



**Convention on the
Rights of the Child**

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**COMMITTEE ON THE RIGHTS OF THE CHILD
CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
UNDER ARTICLE 44 OF THE CONVENTION**

Initial reports of States parties due in 1993

ANGOLA

[4 June 2004]

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I. GENERAL MEASURES

1. The Convention on the Rights of the Child was signed by Angola on 26 November 1989 and ratified without reservation by the People's Assembly (the Angolan Parliament) by its resolution 20/90. The Convention entered into force in the domestic legal order following its publication in the Official Gazette of 10 November 1990. The instruments of accession were deposited with the Secretary-General of the United Nations on 5 December 1990.

2. Angola being a party to the Convention, recognizing that that instrument constitutes a means of intensifying relations of cooperation between States, and seeking to improve its implementation and its defence of the rights of the child, the National Assembly approved the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (resolutions 21/02 and 22/02, published in the Official Gazette of 13 August 2002).

3. Apart from the Convention on the Rights of the Child and its optional protocols, Angola has ratified:

- April 1992: the African Charter on the Rights and Welfare of the Child, adopted at the twenty-sixth Conference of Heads of State and Government of the Organization of African Unity (OAU) in July 1990. The Charter recognizes that the situation of most African children is critical as a result of the scourges afflicting the region and takes into consideration the values of African civilization, which should inspire and guide reflection on the rights and welfare of the child;
- November 1990: the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules), which spell out the minimum measures necessary for the appropriate protection of children in conflict with the law;
- 1984: the Convention on the Elimination of All Forms of Discrimination against Women, adopted by the United Nations General Assembly in 1979.

4. Angola is also a party to the following international instruments:

- The Geneva Conventions of 12 August 1949 on the protection of war victims;
- The Convention relating to the Status of Refugees of 28 July 1951 and its Protocol relating to the Status of Refugees of 31 January 1967;
- The Convention on the Political Rights of Women of 31 March 1953;
- The International Covenant on Civil and Political Rights and its Optional Protocol of 19 December 1966;
- The International Covenant on Economic, Social and Cultural Rights of 16 December 1966;

- The Convention Governing the Specific Aspects of the Refugee Problem in Africa of 1969;
- The International Labour Organization (ILO) Night Work of Young Persons (Industry) Convention (No. 6) of 1919;
- The African Charter of Human and Peoples' Rights of 27 June 1981.

5. In becoming a party to these instruments, Angola has created conditions conducive to placing the interests of children at the top of the political and social agenda.

6. Article 21 of the Angolan Constitution of August 1992 (the Constitution Act) explicitly refers to the country's international legal commitments, stating that the fundamental rights set out in the Constitution Act do not exclude those contemplated in the laws and applicable regulations of international law. Article 21 also states that the constitutional and legal norms relating to fundamental rights must be interpreted and integrated in the light of the Universal Declaration of Human Rights, the African Charter of Human and Peoples' Rights and other international instruments to which Angola is a party. Furthermore, under paragraph 3 of that article the Angolan courts are called on to apply these international instruments in the settlement of disputes, even when they are not directly invoked by the parties.

7. Taken together with article 43 of the Constitution, which protects the right of citizens to contest any act that violates their fundamental rights and to have recourse to the courts, article 21 means that the international human rights conventions ratified by Angola have the force of domestic law. Accordingly, the gaps in the Angolan legal system that relate to human rights must be interpreted, and consequently supplemented, in accordance with these instruments.

8. National legislation is thus consistent with the Convention on the Rights of the Child and even contains provisions particularly favourable to children's rights that could be incorporated in the Convention, such as those pertaining to the minimum age for military service, as will be seen in chapter II.

9. Generally speaking, the Angolan children's rights legislation in force is to be found in several legal texts. The principal norms relating to child protection and development and general principles are set out in the Constitution Act, the Family Code, the Civil Code, labour legislation and the Criminal Code. In certain areas, particularly civil law, a prominent and privileged place is reserved for the protection of children's rights.

10. It should be noted that a number of laws conducive to the exercise of children's rights have been revised with a view to bringing their provisions into line with the spirit and the letter of the Convention on the Rights of the Child; these include the General Labour Act (which has also been harmonized with the ILO Conventions relating to child labour), the Family Code, the Juvenile Justice Act (which takes the Convention and the Beijing Rules into account) and the Military Service Act (Act No. 1/93 of 26 March 1993). This legislation will be considered in detail in subsequent chapters of this report.

11. It should be stressed that articles 30 and 31 of the Constitution Act specifically provide that domestic laws shall be compatible with the principles and provisions of the Convention.

Article 30 states that Angola shall give absolute priority to children and youth, and establishes the principle that the protection and harmonious development of the personality of children and youth is the responsibility of the State and society. Under article 30, the State, in collaboration with families and society as a whole, must promote the harmonious development of children and youth and the enjoyment of their rights.

12. The Family Code, in force since 1988, continues to be the first and only major codification of an entire branch of law undertaken in Angola since independence. All provisions of the Portuguese Civil Code are currently in force in Angola's legal system with the exception of those relating to family law.

13. The Family Code embodies the key values recognized in various international human rights instruments, particularly the Convention on the Rights of the Child: the total equality of men and women, the importance of the family, the notion of marriage as a voluntary union, the importance of personal, rather than hereditary, considerations in marriage, the equality of children and the obligation to protect them. All these principles are embodied in the Constitution. The Family Code attaches special importance to children by establishing as a fundamental principle the duty of the family, the State and social institutions to protect children, integrate them in society (art. 4) and guarantee the exercise by minors of their rights (art. 160).

14. While the legal provisions currently in force are to some extent consistent with the Convention on the Rights of the Child, it is obvious that considerable progress must still be made to guarantee and ensure the effective enjoyment of the children's rights set out in the Convention. During forums that have been held in Angola during the past decade to consider the status of children, the need has been clearly expressed for the holding of a meeting at which national children's rights legislation would be brought into line with the principles and provisions of the Convention.

