



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Angola – Complex Emergency

Situation Report #1, Fiscal Year (FY) 2003

October 31, 2002

Note: The last situation report was dated August 14, 2002.

BACKGROUND

On April 4, 2002, representatives of the Government of the Republic of Angola (GRA) and the National Union for the Independence of Angola (UNITA) signed a memorandum of understanding (MOU) that ended the 27-year civil war and reinstated the 1994 Lusaka Protocol. The agreement resulted in a new set of opportunities and challenges for the humanitarian community. Access to populations in need of humanitarian assistance and the availability of more cost-effective road transport of humanitarian supplies have increased. However, demobilization and reintegration of ex-combatants, return and resettlement of displaced populations, and increased threats of landmines have resulted in a rise in the need for humanitarian resources in the short-term.

The GRA estimates that the civil conflict affected more than four million Angolans. To date, the United States Government (USG) has provided more than \$122 million in emergency assistance to those affected by the conflict in Angola in FY 2002, channeled through the U.S. Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), Office of Food for Peace (USAID/FFP), the State Department's Bureaus Population, Refugees, and Migration (State/PRM) and Political Military Affairs (State/PM), and the United States Department of Agriculture (USDA). Since 1990, the USG has contributed nearly \$774 million in emergency assistance to affected populations in Angola.

| NUMBERS AT A GLANCE | SOURCE | |
|---|--|----------------|
| Internally Displaced (September 1, 2002) | 4,440,000 1,269,303 registered | GRA UN OCHA |
| Refugees (September 2002) | 442,000–Total 211,000–Zambia 193,000–Democratic Republic of Congo 16,000–Republic of Congo 22,000–Namibia | UNHCR |
| Spontaneously Returned or Resettled (September 2002) | 431,000 700,000 | GRA UN OCHA |

Total FY 2002 USAID/OFDA Humanitarian Assistance to Angola..... \$20,587,667
Total FY 2002 USG Humanitarian Assistance to Angola \$122,437,667

CURRENT SITUATION

Since the signing of the April 4 MOU that established a cease-fire and ended the 27-year civil war, the peace process in Angola has advanced rapidly. The lack of violence during the peace negotiations illustrated the commitment of each party to the success of the peace process. On July 30, 2002, the GRA announced the official end of the demobilization process and inducted all UNITA combatants in the Family Reception Areas (FRAs) into the Armed Forces of Angola (FAA). The FAA decommissioned the majority of the ex-UNITA combatants on August 2, leaving approximately 5,000 in active service. On August 26, the GRA and UNITA signed an agreement through the Joint Commission to complete the Lusaka process and transfer the administration of the gathering areas—formerly referred

to as FRAs—from the FAA to the civil authorities. Although the GRA had stated that the Lusaka process would be completed by October 15, it is still ongoing, and the GRA has not given a set date for its completion.

Family Reception Areas

Following the official end of the demobilization process, the humanitarian situation in the gathering areas has become increasingly tenuous. Ex-combatants are no longer receiving food distributions from the FAA, support from the provincial governments controlling the areas is uneven, and violence has resulted from the uncoordinated process of moving people out of the gathering areas. As of August 31, 2002 UN OCHA reported that humanitarian organizations had registered 314,494 family members of ex-combatants in the

Family Reception Areas (FRAs). Humanitarian organizations are in the process of registering approximately 80,000 ex-combatants, who are now civilians.

In order to support the peace process, USAID/OFDA began providing non-food emergency assistance commodities in June 2002 to meet the humanitarian needs of vulnerable populations in the FRAs. In total, the three airlifts and one sealift of emergency non-food items (NFIs) consisted of 50,000 blankets, 50,000 water containers, more than 6.1 million sq. ft. of plastic sheeting, 50,016 bars of soap, and 25,000 kitchen sets. USAID/OFDA provided the commodities, valued at more than \$2.1 million including transport, to the United Nations (U. N.) through the International Organization for Migration (IOM).

