, measured cumulatively, almost 235,000 people now have access to safe drinking water. Also in this reporting period, about 18,475 persons benefited from improved hygiene facilities through the availability of safe disposal of faeces through latrine interventions. Lastly, the programme of training of Community watsan committees (GAS) has continued, and there were almost 44,563 direct beneficiaries of hygiene promotion activities in our programme sites, and unknown numbers of indirect beneficiaries. Total number of GAS created during the period is 172, 120 were trained (877 members trained).

Also during the reporting period, all teams were involved in a major strategic planning exercise. This has led to the formulation of Oxfam's strategic plan for the next two years (2004-2006), which emphasizes new ways of working within a context of transition from emergency to development (decreased direct operational activities, higher levels of active partnership with government and other actors and longer-term sustainable strategies).

The major achievements have been that Oxfam GB has managed to achieve objectives envisaged at the beginning of the project and in fact exceed the set objectives in many instances of hygiene promotion and latrine construction. This was in spite of the logistical and security constraints and the hindrances due to mine incidents. The learning and key lesson for having a qualitative impact and longer-term sustainability has been to maintain a good coordination with the government and other organisations; and working with others building & strengthening local capacity in the process.

II. Programme Performance

A. Programme Outputs

A.1. Access to safe Drinking Water for 115,000 beneficiaries

Table 1: Safe water access and quality provision May 2003 to April 2004

Location	Proposed Outputs	Project Beneficiaries Targeted	Outputs Accomplished since May 2003	Beneficiaries reached since May 2003
Bie)	100 new or rehabilitated water sites	70,000	<p>53 water points completed (new and rehabilitated sites)</p> <ul style="list-style-type: none"> - 23 new boreholes - 19 new wells constructed - 11 wells rehabilitated - 20 wells chlorinated <p>19 water points underway</p> <ul style="list-style-type: none"> - 13 boreholes - 6 wells <p>721 water points monitored 273 hand pumps repaired (86 in collaboration with DPEA) 419 water points tested for water quality 1,635 hand pumps tested for efficiency</p>	<p>38,000 persons benefiting from new / rehabilitated sites</p> <p>136,500 persons with continued access to safe water resulting from repairs of existing systems</p>
Huambo	65 new or rehabilitated water sites	45,000	<p>64 water points completed (new and rehabilitate sites)</p> <ul style="list-style-type: none"> - 37 new boreholes - 15 boreholes repaired - 7 new wells constructed - 4 wells rehabilitated - 3 wells repaired - 15 springs protected - 1 springs rehabilitated - 3 springs repaired <p>2 water points underway</p> <ul style="list-style-type: none"> - 2 wells <p>80 water points monitored 55 water points tested for water quality</p>	<p>50,500 persons benefiting</p> <p>10,500 persons with continued access to safe water resulting from repairs to existing systems</p>
MRT	No Specific Targets		<p>21 water points completed (new or rehabilitated)</p> <ul style="list-style-type: none"> - 17 boreholes drilled - 3 wells dug - 1 well rehabilitated 	<p>19,000 persons benefiting from new or rehabilitated water points</p>
Total	165 new or rehabilitated water sites	115,000	<p>138 water sites new or rehabilitated 291 hand pumps repaired 801 water points monitored 474 sites tested for water quality</p>	<p>235,000 persons benefiting from safe access to water</p>

Note: Angola water standards

1000 beneficiaries estimated for 1 borehole

500 beneficiaries estimated for 1 well or 1 spring

500 beneficiaries estimated for each repaired water site

No specific numbers indicated for sites monitored, tested or chlorinated

These standards are as per the Government of Angola standards. In some places the number of beneficiaries per borehole has come down to 750 people. The needs continued to be high with people returning from the IDP camps and a lot more areas becoming accessible which were hitherto inaccessible. However, Oxfam GB has been striving to move towards the SPHERE standards during this period and it hopes to move closer as the situation continues to stabilise.