15. In order to take account of the increasing number of problems affecting children, a major effort was made by the State to gather and publish information and statistics on the situation of children in Angola and trends during the second half of the 1990s. The end result was the multiple indicator survey conducted from 1996 to 2001 by the National Statistical Institute with the help of the United Nations Children's Fund (UNICEF); the survey is also an integral part of the Angolan Government's commitment to achieving the development goals set at the Millennium Summit in September 2000 and at the special session of the General Assembly devoted to children in May 2002. The data were collected by region (capital, north, east, west, south and south-central) in order to provide a clearer picture when formulating policy and programmes that will form the backbone of a national action plan. The study and the findings of the multiple indicator survey are the main sources of information for this report.

16. In 2002 a team of lawyers from the Angolan Bar Association, with UNICEF support, began a major undertaking which involved a critical review of Angolan legislation in the area of children's rights and a study of ways to bring it into line with the Convention. This exercise, the preliminary results of which have been used in the preparation of the present report, will culminate in the legislative review, proposals for reform and the implementation of children's rights legislation.

17. This review of Angolan children's rights legislation can make an important contribution to the discussion on the preliminary draft of the new constitution, which is being prepared by the Constitutional Commission of the National Assembly.

18. Unfortunately, in the wake of the difficulties Angola has had to face during the past decade, the institutional machinery set up for the formulation of child welfare policy has yet to become operational. This is the case of the Committee for the National Programme of Action for Child Protection, Monitoring and Development set up in 1995 (Decree No. 10/95 of 21 July 1995), which was to guide the establishment of coherent policy-formulation mechanisms and prioritize and coordinate activities. This is also the case with the integrated national development plan, which was to serve as a tool for coordination in the setting of long-term priorities and the allocation of resources from the State and the international community for children.

19. One obstacle to implementation of the Convention is the absence of an action plan. The plan that was drafted for the period 2000-2005 with the involvement of several State sectors and various bodies has not yet been approved because adjustments must be made to take account of developments relating to key issues requiring attention. However, the work of the National Children's Institute advisory board, made up of representatives of ministries involved with child welfare, have made it possible to implement provisions of the Convention relating to the formulation of policies, the development of activities and the monitoring of programmes and projects relating to children.

20. During the past decade the Government's efforts have been focused primarily on efforts to deal with the emergency situation and children's vulnerability during the war. Thus the main government programmes were specifically aimed at providing assistance to children in emergency situations. Institutions adopted projects and programmes that implemented their national sectoral strategies, such as the national free birth registration campaign (approved by Executive Decree No. 3/98), the National Family Tracing and Reunification Programme, the National Plan of Action and Intervention to Combat the Sexual and Commercial Exploitation of Children (approved by resolution No. 24/99), the Integrated Management of Childhood Diseases strategy, the Expanded Programme on Immunization, with emphasis on pregnant mothers and children, the AIDS programme, the reproductive health programme and the National Nutrition Programme.

21. Certain events, such as the National Symposium on Children held in 1993, the national conference on the sexual and commercial exploitation of children and the national conference on child labour, held in 1997, the national conference on social welfare, and the children's parliament held in 2000, which was attended by 290 child delegates, were organized with a view to honouring Angola's commitment to implementing the Convention and also provided support for the implementation of other programmes.

22. Apart from these sectoral programmes, the economic and social programme approved for the period 2003-2004 seeks to promote the effective exercise of children's rights, with direct and indirect impact on the situation of communities and the families that constitute them. The development of such programmes is intended to promote: emergency assistance (food, medical and access to medicines) to persons displaced by the war, demobilized combatants and their families; the provision of social services to children, abandoned youth and persons mutilated by

the war; the extension of the health-care network, including medical treatment and access to medicine for all communities and locations in the country; efforts to combat and prevent major diseases, particularly AIDS; the extension of public health and education services; and efforts to promote the establishment of sports and cultural infrastructure and community civic centres.

23. More specifically, the economic and social programme calls for the construction, rehabilitation and equipment of social infrastructure; teacher training; education reform; the acquisition and production of educational materials and school supplies; the promotion and improvement of maternal and child health, with emphasis on breastfeeding and expanded immunization; the prevention and treatment of childhood diseases; epidemiological monitoring; the prevention and treatment of malnutrition; increased assistance for children, adolescents and persons with disabilities; resettlement of the population; the tracing and reunification of families of children who were separated from their parents; and the continuation of demining activities throughout the country.

24. The constitutional imperative resulting from the duty to provide special protection for and promote the development of the personality and the creation of conditions conducive to the exercise of rights binds all State entities and civil society together in the application of the Convention on the Rights of the Child.

25. State and Government efforts to uphold children's rights are made through competent institutions and include the adoption of legislation by the National Assembly; the operation of the juvenile court system and the civil registration and identification of minors by the Ministry of Justice; social reintegration by the Ministry of Welfare and Social Reintegration; health measures by the Ministry of Health; education by the Ministry of Education; and formulation of public policy on children by the National Children's Institute, in collaboration with other institutions.

26. The Angolan system, which has as its object the protection of fundamental rights, has various ways of responding to violations of the rights contemplated in the Convention, including the opportunity for minors to bring matters before the courts, generally through their legal representatives or with the Attorney-General's Office acting as their advocate, but also, in some cases, acting on their own behalf.

27. Specific issues relating to child welfare and protection are the responsibility of two institutions that have the same objectives but different functions: the National Children's Institute, which is under the supervision of the head of Government (Decree No. 8-I/91 of 16 March 1991, art. 6), and the National Children's Office within the Ministry for Welfare and Social Reintegration. The existence of such institutions, like the ratification of international conventions and the observance of the International Day of the Child as an official holiday, are expressions of the Angolan Government's commitment to children's rights, welfare and future.

