

PRELIMINARY OBSERVATIONS

STATUS OF IMPLEMENTATION – ANGOLA

COMMITTEE ON VICTIM ASSISTANCE

(Italy, Chile, Sweden and Thailand)

Intersessional Meetings

30 June – 2 July 2020

Observations of the Committee on the information submitted by Angola

1. The Committee welcomes the submission of information on victim assistance activities by Angola. Based on the information provided, the Committee presents the following preliminary observations.

Mine casualties in 2019

2. The Committee observed that Angola did not provide casualty figures for 2019 or indicate that there were no casualties in 2019. The Committee would welcome additional clarity on this matter and, if relevant, would welcome information on casualties in 2019 as well as information, disaggregated by gender, age and disability on all mine casualties that have been registered to date.

Establish or strengthen of a centralised database (Action #35)

3. The Committee would welcome information on progress made in establishing or strengthening of a centralised database including information on persons killed or injured by mines and their needs and challenges, disaggregated by gender, age and disability and how Angola makes this information available to relevant stakeholders to ensure a comprehensive response in addressing the needs of mine victims.

Integrating victim assistance into broader national policies, plans and legal frameworks and designation of a government entity to oversee the integration (Action #33)

4. The Committee observed that Angola reported that victim assistance is primarily implemented by the National Intersectoral Commission for Demining and Humanitarian Assistance (CNIDAH) in collaboration with national stakeholders. Angola reported that the Ministry for Social, Family of Women's Affairs (MASFAMU) is responsible to meet the needs and rights of mine victims and persons with disabilities, while the Ministry of Former Combatants and Veterans of War (MACVP) provides assistance to military and the police veterans.
5. The Committee would encourage Angola to develop a multi-sectoral coordination mechanism and to strengthen coordination between the CNIDAH and relevant ministries in favour of realising of the rights and addressing the needs of mine victims. The Committee would welcome updated information on these efforts.

Developing and implementing measurable, realistic and time-bound national action plan (Action #33)

6. The Committee observed that Angola reported that CNIDAH is implementing a victim assistance plan, containing six goals and covering all pillars of victim assistance, the implementation however, remains a challenge due to shortages of resources. The Committee would encourage Angola to improve the action plan by ensuring the objectives are measurable, realistic and time-bound and

that the plan takes an integrated approach to ensure sustainable support for mine victim. The Committee would also encourage consideration of gender and diversity and allocation of resources for the implementation of the action plan. The Committee would also welcome an electronic copy of the action plan.

Removing barriers including physical, social, cultural, political, attitudinal and communication barriers to access such services (Action #33)

7. The Committee observed that Angola reported that, although implementation remains a challenge, a national law on accessibility has been in place to ensure access to services in the country. The information provided stresses that shortages in funding has affected victim assistance activities including public awareness raising to address attitudinal barriers. The Committee would welcome information on strategies to address the challenges of implementation of the accessibility law and other plans and policies.

Applying multi-sectoral efforts to ensure that the needs and rights of mine victims are effectively addressed in line with the Convention on the Rights of Persons with Disabilities (Action #34)

8. The Committee observed that Angola reported that “there are challenges in implementing the multi/intersectoral policy” and that there is a need for dialogue to draw attention on victim assistance amongst national stakeholders and mobilise support for implementation. The Committee would welcome further information on the main challenges which are affecting implementation of the multi/intersectoral policy and efforts to hold a national stakeholder dialogue to motivate and mobilise support.

Access to first aid and ongoing emergency medical care (Action #36)

9. The Committee observed that Angola reported the availability of first aid and emergency medical care, primarily provided by the Angolan Red Cross, NGOs and healthcare centres. Angola indicated the need for improvement including the upgrading of equipment. Angola also reported that, ten years ago, affected communities were provided with trainings to support new casualties in the absence of professional first responders and that providing refresher trainings to affected communities would be useful.

Developing national referral mechanism (Action #37)

10. The Committee observed that Angola reported the existence of referrals at the primary healthcare but there is no referral system beyond that. The report also states the lack of a national directory of services and that when resources are secured such a directory can be developed. The Committee would encourage Angola to establish a comprehensive referral mechanism and to develop a national directory of all relevant services to facilitate the access of mine survivors and persons with disabilities to services.

Access to rehabilitation services including physiotherapy, assistive devices and occupational therapy (Action #38)

11. The Committee observed that Angola reported that rehabilitation is provided by 11 rehabilitation centres located at the national, provincial and municipal hospitals have benefited 11,654 persons. Angola indicated that there is an urgent need for reinforcement in terms of equipment and capacity building of technicians of the entire rehabilitation team, including physiatrists, physiotherapists, physiotherapy technicians, psychologists, social workers, cleaners because most of the prosthetists are about to retire and they will need be replaced by new qualified technicians.

Access to psychological and psychosocial services including peer-to-peer support (Action #38)

12. The Committee observed that Angola reported that psychological support is provided by healthcare centres to individuals in need of such assistance including mine victims but that due to shortages of resources no such support has been provided to affected families or communities. Angola reported that there is a need to upgrade training for psychology professionals. The Committee would welcome further information on mine survivors that have been provided with psychological support and information on availability of peer-to-peer support in Angola.

Access to social and economic inclusion services, including in rural and remote areas (Action #39)

13. The Committee observed that Angola reported progress in meeting the social and economic needs of mine victims, by reporting the following achievements:

- 322 child survivors or their family members have been integrated into school;
- 112 adults and young women completed literacy classes;
- 200 members of the Kanakassala-Bengo Agricultural Cooperative provided with tools for agricultural activities;
- 16 persons were provided training in arts and crafts;
- 100 zinc sheets and 50 bags of cement distributed; and
- 50 home visits were carried out to assess socio-economic needs.

14. The Committee would welcome further information on efforts that may be taken to ensure inclusion of victim assistance into Sustainable Development Goals (SDGs) frameworks in Angola.

Taking measure for safety and protection of mine survivors in situations of risks and emergencies (Action #40)

15. The Committee observed that Angola reported that a national agency by the name of “civil protection commission” has been established to intervene in the event of disasters but has not reported on taking/strengthening any measures for the safety and protection of mine survivors in situations of risks and emergencies. The Committee would welcome information on any measures in place to ensure the safety and protection of mine survivors in situations of risks and emergencies, such as the COVID-19 pandemic.

Strengthening inclusion and participation of mine victims and their representative organisations in all matters that affect them (Action #41)

16. The Committee observed that Angola reported that mine survivors and their representative organisations have been included in relevant programmes and policies, except in rural and remote areas and the report stresses that more would need to be done to implement national laws with regards to participation and inclusion of mine survivors. The Committee welcomes information on progress in this regard.

Challenges in implementation of Angola’s Victim Assistance Commitments

17. The Committee observed that Angola indicated some of the gaps in victim assistance and challenges affecting national efforts to meet the needs and rights of mine victims:

- a) shortages in financial resources has been affecting overall victim assistance activities, including survey, psychosocial support, peer support, healthcare, public awareness activities,

rehabilitation, inclusion and participation and the implementation of victim assistance action plan;

- b) lack of established coordination mechanism between the CNIDAH and the ministries responsible lead on disabilities, nor with the National Council for Disability;
- c) lack of a comprehensive referral system; and
- d) lack of a directory of services.

18. The Committee would also welcome any specific proposal Angola may have on how the Committee and the international community could be of further support to Angola's efforts in fulfilling its victim assistance obligations.