Overall water points outputs have been exceeded by 260% and overall beneficiaries target as well by 204% because water points are calculated to include water points newly constructed, rehabilitated and repaired. This was possible because a lot more defunct water points became accessible for repairs with improved security and de-mining of areas thus allowing safe access.

Water monitoring, testing and chlorination are routine exercises carried but for which outputs and beneficiaries have not been included in targets. In most cases Oxfam GB carries these activities because the DPEA does not have the capacity and the material for doing that properly. However, in some instances DPEA has been carrying out the testing (e.g. Huambo) after Oxfam GB has imparted training.

The plan is that ultimately this activity should entirely transfer to DPEA and Oxfam GB would provide the necessary capacity building for the DPEA. This has not been included, as it would skew overall outputs and beneficiary figures. The monitoring exercise is however very important in ensuring maintenance of existing systems and hence continued provision of safe water to people.

Every 3 months the Oxfam GB team monitors the water quality and the efficiency of the hand pumps for solving technical problems before they get worst. At the same time, the GAS and the Local Administration identify the breakdowns, if they cannot solve them, they notify them to Oxfam GB staff and we repair them as soon as possible.

Community working inside a hand-dug well



Traditional well with a rope, winch and a bucket



Construction of a spring protection



Community collecting water from a hand-dug well



Installation of a borehole's hand pump



Progress and Challenges with Water in Bie Province:

- On the basis of Oxfam GB's rapid assessments at the beginning of the project, Oxfam GB Bie decided to prioritise returnee and recently de-mined areas, for watsan and public health promotion activities in order to work with some of the most vulnerable sectors of the population.
- During the reporting period, the team worked in Andulo, Nharea, Chitembo, Chinguar and areas around Kuito town. In January 2004, the roads between Kuito and Chinguar and Kuito and Chitembo were closed because of mine incidences and so far they remain closed for UN agencies and humanitarian NGOs. As a result of this 12 boreholes in Chitembo and 6 hand-dug wells in Chinguar are underway and can only be completed once the road is declared cleared and accessible. (1 borehole in Caieie is still underway because it is located in an area of rocky soil and there were logistical difficulties for sending necessary equipment). This lack of access caused a change in our planning and we reallocated the identified water points in Chinguar and Chitembo for new water points in Kuito and Kunje. In these two localities we did an assessment to identify needs and priorities. On 8th July the road Huambo-Chinguar-Kuito was opened and the team is now working in Chinguar finalising the 6 hand dug wells and doing an assessment to identify more water points for the next project period 2004-05. Chitembo remains without access and we do not have a realistic plan currently because the Government needs to repair a bridge that fell down and they do not have any plan to do so at the moment.
- Good collaboration with DPEA in repairing 86 hand pumps. They identified the number of hand pumps out of order and we worked together to repair them.
- There was a longer than anticipated delay in signing the OFDA contract. For that, operations slowed significantly during the dry season (May and August 2003). And, despite working hard to recuperate this time additional constraints caused by the logistical difficulties in negotiating customs and the closed roads resulted in lower than expected outputs.

Progress and Challenges with Water in Huambo Province:

- At the beginning of the project, the Huambo team undertook rapid assessments of newly accessible/return areas to identify the intervention areas. The assessments indicated widespread needs for water and sanitation interventions. Assessments were also undertaken at the request of United Nations OCHA and other agencies including the government working in the newly access and high vulnerable areas.
- In Huambo, Oxfam GB worked in Longongo, Chipipa, Ngove, Sambo and Samboto municipalities.
- Oxfam GB worked on an improved model of traditional well in Huambo and also in some of the areas of intervention of MRT. As mentioned in previous reports, wells in Huambo were modelled on the traditional wells with a rope, winch and a bucket. The key difference is the level of protective cover and the system for drawing water that enhances water quality. Training was also given to communities for not contaminating the water point and having better sanitation. It is a sustainable system, as it uses no hand pumps, which require maintenance and repairs and hence are easily maintainable by communities.
- Collaboration with the Provincial Department of Water and Energy (DPEA) in Huambo has improved significantly, with DPEA conducting 15 fields visits to our programme sites and holding 25 meetings with our teams from May03 to April04.
- The very real threat of landmines, especially in newly accessible areas, posed problems for the teams. During the reporting period, some roads were closed for mine incidents making the development of our work and progress very difficult.

