

Vulnerability Analysis and Food Aid Working Group

CHAired BY WFP/VAM UNIT



Angola

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National Overview

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1. EXECUTIVE SUMMARY

One year after the April 2002 cease-fire agreement, provincial Vulnerability Assessment (VA) working-groups are reporting fundamental changes in where vulnerable people are located and even the reasons people are vulnerable. The transition out of conflict has led to shift away from a focus on IDPs, de-mobilization, and resettlement programs. The large concentrations of hungry people in municipal and provincial capitals that were once basically dependent on the humanitarian community have generally returned home. Food security is now more or less a factor of how well vulnerable people were able to re-establish their livelihoods in rural areas during the last agricultural campaign.

With the addition of Kwanza Sul, the VA process includes the participation of twelve provincial VA working-groups. The provincial VA working-groups are composed of representatives from United Nation agencies, NGOs, and government. These participants are generally active in on-going interventions or administration activities that directly affect vulnerable people. Improved participation at the latest bi-annual workshop provided even more information for the provincial level VA reports. These provincial VA reports are synthesized here in this National Vulnerability Overview document.

The provincial VA working groups focused part of their discussion on risks being faced by vulnerable people. Almost all the reports describe the health situation as critical. Lack of access to services and medicines are putting many people at risk. Markets are growing, but traders still under-serve rural areas. High cost of transportation and lack of any sizable harvest or other products to trade from rural communities maintain most traders' attention on more lucrative markets in municipal and provincial capitals. As roads have not been maintained and many bridges remain damaged, large areas are not accessible during the rainy season. Even larger areas are not accessible to certain UN agencies due to security policies. Recently, hundreds of thousands of food insecure people were cut off from aid in rural Huambo province when the main access road was closed to the humanitarian community for months for security reasons. The main agricultural risks revolved around lack of inputs for the last agricultural campaign. A lack of seeds, tools, and labour often resulted in only small areas being sowed and low production. Risk factors are summarized in a series of maps at the national and provincial level. The maps clearly reflect the increased level of risk along an urban/rural gradient with the most isolated places facing the most difficult situations. In the end, it is clear that vulnerable people are managing a whole host of risks everyday throughout Angola.

Identification of vulnerable people into different groups was another primary function of the provincial level VA workshops. Kuando Kubango was the only province with large populations of new IDPs. The situation in Mavinga, Kuando Kubango was critical with more than 100,000 new IDPs arriving in critical need of food and services. The Mavinga situation was an exception to the trend seen in the rest of the provinces. The majority of reported vulnerable people were the more than 1.4 million former IDPs who had spontaneously returned to their places of origin all across the 12 provinces. Concentrations of vulnerable returnees were largest in areas that experienced some of the most intense displacement from the conflict, in particularly the rural areas of Huambo and Bié. Smaller groups of vulnerable returnees were found primarily in the more isolated rural areas of the other provinces. The second largest vulnerable population, vulnerable residents, were also concentrated in the most isolated locations of Huambo and Bié.

There is a striking difference between the more localized groups of the currently food insecure that need immediate intervention and the widespread expectation that highly vulnerable people will deplete available food resources before the next harvest. The new IDPs of Kuando Kubango and the returnees not able to gain access to seeds for planting are the primary groups in a situation of current food insecurity. Almost everyone else was able to produce at least something from their fields and find other sources of food. Fishing, hunting, mushroom

collecting and honey gathering played an important role in maintaining a certain level of consumption for many vulnerable people. In general, the resources available from the natural environment played a vital role in buffering the many negative shocks that vulnerable people faced. Unfortunately, it seems that the small stocks will be depleted and other activities will not be enough to sustain highly vulnerable people more than 2-4 months. Interventions for the highly vulnerable will have to cover more people over a much larger area. At **the time of greatest scarcity in the lean season, roughly 1,892,500 will need assistance** throughout Angola.

Essentially, food security in Angola is returning to basic questions of re-establishing successful livelihoods. Assets are the building blocks of different livelihood strategies. Community and personal assets were not uniformly affected by the conflict. Certain communities and people suffered more. It takes time to rebuild lost assets and broken community structures. Vulnerability at the end of the last growing season appears to reflect this time lag in recovery of different communities. Some of the provincial VA working groups projected that two successful harvests of cereals or the beginning of cyclical cassava production will put most people in a less vulnerable situation.

Obviously, interventions and policy can either support or constrain this process of asset creation and re-establishment of livelihoods. The key to good interventions and policy is having the correct information for decision-making. The VA process included some indicators of food security and livelihood outcomes. Anthropometrics surveys indicated that the nutritional situation is improving in most places. Figures on morbidity and mortality seem to tell a different story. Decision-making in this transition period will require much more information of why people are vulnerable, when the focus has previously been primarily on how many. The challenge now is to incorporate more systematic collection of information on **how livelihoods and risk management strategies are developing for vulnerable people** in order to clarify what is contributing to more and less successful livelihood strategies.

2. VULNERABILITY ASSESSMENT PROCESS

The Vulnerability Assessment (VA) relies completely on the participation of government ministries, international NGOs, national NGOs, agencies of the United Nations, and other key informants. Through the VA process, these organizations come together to share information on the current food security and vulnerability situation in Angola. Twelve provinces were included in the most recent VA (see maps 1-3). In each province, a provincial VA working-group convened including participants that are currently involved in local administration activities and on-going interventions. Part of the VA process is the bi-annual workshops of these provincial VA working-groups. The workshop is a consensus-building process to identify current **levels of vulnerability, places where vulnerable people are located**, and eventually **estimate numbers of vulnerable people**. Key informants, including rural families and other beneficiaries, are included in the process through visits throughout the province by members of the provincial VA working-group. At the end of this process, a provincial level VA report is produced.

The provincial VA assessments included detailed descriptions of the vulnerability situation and technical recommendations specific to the province. Readers are also directed to these reports for specific technical data summaries such as local level food basket prices or production estimations.

At the national level, the VA is an effort of the Vulnerability Assessment and Food Aid Working-group. The national level VA working-group compiles the provincial level VA reports and produces a National Vulnerability Overview. This working group is a technical sub-group of the Food Aid Coordination Committee (FAC) that is responsible for overall coordination of food-oriented interventions. In order to meet the information needs of the FAC, the VA process aims to **provide functional descriptions of the food security and vulnerability** in Angola. Information from the VA is primarily intended to build consensus about current vulnerability situation to improve coordination of food-oriented interventions and help set national level priorities.

Vulnerability levels are largely determined by the expected ability of people to maintain a minimum level of consumption until the next harvest. The **Food Insecure Population** cannot currently meet their consumption needs and are not expected to be able to meet their consumption needs before the next harvest. The months preceding the next harvest are often referred to as the *lean season* because it is common for food stocks to be depleted in this period. The **Highly Vulnerable Population** may meet their consumption needs in the short-term but are expected to have trouble during the lean season. It is possible that the **Moderately Vulnerable Population** will not meet consumption requirements during the lean season as well. The **Potentially Vulnerable Population** is expected to meet consumption requirements unless they experience a serious shock to their food access. These vulnerability levels are primarily intended to help set programming priorities. The Food Insecure Population is in need of immediate food-oriented intervention. The Highly Vulnerable Population will need an intervention during the lean season. Moderately and Potentially Vulnerable Populations need to be monitored for possible problems with food security in the coming six months.

Certain groups of people in Angola are more vulnerable than others. In order to clearly describe these differences in vulnerability, a consistent classification of the vulnerable population was used throughout the assessment. The classification was based on functional and easily definable groups that would help organize information in a way that facilitated targeting and design of humanitarian interventions. The classification was developed by the National VA Working-group through consensus and then verified with each of the Provincial VA Working-groups. Five main groups of vulnerable people were identified in this process. These groups are:

- a) Internally Displaced People (**IDP**) arrived in current location, not area of origin, after October 2001:
- b) Returnees (**RET**): ex-IDPs ex-refugees, or demobilised soldiers and their families that returned to their areas of origin
- c) Resettled (**REA**): ex-IDPs ex-refugees, or demobilised soldiers and their families that resettled in some areas which is not their areas of origin
- d) Vulnerable Residents (**RES**)
- e) Socially Vulnerable Groups (**GSV**): elderly, street children, orphans, handicapped, etc.

At provincial level VA workshops, participants were asked to adjust estimates of how many vulnerable people were in each population group. Estimations of vulnerable people were then made for each commune in the province. Because of accessibility problems or lack of participation, information was not available for all communes in every province. Through structured discussions, relative vulnerability was estimated for each of the identified groups. Specifically, a method referred to as the CVI (Composite Vulnerability Index) was used for these estimates. A full description of this methodology is included as Annex 1. Information was verified with visits to the communes and additional discussions with key informants.

The Vulnerability Assessment has all the strengths and weaknesses of a process based primarily on participation from the humanitarian community and government sources. With the representation of 15 to 20 different groups in most provincial level VA workshops, a fairly extensive view of food security situation as well as some insights into the factors contributing to the current vulnerability situation was possible. The broad participation also allowed a more multi-sector approach. The focus on consensus building during the workshops helped to limit projections of vulnerability to the realm of reason.