28. The National Children's Institute was established in 1991 as a response by the Government to ratification of the Convention; it replaced the National Commission on Children, which had been established in 1984. In accordance with its statutes (Decree No. 8-I/91), the Institute is a national governmental body for the promotion and development of policies on behalf of children that coordinates the policies of various governmental and non-governmental

agencies dealing with children. It is primarily responsible for scientific research and for increasing social awareness and mobilizing society to provide support for children and their rights.

29. In working towards its objectives the National Children's Institute has responsibility for:

- Organizing, guiding and conducting scientific research on the social condition of children;
- Ongoing study, analysis and evaluation of all aspects of child development;
- Proposing scientific research policies and programmes relating to children and the protection of children's rights in the family and society;
- Stimulating, supporting and promoting social solidarity activities aimed at improving children's living conditions and their proper integration in the community;
- Stimulating, supporting and promoting cultural initiatives aimed at child personality development and the integration of children as part of the living heritage of the country;
- Collaborating with volunteer associations and groups working with children;
- Sensitizing public opinion to the problems faced by children, particularly those in dire need or in physical, mental or social danger;
- Encouraging children's activities that seek to promote children's overall development and their integration in their environment;
- Promoting efforts to improve the quality of services offered to pregnant women, infants and children by public and private entities, both national and foreign;
- Promoting the development and administration of financial support through conventions and agreements on assistance to children;
- Collaborating with foreign agencies in this area.

30. The National Children's Institute has an advisory board composed of professionals from different ministries. This multidisciplinary body, which provides technical support to the Director, helps the latter to perform his or her task, which is to centralize and coordinate various activities. The professionals come from spheres of activity associated with child protection and development, namely health, social welfare, education, justice, youth and sports, internal affairs, family affairs and the advancement of women. At the provincial level, provincial advisory boards have also been created, which are similar in composition to the central advisory board. These technical support bodies not only take decisions on technical, scientific and research matters but also offer opinions on a wide range of other matters, serving as an optimum effective link and partner with non-governmental organizations (NGOs).

31. The Institute has relied on annual contributions from the general State budget for the financing of its activities; however, given the limitations of that budget, these appropriations have been inadequate to meet all the Institute's needs for equipment, services and investment in capital and human resources. This shortfall has been due also to wide fluctuations in exchange rates, which have led to a constant devaluation of the national currency, the kwanza. By way of example, table 1 shows the amounts approved and available for the period from 1999 to 2003.

Table 1

**Amounts approved and available for operational activities
of the National Children's Institute (millions of kwanzas)**

Year	Amount approved	Amount available
1999	5.9	5.19
2000	27.78	25.3
2001	57.9	57.57
2002	119.85	108.04
2003	111.66	73.9*

Source: National Children's Institute and the National Children's Office Department of Administration.

* Available through the third quarter.

32. The National Children's Office is the executive arm of the Ministry of Welfare and Social Reintegration responsible for the protection and promotion of children's and adolescents' rights in the areas of social welfare, education and development of the most vulnerable groups. It has responsibility for the following:

- Participating in the formulation of national policies and strategies for children and adolescents;
- Protecting the rights of children and adolescents;
- Promoting low-cost alternative forms of care for young children and adolescents at risk;
- Developing and coordinating the National Family Tracing and Reunification Programme, in collaboration with other government and non-governmental entities;
- Collaborating with the juvenile court system and other similar institutions in the implementation of social protection and crime prevention measures in open or closed facilities for minors;
- Organizing, providing and supervising vocational training for disadvantaged children;
- Licensing and monitoring institutions for children and youth;

- Studying ways of extending arrangements for the care of children and adolescents in agricultural, urban and peri-urban areas;
- Collaborating with the Ministry of Education in the implementation of programmes, methodologies and norms for the development of early childhood education;
- Collaborating with the Ministry of Health and other related institutions in the implementation of primary health care and residential programmes aimed at meeting children's nutritional needs;
- Establishing socio-educational protection programmes for children and adolescents who have been forced to endure ill-treatment or sexual abuse or to engage in prostitution;
- Guiding, providing and supervising social welfare and reintegration activities for adolescents in conflict with the law;
- Collaborating with the Ministry of Justice in the operation of juvenile courts.

33. The exact amount of the budgetary appropriations for programmes developed by the National Children's Office (earmarked chiefly for philanthropic and humanitarian organizations, charitable organizations, religious congregations and public and private enterprises) is not known, but the trend in these appropriations can be seen from a brief analysis of the funds approved under the general State budget for assistance to children between 2001 and 2003.

Table 2
Amounts approved for programmes and services for children
(millions of kwanzas)

Year	Amount approved
2001	118 338 973.00
2002	154 954 568.00
2003	474 132 783.00

Source: General State budget, *Official Gazette* (Series I, No. 21, 95e 7).

34. The last year of the conflict saw the establishment of a central body for the technical coordination of child protection activities involving the National Children's Institute, the Ministry of Welfare and Social Reintegration, UNICEF and such national and international NGOs as Save the Children, the Christian Children's Fund and the International Committee of the Red Cross. At the provincial level, coordination forums (protection committees, networks or groups) were established primarily to coordinate strategies and to promote the sharing of experience and resources.

35. According to a study on public financing of Angola's social sectors conducted jointly in 2002 by the Ministry of Finance, the Ministry of Health, the Ministry of Education and the United Nations, Angola is the country in the Southern African Development Community (SADC) that spends the least on education and health. The small share of resources allocated for

primary health care, primary education and drinking water supply amounted, on average, to 3.2 per cent of all State expenditure between 1997 and 2001, reaching a maximum of 6 per cent in 2001. On average, 4.7 per cent of national expenditure between 1997 and 2001 went for education, as compared with 16.7 per cent for the 14 SADC countries. During the same period, 3.3 per cent went for health in Angola, while the other SADC members devoted 7.2 per cent of their national expenditure (National Statistical Institute/UNICEF, 2003).