Security and Access

Since the signing of the peace agreement, security and accessibility has improved throughout the country. However, there are still areas in Angola that remain inaccessible to the humanitarian community six months after the signing of the peace agreement, due to insufficient U.N. staffing necessary to provide clearance to open roads. The continued threat of landmines affects both the provision of humanitarian assistance and the resettlement and return process. Reliable estimates regarding the number of landmines in Angola are unavailable, although there may be fewer mines than previously indicated. According to the U.N. Development Program (UNDP) between 500,000 and 700,000 landmines and an additional two million unexploded ordnances (UXO) remain in Angola.

The threat of landmines is one of many factors constraining humanitarian assistance and resettlement and return efforts in Angola. Civilian and military demining efforts in Angola are uncoordinated. The GRA relegated humanitarian demining responsibilities to the *Instituto Nacional de Remoção de Obstáculos e Engenhos Explosivos* (INAROE), a civilian demining agency, without the involvement of UNITA and FAA representatives. Demining nongovernmental organizations (NGOs) are working in coordination with U.N. agencies and the humanitarian community at the provincial level, without a centralized coordination or a nationwide effort to map, demarcate, and prioritize humanitarian demining efforts.

Since 1995, State/PM has provided more than \$12.0 million in humanitarian demining assistance to Angola. Of this total, State/PM provided \$5.8 million through NGOs to address humanitarian demining issues in Angola in FY 2002.¹

Humanitarian assistance operations have increased slowly due to the need for security assessments, a collapsed transportation infrastructure, and the continued threat of landmines. UN OCHA has responsibility for the overall coordination of security issues, including both logistics infrastructure and landmine issues. Since April, U.N. Agencies and partners have conducted a total of 358 assessments in 16 provinces. As a result, 267 areas and transport routes have been cleared for operations. In 51 of these areas, rapid assessments have been done in collaboration with GRA counterparts. One hundred thirty-five assessments have been conducted in resettlement and return areas. The assessment schedule for October through December includes 18 areas where critical conditions are suspected and 403 resettlement and return sites identified in the Provincial Plans of Emergency Action for Resettlement and Return (PEPARR).

In response to security and access concerns, USAID/OFDA provided \$1.0 million to UN OCHA during FY 2002 to enhance coordination efforts among the humanitarian community. Coordination activities include reporting; information sharing initiatives among the U.N., GRA, NGOs, and donors; and field advisors working across Angola to provide information to the humanitarian community on security and access. USAID/OFDA also continued to support UNDP's efforts to maintain civil/military security liaison officers in selected provinces. USAID/OFDA began supporting this effort in 1999 and continued in FY 2002 by providing an additional \$880,000.

To address immediate humanitarian concerns resulting from limited access, USAID/OFDA supported the U.N. World Food Program (WFP) efforts to provide air transport of NFIs and humanitarian personnel from the international and local NGOs, the donor community, U.N. agencies, and the diplomatic corps. In FY 2002, USAID/OFDA provided more than \$1.1 million to WFP for these logistical air support efforts.

Newly Accessible Locations

Of the 14 areas where acute needs were found during Phase I of the Rapid Assessment of Critical Needs (RACN), conditions have stabilised in all except four: Mavinga in Kuando Kubango Province, Bunjei in Huíla Province, Tchilembo in Huambo Province, and Alto Chicapa in Lunda Sul Province. Recent assessments confirm that the number of accessible areas with acute levels of malnutrition has dropped from 25 in July to 11 in mid-September.

In response to increased access to populations in need of humanitarian assistance, USAID/OFDA provided more than \$780,000 to Action Against Hunger (AAH/USA) to provide essential emergency assistance—including health, nutrition, and water and sanitation services—for 30,000 beneficiaries in newly accessible locations.

¹ For additional information regarding State/PM's Humanitarian Demining Program, please see <http://www.state.gov/t/pm/rls/walkearth/2001>.

