

Victim Assistance in Angola: then and now

Angola	1	2	3	4	5	6
According to original study	Orange	•	Orange	Red	•	•
According to LM 2002	Yellow	Yellow	Orange	Yellow	Green	•
According to LM 2003	Yellow	Yellow	Orange	Yellow	•	•

Key Developments (LM 2002): **Angola** ratified the Mine Ban Treaty on 5 July 2002. There have been no reports of new use of antipersonnel mines since the April 2002 peace agreement. The government created a new Inter-Sectoral Commission on Demining and Humanitarian Assistance to be responsible for policy-making, coordination of mine action and victim assistance, and the design of a new National Mine Action Plan. According to the mine action NGOs operating in Angola, 6.8 million square meters of land were cleared during 2001. A total of 339 mine and UXO accidents, resulting in 660 casualties, were reported in 2001, a significant decline from the year 2000.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original indicator study:

The Angolan government claims there are 100,000 amputees in the country; however 70,000 represents a widely-used figure. LM 1999 estimates that one in every 415 Angolans has a mine-related injury, with child casualties ranging from 41% to 76% and reports that the “great majority” of victims are young men. Bie and Huambo provinces suffer disproportionate share of landmine injuries, however the landmine problem is also very severe in the south and east, particularly in the Moxico Province. LM 2000 reports that 1,004 casualties were officially recorded by INAROEE in Angola from mid-1998 to 2000 and that the number of mine victims was up sharply in 1999 (from 103 in 1998 to 185 in 1999 in Luena alone). There are plans to establish a Mine Accident databank in the national mine action centre (INAROE) with the support of UNICEF; however LM 2000 reports that INAROEE operations have been largely suspended due to funding cuts. Planning is also underway to adapt extensive socio-economic survey data collected by NPA-Angola into a Level 1 Impact Survey module with SAC assistance and the use of an IMSMA database has been recommended.

According to LM 2002:

In 2001, 660 new casualties were reported, from a total of 339 mine and UXO incidents.⁷⁷ Of the total casualties, 170 people were killed and 362 injured; the status of 128 casualties is unknown. This represents a decline in new casualties of 21 percent from the 840 casualties reported in 2000, of which 388 people were killed and 452 injured.⁷⁸ In 2001, 20 percent of casualties were female. Forty-nine percent of total casualties were traveling⁷⁹ at the time of the incident. In one incident, on 3 September 2001, 24 individuals were killed by an antivehicle mine near the village of Luarica, roughly 15 kilometers from Lucapa, Lunda Norte Province.⁸⁰ Civilians accounted for 56 percent of total casualties recorded in 2001, with 42 percent military personnel, and two percent unknown. The age group most affected by mines, is 19- to 35-year-olds with 53 percent of recorded casualties, followed by those over the age of 35 with 21 percent. Sixteen percent were under the age of 18. Of all casualties reported during the year 2001, 41 percent were the result of antivehicle mines, 40 percent resulted from antipersonnel mines, and almost 10 percent were the result of an exploding UXO. The provinces recording the highest number of incidents were Malange with 23 percent of reported incidents, Uíge 15 percent, Moxico 14 percent, Kuando Kubango 10 percent, and Huambo Province with 9 percent.

Casualties continue to be reported in 2002, although the numbers recorded do not appear to be comprehensive yet. On 2 February 2002, three civilians were killed by one antipersonnel mine in Cachimbago, 12 kilometers north of Ganda, Benguela Province.⁸¹ INAROEE reports that between 1 January and 30 April 2002, a total of 27 mine/UXO incidents resulted in 44 people being killed or injured.⁸² However, according to UNICEF there had been at least 200 incidents since the beginning of the year.⁸³

In the period from 1998 to 2001, a total of 2,055 mine and UXO casualties, including 487 children, were recorded.⁸⁴

According to country report given to SC-Victim Assistance Feb 2003:

80,000 mine victims; 30% of victims lost their lives, 70% become disabled. 75% of the population of Angola is threatened by the danger of mines in the ground.

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

No information available.

According to LM 2002:

The ICRC and other rehabilitation NGOs continue to work with the Orthopedic Coordination Group, established in 1995 by the Ministry of Health, and the new Victim Assistance Subcommission of the National Intersectoral Commission for Demining and Humanitarian Assistance (CNIDAH), established in July 2001.