On the other hand, the only information that was available was information that was contributed by the participants. Participation and contribution of information was less than perfectly systematic. Sub-groups that could focus on a particular vulnerability issue were very active in some provinces and more passive in others. Perhaps the largest problem is that the participants contribute information overwhelmingly focused in or around provincial or municipal capitals. As the most vulnerable are increasingly moving back to more rural and isolated places, new methods need to be implemented for more representative information gathering.

Specifically, the current VA process is limited because it does not incorporate an objective standard to judge the quality of the information. The information is largely composed of facts about on-going interventions. There is very little focus on outcome indicators of food security or livelihood welfare that is essential to do any true vulnerability assessment. The golden rule of assessments is that the results must be objective and repeatable. These types of results from field-based assessment are becoming increasingly available from sources like nutrition surveys or rapid food needs assessments. The challenge is to now harmonize and expand these information sources to strengthen the VA process.

3. CURRENT VULNERABILITY

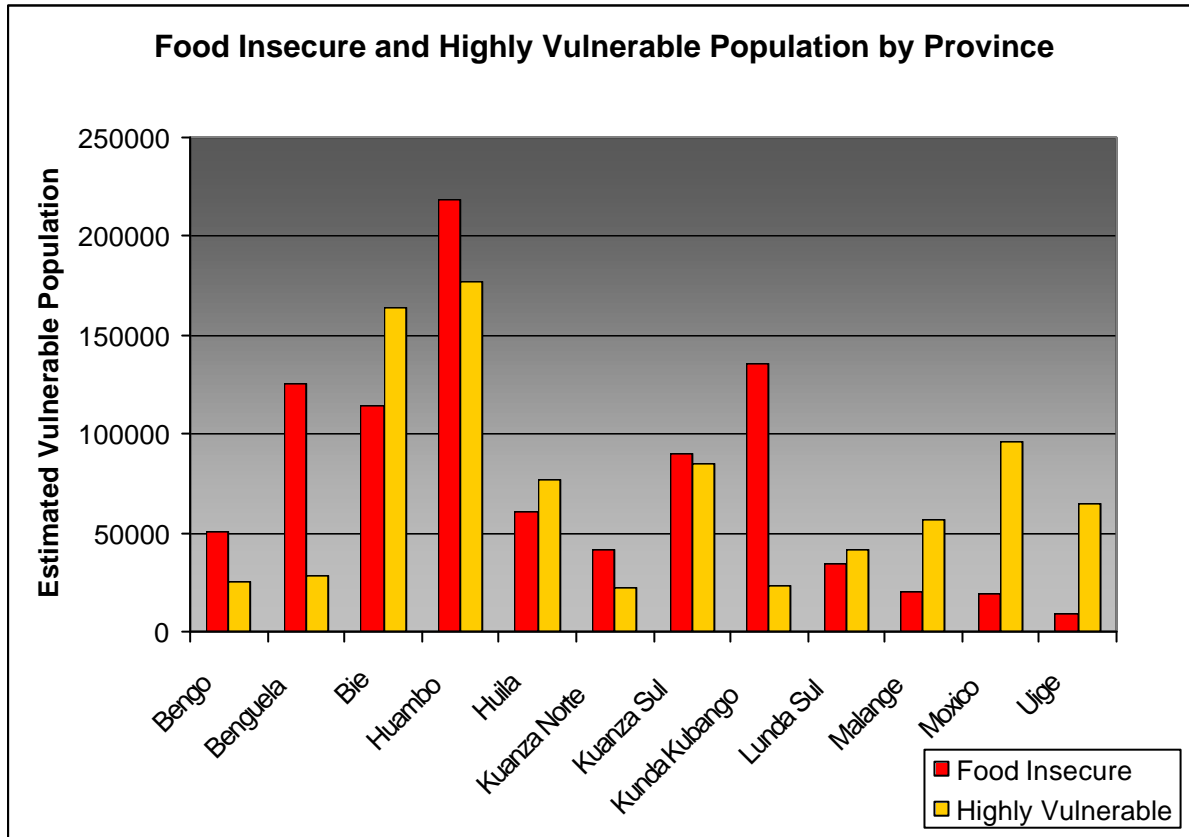
More than two and a half million people were identified as vulnerable to food insecurity in the twelve provinces that participated in the latest Vulnerability Assessment (VA). One third of the vulnerable, or approximately 1 million people, were considered to be currently food insecure and in need of immediate assistance. Additionally, 865,000 people were reported to be highly vulnerable and would need assistance before the next harvest. The remaining third of the identified vulnerable group was more or less evenly split between moderately vulnerable and potentially vulnerable. These groups numbered 447,000 and 317,000 respectively.

Vulnerable population as of May 2003

Province	IDP	RET	REA	RES	GSV	Sub-total
Total Food Insecure	144,499	652,544	33,970	170,750	25,832	1,027,595
Total High Vulnerable	66,350	540,428	56,248	175,262	26,641	864,929
Total Moderate Vulnerable	37,335	160,918	30,838	194,442	23,699	447,232
Total Potentially Vulnerable	18,250	49,282	17,653	222,276	9,599	317,060
TOTAL	266,434	1,403,172	138,709	762,730	85,771	2,656,815

Not surprisingly, the highest numbers of vulnerable people were reported in the most densely populated places and areas that were subject to the most displacement from the conflict. Approximately 25% of all identified vulnerable people and **over a third of the currently food insecure people were reported to be located in the province of Huambo**. Adjacent to Huambo, areas that were subject to intense population movements during the conflict in Bié

also have large vulnerable populations. 12% of the food insecure and almost 20% of the highly vulnerable can be found in Bié. In total, 50% of all the estimated food insecure population was reported in these two provinces of the central plateau. 40% of the highly vulnerable people are also in these same areas.

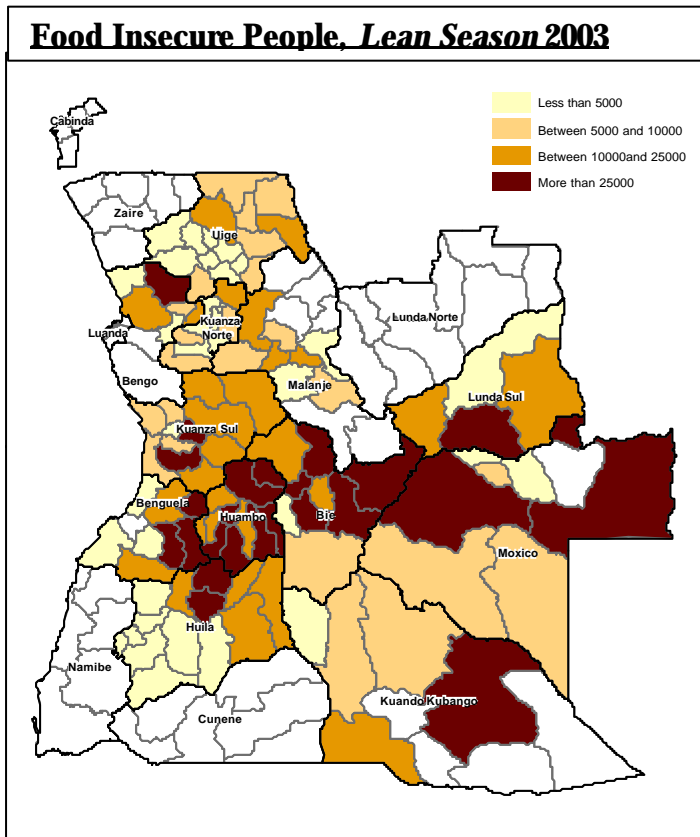
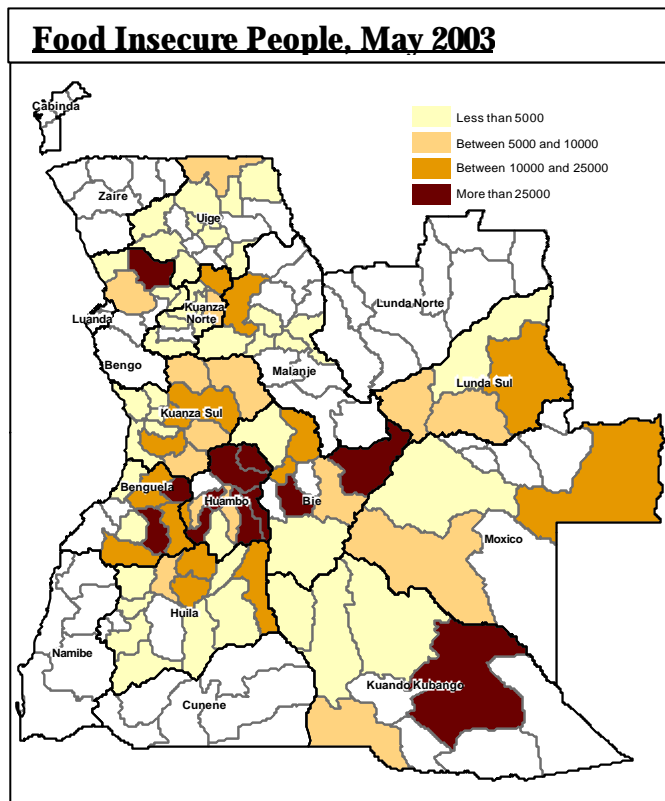


Each reporting 2% or less of the currently food insecure population, Uíge, Malanje and Moxico appeared to be having the least immediate problems with food insecurity. Unfortunately, it seems that these provinces will still need some intervention during the lean period as they report about 25% of the highly vulnerable population.