Table 3
Breakdown of expenditure (2000-2002)

No.	Designated area	2000	2001	2002	2003	2004
1	Administration	15.5	29.1	23.3	19.0	26.0
2	Defence and public order	18.9	16.2	16.8	17.0	32.0
3	Social sector	13.7	20.3	15.9	16.0	33.0
4	Economic sector	6.3	8.1	7.0	9.0	9.0
5	Financial charges	45.7	26.2	37.0	39.0	-
	Total	100.0	100.0	100.0	100.0	100.0

Source: Government economic and social programme for the biennium 2003-2004 and general State budget estimates, 2004.

36. Changes in public spending patterns show that when financial charges fell from 45.7 per cent of the total budget in 2000 to 26.2 per cent in 2001 it was possible to increase spending in the economic and social sectors. Conversely, the increase in financial charges in 2002 to account for 37 per cent of all spending led to a reduction in the share of expenditure devoted to the social and economic sectors.

37. The 2004 budget has earmarked more resources for social spending than for spending in other sectors. In 2004 government expenditure will increase by 8.6 per cent for the social sector and by 1.5 per cent for the economic sector, pursuant to the Budget Act adopted by the National Assembly at the end of 2003. In practical terms, the breakdown of the general State budget for 2004 means that the peace dividend is being passed on to the population, since these resources were mobilized to provide logistical support for the demobilization process and the return of persons displaced by the war and to extend law enforcement throughout the country.

38. Spending on defence and security, which rose from 26.6 per cent in 2002 to 36.6 per cent in 2003 has been reduced to 32 per cent in 2004. Spending on administration is also scheduled to decline, from 31.3 per cent to 26 per cent in 2004, following the trend of recent years. The 2004 budget presupposes a strong commitment to the objectives set by the Government in its economic and social programme for 2003-2004 in order to follow up efforts to consolidate the peace process, promote national reconciliation, combat hunger and poverty and foster social stability.

39. The Government's economic and social programme for 2003-2004 is viewed as a transition to a medium-term development programme that is to be implemented as of 2006. It does, however, take into account the efforts made in the provision of goods and public services,

macroeconomic management, the implementation of economic and social policies and the promotion and provision of incentives for economic and social development activities.

40. In this context, many existing programmes for children that should be funded by the State are largely dependent on financing from donors and the operational capacities of international cooperation. This situation is becoming a source of concern to the country insofar as long-term programmes are concerned as the national economy continues to be unstable.

41. The United Nations Consolidated Inter-Agency Appeal for Angola 2002 was prepared in full consultation with the Government of Angola with a view to rounding out the overall picture of humanitarian assistance in the context of national and provincial emergency action plans. It foresaw the need for financing totalling approximately \$232 million to develop projects in the following areas: food security; health and nutrition; education; protection; demining; emergency response and disaster prevention and management; census and microcredits; refugees; coordination, security and assistance services. Of the total amount, \$198 million was required for programmes operated by United Nations agencies and the remaining \$34 million was intended for the management of programmes to be developed by Angolan NGOs.

42. The difficulties that have had to be faced in all areas relating to the Convention on the Rights of the Child are varied and highlight the lack of financial resources as well as the technical and institutional inadequacies mentioned earlier. Nevertheless, it has been possible to carry out a number of promotional activities aimed at disseminating the provisions of the Convention as part of a national campaign involving radio, television, the press and other media. Messages have been broadcast promoting the rights of the child, particularly in the context of immunization campaigns, free birth registration, environmental campaigns and the observance of dates of significance to children, such as the Children's Days celebrated on 1 and 16 June each year.

43. Although the coverage of conferences and debates on topics relating to the rights of the child and the development of these themes on radio and television programmes, the dissemination of information on child-related issues in newspapers, on the radio and on television, and the publication of printed materials on the rights of the child have succeeded in spreading some information, coverage remains inadequate. These efforts have nevertheless helped to spread and disseminate the message throughout the country with a view to increasing awareness and mobilizing public opinion.

44. Among the efforts made to disseminate the message of the Convention has been the annual publication of brochures on the rights of the child since the 1980s. Each year since 1992 some 5,000 posters, 20,000 T-shirts, 50 records and other information material containing messages intended to increase and mobilize awareness have been produced as part of the Children's Day observances; the volume of items produced has been sufficient to reach all areas of the country.

45. In recent years there has been a marked increase in interest in incorporating the Convention in educational initiatives, not in the school curriculum but in extracurricular activities, particularly on Children's Days. These initiatives consist of conferences, debates and meetings that include skits based on experiences from children's daily lives.

46. The need to translate the Convention into the local languages of the various ethno-linguistic communities in the country and into the foreign languages that are also spoken in Angola has become apparent from time to time, but this project has never been undertaken. Given the emergency situation in the country and the fact that such a project is relatively costly, the task has been viewed by the State as a lesser priority, unless an NGO takes the initiative to carry it out.

47. The translation into seven national languages and dissemination of the simplified version of the Family Code, which was done by UNICEF, represent another effort to provide the media with tools to spread valuable messages about the protection and defence of children's rights among population groups whose language is not Portuguese.

48. While it is clear that more must be done in this area and that there is a growing need to include younger generations, the message has in fact been spread at the individual level through contacts with social workers involved in various community programmes, particularly in the Umbundo and Kikongo languages. All activities for children carried out in Angola by both government agencies and NGOs have the Convention as their basis, and its provisions have offered subjects for development using different approaches.

49. The State has also taken steps to increase social awareness and has disseminated the provisions of national legislation and the African Charter on the Rights and Welfare of the Child. As part of Angola's cooperation with UNICEF, the texts of the Convention and the African Charter have been extensively published in brochure form and disseminated throughout the country.