- Another factor that hindered the Huambo team was that some of the areas possessed non-favourable hydro-geological conditions with high presence of rocks, low yield or with no water. For example, a total of 20 drilling sites have yielded inadequate water (negative boreholes) in Sambo and Samboto. These boreholes are not considered in our outputs, but still require time, people and resources.

Progress and Challenges with Water – MRT:

- The Mobile Response Team (MRT) worked in returnee areas of Moxico province where they completed 21 water points.
- In the four months of implementation (May-August 2003) progress was extremely slow in the first period because of the logistical constraints of getting the material transported to the MRT sites and getting the personnel of the implementing partners trained adequately so as to start working together
- The clearance from the de-mining agencies for the water points sites took far more time than estimated as the de-mining agencies were unable to support Oxfam due to budgetary constraints on their part (most of their activities and areas for de-mining and priorities were set earlier before Oxfam GB was in the area and it affected their planning). This, together with the above mentioned logistical problems affected not only the implementation of the project, but also the morale of the field staff. Despite that, preparation activities with partners and community were undertaken while waiting for materials and mine clearance, this allowed a speedy implementation when all operating conditions were in place.
- MedAir and the Lutheran World Federation were the two partners through whom the MRT worked with in the Moxico province UNHCR and CARITAS were the partners in Uige. MRT trained technical and social mobilisers of Medair, LWF and CARITAS in construction and maintenance of water points and community mobilisation.
- The training provided to LWF in Cazombo in community mobilization and public health promotion, strengthened the capacity of LWF to address the health needs of the refugees returning to that municipality.
- The Oxfam GB MRT trained 3 technical staff of Medair in well digging, community mobilization and public health promotion in Lumbala N'guimbo, Moxico. As a result of that Medair acquired the Oxfam kit for well digging increasing its own capacity in the provision of safe water to local communities, without depending on the Oxfam drilling rig. Currently Medair is supporting other communities of returnees of the Municipality of Lumbala N'guimbo in the digging of wells and improvement of health conditions.
- The 5 people that will be responsible for the operation of the water supply system of the Maquela do Zombo Reception Centre were trained in operation and maintenance of the system in disinfection of the water using chlorination at the reservoir and in public health promotion
- The collaboration of working with the partners and building their capacities so as to take care of the sustainability aspect was very encouraging and fruitful. All the above mentioned staff of the partner organizations were trained on the job as well as through formal training sessions. Since they are all Angolan, it is believed that the capacity building approach of the intervention will keep on giving good results in terms of sustainability of the intervention.

A.2. Sanitation provision for 13,500 beneficiaries

Table 2: Status of improved sanitation provision over period May 2003 – April 2004

Location	Proposed Outputs	Project Beneficiaries Targeted	Outputs Accomplished since May 2003	Beneficiaries reached since May 2003
Bie	700	3,500	897 Latrines Completed or improved (5 persons per latrine) 37 latrines constructed for female mine victims 14 latrines in schools 40 latrines for female mine victims underway 26 latrines in schools underway	4,740 beneficiaries
Huambo	2000	10,000	2,747 latrines Improved traditional latrine models	13,735 beneficiaries
MRT	No plans for direct latrine construction			
Total	2,700	13,500	3,695 Latrines constructed	18,475 beneficiaries

Overall target output has been exceeded by 37%, with 995 latrines more than targeted. Further, target beneficiaries have been exceeded by 37%, with 4,975 beneficiaries more than targeted. The excess on our targets is due to the great acceptance of the improved latrines in Bie and the improved traditional latrines in Huambo using local material thanks to the quality of the latrines and the successful work of the mobilisation team. Besides the new returnees started taking up these latrines with the inputs from their fellow community members.