In general, the VA reports indicate that food insecurity is concentrated in certain locations. This of course makes programming in the short-term much easier. Only 11 of the 282 communes or municipalities reported more than 25,000 currently food insecure people.

The most striking features of current vulnerability to food insecurity is that hunger will become much more widespread during the lean period. Largely from their own efforts, many vulnerable Angolans have been able to produce something from the last agricultural season for their immediate consumption. Unfortunately, these stocks are generally only expected to last 2 to 4 months. Achieving full agricultural self-sufficiency will take more time for many people as they acquire necessary productive assets and re-establish their communities. Food-oriented interventions will be necessary in the coming months to sustain the most vulnerable and help bridge the transition to more durable food security.

In comparison with the figures from the last VA presented in October 2002, the total number of vulnerable people has reduced by approximately 300,000. This could be largely a seasonal effect as the current VA was completed at the end of the harvest. This is also reflected in a reduction of food insecure people of 750,000 people between the two reports. Unfortunately at the end of the dry season, we will again see an increase in hunger. There are **an additional 520,000 highly vulnerable people** in this VA report compared with the last.



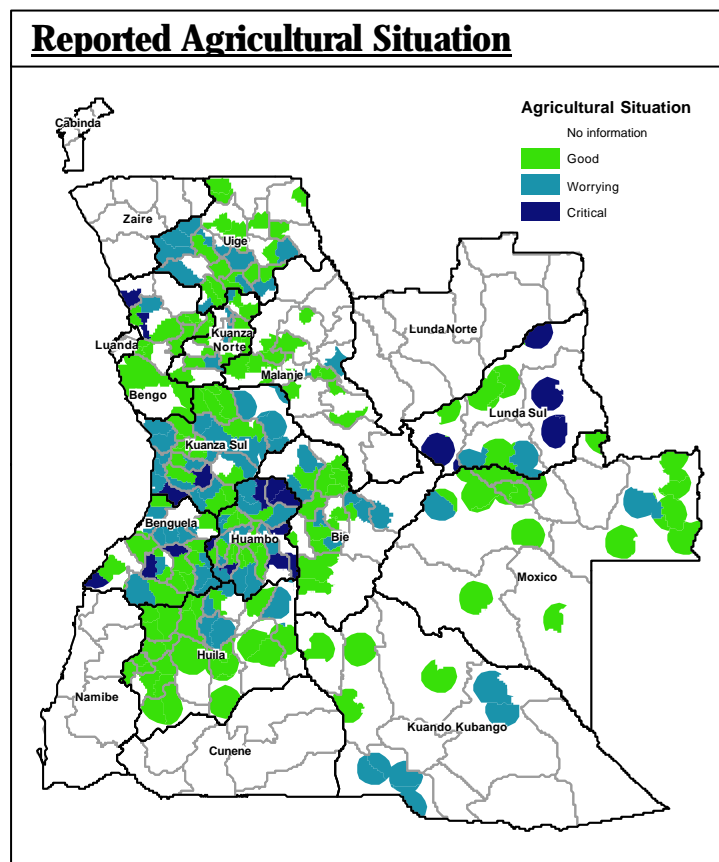
Moderately and potentially vulnerable population remained roughly the same size in both assessments at approximately 800,000 people. Because these people are not anticipated to need food-oriented intervention, their food security status is not always closely followed. They are often in a precarious position and just meeting minimum requirements. Any of the many common negative shocks could put these groups into a position of food insecurity.

4. GEOGRAPHIC RISK

Risk is inherent to the concept of vulnerability. Although comprehensive risk analysis was beyond the scope of this effort, the provincial VA groups focused their discussion on four major risk factors. In most cases, sub-groups of each of the provincial level VA groups worked on a description of **agricultural risks, market-type risks, accessibility issues, and health risks** affecting vulnerable people in their province. Risk was evaluated geographically. In other words, different factors and intensities of risk exposure were described for each commune in the province. Later, this risk information was compiled and a series of national and provincial level risk maps were created.

4.1 Agricultural Risk

The primary agricultural risk reported in the provincial VA reports was a shortage of seeds and tools. Lunda Sul suffered a severe lack of cassava stick for planting in many areas. This is



indicated by the critical in the far eastern portions of the province. Northeast and southeast Huambo also suffered critical lack of seeds for planting. The closure of the main road through Huambo precluded the distribution of seeds and tools in these areas. Seeds arrived as late as January for some of the communities with many returnees in Huambo, Bié, and other provinces. In Uíge and parts of Bengo, it was reported that rates of germination for some seeds were as low as 30%.

For those that participated in formal resettlement programs, late arrival or shortage of seed was also considered the major factor in their vulnerability. This was reported in Huíla, Kwanza Sul, and other areas.

Although lack of access to land was only a minor problem, but other factors limited the amount of land that could be prepared to plant. Time for field preparation

was a factor for some returnees. Many of the returnees who arrived in their areas of origin between September 2002 and March 2003 had to split time between rebuilding their accommodation and preparing fields. Because many families and communities were not intact, adequate labour was not available to prepare the land for other returnees and some residents.

Two areas reported natural risks negatively affecting agriculture. Along the coast in Bengo, the communities around Quicabo suffered crop loss when the river they relied on for irrigation went dry at a critical period in the growing season. Further down the coast in Benguela, crops were lost due to flooding in southern Baía Farta.

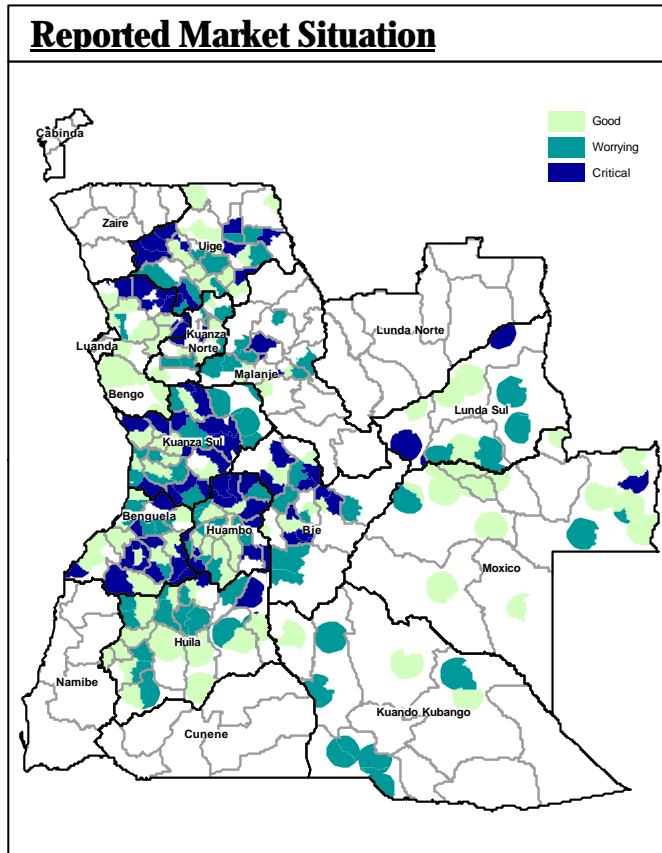
4.2 Market Risks

Although prices for the food basket were up and down over the reporting period, prices generally reduced after peaks in December or January. In any case, prices remained too high for vulnerable families to purchase most goods that were available. High prices were generally considered a result of transportation costs. In interior markets, prices are high for vulnerable people particularly for manufactured items like salt, soap, and second-hand clothes. These are the second priority for households after food. It is important to note that in rural areas that had good production some basic foods have lower prices. Prices were only regularly monitored in functioning markets that were primarily located in municipal and provincial capitals. These markets tended to be well stocked and have a diversity of goods.

Markets were not re-established in many of the rural areas. In rural areas that had some traffic, markets were still infrequent and had few goods. The most isolated rural areas had been reduced to simple bartering between individuals. These communities reported that there were no places to meet to exchange goods and money was not usually used for trade.