Refugees

As a result of three decades of violence, many Angolans have sought refuge in neighboring countries. According to State/PRM, approximately 442,000 Angolan refugees were living in other countries in September 2002: 211,000 in Zambia; 193,000 in the DRC; 22,000 in Namibia; and, 16,000 in the Republic of Congo (ROC). Of this total, 150,000 Angolan refugees are estimated to have fled since the resumption of hostilities in 1998. Some of the older caseload refugees have spontaneously settled and are now integrated into host communities. Most of the newer caseload refugees are in camps established by the host country and assisted by the U.N. High Commissioner for Refugees (UNHCR), WFP, and NGOs. Following the April 4 cease-fire and renewed prospects for a durable peace in Angola, UNHCR reported widespread interest among refugees in returning home. An estimated 40,000 Angolan refugees have spontaneously returned from Zambia and the DRC since January 2002, primarily to Moxico Province but also to Uíge and Zaire Provinces. UNHCR is currently preparing an Angolan Refugee Repatriation Plan/Program and a Supplementary Program Appeal to support repatriation and assistance to returnees and their communities. UNHCR is planning for as many as 80,000 spontaneous returns in 2002, followed by an organized repatriation program to begin in 2003.

State/PRM continues to support the humanitarian needs of Angolan refugees throughout the region through funding to UNHCR, WFP, and NGOs. Specifically, State/PRM has contributed \$560,000 to UNHCR towards its initial efforts to prepare for Angolan refugee repatriation. To date, State/PRM has provided approximately \$10.0 million to UNHCR to support Angolan refugees in Zambia, Namibia, the DRC, and ROC. In addition, State/PRM provided \$1.25 million to WFP to support emergency food assistance activities for refugees in Zambia and Namibia, \$583,020 to Lutheran World Relief to assist Angolan refugees in Zambia, \$791,094 to CARE to assist Angolan and Congolese refugees in Zambia, and \$699,985 to IRC to assist Angolan refugees in DRC. These contributions are in addition to State/PRM's unearmarked contribution to UNHCR for Africa, totaling \$31.4 million to date in FY 2002. State/PRM has also contributed \$42.4 million to the International Committee of the Red Cross (ICRC) for its Africa programs, a portion of which is used to support ICRC programs in Angola.

Internally Displaced Persons and Resettlement

According to the GRA, more than 4.4 million Angolans remained internally displaced in September 2002. On September 1, 2002, UN OCHA reported that humanitarian organizations registered a total of nearly 1.27 million IDPs throughout the country. From June to September 2002, the influx of new IDPs waned and the peace process solidified, shifting the focus of international emergency assistance to include the needs of IDPs prepared to return to areas of origin or resettle in new locations.

Despite a lack of access to landmine information, agricultural inputs, temporary food supplies, and basic NFIs, displaced Angolans are returning and resettling at rates that exceed the humanitarian communities initial expectations. As of September 2002, the GRA reported that more than 430,000 Angolans had returned or resettled. UN OCHA estimates from mid-September indicated that as many as 700,000 Angolans have returned or resettled. The Provincial Emergency Plans of Action for Resettlement and Return (PEPARR) estimates indicated that more than 1.7 million IDPs, or 350,000 families, will return to areas of origin or resettle in 17 provinces. Of this total approximately 314,000 IDPs, or 53,000 families, are expected to temporarily relocate in temporary resettlement locations in Cabinda, Cuene, Kwanza Sul, Namibe, and Zaire provinces. The GRA designated more than 500 sites in 18 municipalities and 17 provinces as resettlement and return areas. Resettling and returning families require emergency relief assistance such as seeds and tools, temporary food supplies, and basic non-food items.

In response to the urgent need for resettlement support, USAID/OFDA provided the U.N. Food and Agriculture Organization (FAO) with \$3.1 million to distribute seeds and tools to IDP and resettling populations throughout the country. As many as 115,000 families received USAID/OFDA-funded seeds and tools through FAO prior to the September planting season.