Every 3 months the Oxfam GB mobilisation team monitors the use, the maintenance and the conservation of the latrines. The main methodologies in this process are direct observation and interviews.

Progress and Challenges with Sanitation in Bie Province:

- By the end of the year, overall target output has been exceeded by 35%, with 248 latrines more than targeted. Further, target beneficiaries have been exceeded by 35%, with 1,240 beneficiaries more than targeted.
- The community participation in Bie was good providing voluntary labour for latrine construction and local materials for building the super-structures. Oxfam GB provided the cement slabs to cover the pit and technical work to fix them. The population participation was so good due to the quality of the latrines, the possibility of removing them when they are full (and re-cycled) and the effective work of the mobilisation team.
- The Bie team provided a total of 37 latrines for female mine victims in the Kuito area, a further 40 are underway. In the dry season, the beneficiaries are finishing the super-structure of the latrines. As they are made by adobe, the mine victims had to stopped their work during the rainy season. The mobilisation team has registered some latrines

that are full and without super-structure. This is an indicator of the impact of this kind of latrines.

- Oxfam GB worked to provide latrines in schools working in conjunction with UNICEF's Back to School programme. This intervention was particularly important since it is only with improved sanitary facilities that girls can be encouraged to attend school. Oxfam GB completed 14 and 26 are underway (delays are for the same reason of the latrines for female mine victims).
- The longer than anticipated delay in signing the OFDA contract caused the sanitation activities to be later than planned during the rainy season and some female mine victims or schools could not finish the super-structures in time (before the rains). For this reason, there are some latrines still being completed.
- During the monitoring process, the latrines that have been visited by the mobilisation team were found in a clean condition.
- Oxfam GB created a workshop (place of work) that produced latrine slabs and cement blocks in order to supply communities with the necessary materials for well and latrine construction.

Progress and Challenges with Sanitation in Huambo province:

- Latrine constructions have exceeded target by 37% with 747 latrines additional latrines built. Further, target beneficiaries have been exceeded by 37% with 3,735 additional beneficiaries reached. This has been possible due to the new improved traditional latrine model adopted in Huambo province.
- As mentioned in previous reports our new simplified method of latrine construction is very easy to teach to the communities, easier to make, demands less external input but requires increased community participation and use of locally available materials. The savings in time and resources with the new improved traditional latrines resulted in an increased number of latrines and increased community participation and ownership.
- During recent conversations with beneficiaries we have been having a very positive feedback. Many beneficiaries said that, until Oxfam arrived, they had thought it to be a waste of their time to dig latrines whilst they could defecate in the surrounding areas; they said they had not realised defecating in the open and drinking untreated water could provoke illnesses.

"We used to collect water from a river 3 kilometres away but we now have safe water in the middle of the village" said many community members from Sambo and Samboto"

"There is better environmental and personal hygiene among the community"

"The community environment is cleaner. There is less bush and less children faeces around the homes".

- The latrines that have been visited by the mobilisation team were found in a clean condition.

Progress and Challenges with Sanitation - MRT:

- The MRT was not involved in direct construction of latrines in the areas it worked. However, the MRT provided training, technical assistance and support to the staffs of partner organisations and the community volunteers in latrine construction using local materials along the lines of the Huambo experience.

A.3. Sustainability through Social Mobilization and Hygiene Promotion for 39,000 beneficiaries