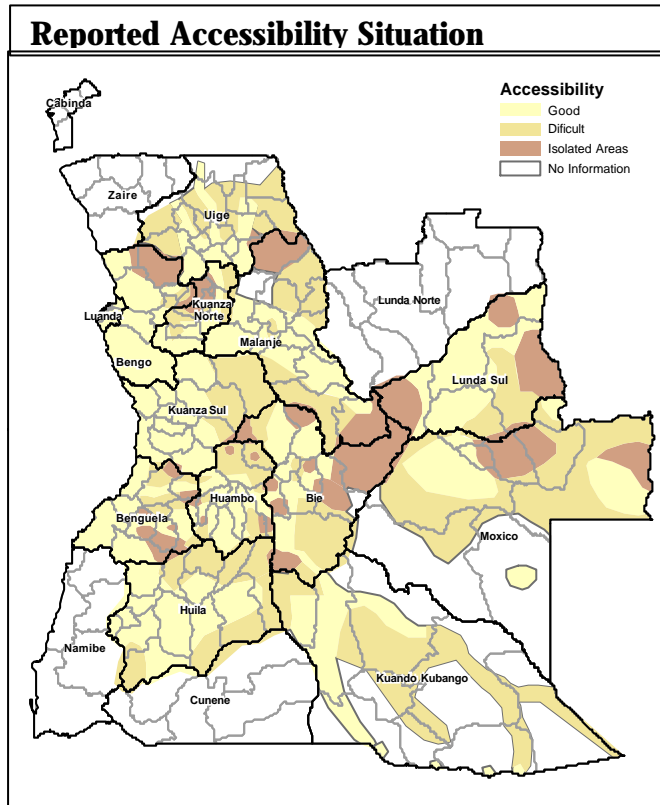
There was a continued disinterest of traders to provision the more rural markets. People in these areas did not have sufficient surpluses or animals to trade for other goods. Transportation costs continued to be too high for bulky items like staple foods to be regularly transported in isolated places.

The market risk map basically reflects this urban/rural gradient. Certain areas such as northern Bengo and Uige had problems with their markets due to inaccessibility during the rainy season. Rural areas of the central plateau also tended to have more trouble re-establishing markets.



4.3 Accessibility Issues

Although road condition and fallen bridges made travel very difficult during the rainy season, more areas continue to become accessible throughout Angola. This is in stark comparison to accessibility maps from the vulnerability assessments of a year ago.

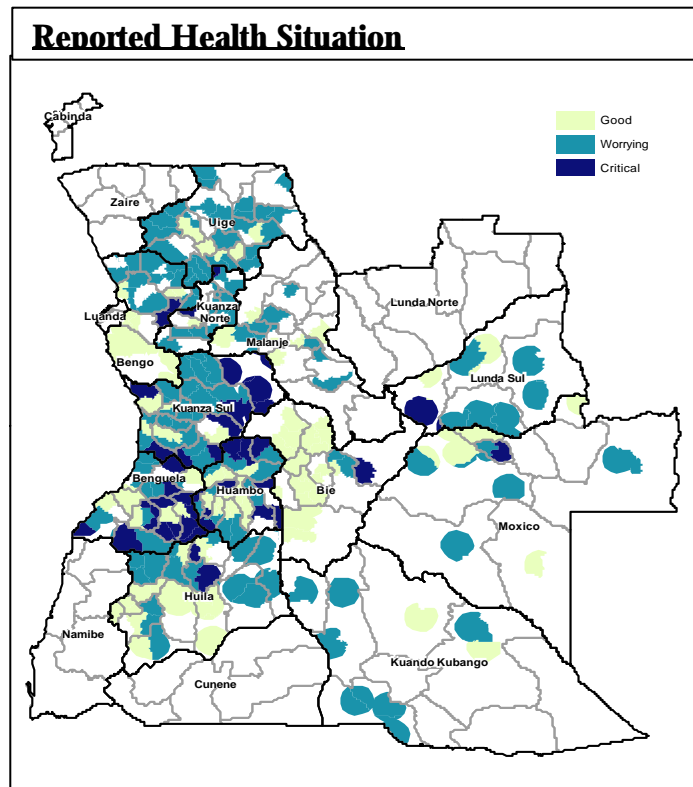


Specific closures of roads are outlined in the provincial reports. Even as some roads were closed to certain UN agencies for security reasons, traders and other actors continued to travel to more and more locations.

4.4 Health Risks

A difficult health situation was the most commonly reported risk in the provincial VAs. A complete lack of services was highlighted as the primary cause for the extreme rates of illness and resulting deaths. There was a nearly universal reported lack of adequate access to health posts and hospitals. The health posts that did exist were located primarily in municipal capitals and not accessible to people in rural areas. Medicines were expensive if available at all. Training for many of the health care providers was reported to be inadequate.

The health situation map reflects the universality of the worrying health situation. Distance to health post or hospital seemed to be the deciding factor for whether the health situation

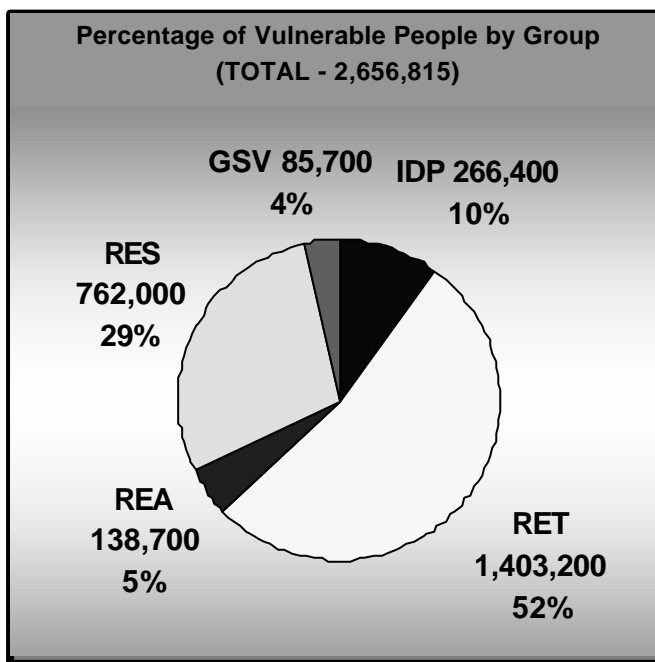


was worrying or critical. In certain areas with large health oriented interventions, the health situation was reported as better.

It is important to note that areas with economic draw or that could be considered relatively better-off still reported unacceptable health situations such as Lunda Sul. These areas are also undergoing large amounts of in-migration. It is feared that this population movement of the people seeking work may be increasing risks of HIV exposure and transmission. The health situation can also be critical in urban areas. For example, Lobito is reported to have extremely high population density with poor access to health services. Urban areas are reported to suffer more disease related to poor sanitation as well.

5. VULNERABILITY PROFILES

Vulnerability profiles are intended to improve the description of the major vulnerable groups reported in the provincial VAs. Diverse groups of vulnerable people are exposed to different kinds of risks. Different groups may also have different portfolios of assets or strategies to help manage those risks. The following sections try to bring these factors together for a more complete picture of how vulnerability is experienced by each vulnerable group.



In sum total, there were estimated to be a total of 2,656,800 people who were vulnerable in the twelve provinces. Over 50% of all vulnerable people were classified as returnees. An additional 29% of the reported vulnerable people were classified as vulnerable residents. These two groups include more than two million people. In the end, only 10 percent of the vulnerable were classified as IDPs. Resettled groups and socially vulnerable groups only constituted approximately 5% each of the identified vulnerable people.

5.1 Returnees

During the year since the signing of the cease-fire agreement and the effective end of hostilities, many of the millions of people displaced in the Angolan conflict have returned home. The majority of this population movement has been

spontaneous and without formal assistance. This makes accurate estimation of the number of returnees to any one location extremely difficult.

The returnee populations under consideration are primarily trying to re-establish agricultural-based livelihoods. Returning to rural areas, these people are now generally outside of the traditional areas of humanitarian intervention. Consequently, NGOs and government do not necessarily have very good information on these isolated rural communities. Also, many of the returnees are not returning as a complete household. Part of the household has returned to the area of origin to begin the work of re-establishing their livelihood while another part of the family remains in their displacement location. The part of the family remaining the municipal or provincial capitals often tries to maintain other livelihood activities including receiving

humanitarian aid and other services. There seems to be a good deal of movement back and forth between municipalities and the more rural areas. The returnees are a very diverse group and we do not have good information on different levels of asset preservation. Some returnees are returning to destroyed communities without even basic assets, as is sometimes the case in Huambo, Bié, and Benguela. Others are returning to functioning community structures that have preserved many assets including many animals such as was reported in Huíla, Kwanza Sul and Kwanza Norte. Extreme cases exist, such as reported in parts of Bengo, where returnees are reported to out-number residents 10-to-1 in some communities. Without proper sources of information on community and personal assets from household surveys, systematic participatory studies, etc., the vulnerability profiles below only try to characterize general trends reported by the provincial VA working-groups.

5.1.1 Food insecure returnees

The Provincial VA working groups estimate that **652,500 returnees are currently food insecure**. More than 70% of the food insecure returnees are located in just four provinces. These provinces that host more than 10% of the food insecure returnees are Huambo, Benguela, Bié, and Kwanza Sul. Other provinces report a population of between 5,500 and 41,500 food insecure returnees. Uige reported the smallest population at less than one percent of the total number of food insecure returnees.