50. Given that Angola was bound to fulfil its obligations deriving from its ratification of the Convention, an integrated working group consisting of specialists from the Ministry of Justice, the Ministry of Foreign Affairs, the National Children's Institute and UNICEF was established in September 1999 to prepare the country's initial report.

51. Although a basic document was produced as a preliminary version of the report, the working group encountered a number of technical and logistical difficulties, and in February 2000 it submitted a plan to secure the involvement and commitment of specialists from other sectors of the Government and civil society.

52. At this point the Ministry of Foreign Affairs and the National Children's Institute decided to take control of the process, which resulted in the creation of conditions conducive to the start of work in April 2002. The present report on the implementation of the Convention in Angola reflects this effort as well as the work done by the National Inter-Sectoral Committee set up for that purpose, which was coordinated by the National Children's Institute and the National Children's Office of the Ministry of Welfare and Social Reintegration.

53. The National Inter-Sectoral Committee was composed of the Ministries of Foreign Affairs, Health, Justice, Education, Youth and Sports, the Family and the Advancement of Women, Planning, Public Administration, Employment and Social Security, Veterans' Affairs, Urban Planning and the Environment, Agriculture and Agricultural Development, and Internal Affairs as well as the National Statistical Institute. Civil society was represented by a "children's network", bringing together civil society organizations working with children and the

Inter-Faith Council for Peace in Angola, made up of Christian churches in Angola. UNICEF provided technical and logistical support and the necessary equipment throughout the process.

54. The National Inter-Sectoral Committee had within it a coordinating group consisting of five members who were assigned specific tasks, including the analysis of sectoral information and information from civil society, in order to ensure that information was disseminated. It was supported by a technical secretariat which took care of the practical aspects of technical and logistical matters and coordination. Committees were also set up at the provincial level which were coordinated by the provincial governments and assisted by the provincial offices of the National Children's Institute, which organized provincial seminars and debates and established contacts for dissemination of the Convention to communities.

55. In May 2002 a meeting was held with national and international NGOs and religious organizations to study and adapt the modalities for participation in the preparation of the report. Having worked together from the outset, these organizations hoped to submit a single report that would reflect the positions and aspirations of society as a whole.

56. From 19 to 21 June 2002 a national seminar was held to determine what the principal thrust of the process would be insofar as the form and content of the report were concerned. Taking part were the directors of the National Children's Institute from each province and representatives of the bodies constituting the advisory board, who came from national and international NGOs and churches having ties to civil society.

57. Topics were selected and preliminary texts were prepared by specialists from different government agencies and by smaller groups of specialists that received support from the provincial committees that had been set up to ensure that the entire country was represented.

58. Activities to disseminate the rights of the child, increase social awareness and mobilize society were carried out by the national and provincial committees through the media, round tables, workshops and appropriate printed materials.

59. A preliminary draft of the report was circulated among the various sectors of the Government, the provinces and civil society organizations with a view to eliciting comments and additional information to supplement the present, final version which was submitted to the Council of Ministers at its 2003 session. The Council approved the report.

II. DEFINITION OF THE CHILD (art. 1)

60. The age of majority in Angola is 18 years, which is the age set by the Convention on the Rights of the Child. The law considers that at 18 years of age individuals have acquired full capacity for the exercise of their rights and can control their person and property (Executive Decree No. 68/76, arts. 1 and 2).

61. With regard to the exercise of political rights, the Constitution Act stipulates that all citizens over the age of 18, with the exception of those who have been legally deprived of their political rights, have the right and the duty to participate actively in public life, to vote and to be elected or appointed to any State body (art. 28).

62. Minors may be subject to social protection measures until the age of 12 and crime prevention measures from the ages of 12 to 16; from 16 to 18 years of age they are fully accountable for their acts, although their responsibility is more limited than that of persons over the age of 18.

63. Under the Angolan Civil Code, legal personality begins with the completed birth of the living child (art. 66). After that time individuals become subjects of law and acquire legal capacity, without prejudice to the restrictions imposed by legal provisions. No one may renounce, either entirely or in part, his or her legal capacity (art. 69).

64. The Civil Code also stipulates that, unless otherwise provided, minors in Angola do not have capacity to exercise their rights (art. 123). This lack of legal capacity on the part of minors is replaced by parental authority and, to a subsidiary degree, by guardianship (art. 124). Children being minors, their acts are revocable (art. 125).

65. Exceptions to the lack of legal capacity of minors are provided for in article 127 of the Civil Code. Minors have legal capacity for such administrative acts as are consistent with the development of autonomy in children and may dispose of property they have acquired through their own labour or make expenditures in small amounts.

66. Unless otherwise provided, the incapacity of minors ends when they attain majority. Upon reaching the age of 18 they acquire full capacity to exercise their rights, as they can now control their person and property (art. 130).

67. Minors must abide by the provisions of Angolan law and obey their parents or guardians when their demands are not unlawful or immoral. However, Angolan law allows minors to acquire civil capacity before the age of legal majority through emancipation. Minors may emancipate themselves through a marriage authorized by their parents, guardians or person responsible for them, or through a court decision based on the opinion of the Family Council (Family Code, art. 24).

68. Emancipation thus confers upon minors full capacity to exercise their rights and empowers them to control their person and property as if they were legal adults. However, under Angolan law emancipation may be restricted in certain cases.

69. Being considered unfit because of their natural incapacity, minors aged seven years and under may not testify in civil or criminal proceedings (Code of Civil Procedure, art. 617).

70. Minors may be summoned to appear in court only through their representatives or with the authorization of their guardian, except in the case of acts that they may personally and freely exercise (Code of Civil Procedure, art. 10).

71. Under the Criminal Code, minors can bring a complaint of sexual abuse, particularly rape and abduction, which are considered to be public crimes and subject to a separate criminal complaint procedure if the victims are under the age of 12 (art. 399). At the time of trial the interests of minors must be defended by a lawyer (Act No. 5/90, establishing the Public Prosecutor of the Republic).