Table 3: Social mobilisation and hygiene promotion status

Location	Proposed Outputs	Project Beneficiaries	Outputs Accomplished since May 2003	Beneficiaries reached since May 2003
Bie	50 watsan committees trained (GAS)	300 persons trained 22,000 people receiving hygiene messages	85 new GAS committees formed 65 GAS committees trained 289 GAS meetings 5 DPA staff seconded to technical team 23 staff training workshops held 27 directors of first level schools received health promotion training	22,158 received hygiene education messages 390 GAS members trained
Huambo	50 watsan committees trained (GAS)	300 persons trained 17,000 people receiving hygiene messages	65 new GAS committees formed 55 GAS committees trained 15 visits from DPA 25 meetings with DPA 5 staff training workshops held	10,405 received hygiene education messages 330 GAS members trained
MRT	No specific targets		22 New GAS formed and trained 2000 hygiene kits has been distributed	12,000 persons have received hygiene education messages 157 persons trained
Total	100 GAS trained	600 persons trained 39,000 people receiving hygiene messages	172 GAS formed 120 GAS trained 28 staff trainings 5 DPA staff secondments 15 DPA visits 25 DPA meetings 27 directors of first level schools trained	44,563 persons received hygiene education messages 877 GAS members trained

As social mobilisation and hygiene promotion accompany water and sanitation activities, the pace of water and sanitation activities goes in tandem with social mobilisation and hygiene promotion. Overall targets have been exceeded here as well, with 20% higher than targeted in terms of trained GAS, and 72% in terms of formed GAS, and in terms of numbers of people receiving hygiene messages, the total number exceeds the overall target by 14%.

Though it was envisaged in the proposal that the experience from the malaria pilot programme of Huambo would be incorporated into the public health activities, it has not yet been done because of a lack of personnel; the ongoing transitional process within the programme and the increased pressure of activities due to the returnees and newly accessible areas. However, this is still a part of the overall strategy and will be considered in future planning.

Every 3 months the mobilisation team has meetings with the GAS groups to know and understand their difficulties and their successful activities/stories, to exchange experiences with other GAS groups and to support the active members and groups.

Mobilisation doing a drama about the use and maintenance of the hand pump



Progress and Challenges with social mobilization and hygiene promotion in Bie province:

- Overall targets have been exceeded with a 30% greater output in terms of trained GAS, and 70% in terms of formed GAS.
- All Watsan technical activities were accompanied by social mobilisation and hygiene promotion activities. Activities focussed upon: Rapid assessments of new areas; site selection for water points with the communities; meetings/consultation with the communities and its officials; inauguration of hand pumps; general hygiene promotion: drama, meetings, drawings, home visits; selection of GAS; monitoring of GAS and promoters.
- The mobilisation team trained 27 directors of 1st level schools on hygiene sensitisation and methodologies with the MINSa participation. The directors received a kit containing some incentives (water recipients and cups).
- The mobilisation team attended a meeting about training on trainers.
- The mobilisation team facilitated distribution of hygiene kits benefiting 1,801 people. Africare and CVA carried out these distributions with Oxfam GB's assistance. As a result 1,562 contained bucket, 8,607 cups, 1,086 blankets, 1,000 basins, 1,144 soap bars, 58 cloths, 239 drums were distributed taking into account the communities' needs.
- The health team worked along side AVIMI, a national NGO that specialises in HIV/AIDS work in the community. In Kuito we coordinated a general condom distribution with AVIMI in different leisure areas (mainly bars and discos) and hairdresser and barber's shop during the activities related with the Day Against HIV/AIDS
- An important constraint for the mobilisation team was the lack of training manuals for working with GAS and these groups with the communities due to problems with the customs (The material was printed in South Africa).
- DPEA in Bie is weak in supervising and managing water issues within the province and there is a lack of a spare parts chain. These two issues cause major constraints for ensuring the sustainability of GAS activities. In the project 04-05, one of the outputs is: Strengthened local capacity and autonomy to realize sustainable systems of supply of safe water and sanitation.

Progress and Challenges with social mobilization and hygiene promotion in Huambo province:

- Overall targets have been exceeded with 10% higher than targeted in terms of trained GAS, and 30% in terms of formed GAS.
- All watsan technical activities were accompanied by social mobilisation and hygiene promotion activities. The main hygiene promotion messages reached the communities through the presentation of dramas, puppet shows, speeches, songs and games.
- 65 GAS groups were formed during the funding period and 55 were trained in Afridev hand-pump maintenance and repairs, management and hygiene promotion.
- 5,491 contained buckets, 338 cups, 5,491 blankets, 4475 basins and 4,475 soap bars were distributed in the most vulnerable communities.