According to country report given to SC-Victim Assistance Feb 2003:

The CNIDAH's mandate includes all mine victims and in particular women and children for treatment post-trauma, physical rehabilitation, and socio-economic reinsertion. Women are particularly targeted because they are the family main-stay and if a woman steps on a mine, the survival of the whole family is threatened. This leads obviously to more burdens for the government.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to the original study:

Servico de Ajuda Medica-Militar (SAMM) provides for the medical care and rehabilitation of government soldiers, but general access to first aid and emergency medical care is very poor and has been significantly disrupted by ongoing armed conflict. LM 1999 reports that facilities for treating landmine victims are grossly inadequate. The ICRC runs orthopedic centres in Luanda, Huambo and Kuito, and produces prosthetic components for use in rehabilitation programs of other organizations. The Swedish Red Cross orthopedic centre at Neves Bendinha has been taken over by ICRC, and the Dutch Red Cross runs a centre at Viana, Luanda Province. LM 2000 reports that the ICRC's have been reduced because of security problems. HI runs orthopedic centres in Benguela and Lobito, while a third centre at Negage has been turned over to the Ministry of Health. HI also produces prosthetic feet for distribution to rehabilitation programs throughout Angola at the Viana Centre outside Luanda. Veterans International (Medico International and VVAF) provide physical rehabilitation programs to mine victims in Lunda and Moxico provinces. LM 2000 reports that the Italian NGO INTERSOS obtained EU and Italian government funding for a two-phase project to rehabilitate and open a prosthetics clinic in Menongue in Cuando Cubango, aimed at servicing the whole province.

According to LM 2002:

Few facilities are available for the physically disabled. The provision of any type of assistance, particularly outside major cities, has been significantly affected by the conflict.⁸⁵ One in every 415 Angolans has a mine-related injury.⁸⁶ The challenges facing both local and international organizations working with Angolan mine survivors in 2001 and 2002 included ongoing military clashes, population displacements, as well as a decrease in resources from donors.

In general, 30-50 percent of mine casualties die before or after surgery for reasons including: distance to the nearest medical facility, lack of transport, and wrongly applied first aid.⁸⁷ The World Health Organization (WHO), together with the Norwegian NGO, Trauma Care Foundation (TCF), and Advanced Trauma Life Support (ATLS) provide emergency care training to medical personnel in Lunda Province. In 2001/2002, a total of twenty-eight people were trained. Ten of the participants have qualified as instructors for training villagers as first responders to provide first aid to mine casualties.⁸⁸ The ICRC works in close collaboration with the Ministry of Health, providing assistance in government hospitals, including the surgical ward at the Central Hospital in Huambo. In the provinces of Huambo, Bié and Uíge, the ICRC also supports 12 Primary Health Care centers, in collaboration with the national Red Cross Society and the Ministry of Health.⁸⁹

The Ministry of Health operates ten centers providing rehabilitation services for the disabled, including landmine survivors. Three of these centers are supported by the ICRC, three by Handicap International Belgium, two by German Technical Cooperation, one by Intersos, and one by Vietnam Veterans of America Foundation/Veterans International.⁹⁰

The ICRC provides physical rehabilitation services in Luanda, Huambo and Kuito. In 2001, the centers provided 1,953 prostheses, of which 1,578 were for mine survivors. In addition 6,232 patients received crutches and 64 received wheelchairs.⁹¹ Partial transport reimbursements were given to 756 patients while another 117 patients

were transported to the centers in the ICRC plane. In addition, prosthetic components and crutch handles were provided free of charge until April 2002⁹² to six other rehabilitation centers for the production of 1,500 prostheses. Two crutch-making units in Huambo and in Luanda are assisted by the ICRC, using recycled polypropylene from used prostheses, which aim to cover the national needs. Due to security problems, poverty, and a lack of information, one of the key issues addressed in 2001 was the dissemination of information regarding assistance available at the centers. The government input into the centers increased during the year; salaries of national staff were raised and also paid regularly.⁹³ In the first six months of 2002, support for nearly 3,000 disabled persons from seven different provinces continued in the three orthopedic centers directly supported by ICRC. All services were provided to patients free of charge until April 2002.⁹⁴

Handicap International Belgium (HIB) continued to support the physical rehabilitation workshops in Benguela, Lubango, and Negage as well as the prosthetic foot factory in Viana. In 2001, 856 patients were fitted with prostheses, 739 prostheses were repaired, and 1,858 pairs of crutches were distributed. The foot factory in Viana is capable of producing and distributing 700 prosthetic feet per month. In 2001, a total of 5,593 prosthetic feet were produced and 5,247 feet were distributed to all ten orthopedic centers in the country; these vulcanized rubber feet have been accepted as the national standard by the Angolan government. Training was provided to 14 local orthopedic technicians and seven physiotherapy assistants. A drastic shortage of funding forced HIB to suspend its support to the Negage center in April 2002 and to significantly decrease support to the Viana foot factory in June 2002. This situation is due to a two-year delay in launching the European Development Fund (EDF) project for physical rehabilitation. The estimated budget for 2002 is \$1.3 million, and HIB's main donors include the Luxembourg Ministry of Foreign Affairs, Irish Aid, DGCI, Stichting Vluchtelng, AUSTCARE, and the EU through the European Development Fund.⁹⁵