Food Insecure Returnees (652,544)	
Province	Percentage
Huambo	29.5
Benguela	16.2
Bié	13.3
Kwanza Sul	11.2
Bengo	6.4
Huíla	5.7
Kwanza Norte	5.7
Lunda Sul	3.8
Malanje	2.9
Kuando Kubango	2.2
Moxico	2.2
Uige	0.9

Numbering over 192,100, nearly 30% of all food insecure returnees are located in Huambo. Huambo is also generally considered the second most densely populated province after Luanda. The large number of food insecure returnees in Huambo is not surprising because the province was subject to some of the most intense population movements of the conflict. Certain areas, including the commune of Mungo and parts of northern Bailundo, were almost completely depopulated during the fighting. Bailundo has received about one third of all returnees. It is estimated that more than 800,000 people have returned to their places of origin in Huambo since the cease-fire. Recently, external migration into Huambo has overtaken migration from other municipalities within the province.

Large numbers of Food Insecure Returnees were identified in specific municipalities of Huambo. The neighboring localities of Sambo and Samboto in the municipality of Tchicala Tcholoanga report more than 83,000 food insecure returnees. Listing the largest concentrations of food insecure returnees in

Huambo from greatest to smallest;

- Sambo, Tch Tcholoanga 63,100
- Mungo Mungo 30,000
- Longonjo, Tchilata 25,600
- Samboto, Tch Tcholoanga 20,000
- Bimbe, Bailundo 19,700
- Tchinhama, Catchiungo 19,000

Benguela province hosted many of the people during the conflict that are now returning to Huambo. Benguela is also the province with the second highest concentration of reported food insecure returnees. In total, the provincial VA working-group estimates that there are **105,900 food insecure returnees**. Areas in the northeast part of Benguela that border Huambo were most gravely affected by the conflict and report the highest number of food insecure returnees. These areas are isolated and almost completely reliant on agriculture that did not perform well this season. For example in Cubal, the localities of Capupa, Tumbulo, and Yambala report nearly 44,000 food insecure returnees. In Balombo, Chindumbo, Maka-Mombolo, and Chingongo report more than 28,200 food insecure returnees. Three localities in Ganda also reported a large population of food insecure returnees as more than 17,000.

Bié was another province that hosted a large number of IDPs during the conflict. There was a program to assist IDPs from the camps around Kuito return home. It is estimated that 180,000 of these IDPs returned to their places of origin in Bié. The provincial VA working-group reported that more than **87,000 returnees were food insecure in Bié**. Many areas in Bié are still not accessible to the humanitarian community. 16 of the 39 comunas considered in the VA could not be included in the assessment for lack of information. Areas in the north of Bié that were worst affected by the conflict reported large numbers of food insecure returnees such as Cuemba with 25,200. Belo Horizonte in Cunhinga reported 17,100 food insecure returnees. The comunas of Chicala, Trumba, and Cambandua outside Kuito also claim to have a total of 32,500 food insecure returnees.

Kwanza Sul has a large number of food insecure returnees primarily because of the large population of de-mobilized soldiers settling there. During the conflict, there were also population movements near the border with Bié. This was the first time a provincial VA was done for Kwanza Sul and there was not a large amount of information contributed by NGOs or UN agencies for decision-making. A total of 72,700 food insecure returnees were reported in Kwanza Sul. The identified population is more or less evenly spread over 32 different localities. One concentration of 13,500 food insecure returnees was reported in Amboiva, Seles.

Food insecure returnees reported in the VA are exposed to a great deal of **Agricultural Risk**. They achieved little or no production from the last agricultural campaign. The low or non-existent production in the last season could be largely explained by lack of agricultural inputs and small planting areas.

Access to land did not tend to be the major constraint to achieving an adequate planting area. Rather, these returnees did not have adequate time or resources to prepare the fields. Many **food insecure returnees arrived to their place of origin too late to properly prepare for planting**. By and large, they arrived between November 2002 and April 2003. This was too late to plant for the first rainy season in areas where two seasons are possible. Also, many late arrivals missed out on seed and tool distributions. Speed of return home was largely dependant on available opportunities. Government sometimes provided free transportation. Once the rains started, travel was very difficult. Length of journey was often a factor.

Even if returnees arrived in time to plant, time and effort was often divided between rebuilding shelter and preparing fields. Fields for new returnees were usually farther from the centre of the communities. These new fields took more time to reach and were often overgrown taking more time to prepare. After long journeys, some farmers were sick and weak. This all lead to small fields and low production.

It was reported that even if larger planting areas could be prepared, often these returnees could not purchase or trade for enough seeds to plant the additional area. Often, returnees would trade what assets they had to acquire seeds for planting. Many people built their own tools with available materials, but they were not always durable. In some cases, a number of the currently

food insecure returnees had been programmed to receive seeds and tools but poor accessibility kept the necessary inputs from arriving in time.

Certain crop cycles, in particularly for cassava, require more than one year to reach maturity. As staple foods, anyone who planted after the cease-fire is still waiting for his or her first harvest. Conversely, farmers who were already harvesting cassava were not found to be among the vulnerable. For example, Lunda Sul has suffered a severe lack of cassava sticks for planting which putting many of the farming returnees at risk. Returnees in Uige have maintained much better access to cassava stick and seeds for planting. This probably contributes to the low number of currently food insecure returnees in Uige.

Food insecure returnees were located in communities that had serious **Accessibility Problems**. These communities were often completely isolated during the rainy season. Travel by foot was often the only way to reach many of the communities where food insecure returnees lived. Bridges were broken and road were not maintained leading to these communities. Perhaps the accessibility problem that most affected food security for a large number of these returnees was when the CRF, the major thoroughfare in the central plateau provinces, was closed because of a number of mine incidents. It was estimated that 200,000 people were cut off from expected humanitarian aid including the distribution of seeds and tools.

Food insecure returnees generally did not have access to a functioning **Market**. Market mechanisms do not appear to be easing food access for the most isolated communities. In many cases, these communities do not yet have any surplus crops or cash that would be an incentive to traders. The high price of transport is limiting the trade in bulky products like staple foods. These factors combined tend to keep traders working in more lucrative markets, such as provincial capitals or municipalities and across borders.

Health Risks were a serious constraint for food insecure returnees. Although part of a larger problem of very weak health infrastructure, the food insecure returnees often returned to areas that had no health service at all. When returnees left municipal or provincial capitals, they had less access to health care. The journey to the health posts was often long. The journey was possible walking during the rainy season but impossible by motorized transportation from isolated areas.

Food insecure returnees had very **few assets** available to help manage their risks. Most of the food insecure returnees traveled very far and by foot. They returned home with almost no assets they could not carry with them.

Community and social infrastructure were often destroyed when returnees arrived home. In places like Bengo and Mungo in Huambo where returnees outnumbered residents by huge margins, communities would have much more difficulty helping to support the returnees.

Perhaps the most positive food security aspect of the cease-fire was that many people regained access to natural resources. A resurgence of fishing was widespread. Hunting and honey collection was resumed. In particularly, the collection of wild mushrooms and edible leaves played an important role in returnees and resettled peoples meals.

Most of these returnees had also left behind the aid and services that they received in their locations of displacement. Lack of services and transfers seriously reduced most food insecure returnees' asset base. Cutting off aid to groups that have become dependant on aid is beginning to be more and more common. Closing down of IDP camps and FRA was a recurring theme in the provincial VA reports. At the same time, NGOs and government are not able to provide services in the most isolated areas. UN security policy also has complicated efforts to reach isolated areas and left many of the most food insecure without necessary support.

5.1.2 Highly vulnerable returnees

The highly vulnerable returnees usually arrived six months to a year before the less fortunate food insecure returnees. They also usually had slightly more assets. These assets may have been transfers of food, seeds, or tools from humanitarian distributions. Or the assets may have somehow been preserved or built up during their displacement. In any case, this group has managed to harvest something from the last agricultural campaign. In general, provincial reports indicate approximately 2 months of stocks remaining.

The twelve provincial VAs reported a total of **540,400 highly vulnerable returnees**. Highly vulnerable returnees could be found in every province and were much less concentrated than the food insecure returnees. It appears that the highly vulnerable returnees reflect a more national trend of the on-going and uneven process to re-establishing agriculturally based livelihoods. Each with only about 3% of the highly vulnerable returnees, Bengo, Kuando Kubango, and Kwanza Norte reported the fewest number of highly vulnerable returnees. Benguela, Lunda Sul and Malanje also had below average concentrations of highly vulnerable returnees. Of this group, Kuando Kubango had the fewest at only 7,300 reported highly vulnerable returnees.

5.2 Vulnerable Residents

Of the **762,700 vulnerable residents**, the majority was expected to meet their food needs until the next harvest. In fact 55% of vulnerable residents were classified as moderately or potentially vulnerable. As long as these residents do not experience a major shock, they should have access to their basic food needs. 22% of the residents were highly vulnerable, leaving only 21% as currently food insecure. This results in a **reported 170,800 food insecure residents and 175,300 highly vulnerable residents**. This situation is widely seen as encouraging. It indicates that over successive harvests, agricultural livelihoods can be successful in most of the areas.