Progress and Challenges with social mobilization and hygiene promotion - MRT:

- Public health promotion and capacity-building activities were carried out with all the target communities. This involved the training of community volunteers in health awareness and the development of participatory learning activities around key public health promotion messages with the local population. These activists are now carrying out most of the public health promotion activities on their own.
- Community mobilizers of all the partner organizations were provided with on the job training on the Oxfam health promotion methodology in order to enhance their capacity to support local communities in their participatory learning process beyond the Oxfam presence in that location. Partner organization will be responsible to give follow up to the GAS organization and training in the long term. They can request further support to the MRT if needed.
- In all the locations interested by the MRT implementation Local Administrations been involved as much as possible in community mobilization and training activities. Despite their current weaknesses, it is expected that they will support the GAS groups in co-ordination with partner organizations.
- Hygiene promotion and education was an integral part of the MRT ways of working with the partners. MRT trains and supports the staff of the partner organisations and community volunteers in dissemination of correct use of latrines and hand washing after defecation.

B Success Stories and Lessons Learnt

B1 Success Stories

- Increasing numbers of people have access to water points and sanitation facilities and are now aware of the importance of personal hygiene.
- Coordination between the technical and community mobilisation teams has been good in the selection of sites to ensure community needs are met
- In Bie and Huambo, there was a good coordination of activities and information between Oxfam GB, NGOs, the UN and DPEA (only in Huambo) through regular meetings and coordination of our activities on the field. This was effective more because of the OCHA (both in Huambo and Bie) and the leadership of DPEA in Huambo
- Oxfam GB protected some springs in Huambo collecting the running water in tanks and facilitating the canalisation of water to crop fields.
- Oxfam GB was the first agency to start operations in Sambo and Samboto in Huambo after the reopening of the road. PAM and the government consider these as areas with the biggest needs. The challenges that Oxfam GB faced were: landmines and security issues related with them, transport problems and, in general, logistics difficulties, the continuous arrival of returnees and the training of GAS members when people is coming and leaving. In Cazombo and Lumbala Nguimbo of Moxico province where the MRT is operational, Oxfam GB has been able to do more with less. With a relatively small team, we have been able to partner and jointly work with LWF and MedAir to achieve several times more than we would have been able to do alone. Our teams have benefited from exchange in experiences with the organisations and have since developed skills in HIV-AIDS and Protection issues. In turn our teams have been able to transfer water and sanitation technology and skills to LWF and MedAir.
- Oxfam GB signed an agreement with the DPEA to clarify the roles and responsibilities of the organisations, 5 DPEA members were secondment in Oxfam GB, DPEA and Oxfam GB did joint assessments and Oxfam GB provided all necessary technical advisory support in the water sector and all the actors working in water and sanitation in the province attended regular meetings facilitated by the DPEA.

B2. Lessons Learnt

- The first key lesson learnt in the intervening period is that, local and traditional methodologies using local materials can be adapted and improved to achieve safe water and safe sanitation for communities. Two advisors coming from Oxford documented this experience to ensure Oxfam GB shared this experience within the organisation. At the same time, the Programme manager in Huambo presented a document to the programme management Team (PMT) for sharing this experience. In the financial year 04-05, the Oxfam GB strategy is to incorporate this initiative in the other programmes.
- The other key lesson learnt is that, working with partners takes time, however, where there is a commitment it is possible. We have learnt that, to work with partners, we need to give up “doing” as our role and pick up “facilitating” as our role. We have learnt that to work with partners, we need to reduce our team size in order to allow space and room for partners to participate and contribute. As an agency with a previous focus on humanitarian activities within Angola we need to actively work toward working with others as an objective if it is to happen successfully.

