



angola

The ICRC has been present in Angola since the start of the conflict in 1975 that devastated the country's infrastructure and economy and left the population dependent on aid. Relative normality has returned since the 2002 Luena peace agreement, although mines remain a major problem. The ICRC continues to support three State-run limb-fitting centres, urging the authorities to increase their involvement. It cooperates with the Angola Red Cross in raising awareness of landmine risks. The two organizations operate a tracing network to enable family members separated by the conflict to re-establish contact. The delegation also supports the Sao Tome and Principe Red Cross.

⊕ ICRC delegation (* Sao Tome and Principe is covered by the ICRC delegation in Angola)
 ⊕ ICRC sub-delegation ⊕ ICRC office/presence ⊕ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	7,383
Assistance	1,606
Prevention	1,711
Cooperation with National Societies	590
General	-

► **11,290**

of which: *Overheads* **689**

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

21 expatriates
188 national staff (daily workers not included)

KEY POINTS

In 2006, the ICRC:

- ▶ collected 14,837 RCMs and distributed 13,438 RCMs, in cooperation with the Angola Red Cross;
- ▶ reunited 77 unaccompanied/separated children with their families and helped vulnerable adults who had been separated from their families during the conflict to rejoin their relatives;
- ▶ supported 3 physical rehabilitation centres that provided services to 6,081 patients;
- ▶ supported the construction of 16 mine-free playgrounds so that children could play safely;
- ▶ visited detainees in Cabinda province.

CONTEXT

Angola was still recovering from the political, economic and social consequences of the 27-year civil war that raged from the time of the country's independence until the signing of the Luena peace agreement in April 2002.

In preparation for democratic elections, the registration of an estimated 7 million voters began and certain legal reforms were undertaken. The electoral calendar had yet to be fixed.

Of the 97,000 or so former fighters from UNITA (National Union for the Total Independence of Angola) who were awaiting financial support and help to resume their place in society, less than half were taking part in reintegration programmes. At the same time, pressure mounted on the government to compensate up to a quarter of a million former members of other armed factions. The Civil Defence Organization, a militia created in 1992 and armed by the ruling Popular Movement for the Liberation of Angola, had still not been demobilized.

The government announced in April that it had begun negotiations with the Front for the Liberation of the Cabinda Enclave (FLEC). On 1 August, a memorandum of understanding for peace and reconciliation was signed between António Bento Bembe, one of the enclave's leaders, and the government. It foresaw a special administrative status for the province, the demobilization of FLEC forces, their integration into the national army and police force and the allocation of certain government posts to

opposition leaders who had laid down their arms. It was unclear, however, whether the agreement would be accepted by all factions within the enclave.

Angola's international and regional influence grew. It joined the Organization of Petroleum Exporting Countries and agreed that from 2007 Luanda would host the Gulf of Guinea Commission bringing together the region's oil-producing countries. The city was also the chosen location of the newly established African Diamond Producers Association, itself an Angolan initiative, comprising 19 countries from across the continent. Angola was elected to preside over the UN Peacebuilding Commission during its inaugural year.

The majority of the population was still living in chronic poverty. The presence of mines and other explosive remnants of war (ERW) continued to cause injury and death, restrict movement and limit the use of potentially productive assets such as agricultural land. A cholera epidemic broke out at the start of the year, affecting more than 67,000 people in 16 out of 18 provinces. By December, there had been more than 2,700 deaths, according to official figures.

MAIN FIGURES AND INDICATORS

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)		WOUNDED AND SICK		
Detainees visited	13	<i>Physical rehabilitation</i>		
Detainees visited and monitored individually	12	Patients receiving services	Patients	6,081
Number of visits carried out	8	Prostheses delivered	Pieces	1,066
Number of places of detention visited	2	Orthoses delivered	Pieces	160
RESTORING FAMILY LINKS				
<i>Red Cross messages (RCMs) and reunifications</i>				
RCMs collected	14,837			
RCMs distributed	13,438			
People reunited with their families	77			
<i>Tracing requests, including cases of missing persons</i>				
People for whom a tracing request was newly registered	3,153			
Tracing requests closed positively (persons located)	368			
Tracing requests still being handled at 31 December 2006	22,742			
<i>Unaccompanied minors (UAMs) and separated children (SCs), including unaccompanied demobilized child soldiers</i>				
UAMs/SCs newly registered by the ICRC	101			
UAMs/SCs reunited with their families by the ICRC	77			
UAMs/SCs cases still being handled at 31 December 2006	287			

ICRC ACTION

The ICRC/Angola Red Cross tracing service worked to reunite separated family members and continued to offer the RCM network, mainly to people in rural areas who had no other means of communicating with family in Angola or abroad.

In Cabinda province, the ICRC continued to visit detainees and maintained contact with the military authorities and opposition leaders to remind them of their obligations under IHL.