Food insecure and highly vulnerable residents were concentrated in the same areas as the most vulnerable returnees. 61% of food insecure residents were reported in Bié and Huambo. Additionally, 70% of the highly vulnerable residents were also located in Huambo and Bié. People included in the vulnerable residents category as food insecure tended to have had a very difficult time during the conflict. They were victims of particularly complete looting and destruction of their property. Although they have had more time to begin re-establishing their livelihoods, they still face serious constraints. Many do not have seeds or cassava and sweet potato cuttings to plant. The highly vulnerable residents differed from the currently food insecure primarily because they managed to harvest something. Much of the harvest was maize or beans that were eaten green.

Two concentrations of food insecure residents were reported in the localities of Muconda and Sombo in Lunda Sul. These are cassava-growing regions that have been lacking in cassava sticks to start their fields. Because cassava takes 15 – 24 months to mature, many residents are still waiting on their more recent plantings to mature.

Food insecurity caused by natural risks was reported in two areas. Along the coast in Bengo, the communities around Quicabo suffered crop loss when the river they relied on for irrigation went dry at a critical period in the growing season. Further down the coast in Benguela, crops were lost due to flooding in southern Baía Farta.

Exposure to health risk would be a primary threat for these vulnerable residents. With the high morbidity rates, exposure to injury or illness would most likely be the type of shock that could move a potentially vulnerable resident into a situation of food insecurity.

Lack of good information on the agricultural livelihoods that are being re-established is one of the main constraints in developing good policy and interventions for vulnerable residents. Sources of vulnerability need to be understood in order for appropriate steps to help support risk management can be taken. Over half of the vulnerable residents are just barely accessing enough food to not fall into food security. Safety net programs would benefit these vulnerable residents particularly during the lean season.

5.3 IDPs, Internally Displaced People

The municipal capital of Mavinga in Kuando Kubango was perhaps the last major reception site of new group of IDPs in the later part of 2002. New IDPs continued to arrive in beginning of 2003. Large concentrations of vulnerable IDPs in provincial capitals and municipalities that were common during the conflict are now becoming exceptional situations. These IDPs of Kuando Kubango were perhaps the furthest from their homes and had the least amount of information about the cease-fire. For most of these IDPs, they have gathered in Mavinga to organize their trip back home. 110,600 IDPs are currently registered in Mavinga. Also in Kuando Kubango, 3,700 and 1,800 IDPs are in the communities of Cuito Cuanavale and Cuelel respectively. Because these are recently arriving IDPs, they do not have other means of sustaining themselves and are considered food insecure.

Other groups of food insecure IDPs still persist in other provinces. These are generally not new IDPs that have recently arrived. These are groups that have not returned to their places of origin because it was considered completely inaccessible or were still unsure that the peace would hold. These appear to be isolated cases and are not a widespread phenomenon. The largest groups of these old IDPs that are considered food insecure are in Huíla. A group of 5,100 food insecure IDPs are in Caluquembe and another group of 3,000 in Dongo. In the locality of Parededes in Bengo, a group of 3,200 food insecure IDPs persist. Benguela also has two localities with sizable IDP populations; Balombo has 3,100 food insecure IDPs and Passe has 1,700.

During the conflict, Bié had some of the highest concentrations of IDPs in provincial and municipal capitals. Where these groups persist, many of these people have developed a number of ways to supplement food aid distributions. Nonetheless, many were reported to be highly vulnerable and would need some help through the next lean season. The largest group of highly vulnerable IDPs, numbering 28,900, is located in Cambandua. 11,400 highly vulnerable IDPs were reported in Kuito and another 3,400 in Cunhinga. These IDPs remain for the same reasons described above. Either their homes are still inaccessible or some are waiting for support with transportation. There were some reports that some people were waiting for the next elections before moving home.

IDPs face quite a different set of risks than returnees or residents. In some ways, IDPs face much less risk than people trying to rebuild agriculturally based livelihoods. Old IDPs are integrated in the community and have developed other types of livelihood strategies. The new IDPs are completely dependant on food aid. High prices in the market may actually benefit IDPs who will probably sell part of their food aid rations to buy other necessities. Most of the IDPs are in municipal or provincial capitals so they face much less problems related to accessibility. Being located in these capitals also probably gives the IDPs much greater access to health and nutrition services.

IDPs are vulnerable primarily because they lack assets and are negatively affected by changes in policy governing humanitarian aid. Lack of assets is a particularly difficult problem for the newly arrived IDPs. Many of the new IDPs arriving in Mavinga have been living in very difficult circumstances and surviving primarily directly off natural resources. There is no good evidence on if or how many assets old IDPs have been able to acquire or maintain in the camps. Being

classified as food insecure or highly vulnerable indicates that they do not have many assets and not many opportunities to build new and successful livelihoods strategies while away from home.

In most places, major humanitarian aid for IDPs is coming to an end. General food distribution is beginning to be replaced with food for work activities. Supplementary Feeding Centres and Therapeutic Feeding Centres are being shut down or moved, as they are less in demand.

5.4 Resettled

Relative to other population groups considered in the VA, smaller groups of resettled people were reported as vulnerable. Only **34,000 resettled people were reported as food insecure** while a slightly larger amount of **56,200 were considered highly vulnerable**. Resettled people had often benefited from interventions and particularly from distributions of seeds and tools. In isolated incidences when these distributions did not manage to reach the resettled groups in time for planting, resettled people became vulnerable.

The provincial VA groups from Huambo, Kwanza Sul and Benguela reported over 80% of the food insecure resettled people. The largest group of food insecure resettled people numbered over 13,500 in Luvemba, Huambo. Kassongue and Kibala in Kwanza Sul also reported this larger groups food insecure numbering 2,800 and 5,400 respectively. Benguela reported smaller groups of food insecure resettled people across 6 different communes. Highly vulnerable were primarily reported in Huambo, Huíla, and Moxico. Over 70% of the highly vulnerable resettled people were identified to be in these three provinces. A large group of 12,000 highly vulnerable resettled people were reported in Luena, Moxico. Calquembe in the province of Huíla was home to an additional 10,200 highly vulnerable resettled people.

5.5 GSV, Socially Vulnerable Groups

Of the five vulnerable population groups, Socially Vulnerable Groups (GSV) reported the least number of currently vulnerable people. In the 12 provincial reports, 25,800 GSVs were considered to be currently food insecure. An additional 26,600 people were also considered to be highly vulnerable.

Good information did not generally exist on the actual vulnerability status of GSV. Understanding the vulnerability of GSV and accurately estimating their numbers would require a survey-type assessment. This is well beyond the scope of participation-based provincial workshops. Nonetheless, we can gain some understanding of the situation from their reports.

The provincial VA groups estimated vulnerable GSV numbers in one of two ways. In Huíla, Kwanza Norte, Kwanza Sul, and Moxico, the working-groups estimations were evenly distributed across all communes. On average, 330 GSV were reported per commune and estimations in these provinces did not deviate much from this. The other working-groups identified large GSV populations in the provincial and municipal capitals. For example, 6000 highly vulnerable GSVs were reported in the provincial capital of Malanje. These working-groups identified no GSVs as vulnerable in more rural areas. It seems that these estimations were made from on-going interventions.

In the end, both estimation methods probably portray part of the truth. People that could be considered as vulnerable GSVs are probably more or less everywhere. Social systems and government safety nets that should usually protect these people from food insecurity have broken down during the conflict. This would leave a significant amount of the more dependant population in need of external interventions. Because of the higher population and concentration of services in provincial and municipal capitals, the population of vulnerable GSV is probably

higher in these places. You wouldn't expect the disabled and extremely elderly to be travel hundreds of kilometers by foot to reclaim fields in the most inaccessible areas.

The risks that GSV are exposed would be quite different than the other population groups included in the VA. The agricultural risks faced by GSVs would be low because you do not expect them to be labouring extensively on farms. The majority of GSV would not have macro-level accessibility problems because the concentrations of vulnerable GSVs are reported in provincial and municipal capitals. Markets would be functioning in these places, but the most vulnerable GSVs probably do not have adequate sources of income to access the food that is available. Of the risks discussed in the workshops, GSVs are most likely exposed to health risks. The very young and very old are more susceptible to disease. As reported earlier, the health infrastructure is poor in most areas. GSV may actually have better access to health care services that are provided by NGOs or the government infrastructure in the provincial and municipal capitals.

GSVs suffer most from risks that were not explicitly included in the VA. Social and political risks leave the GSV in the most vulnerable position. Informal and formal safety nets that usually would support these people are not functioning well in post-conflict Angola. Families have been separated and people have been removed from their communities. Traditional sources of support are often having a difficult time re-establishing their own livelihoods. Government safety nets do not yet seem to be in place to protect these people. These groups are at risk of changes in policy as external interventions are reduced. There also seems to be pressure to move former IDPs out of the municipal and provincial capitals where many of the GSV seem to be finding support. Once again, little can be said about the risk exposure of GSV without more comprehensive field-based assessments.

Because of the focus on emergency programs and more general distribution of humanitarian aid, not many humanitarian actors had done sufficient assessments to target this group. Estimates were mostly contributed by MINARS.