- It is very significant to establish relationships with the schools to increase the spreading of hygiene messages because schools play an important role in the education of children. At the same time, it is essential to work for the introduction of hygiene messages in the school curricula. Oxfam GB signed an agreement with the Provincial Director of Education and we agreed with him the agenda of the training and the methodologies. At the same time, the Director encouraged personally the schools directors. The schools directors considered that the training was very pertinent for their work. The mobilisation team did a good work during the training and the directors evaluated it very positive. The next step to work with the Provincial Director of Education is how to introduce the hygiene messages in the school curricula.
- The dry season is the best season to build the latrine super-structure. For that, the sanitation activities have to be planned mainly in this season.
- Every female mine victim has a different physical disability and the latrine has to take this into consideration.
- GAS groups play an important role in the sustainability of water points and sanitation facilities. However, the lack of spare parts in the market is hampering their work.

C Factors Negatively Impacting Programme Activities

- Access and security were the two key issues affecting programme activities in Bie and Huambo. Due to increased mine incidents, several roads were declared red and so far they remains inaccessible. For that, 18 water points (1 plus borehole in Caieie is underway awaiting the necessary equipment) are underway in Chinguar and Chitembo in Bie province. DPEA has neither capacity nor resources for that. Nowadays, a team is working in Chinguar and we don't have any planning for Chitembo because we are awaiting the repair of a bridge and Halo Trust does not have the Kuito-Chitembo road as priority taking into account all the de-mining needs in the province.
- In Bie, the collaboration with DPEA has not been as effective as Huambo and it was very specific, only repairing some hand-pumps. This weak collaboration was due to the change of the Director of DPEA in August. She was new in the job, needed some time to understand the DPEA and the water situation in Bie province. At the same time, she spent more time out Bie province than in the province.

D Demographic Profile of Beneficiaries

We do not have official figures because we count the beneficiaries in relation to the water points. For example, 1,000 persons are the minimum beneficiaries of a borehole. When we made the assessment of an area and we decided to drill a borehole it is because 200 families (each family 5 members, total 1,000 persons), as minimum, will be able to collect water in this specific borehole. Approximately, 50% of the beneficiaries are women, 30% children, and 20% men. Out of these, 4% are disabled people (natural and mine/war victims) and 25% are elderly.

At the moment of drilling, we register the households but the movement of people is continuous (returnees are coming back these areas) and people from other areas come to Oxfam GB water points because in their areas there is no water. For that, it is very difficult to have a demographic profile of the reached beneficiaries.

E Additional Information (e.g. links with other agencies, working in new areas etc)

As indicated earlier general coordination has enhanced between Oxfam GB and other partners such as UN OCHA, UNICEF, ICRC, CVA, Africare, DW, AVIMI, DPEA, Halo Trust, MSF-B and other collaborating partners. There was coordination between all these actors to increase the impact of our projects and not duplicate efforts.

Gender:

- Each GAS groups has 6 members: 4 women and 2 men. The community choose them and they recognise the role and the level of responsibility of these women. With this initiative women feel more confident and the community recognise their value inside them.
- In Bie, the female mine victims had specific latrines for them.

F Overall Performance of the Project and Summary of Cost Effectiveness

(Please refer to Table 1, 2 and 3 and the comments of these tables)

Despite all the difficulties that we had to confront (mines, closed roads, logistics difficulties, as we explained in this report) the actual results exceed the expected results:

- Table 1 (Safe water access and quality provision May03 to April04): the overall water points outputs have been exceeded by 260% and overall beneficiaries target as well by 204% because water points are calculated to include water points newly constructed, rehabilitated and repaired. This was so because a lot more defunct water points became accessible for repairs with improved security and de-mining.
- Table 2 (Status of improved sanitation provision over period May03-April04): Overall target output has been exceeded by 37%, with 995 latrines more than targeted. Further, target beneficiaries have been exceeded by 37%, with 4,975 beneficiaries more than targeted. The excess on our targets is due to the great acceptance of the improved latrines in Bie and the improved traditional latrines in Huambo using local material thanks to the quality of the latrines and the successful work of the mobilisation team. Besides the new returnees started taking up these latrines with the inputs from their fellow community members.
- Table 3 (Social mobilisation and hygiene promotion status): Overall targets have been exceeded here as well, with 20% higher than targeted in terms of trained GAS, and 72% in terms of formed GAS, and in terms of numbers of people receiving hygiene messages, the total number exceeds the overall target by 14%.