USAID/OFDA is also in the process of providing nearly \$1.7 million in NFIs to meet the emergency needs of displaced, returning, and resettling families throughout Angola. Four sealifts are scheduled to arrive in Luanda in October 2002 consisting of nearly 9.8 million sq. ft. of plastic sheeting, 60,000 wool blankets, 60,000 five-gallon water containers, 30,000 kitchen sets, and 60,000 bars of soap. The commodities will be consigned to IOM for distribution by NGO partners to vulnerable IDP, resettling, and returning populations.

USAID/OFDA supports a variety of humanitarian assistance programs—directly targeting more than 2.2 million vulnerable IDPs, the majority of which are women and children. The details of these efforts are outlined by sector below.

Food Security and Agriculture

In addition to ongoing emergency food distributions required in IDP camps throughout Angola, the food security situation in Angola is a priority component of successful reintegration, return, and resettlement efforts. The main growing season for maize extends from October to April, with second season crops grown in irrigated areas year-round. Humanitarian programs impacting food security and agriculture efforts are crucial during the months prior to the onset of the main agricultural season.

In response to ongoing food security concerns, USAID/OFDA supported more than \$3.5 million in food security activities in Angola during FY 2002. In addition to contributions towards FAO seeds and tools activities outlined above, USAID/OFDA also continued its FY 2001 support of FAO's food security and agriculture coordination efforts by providing an additional \$50,000 in FY 2002.

USAID/OFDA also provided \$250,000 in support to World Vision International (WV). The WV initiative provides families with farmer-selected crop seeds and planting materials, promotes low cost, sustainable soil fertility practices, and disseminates results and lessons learned from other food security efforts in the area. Approximately 50,000 IDPs in Malanje and Kwanza Norte Provinces participate in the program.

In FY02, USAID/FFP provided 89,000 MT of P.L. 480 Title II emergency food assistance valued at \$65.0 million. Through WFP, USAID/FFP's contributions will support the food requirements of approximately 1.9 million vulnerable Angolans. In addition, USDA contributed 39,700 MT of 416(b) surplus food commodities, totaling \$28.7 million, bringing the total food aid contribution in Angola to nearly \$100 million in FY02. Additionally, USAID/FFP has made an additional \$10 million contribution to WFP to ensure that no pipeline breaks occur in early FY03.

Health

The overall public health situation in Angola remains a primary concern as a result of the following factors: 1) limited access to primary health care and medical supplies in FRAs; 2) increased demands for humanitarian health care by populations in previously inaccessible locations; 3) continued health care requirements in IDP camps; and, 4) increased numbers of returning and resettling populations in areas without adequate health care infrastructure.

In response, USAID/OFDA provided a total of 36 health kits valued at \$217,081. Each kit contains basic medical supplies and medicines to support 10,000 people for three months. International Medical Corps (IMC) distributed 12 health kits to FRAs through USAID/OFDA's partners in Bié, Huambo, Uíge, Cuando Cubango, Kwanza Sul, and Benguela provinces in July and August. IOM will distribute the remaining kits to vulnerable IDP, returning, and resettling populations during the fall of 2002.

Three decades of violence destroyed water and sanitation systems throughout the country. Basic health care services are nonexistent or inaccessible for the majority of the population. IDPs are moving into already overcrowded urban and semi-urban areas without functioning health infrastructures. As a result, the potential for epidemics in urban areas and IDP camps remains high. Malaria, respiratory infections, and diarrheal diseases are among the most common ailments and reported causes of death for Angolans.