5.6 Food Security and Livelihood Outcomes

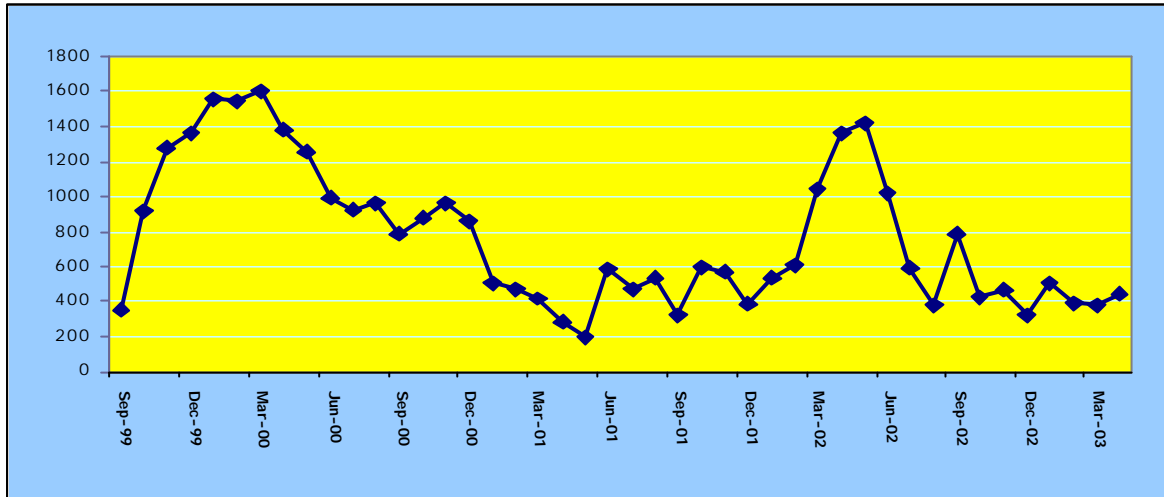
Reliable and comprehensive food security or livelihood indicators were not widely collected during the VA process between November 2002 and April 2003. In general, these types of indicators need to be collected in systematic surveys. Government ministries and United Nations agencies did however provide some statistics. In many provinces for example, MINSA and WHO contributed information on incidence of major diseases. In May 2003, the National Institute of Statistics and UNICEF released the results of the 2001 Multiple Indicator Cluster Survey (MICS). This is a rich source of information that is not available from other sources. Information on Education, HIV awareness, Water and Sanitation issues in the provincial VA were not systematically reported and therefore difficult to compile at a national level. MICS results are referred to for these indicators that are not likely to have changed dramatically.

Although not necessarily representative at a national level, a number of nutritional and anthropometric surveys did take place and can provide some quantitative information of food security outcomes for certain locations. A number of more localized nutrition and Rapid Food Needs Assessment (RFNA) surveys were also carried out during the VA period. The RFNA bring together a number of food security outcomes for a more complete picture of community level issues.

5.6.1 Nutrition and Anthropometric Surveys

The nutritional situation in Angola has improved considerably since the same period last year. Indicators supporting this trend are admission rates to Therapeutic Feeding Centers and 14 anthropometric surveys that were carried out between November 2002 and April 2003. It must be noted though that the surveys represent accessible areas and therefore it can be expected that pockets of higher malnutrition rates exist in yet inaccessible and isolated areas.

Admissions to TFCs in Huambo province



Children admitted to therapeutic feeding centers have tended to demonstrate pathological complications. This implies that severe malnutrition seen now is not solely caused by lack of food but by a complex combination of poor sanitation, education, social problems and lack of health facilities. It has been seen in previous years nutritional statistics that the effects of shock and in particular forced movements and migration, affected the nutritional situation more than seasonal differences. It is therefore normal to see an improvement in the nutritional situation by families settling down in one place and restarting their lives in a peaceful environment.

In the reported anthropometric surveys, global malnutrition ranged from 2.6 to 8.4%. Severe malnutrition rates were all under 2% except for one survey from Mavinga in Kuando Kubango. This survey reported severe malnutrition at 2.6 percent.

Crude mortality rate (CMR) and under five mortality rate (U5) were reported from ten surveys. 6 of the 10 surveys had CMR of more than or equal to 1 per 10,000 per day. 6 of the surveys also reported U5 at more than 2 per 10,000 per day. One report from Caconda in Huila reported a very high U5 rate at 4.4 per 10,000 per day. CMR and U5 rates for the survey in Lunda Sul are incredible at 6.3 and 16.7 per 10,000 per day respectively. The fairly low malnutrition rate could be masked by the high child mortality reported in the surveys. The high measles incident seen each year is also a contributing factor to both child mortality and malnutrition. A malnutrition rate of 8.4% is hence of more concern than if aggravating factors did not exist. Therefore the nutritional situation should continue to be monitored regularly.

Angola Nutritional Surveys Nov 02 April 03, Reported by PNN, NGOs, & UNICEF

Province	Place	Date	Organization	Target Group	Results		Mortality (x/10,000/ day)
					z-Score	CM U5	
					Global (<-2SD)	Severe (<-3SD)	
K-kubango	Mavinga	Nov-02	MSF-S (epicenter)	Residents	8.4 (6.3-10.9)	2.6 (1.5-4.2)	1.4
K-kubango	Mavinga	Nov-02	MSF-S (epicenter)	QFAs	6 (4.2-8.3)	1.8 (0.9-3.3)	1.0
Malange	Lombe	Nov-02	MSF-H, MINSA, UNICEF		5.45 (2.45-8.45)	1.36 (-0.17-2.89)	0.30
Malange	Malange	Nov-02	MSF-H, MINSA, UNICEF	IDPs/ Residents	2.63 (0.63-4.63)	0.8 (-0.31-1.93)	1.69
K-kubango	Cuanaval	Nov-02	ACH	IDPs/ Residents	6.7 (5.2-8.6)	2.3 (1.2-4.4)	0.55
Huila	Caconda	Dec-02	ACH MINSA	IDPs/ Residents	8.3 (6.0-11.4)	1.4 (0.6-3.2)	1.18
Huila	Chipindo	Feb-03	ACH MINSA	Residents/ Returnees	5.8 (4.4-7.5)	1.2 (0.6-2.1)	0.8
Huila	Chipindo	Feb-03	ACH MINSA	QFAs	5.2 (3.5-7.5)	1.6 (0.8-3.2)	4.4
Huila	Matala	Mar-03	MSF-E	QFAs Fazenda Kadjanguiti	7.4 (5.4-9.4)	0.8 (0.2-1.4)	1.5
Huila	Matala	Mar-03	MSF-E	Residents	4.6 (2.9-6.4)	0.6 (0.2-1.1)	3.1
Benguela	Ganda	Mar-03	ACH	Residents	6.7 (4.7-9.5)	0.2 (0.0-1.4)	1.0
Benguela	Cubal	Apr-03	CRS/MINSA	Residents/ Returnees	6.6 (4.5-9.4)	0.2 (0.0-1.4)	2.8
Lunda Sul	Saurimo, Muc onda, Dala,	Mar-03	Goal	Residents/ Returnees	6.3 (4.9-8.2)	1.7 (1.0-2.8)	1.2
Huambo	Huambo	Apr-03	MINSA+NGOs	Residents	4.5 (3.3-6.6)	0.5 (0.2-1.2)	2.5

Global Malnutrition rate

Less than 5%
 From 5% and 10%
 >10%

5.6.2 Health and HIV

Representative indicators of health and access to health care are not systematically available from the twelve provincial VA reports. It was therefore difficult to aggregate health information at a national level. The most widely available information was provided from MINARS on diagnosed cases of the most common pathologies. These included Malaria, Diarrhea, and Respiratory Disease. This information was available in eight out of the twelve provincial reports. Simple number of cases cannot be considered a comprehensive health outcome indicator because cases were primarily reported in hospitals of the provincial or municipal capitals. There is no data available to adjust this for estimating the proportion of the population actually affected or even that have access to health facilities. Nonetheless, malaria cases were often reported in the tens of thousands in each provincial report. WHO reports that malaria is endemic with up to 92% of the population at risk. Reported cases of diarrhea and respiratory diseases were commonly very high as well.

In areas lacking health services, no information was available. It is assumed that common diseases were also a problem in these communities.

Malaria, diarrhea, intestinal parasites and respiratory infections remain the most common diseases reported amongst children. A major vaccination campaign against measles took place

during the VA. The mid-term report from WHO covering the period of the VA confirmed that one million children were vaccinated against measles and up to seven million were to be included in the complete measles campaign. Still, outbreaks of measles were reported in the provincial reports from Bengo, Huíla Kwanza Sul, and Moxico. WHO provided information about reported measles cases at the provincial level between January and May 2003. Uíge reported the highest number of cases at nearly 500. Huambo also had over 250 cases of measles. All the other provinces in the VA reported less than 150 cases.