72. The Juvenile Justice Act explicitly authorizes minors over the age of 16 to act as their own counsel in juvenile court proceedings without the assistance of their legal representatives (art. 24).
73. With regard to the capacity to consult a lawyer or a physician without parental approval, under article 127 of the Civil Code and in accordance with ethical principles, minors may have access to such services as soon as they have attained a state of development in which they have the natural capacity to evaluate the problem and solve it by their own means, and if the expenses involved are not significant. Under these conditions, access to minor surgical operations that entail no risk of harm is permitted; other operations are not permitted except in the event of a medical emergency.
74. Under the Criminal Code, minors are subject to the jurisdiction of juvenile courts until the age of 16, and only the assistance, educational and correctional measures provided for by criminal law can be imposed on them (art. 109). This age is consistent with the age of 16 stipulated for in Act No. 9/96 (Juvenile Justice Act), which stipulates that minors may not be subject to criminal penalties involving deprivation of liberty and that only preventive measures may be imposed. The Act does make exceptional provision for internment measures that have social protection and crime prevention as their objective.
75. Attribution of criminal responsibility begins at age 16, according to the statute of legal aid for minors (Decree No. 417/71, which replaces the former criminal norms on the attribution of criminal responsibility to minors).
76. Under article 69 of the Criminal Code, minors aged 16 and older can be deprived of their liberty. However, article 108 establishes a regime for the partial attribution of criminal responsibility, which prohibits the imposition of prison sentences of more than eight years.
77. Imposition of the death penalty is prohibited in Angola under the Constitution Act (art. 22). This ban applies to adults as well as to minors. While not proscribed by the Constitution, life imprisonment is not contemplated in Angolan criminal law.
78. Education is compulsory in Angola. Until the recent reform of the educational system, only the first four years of primary education (ages 6 to 9 years) were compulsory for Angolan children. With the Education Reform Act that entered into force in 2003 the period of compulsory education was extended until sixth grade, for which the normal age at entry is between 11 and 14 years. The age limit for entry into the first year of primary education continues to be 6 years.
79. The upper age limit for compulsory education has been set at 14 years, pursuant to the Basic Education Act (Act No. 13/01, adopted on 31 December 2001 by the National Assembly and resolution 18/86), which coincides with the minimum legal age for employment established by the General Labour Act (Act No. 2/00, art. 282).
80. For adolescents aged 14 to 16, written authorization from the father, guardian or legal representative is required. Legislation carefully regulates the work of minors between the ages of 14 and 18 in order to ensure that it does not interfere with their training or studies (arts. 283 and 289). These provisions are consistent with ILO Convention No. 138 concerning Minimum

Age for Admission to Employment (1973) and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999).

81. Under the Family Code, only persons over the age of 18 may marry (art. 24). The law provides that, exceptionally, boys may marry at 16 and girls at 15 with the permission of a person having authority over the minor, or when, after a review of the circumstances and taking into account the minor's interests, the marriage appears to be the best solution.

82. Although the law prohibits marriage for women under the age of 15 and for men under 16, there exist in traditional law de facto unions that begin earlier, following puberty rituals. However, such unions cannot be recognized under the law, for the Family Code sets out the requirements for marriage (such as age and monogamy). These unions are significant only for reasons of inheritance, and are designed in particular to prevent the unwarranted enrichment of one of the "companions of the union".

83. With regard to the age of sexual consent, the Criminal Code stipulates that sexual relations with minors are not punishable if the minor is a woman between the ages of 16 and 18 who is not a virgin or a man at least 17 years of age (arts. 391-398).

84. It should be noted that the legislation in force treats minors differently, depending on their sex, with regard to marriage and to criminal penalties, and in cases of violations or consensual acts constituting rape or an affront to modesty. These legal provisions should be revised when future revisions of the law are contemplated.

85. The legal system also deals with matters differently from the norms of traditional law that govern the life of many Angolans, particularly farming communities, which authorize sexual relations at a much lower age, after initiation rites during puberty rituals.

86. Thus unlike the law, custom, which reflects local culture, entails no risk of criminal penalties. There is no need for a complaint for criminal proceedings to be brought, as, for example, in the case of consensual sexual relations involving minors 12 years of age (Criminal Code, art. 399).

87. The preliminary draft of the Constitution which the National Assembly's Constitutional Commission is preparing claims to recognize the validity and legal force of custom that is not contrary to the Constitution and the law in force by allowing the courts to apply customary norms in legal constitutional terms and limits. Thus such customs may still be considered "against the law".

88. By virtue of National Assembly resolution No. 21/02 Angola became a party to the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts.

89. Under the Military Service Act young men are required to register for military service at age 18 and must perform their service at age 20. The law provides for voluntary enlistment at age 18 and immediate enlistment at age 20, with deferrals for students who are about to complete their higher education.

90. The National Assembly may, if the military situation warrants, order enlistment in the army from the age of 18 years.

91. Under Angolan law, the recruitment of persons under the age of 18 for military acts is prohibited. In fact, the norms in force in Angola with regard to military service are more favourable to minors than those set out in the Optional Protocol to the Convention insofar as the age of enlistment for military service is concerned. Notwithstanding these provisions guaranteeing children's rights with regard to the age of military service, thousands of children were enrolled, enlisted and deployed in military action during the armed conflict.

92. Pursuant to Act No. 9/96 (Juvenile Justice Act), the consumption of alcohol by children is liable to social protection measures with a view to the reintegration of such children in society. Given the current state of affairs in the country, however, alcohol consumption among children is widespread and has increased, especially among children from the poorest segments of the urban population, there being no measures to address the phenomenon.

93. Yet in Angola, as in traditional African societies, adulthood begins at age 14. Girls are considered to be women after puberty and boys are considered to be men once they display a certain degree of physical maturity - in other words when they attain puberty. At this time they undergo "traditional schooling" and become emancipated. In urban areas, where there is no "traditional school", young people undergo a truly difficult period, characterized by a loss of self-esteem and cultural, civic and moral values.