In response to the health situation in Angola, USAID/OFDA supported approximately \$4.9 million in emergency health initiatives during FY 2002. In an effort to improve public health conditions, USAID/OFDA provided more than \$500,000 to AAH/USA to increase the availability of curative and preventative health services for 143,000 people in Ganda Municipality of Benguela Province. AAH/USA's health program ensures reliable regular supplies of essential drugs and medical equipment and provides supervision and technical assistance of MINSA staff working in health clinics, hospitals, and community health initiatives. In addition to benefiting the general population, the program also targets 28,600 children under the age of five and 34,000 women of child-bearing age. USAID/OFDA's support to AAH/USA also facilitates efforts to monitor the humanitarian situation in the municipality.

USAID/OFDA also provided nearly \$2.0 million in support to OXFAM for water and sanitation initiatives. In order to improve overall public health, OXFAM plans to provide 214 potable water sources for 115,000 residents of Malanje, Huambo, and Kuito provinces. In the same areas, 88,800 residents will have access to 5,440 latrines provided through OXFAM.

Catholic Relief Services (CRS) received more than \$230,000 from USAID/OFDA to implement a health education and prevention program in the Cubal, Balombo, and Ganda municipalities of Benguela Province. The education and prevention initiatives focus on infant and child nutrition, immunizations, and the prevention and treatment of malaria and diarrheal diseases. Approximately 8,200 children under the age of five, 12,300 women of child-bearing age, 400 health care workers, and 115 nutrition staff benefit from the program.

Maternal and child health (MCH) issues are a priority health concern in Angola. Angola has one of the highest infant, child, and maternal mortality ratios in the world. According to the United Nations' Children's Fund (UNICEF), the mortality rate for children under 5 in Angola is 292 per 1,000. Levels among camp residents are estimated to be higher than those from urban areas. Maternal mortality ratio figures from the last national estimate (1993) indicate that between 1,281 and 2,000 women die for every 100,000 live births—compared to 137 deaths per 100,000 in Namibia. Recent assessments indicate that nearly 85 percent of all births are unattended and that emergency obstetrical care and antenatal services are unavailable.

In response to the MCH crisis in Angola, USAID/OFDA continued to support a MCH program implemented by IMC with a \$1.2 million grant in FY 2002. The program provides increased access to safe and hygienic deliveries for women of childbearing age, including essential emergency obstetric care. The total targeted population is more than 1.2 million of the most vulnerable residents and IDPs in several municipalities in Huambo, Malanje, and Uíge provinces. IMC's MCH efforts also include

child-spacing services, child vaccinations, and integrated management of childhood illnesses. In addition, IMC trains local health care workers, provides emergency medical supplies, and develops immunization outreach activities.

Africare received more than \$450,000 to implement an immunization program in Camacupa and Kuito municipalities, located in Bié Province, as well as in Waku Kungo Municipality, located in Kwanza Sul Province. The program provides vaccines against six preventable diseases to approximately 194,000 children under the age of five and 178,000 women of child-bearing age. USAID/OFDA's support to Africare also facilitates efforts to improve the capacity of three health care facilities in Waku Kungo, such as the supply of medical equipment and essential drugs, training of health workers, and the prevention and treatment of malaria, diarrheal diseases, and pneumonia

USAID/OFDA provided nearly \$500,000 to GOAL, an Irish relief and development organization, to implement emergency public health activities, focusing on MCH issues, for 36,000 beneficiaries, primarily women and children near Luena City, Moxico Province.

CONCERN Worldwide received nearly \$350,000 from USAID/OFDA to provide maternal and child health services to 100,000 residents, IDPs, and returnees in Malanje City, Malanje Province, and the surrounding areas.

The National Institute of Statistics continues to work closely with UNICEF to complete a Multiple Indicators Cluster Survey (MICS) that will provide a comprehensive overview of the status of women and children in Angola. The results will include data regarding child and maternal health, malaria, HIV/AIDS, nutrition, water and sanitation, education, migrations, and household characteristics. USAID/OFDA provided approximately \$245,000 to UNICEF to assist the NIS in data collection and dissemination.