Measles cases reported, WHO 2003

Voluntary testing for HIV is not widely available in Angola. It was reported by UNICEF in the beginning of 2003 that only 4 testing centers exist and all are in Luanda. HIV data mostly comes from hospitals in the provincial capitals. Screening takes place generally from screening donated blood, tests of people with tuberculosis, or pregnant women. Some form of HIV results were reported in 9 of the 12 provincial VAs.

Information about HIV appears to be a large problem. The recently released MICS reports indicates that 9 of 10 Angolans represented in the survey do not have sufficient knowledge about how HIV is transmitted. Women are twice as likely to be less informed than men about HIV.

5.6.3 MICS, Education, Water and Sanitation

Information on education water and sanitation were not systematically presented in all the provincial VA reports. At the same time as the National Vulnerability Overview was being prepared, the MICS report was released by the National Institute of Statistics and UNICEF. We are fortunate to be able to include some general national level information from this document. Because this information is from 2001 and not collected during the current VA process, we only chose to highlight a few key findings directly relevant to the VA.

An extensive treatment of education in the MICS report indicated some disparities in access to education. Wealth and location appeared to be the primary factors related to access to education. Attendance of primary school was twice as high for children from "better-off" families compared to the poor. Although 56% of Angolan 6-9 year-olds attended grades 1-4, only 6% of 10-11 year-olds reached the 5th or 6th grade. Eventually 76% of children did reach the 5th grade. Quality of education was said to suffer from lack of personnel, infrastructure, and school materials. There are approximately 64 pupils per classroom.

Some disparities in literacy rates were reported as well. Low literacy rates are thought to be associated with poor living conditions, unemployment, and low income. About one third of the population represented in the MICS is illiterate. Men tend to have higher rates of literacy than women. Only 54% of women were reported as literate.

About 60% of Angolans were reported to have access to safe water sources. Rural households are twice as likely to get water from unsafe sources that urban people. A government report on newly accessible areas, the Rapid Assessment of Critical Needs, also found that the majority of rural people did not have safe water or adequate sanitation. About 41% of the MICS sample also did not report a sanitary means of excreta disposal.

5.6.4 Rapid Food Needs Assessments

Additional sources of current information on a number of livelihood and food security outcomes are becoming available from field-based surveys. For example, ten standardized assessments were carried out between March and May 2003 as part of a new initiative from WFP/VAM. Rapid Food Needs Assessments RFNA took place in communities in Kwanza Sul, Huíla, Moxico, Huambo, and Bié.

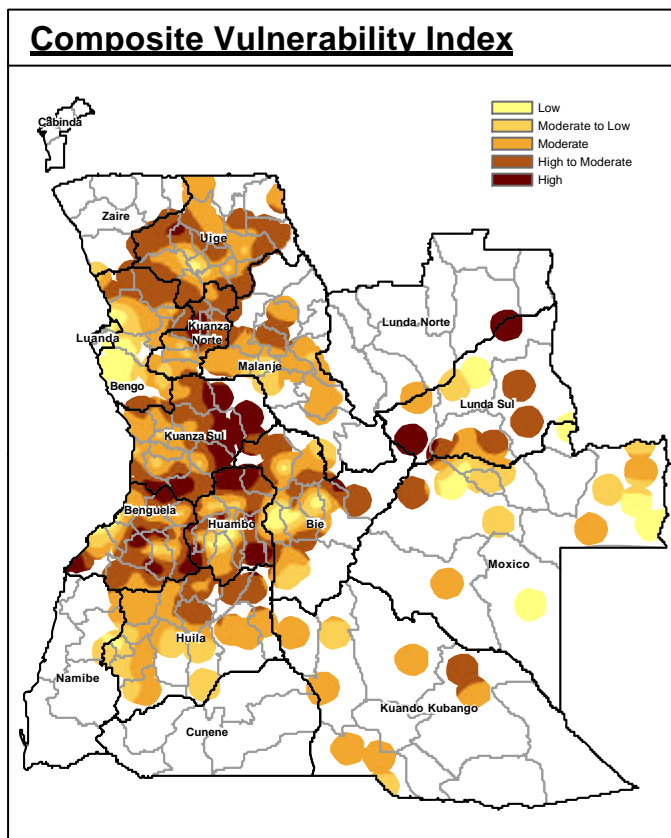
The RFNA largely used participatory techniques to better-understand food security issues for the communities. Presented are abbreviated results in a table describing: access to health, income, assets (proxy by food stocks), water/sanitation, consumption (proxy by number of meals), and MUAC. Access to health was limited or very poor in all the communities. Malaria and diarrhea were the most commonly reported illnesses. Poor water/sanitation conditions may have contributed to poor health status, particularly for children. A number of income generating activities were reported including charcoal production, wood sales, brewing beverages, and temporary agricultural labour. Food stocks varied between 0-4 months. Currently, most communities reported eating 2 to 3 meals a day, with children often receiving an additional meal. MUAC results reported a range of 2-16% global malnutrition rate. Differences in global malnutrition rates were considered to reflect differences in health status, sanitary situation, and length of time in community after displacement.

Livelihood outcomes based on RFNA March-May 2003					
	Huila	Huila	Huambo	Huambo	Huambo
	Chipindo	Galangue	Lomanda	Mandi	Desvio
Access to health	limited	very poor	limited (7km)	poor	poor
Income	50-100Kz/day	no info	no info	barter & exchange	no info
Stocks	2 months	0	2w-1month	4 months	0
Water/Sanitation	poor	v.poor	OK	OK	poor
Number of meals	2/day	1-2/day	2/d child=3/d	2/day	2/d child=3/d
MUAC(global)	6% w/h	5% w/h	6%	16%	3%
	Bie	Bie	Moxico	Moxico	Kwanza Sul
	Chitembo	Cunhinga	Muacanhica	Luchazes	Kipito
Access to health	limited	limited(HC)	has HP	limited	has HP
Income	100-200kz/d	50-100Kz/d	no info	no info	no info
Stocks	no info	2w- 1month	no info	no info	1 month
Water/Sanitation	poor	poor	water=OK, no latrines	OK	poor
Number of meals	2-3/day	2/day	2/day child=3/d	2/d child=3/d	3/day
MUAC(global)	11%	7%	2%	3%	6%

6. CONCLUSIONS

A few clear, albeit broad, conclusions can be drawn for the 12 provincial VA reports. Current food insecurity appears to be concentrating in large groups in specific places. The IDPs of Kuando Kubango and the returnees to isolated communes of Huambo and Bié are the major groups in need of immediate food-oriented interventions. Food insecurity will be much more widespread in the lean period. A significantly larger proportion of returnees as well as resettled people and residents will become food insecure in the coming months. To greater and lesser extents, all the provinces reported to have substantial rural areas that will need some sort of support as food stocks are quickly depleted.

Large groups of IDPs in municipal or provincial capitals are no longer the primary food insecure group. This VA has reported a distinct movement away from a large-scale emergency situation with massive populations totally dependent on the humanitarian community. The consensus is that returnees are now the largest vulnerable group in Angola. The most vulnerable residents in many places could also be considered old returnees as they were displaced at some point during conflict. It is very important to recognize that these people are in the process of re-establishing their agriculturally based livelihoods. They are rebuilding communities and assets. Often they were already able to help themselves with small amounts of agricultural production or harvesting some of countries natural riches. Interventions must be carefully programmed to support this process and not distract people from their priorities.



Vulnerability is a central concept to improving interventions that support re-establishing livelihoods. Newly re-established livelihoods are often more fragile and are more exposed to a wide range of risks. A single shock can destroy any recovery or development gains that had been made. Common shocks often put vulnerable people back into a situation of food insecurity and dependency on external interventions. It is therefore essential that interventions boost the ability of people to manage risk for themselves. More durable and sustainable livelihoods can only be achieved when sufficient assets are available to support effective risk management. Policy and intervention must both come together to support this process of asset creation.

On one hand, it is clear that vulnerable people are exposed to a diversity of risks. The health situation is bad everywhere, but worse for rural people. Reported mortality and morbidity rates are extremely high. Epidemics of malaria, diarrheal disease, and respiratory disease are not under control. HIV infection is not sufficiently understood or reported. Medicines and health services are not accessible to most rural people. Road maintenance and lack of bridges make many communities inaccessible to anyone during the rainy season. Large

areas can become off-limits to parts of the humanitarian community for security reasons. Prices are high because transportation is expensive. Markets are not functioning because of profiteering by traders. These are generalizations from the provincial VA reports, but most vulnerable people are just generally exposed to all sorts of risk.

What is less understood is how well vulnerable people are able to manage these problems. Some outcomes are showing that people are managing fairly well. Anthropometrics indicators of nutritional status are not as alarming as in the past. People are planting when seeds are available. Fishing, hunting and honey gathering are all reported as profitable activities. Movement back and forth from rural places and municipal capitals is intense as people try to exploit different opportunities available in the different places.

The challenge now is for the VA process to incorporate more outcome indicators into its analysis. Once these levels of welfare can be established, understanding of livelihoods and risk management must also be improved. As the VA process is dependant on participation, the information available reflects those who are participating. Participants now need to implement a process of more **systematic vulnerability information collection in rural areas**, where the most vulnerable people are thought to now be located.