The Italian NGO, Intersos, in cooperation with the local NGO Mbembwa, began construction of the Landmine Victims Orthopedic Center in Menongue, Kuando Kubango Province in October 1999. At the same time, training began for orthopedic technicians and physiotherapy staff. Currently, all rehabilitation activities and prostheses production are functioning fully. Fifteen qualified nurses have been trained, seven as orthopedic technicians and eight as physiotherapists. The center produces 20 below-knee prostheses, and 100 pairs of crutches per month. The center has 23 local staff and two expatriates (a physiotherapist and orthopedic technician specialist), and has facilities to temporarily house 50 patients and family members. The local NGO, Mbembwa, in cooperation with other organizations, organizes professional vocational training to reintegrate disabled individuals into productive activities. From July 2001 to May 2002, the center operated on €295,000 (\$265,000) from the EU, and in June 2002 received bridging funds from OCHA's Emergency Response Fund. Since the center is included in the Angolan Ministry of Health's Five Year Rehabilitation Plan, which is supported by the EC, Intersos expects to receive further funding soon.⁹⁶ The center also received €300,000 (\$269,000) from the Italian Cooperation.⁹⁷

Vietnam Veterans of America Foundation/Veterans International (VVAF/VI) continues its support of the orthopedic center in Luena, Moxico Province, by providing physical rehabilitation, physical therapy, and psycho-social and socio-economic reintegration assistance to war-affected Angolans. The prosthetics and orthotics workshop provides artificial limbs, crutches, and wheelchairs to mine survivors as well as polio victims. In 2001, the center provided assistance to 485 people, of whom 271 received an orthopedic device produced by the workshop; 112 of these patients were landmine survivors. VVAF/VI also assists patients from Saurimo, Lunda Sul Province, and will soon begin a program with the Irish Government to fly mine survivors to the center from Dundo, Lunda Norte Province. Funding is provided by USAID and VVAF, with an annual budget of almost US\$1 million.⁹⁸

According to country report given to SC-Victim Assistance Feb 2003:

Ten orthopedic centers, in some offer physical rehabilitation, some include socio-economic integration programs.

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

There are few social or economic reintegration programs for landmine victims in Angola. LM 2000 reports that HI plans to start general social reintegration projects at its orthopedic workshops in Benguela and Lobito, but limit its activities to the urban centers until the security situation improves in surrounding areas. Medico International and VVAF, under the name Veterans International, provide some social rehabilitation to mine victims in Luena and Moxico provinces.

According to LM 2002:

The Jesuit Refugee Service (JRS) socio-economic program for landmine survivors in Luena assisted 100 people in 2001 including: 15 carpenters received skills training; 12 women benefited from micro-credits; literacy classes were held; 95 survivors and their families received non-food items; hospital visits to survivors; twice weekly visits to new survivors; and pastoral care and counseling.⁹⁹

Medico International (MI) shares the premises at the Regional Community Rehabilitation Center in Luena with VVAF/VI and JRS and continues its program of community development with the aim of full reintegration of mine survivors into the community.¹⁰⁰ MI works with a local NGO, Support Center for the Promotion and Development of Communities (CAPDC), to provide psychosocial support to landmine survivors, their families and other persons with disabilities. In 2001, activities included the development of sports and cultural activities, working with amputees in their homes, accompanying amputees to the prosthetic workshop for fittings and follow up rehabilitation, and organizing referrals for vocational or literacy training. The program also supports the ophthalmology ward at the Central Hospital, community theater and a mobile clinic. About 300 landmine survivors benefited from the program in 2001, as well as many more members of the community. Funders of the program in 2001 include the German government, the U.S. War Victims Fund through VVAF, and the Diana, Princess of Wales Memorial Fund.