In its work with the National Society and the national mine action authority, the ICRC sought to strengthen the country-wide response to the challenges posed by mines and ERW. Together, the National Society and the ICRC developed strategies to help communities assess the level of contamination in their localities and to identify and solve the specific problems they faced. New tools and materials were created to collect, analyse and share information among actors working with mine-affected communities. The strategies were piloted in six provinces and later adopted by the national mine action authority and shared with other organizations. They were reflected in the “National mine action strategic plan 2006–2011” approved by President Dos Santos in September.

The contribution of international organizations remained crucial to meeting Angola’s enormous physical rehabilitation needs. The ICRC continued to provide on-the-job

training and financial support to three Ministry of Health centres treating disabled patients. It also supported the ministry in its efforts to draw up a national physical rehabilitation policy.

The delegation continued to familiarize military and civilian authorities, members of the police force, traditional and religious leaders, and civil society with the ICRC’s mandate and activities and the basic rules of IHL.

The Angola Red Cross pursued its internal reform process, holding its 3rd general assembly in October.

CIVILIANS

The substantial army presence in Cabinda led to sporadic tension and incidents involving the civilian population. Temporary restrictions were imposed on civilian movements in the Mayombe area after attacks by armed groups during the first half of the year. For a period after the signing of the agreement between the Angolan government and António Bento Bembe in August 2006, there was an increase in attacks by armed groups against the military. These resulted in occasional acts of violence against civilians during military operations. The ICRC collected allegations of such incidents and raised them with those concerned with a view to ending abuses of the civilian population. It also familiarized Church and traditional leaders and civil society representatives with its mandate.

During the first half of the year, the ICRC continued to monitor the situation of some 400 former Congolese and Rwandan fighters (and some 350 of their dependants) still awaiting repatriation or regularization of their status by the authorities. In July 2006, the former Congolese fighters were repatriated to the Democratic Republic of the Congo with family members. The ICRC followed the process closely, insisting that repatriation should only be carried out with the agreement of the person concerned and that families should not be separated. The status of the former Rwandan fighters registered by the ICRC had not yet been clarified.

Mines and explosive remnants of war

People at particular risk from mines/ERW tended to be engaged in specific activities such as agriculture, firewood collection and charcoal production. Communities, including recent returnees, were informed through national and provincial radio bulletins about the risk reduction strategies they could use and the location of dangerous areas. Angola Red Cross volunteers worked with mine-affected communities to develop risk reduction plans tailored to their own specific situations. Typically, this involved organizing community meetings, helping villagers to map dangerous areas, identifying alternative areas and marking paths. The approach was piloted in six provinces, in conjunction with the police.

One particular programme that used this solutions-based methodology addressed accidents involving children playing in dangerous areas or looking for discarded tins with which to make toys. The risk to children in the provinces of Benguela, Bié, Kuanza Sul and Moxico was reduced through the creation of safe play areas in 16 communities. In each case, the local situation was assessed, residents and authorities mobilized and the identified areas cleared and levelled by the communities themselves. Play equipment for children (climbing frames, see-saws, slides, swings and football goal posts) was provided.

The national mine action authority, supported by the ICRC, organized roundtables to introduce the solutions-based mine-risk education strategies developed and field-tested by the ICRC and the Angola Red Cross to others involved in mine action.

Restoring family links

Despite improved communications, the rural population continued to rely on the RCM network to restore contact with their families. The proportion of RCMs aiming to establish a first contact increased during the year, showing the ongoing need for this service.

Unaccompanied children continued to be reunited with their families as appropriate, through a tracing network run jointly by the Angola Red Cross and the ICRC. Children reunited with their families received a kit containing basic items to ease their reintegration. Similar supplies were given to centres and orphanages caring for unaccompanied children. A countrywide photo tracing programme was launched in July using posters and a book with pictures of the children separated from their families. The *Red Cross Gazette* listing the names of 18,393 people searching for or being sought by relatives, including many unaccompanied children, was widely consulted across Angola's 18 provinces.

The ICRC also helped 26 vulnerable people, mainly elderly people and widows with children, to rejoin relatives or friends.

- ▶ 14,805 RCMs collected from and 13,436 RCMs distributed to civilians, including 115 from and 65 to unaccompanied/separated children
- ▶ new tracing requests registered for 3,153 people (885 females, 164 minors at the time of disappearance); 368 people located; 22,742 (6,329 females, 1,239 minors at the time of disappearance) still being sought
- ▶ 101 unaccompanied/separated children registered; 77 reunited with their families; 287 cases of such children still being handled
- ▶ 5 people issued with an ICRC travel document

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC made eight visits to detainees held in municipal and provincial prisons under the jurisdiction of the Ministry of the Interior in Cabinda. Delegates discussed recommendations for improving conditions of detention with the authorities. The ICRC maintained contact with military authorities to check if any civilians were being temporarily detained in their facilities.