There are some measures that Oxfam GB took at the beginning of the new project 04-05 taking into account the learning lessons of the project 03-04:

- Each project location did a supply plan in May04 to allow for a global vision of the needs that each project have in relation to materials and equipments available and, the most important issue, when they are required.
- In each project location, there will soon be a contingency stock of materials to enable the continued work on projects thus mitigating any potential logistics difficulties.
- Oxfam GB began the installation of a VSAT in each project office to improve the communications within the organisation in Angola and between the remote offices and the Regional Centre in Pretoria, South Africa.

The project activities have been implemented as per the budgeted amount. There are no major cost overruns to report on as far as the programmatic activities were concerned. The over expenditure on the payment of End of Contract settlements for the employees was more than originally anticipated and budgeted for due to the decision to close the Huambo programme. This decision was necessary based on a lack of available funds from donors to support ongoing activities. Oxfam GB therefore incurred unanticipated costs with End of Contract payments for all the staff finishing with Huambo project.

III. Baseline Study Summary – II Phase

Due to lack of access as a result of mine incidents and the bad conditions of the roads after a heavy rainy season, the Oxfam GB teams only could evaluate Trumba in Bie Province.

We also have to take into consideration that Oxfam GB did not work in all the areas where we did the first phase of the baseline assessment and, moreover, we worked in other places where we evaluated our impact. For example, in Bie province Oxfam GB worked in Trumba, Nharea, Caieie, Chinguar, Andulo, Kuito, Kunje, Andulo and Chitembo but only the four first areas are in the baseline study sent to OFDA in November 2003.

Location	Population	% of children under 5 years	Defecation practices	Current drinking water sources	Distance from current water point		% of population who have previously heard hygiene messages			% incidence of diseases % of children < 5
					Over 500 m	Under 500 m	Wash hands	Latrine maintenance	House hygiene	
Trumba (May03)	2,871	45%	70% L 27% O 3% H	62% US 32% R 4% UW 2% OT	40%	60%	26%	5%	26%	35%
Trumba (April04)	2,871	42%	73% L 27% O	59% PU 41% US	31%	69%	14%	0%	14%	32%

Key-	O - Open Air	US - Unprotected Spring
	L - Latrine	PS - Protected Spring
	H - Hole	UW - Unprotected Well
	OT - Other	OT - Other
		R - River
		PU - Pump

The population is stated as exactly the same a year later because there are no updated official figures. These are the last ones (2003) Figures in all these places have been rising steadily with the returnees coming in continuously.

The main findings taking into account the baseline study sent to OFDA are as follows:

- The use of potable water for drinking has increased considerably. From 0% to 59%. This population uses water from the hand pumps and 41% of population continues using water from unprotected spring because at the moment of the survey a hand pump was broken (Oxfam GB was awaiting spare parts of the hand pumps. Nowadays, this hand pump is working). If not, the figure of use of potable water would be bigger.
- Moreover, the population who has a water point over 500 m has increased by 9%.
- 73% of the population survey in Trumba has access to a latrine. This means an increase by 3%.
- At least 1 in 3 children under 5 have experienced diarrhoea in the last two weeks. If we compare with the first phase of the baseline survey, this figure decreased after the implementation of the project.
- Approximately two thirds of the population surveyed have not received/heard any hygiene messages. In this area returned population (refugees) are still returning. For that, this fact makes the spreading of hygiene messages difficult. (The % of the population which have heard hygiene messages reduces after our interventions because returnees are continuously coming back to Trumba and, for that, there are a lot of people not reached by our hygiene messages and that has an impact on the percentages.)

IV. Resources Use / Expenditure

A. FINANCIAL REPORT

See separate attachment