Nutrition

The nutritional situation in Angola remains tenuous, not only among IDP populations, but also among residents of areas where access has recently been gained. In response to emergency nutrition needs in Angola, USAID/OFDA provided approximately \$1.9 million in support of nutrition activities to date in FY 2002. For example, USAID/OFDA provided more than \$750,000 to AAH/USA to implement a supplementary feeding program to benefit 11,400 vulnerable residents and IDPs in the Ganda Municipality of Benguela Province.

CRS received \$1.3 million from USAID/OFDA to implement emergency nutrition activities in Benguela Province. CRS's nutrition efforts include the provision of therapeutic and supplementary feeding to 7,200 children under the age of five in Balombo and Cubal municipalities. CRS also supports mobile supplementary

feeding centers benefiting 4,300 children in Balombo and Cubal. In addition, 18,600 children in Cubal and Ganda receive dry rations through the CRS initiative.

USAID/OFDA's support to CRS also facilitates the training of health and nutrition workers, as well as the development of a health and nutrition referral network.

USAID/OFDA provided more than \$43,000 to Africare to manage community kitchen programs in Waku Kungo, located in Kwanza Sul Province and Kuito, located in Bié Province. The community kitchens address nutrition requirements of children under five.

In addition, the nutrition component of the USAID/OFDA-supported CONCERN program, outlined above, specifically addresses the nutritional needs of 100,000 vulnerable pregnant and lactating women, malnourished children, and tuberculosis patients.

NOTE: USAID/FFP and USDA commodities support nutritional requirements of vulnerable Angolans, in addition to food security requirements.

Coordination

In addition to the \$1.0 million provided by USAID/OFDA to UN OCHA in support of coordination efforts, USAID/OFDA also continued funding UN OCHA's Emergency Response Fund (ERF) with an additional \$3 million in support in FY 2002. The ERF provides rapid disbursement of funds through humanitarian partners to serve as a short-term, emergency mechanism to assist communities until emergency response programs can be established. The ERF addresses the need for the international humanitarian community to have flexibility to rapidly changing humanitarian requirements. UN OCHA has a list of over 90 urgent projects on its top priority list for consideration. In FY 2002, CRS also received nearly \$285,000 in USAID/OFDA support to continue a capacity building program for local NGOs managing emergency response projects.

USAID/OFDA also addressed coordination issues by providing \$500,000 in FY 2001 to support to the WFP Vulnerability Assessment Mapping (VAM/Angola) project. VAM/Angola improves the targeting of food assistance to the most vulnerable populations through collection, analysis, and dissemination of food security data for the humanitarian community.

ANGOLAN GOVERNMENT EFFORTS TO MEET HUMANITARIAN NEEDS

As outlined above, the GRA has made an effort to include humanitarian concerns in the peace process. Following the signing of the cease-fire, the GRA allowed increased access to populations in need by the humanitarian community. However, the emergency assistance delivered throughout Angola continues to be provided by the international humanitarian community.

The GRA pledged \$50 million in support of cantonment and demobilization of ex-UNITA soldiers. According to the GRA, the repair of critical infrastructure is among the highest priorities, while social issues such as health and education are a medium-term concern.

USAID/OFDA HUMANITARIAN ASSISTANCE

USAID/OFDA maintains a permanent field presence in Angola through an Emergency Disaster Response Coordinator to monitor USAID/OFDA's programs, coordinate with USAID/Angola, and report on humanitarian issues in the country.

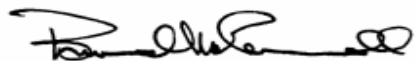
Following the initial implementation of the peace agreement, USAID/OFDA nearly tripled its planned FY 2002 budget for Angola to address the needs, challenges, and opportunities presented by increased access. USAID/OFDA also re-designed its response strategy in Angola to expand activities beyond the Planalto region in order to provide greater flexibility, geographically and programmatically, to its partners—enabling them to rapidly respond to the fluid humanitarian situation. In addition to the Demobilization and Reintegration Planning Liaison Officer deployed to Angola in May, USAID/DCHA deployed an assessment team to Angola from June 11 through July 9. The USAID/OFDA team assessed the humanitarian situation in newly accessible areas and FRAs, as well as the return and resettlement needs of IDPs. *(For details on the USAID/DCHA assessment and its findings, see Angola Complex Emergency Situation Report – FY 2002 #3.)*