III. GENERAL PRINCIPLES

A. Non-discrimination (art. 2)

94. In conformity with article 2 of the Convention on the Rights of the Child, article 18, paragraph 1, of the Constitution Act enshrines the right to equality and non-discrimination as underlying principles of the democratic State. The Constitution states that: "All citizens are equal under the law, enjoy the same rights and are subject to the same obligations, without distinction as to colour, race, ethnic group, sex, place of birth, religion, ideology, level of education or economic or social status." Article 18, paragraph 2, of the Constitution Act states that the law shall punish severely all acts intended to jeopardize social harmony or create discrimination or privileges based thereon.

95. This constitutional provision demonstrates that boys and girls are equal before the law and enjoy the same rights as other citizens, except in specific situations for which a minimum age is required, such as voting, standing for election and entering into marriage, as noted in the previous chapter. These exceptions should, however, be interpreted as a form of protection focusing solely and exclusively on the interest of the child, and never as a form of discrimination.

96. More explicitly, article 4 of the Family Code, concerning the protection and equality of children, assigns the task of protecting children to the family, in collaboration with the State, to ensure their sufficient protection and equality among them so that they may attain their full physical and mental development.

97. These provisions in the domestic legal order reflect the international instruments ratified by Angola, specifically the Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, the African Charter on Human and Peoples' Rights and the International Covenant on Civil and Political Rights.

98. The principles of equality and non-discrimination, which promote economic, social and cultural solidarity between all regions of the Republic of Angola, with a view to the common development of the Angolan nation as a whole, are also set forth in article 7 of the Constitution Act. These constitutional principles provide the legal underpinning for one of the Government's present and future priorities, namely the gradual elimination of problems facing children who live in the least developed rural and urban areas of the country, especially in those areas most seriously affected by war and population movements.

99. Generally speaking, the law advocates measures for the special protection of minors, persons with disabilities and pregnant women. However, these measures cannot be considered discriminatory because they arise from the special situation of these individuals.

100. Nevertheless, as stated in the previous chapter, the Family Code differentiates between the minimum ages at which adolescents may marry - 15 in the case of girls and 16 in the case of boys. It is legitimate to ask whether this discrepancy is constitutional in the light of the principle of non-discrimination.

101. The same is true of criminal responsibility, which applies solely to boys and not girls, in the case of consensual sex between minors, which is a crime under the Criminal Code.

102. Although no gender-based discrimination exists in law with regard to access to education, the situation nevertheless calls for improvement because social customs result in persistent de facto discrimination, particularly in rural areas.

103. Foreign citizens and stateless persons are protected by Angolan law. For example, under article 26 of the Constitution Act, they are guaranteed the right to seek political asylum, with all the implications that asylum has for the protection of minors under the responsibility of asylum-seekers. Article 14 of the Civil Code, which deals with the legal status of foreigners, advocates the principle of equality with Angolan citizens as regards the enjoyment of civil rights, so long as there is reciprocity. However, foreigners, like minors, are not permitted to exercise political rights under the terms of article 28 of the Constitution.

104. The administrative measures taken since independence are the culmination of the Government's efforts to eliminate all the prejudices of the colonial period, when the authorities encouraged discrimination and the exclusion of certain social groups.

105. Nevertheless, the fact that the country has not conducted a population census since 1970 and that it has yet to incorporate the various ethnic categories into the national system for compiling statistics (or the fact that these indicators were not properly incorporated into the surveys and studies that were carried out) has meant that the demographic information required for the formulation of a proper social policy has not really been taken into account.

106. The National Museum of Anthropology reports that the Kung, an ethnic minority in Angola, who are a conservative people, are unwilling to live together with the Bantu people and refuse to adopt any other form of coexistence, which results in social exclusion, a situation that should prompt an approach that takes greater account of their rights.

107. This de facto situation has probably had an impact on the formulation of social and economic development programmes, affecting the quality of education and health programmes and undermining guarantees that such programmes will be properly executed. However, the most recent surveys carried out by the National Statistical Institute paint a general picture of worsening urban poverty over the past decade, owing to the mass influx of displaced persons to the towns and migration for economic reasons, which has swollen the population of urban areas offering job opportunities and other income-generating activities. Moreover, poverty is worse in the countryside, which is characterized by an almost total subsistence economy having very few commercial ties to the rest of the economy, thereby magnifying the disparities between rural and residential areas.

108. Against this background, the Government's social and economic programme for the coming years will take into account the need to develop the country in a balanced way so that all Angolans may share in the nation's potential. Obviously, the characteristics of the countryside differ greatly from those of the towns. They must be borne in mind, however, considering that there is a greater number of disadvantaged children in rural areas.

109. As for disparities, discrimination against girls is commonly encountered; such cases are basically linked to local habits and customs that differ from province to province. In some areas, girls are given housework that occupies them for most of the day, whereas boys have plenty of time to play. Consequently, more girls than boys drop out of school. In addition, some families fail to understand the importance of teaching girls to read and write, since their only role in adult life is to serve the interests of their husbands and children.

110. There is in Angola a special government body responsible for dealing with discrimination issues, namely the Ministry for the Family and the Advancement of Women. It works in collaboration with other government institutions and social partners within the framework of the Rede Mulher (Women's Network) that brings together organizations working to promote women's rights. It was the Ministry that formulated the national strategy to promote gender equality based on the Beijing Programme of Action and the Dakar Framework for Action, which was approved by the Standing Committee of the Council of Ministers in November 2001, and prepared the report on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women.

111. One discriminatory practice that appeared in the late 1990s involving parents and other adults is the persecution of children for witchcraft. Such children are accused and often beaten, tortured, marginalized or rejected by their families and the community at large. Without protection and in order to survive, they find themselves on the streets and thus face a range of situations that undermine their general development.