- ▶ 13 detainees visited, 12 of them monitored individually, including 9 newly registered, during 8 visits to 2 places of detention
- ▶ 32 RCMs collected from and 2 RCMs distributed to detainees

WOUNDED AND SICK

According to the latest official figures, there were an estimated 105,000 physically disabled people in Angola, including some 70,000 mine/ERW victims. Prosthetic/orthotic services were provided by 11 State physical rehabilitation centres. Six of them relied on financial and/or technical support from international partners to keep them going, of which three, in Luanda, Huambo and Kuito, continued to receive ICRC support.

The national rehabilitation programme organized several working groups, with the ICRC's participation, to set policy on the long-term functioning of the physical rehabilitation centres. Areas covered included training activities, logistics and technical procedures, such as the ICRC-developed polypropylene technology used to manufacture prostheses and orthoses. In parallel, the ICRC formulated more specific procedures for the three centres it supported.

Amputees were often prevented from reaching the three centres by mined roads and the lack of public transport. As a result, the centres did not run at full capacity. The ICRC broached this issue with the authorities and it was included in the national plan for demining and humanitarian assistance. Destitute patients, mainly from Huambo and Kuito, continued to have their transport costs reimbursed by the ICRC.

Thirty-nine orthopaedic technicians from Angola's physical rehabilitation centres started a distance-learning course in February. The three-year course, conducted in cooperation with the Don Bosco University in El Salvador, would lead to an internationally recognized diploma. Seven technicians were being assisted by the ICRC during their studies.

Wheelchair users and a representative of the UK-registered NGO Motivation participated in the evaluation of a new wheelchair design, organized by the ICRC at the Luanda centre in May.

- 6,081 patients (1,126 women and 1,229 children) received services at 3 ICRC-supported physical rehabilitation centres
- 266 new patients (41 women and 6 children) fitted with prostheses and 96 (35 women and 50 children) with orthoses

- 1,066 prostheses (177 for women, 50 for children; 827 for mine victims), 160 orthoses (45 for women, 90 for children; 10 for mine victims), 3,852 crutches and 41 wheelchairs delivered

AUTHORITIES

With the political establishment focused on the elections and various economic agreements, the ratification of IHL treaties received little attention. Nonetheless, the government continued to discuss the ratification of six IHL treaties aimed at protecting the population in the event of armed conflict. The ICRC, which offered its services to help speed up the process, placed particular emphasis on the adoption of national legislation implementing the Ottawa Convention.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

To encourage the integration of IHL into military training, the ICRC offered to help draw up a comprehensive IHL instruction programme and hold train-the-trainer courses in the event that the authorities went ahead with its proposal. In the meantime, it kept up dissemination sessions for members of the armed and police forces on IHL and/or human rights standards and humanitarian principles.

- 3,079 military personnel attended 21 sessions on IHL and ICRC activities
- 509 police officers attended 17 sessions on human rights and humanitarian principles

CIVIL SOCIETY

Contacts were established or developed with various media organizations, in order to gain support for the ICRC's activities. National and regional media received a regular newsletter covering the ICRC's activities and related topics. The international media also reported on ICRC activities in Angola.

Community, political and religious leaders in a number of provinces, as well as traditional authorities, teachers and NGO representatives, were briefed on the ICRC's activities.

- 15,869 people attended 150 information sessions on the ICRC and its operations in Angola

RED CROSS AND RED CRESCENT MOVEMENT

The National Society's 3rd general assembly saw the election of a new president. New organs of governance were formally established, and their members elected or confirmed in their positions. The organization's statutes, revised with the help of the ICRC and the International Federation, were approved, as well as a national development plan for 2006–09. A draft Red Cross bill to be submitted to parliament for adoption was presented to participants, and the results of an external financial and administrative audit of the National Society were discussed.

Efforts to improve the efficiency of the tracing network continued. Local Red Cross coordinators and volunteers participated in quarterly training courses, and an assistant to the Angola Red Cross national tracing coordinator and two volunteers had their salaries paid and were given further training.

The Angola Red Cross, with help from the ICRC, developed a methodology to support mine- and ERW-affected communities in solving the specific problems they faced, based on the collection of detailed local information (see *Civilians*). Angola Red Cross volunteers were trained in this methodology. The National Society also spoke on behalf of such communities at provincial mine action coordination meetings, presenting the problems faced and the solutions the communities themselves had proposed. The national mine action authority endorsed the methodology, and a National Society-supported community project to mark out dangerous areas was adopted by other organizations. The National Society provided these organizations with guidelines and details of lessons learned from its own experience. Mine-risk education materials, developed by the National Society with ICRC support, were also distributed.