From July 23 through July 26, USAID/OFDA Director Bernd McConnell visited Angola to assess the humanitarian situation and review the impact of USAID/OFDA-funded programs. McConnell's visit confirmed the findings of the USAID/DCHA assessment team by highlighting the need for continued humanitarian support of the FRAs, especially in the areas of public health and food security, and increased international support of the return and resettlement process.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO ANGOLA

| <i>Agency</i> | <i>Implementing Partner</i> | <i>Sector</i> | <i>Regions</i> | <i>Amount</i> |
|---|-----------------------------|---|---|----------------------|
| FY 2002 | | | | |
| USAID | | | | \$85,587,667 |
| USAID/OFDA | | | | \$20,587,667 |
| | AAH/USA | Health, Nutrition | Benguela | \$2,044,792 |
| | Africare | Health, Nutrition | Kuito, Camacupa, Waku Kungo | \$500,561 |
| | CONCERN | Health | Malanje | \$349,821 |
| | CRS | Health Training | Countrywide | \$284,365 |
| | CRS | Health, Nutrition | Benguela | \$1,381,081 |
| | FAO | Food Security and Agriculture | Countrywide | \$50,000 |
| | FAO | Agriculture | Countrywide | \$3,120,000 |
| | GOAL | Health | Moxico | \$492,949 |
| | IOM | NFI (Supplies and Transport) | Countrywide | \$2,126,080 |
| | IMC | Health | Huambo, Malanje, Uíge | \$1,200,000 |
| | IDA | Health Kits | Benguela, Bié, Cuando Cubango, Huambo, Kwanza Sul, Luanda, Uíge | \$217,081 |
| | OXFAM/GB | Water/Sanitation | Huambo, Malanje, Kuito | \$1,996,797 |
| | UN OCHA | Coordination | Countrywide | \$1,000,000 |
| | UN OCHA | Emergency Response Fund | Countrywide | \$3,000,000 |
| | UNDP | Security Field Advisors | Countrywide | \$880,000 |
| | UNICEF | IDP Health Surveys | Countrywide | \$132,000 |
| | UNICEF | Dissemination of Health Data | Countrywide | \$105,740 |
| | WV | Food Security and Agriculture | Malanje, Kwanza Norte | \$250,000 |
| | WFP | Logistics | Countrywide | \$1,184,000 |
| | Administrative Costs | | | \$272,400 |
| USAID/FFP..... | | | | \$65,000,000 |
| | WFP | P.L. 480 Title II Emergency Food Assistance – 89,000 MT | | \$65,000,000 |
| USDA..... | | | | \$28,700,000 |
| | WFP | 416 (b) Surplus Food Commodities – 39,700 MT | | \$28,700,000 |
| STATE/PRM¹ | | | | \$2,350,000 |
| | ICRC | Aid to Angolan Conflict Victims | | \$1,000,000 |
| | UNHCR | Assistance to Congolese Refugees | | \$790,000 |
| | UNHCR | Angolan Refugee Repatriation | | \$560,000 |
| STATE/PM | | | | \$5,800,000 |
| | | Humanitarian Demining Program | | \$5,800,000 |
| Total USG Humanitarian Assistance to Angola in FY 2002 | | | | \$122,437,687 |

¹State/PRM figures include funding within Angola. State/PRM also provides assistance to Angolan refugees throughout the region. UNHCR receives additional, un-earmarked funding from State/PRM to support refugees across Africa. For more information on regional and Africa-wide assistance through State/PRM, see “Refugees” and “Other USG Assistance” section above.



Bernd McConnell
Director, Office of U.S. Foreign Disaster Assistance