In September 2001, the Jaipur Limb Campaign UK began a program in Viana and Luanda with the Angolan NGO, League for the Reintegration of Disabled People (LARDEF), to promote the economic reintegration of disabled persons. The program has set up small cooperatives of appropriate low cost transport for goods and people, which are run by amputees – the majority of whom are landmine survivors. The cooperatives also provide transport to orthopedic centers in order to improve access to rehabilitation services. In 2001, the program was supported by the UK-based Heather Mills Health Trust and in 2002 by Comic Relief.¹⁰¹

According to country report given to SC-Victim Assistance Feb 2003:

Some of the ten orthopedic centers offer socio-economic reintegration programs. Other similar programs exist outside the rehabilitation centers. These cater to landmine survivors and other people with disabilities.

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.**According to original study:**

No information available.

According to LM 2002:

No information available.

According to country report given to SC-Victim Assistance Feb 2003:

An Angolan law, number 21/82 mandates that 2% of positions of both public and private institutions are reserved for people with disabilities including landmine survivors.

Recently, a preliminary law project aimed to protect people with disabilities in terms of employment, vocational training, social security, health, etc. has been discussed. In Angola, discrimination against landmine victims and other people with disabilities is not allowed, which means that they are included in projects and programs.

The government has approved a law to subsidize people with disabilities who can not work for physical reasons.

Landmine victims are reintegrated into financial and telecommunications services and we are planning to extend this reintegration into other national sectors.

Indicator 6: The extent to which there is a disability community advocacy network.**According to original study:**

No information available.

According to LM 2002:

No information available.

Endnotes:

⁷⁷ All casualty data is taken from the INAROEE “Mine Accident and Survey Report – 2001.”

⁷⁸ See *Landmine Monitor Report 2001*, p. 193.

⁷⁹ “Traveling” as a category refers to those individuals who were involved in a mine incident while moving from one place to another rather than while living in one location. In reality, the vast majority of casualties are internally displaced and step on mines while fleeing zones of conflict or returning to their place of origin.

⁸⁰ OCHA Luanda security incident database. Information provided by OCHA Field Advisors.

⁸¹ Ibid.

⁸² Printout provided to Landmine Monitor by INAROEE, 29 April 2002.

⁸³ Interview with UNICEF, Luanda, 29 April 2002.

⁸⁴ These figures are cited by UNICEF in a map printed 19 January 2002, based on data provided by INAROEE. Published in: “Mine Awareness Education: Progress Report for the Canadian International Development Agency and the UNICEF National Committee of Canada,” April 2002.

⁸⁵ See also *Landmine Monitor Report 2001*, p. 194.

⁸⁶ GICHD Mission Report, February 2002, p. 43.

⁸⁷ Sebastian Kasack, Medico International, “The Luena/Angola experience,” presentation to the Standing Committee on Victim Assistance and Socio-Economic Reintegration, Geneva, 28 January 2002.

⁸⁸ “Portfolio of Landmine Victim Assistance Programs 2002,” accessed at www.landminevap.org.

⁸⁹ “ICRC Activities in Angola–January to June 2002,” accessed at www.icrc.org.

⁹⁰ *Landmine Monitor Report 2001*, p. 194.

⁹¹ ICRC Special Report, Mine Action 2001, ICRC, Geneva, July 2002, p. 16.

⁹² Email from Robert Burny, Angola Desk Officer, HIB, 18 July 2002.

⁹³ “ICRC Physical Rehabilitation Programmes, Annual Report 2001,” accessed at www.icrc.org.

⁹⁴ “ICRC Activities in Angola–January to June 2002,” accessed at www.icrc.org.

⁹⁵ “Handicap International Belgium Activity Report 2001;” and Handicap International Belgium briefing document available at the Intersessional Standing Committee meetings in Geneva, May 2002.

⁹⁶ “Intersos: Orthopedic Center for Amputated Landmine Victims, Menongue-Kuando Kubango Province–2002 Briefing Document,” via email from Stefano Calabretta, Mine Action Coordinator, Intersos Rome, 28 and 29 June 2002.

⁹⁷ Stefano Calabretta, Mine Action Coordinator, Intersos Rome, response to Landmine Monitor Survivor Assistance Questionnaire, 26 April 2002.

⁹⁸ Mike Kendellen, VVAF, response to Landmine Monitor Survivor Assistance Questionnaire; and email from Tom Petocz, VVAF Country Representative in Angola, 4 May 2002.

⁹⁹ Jesuit Refugee Service, “Annual Report 2001,” p. 23; see also *Landmine Monitor Report 2001*, p. 196.

¹⁰⁰ Sebastian Kasack, Project Coordinator, Mine Action Focal Point, Medico International, response to Landmine Monitor Survivor Assistance Questionnaire, 11 July 2002.

¹⁰¹ Isabel Silva, Projects Officer, Jaipur Foot Campaign, response to Landmine Monitor Survivor Assistance Questionnaire, 11 July 2002.