112. Although this phenomenon is most widespread in the provinces of Zaire and Uíge, in the north of the country, cases of persecution of children for witchcraft have been recorded in other provinces and are on the increase throughout the country. Measures are currently being taken:

one example is an experiment undertaken in Zaire province, where a Kikongo-language project to protect children and provide psycho-social education for adults has been developed and community-based child protection boards have been established. These boards bring together provincial, religious and customary authorities: traditional chiefs, public officials and police officers in the parish, and *quimbandas* (healers, soothsayers). However, more needs to be done to gain a deeper insight into this phenomenon, prevent it from spreading and protect the rights of accused children.

113. Recent studies indicate that, in most communities, children with disabilities take no active part in community life and do not normally interact with other children at school or in recreational activities. In some communities, the prevailing view is that disabled children do not need to be educated, even though such children require more help than others (CCF/IRC/SC-US, 2000). They do not benefit from available education or developmental opportunities. To change this situation, legislation has been drafted to promote and protect the interests of children with disabilities and a series of initiatives has been launched to counter prejudice against them.

B. Best interests of the child (art. 3)

114. The Constitution Act enshrines the principle that the child is an absolute priority. This is made explicit in article 30 of the Act, which states that children shall be given absolute priority and shall therefore be specially protected by the family, the State and society with a view to promoting their all-round development.

115. This principle has various constitutional implications for lawmakers and institutions alike. The absolute priority of children and the enjoyment of special protection provided for by the Constitution are reflected in article 4 of the Family Code, which states that children deserve special care within their families, which, together with the State, are responsible for ensuring the greatest possible protection for children.

116. Pursuant to article 158 of the Family Code, on the exercise of parental authority, a court must take the necessary steps to protect minors by ensuring the proper application of article 160, which states that, in handing down decisions, courts should always have the benefit and the interests of the minor in mind.

117. In addition, both the Civil Code and the Criminal Code stipulate that decisions concerning minors, whether taken by parents or the authorities, must serve the interests of children.

118. The existence of juvenile courts, i.e. a specialized division for the protection of minors, also clearly affirms the concept of the best interest of the child, given that the decisions of such courts are intended to benefit minors by seeking at all times to ensure their legal protection and uphold their rights. However, this concept needs to be further refined by the juvenile courts, the first of which was established only in June 2003, in Luanda.

119. Under the slogan "Absolute Priority to Children", the National Symposium on Children was held from 26 to 29 October 1993. The conference assessed the situation of Angolan children and evaluated progress in preventing and, in particular, combating all forms of

discrimination. Its conclusions drew attention to the lack of awareness of children's rights and to certain shortcomings in the arrangements for safeguarding those rights, a situation that has improved somewhat owing mainly to the establishment of peace.

120. The findings of the symposium, together with the principles of non-discrimination and the best interests of the child, were the inspiration for the protection and assistance programmes administered by public and private institutions, such as the SOS Children in Danger programme or the counselling and childcare projects run by the legal information unit of the Ministry for the Family and the Advancement of Women, the National Children's Institute and the Organization of Angolan Women.

121. It should also be recalled that these principles underpin the strategy for protecting children's rights that the Government adopted in May 2002, the aim of which is to extend effective protection and assistance to children in particularly vulnerable situations, such as children in homes, displaced children and children returning to their communities or establishing themselves in a particular area. Among the principles recommended for implementing programmes pertaining to children's rights and requirements is the need to ensure respect for children's best interests, non-discrimination, children's participation and protection of their personal integrity and security.

122. These principles must be observed at every stage, especially when taking decisions on family reunification, addressing the needs of specific groups such as child soldiers prior to reintegration into civilian life, and social and economic reintegration options.

123. Similarly, it is recommended that, in order to avoid stigmatization and discrimination during reintegration, decision-makers refrain from adopting an approach that might pigeonhole or label children. Rather, their approach should be tailored to the needs of special or sensitive groups such as child soldiers, sexually abused girls, persons with disabilities and other vulnerable categories. The guiding principle should reflect a comprehensive approach that takes account of the specific needs of all children and young people in the community, without distinction of any kind. Following the same logic, the placement of children in centres or similar institutions is wholeheartedly discouraged as being contrary to the principle of the child's best interests.

C. The right to life, survival and development (art. 6)

124. The right to life is explicitly protected under articles 20 and 22 of the Constitution Act, regarding protection of the life of all citizens, respect for human life and prohibition of the death penalty. Article 358 of the Criminal Code prohibits abortion.

125. According to information from maternity hospitals in Luanda, in certain very specific cases (if clinical and therapeutic considerations dictate, as when the mother's life is in danger or in the presence of irregularities that could endanger the child's normal development), a local medical board is formed to decide whether to terminate the pregnancy before the twenty-second week of gestation. It is not permitted to terminate a pregnancy after the twenty-second week, otherwise the procedure is considered an abortion, which is a crime according to law.

126. Articles 30 and 31 of the Constitution Act, referred to above, also contain provisions that encourage the full development of children and young people and outline the State's duty to promote harmonious development of the personality of children and young people and create conditions conducive to their integration and active participation in the life of society, in collaboration with the family and society. Article 31 broadens this duty of the State to include the creation of conditions conducive to the fulfilment of the economic, social and cultural rights of youth, particularly in respect of education, vocational training, culture, access to a first job, labour, social security, physical education, sport and use of leisure time.

127. As mentioned above, the state of war that prevailed in the country for almost 30 years undoubtedly threatened the life, survival and development of Angolan children. The violence and the collapse of social services have had an adverse effect on children. The current child survival and health situation is characterized by high mortality and short life expectancy at birth. Children also suffer from malnutrition and are exposed to disease and hardship. Abandoned street children, orphans, and displaced and physically, psychologically or socially traumatized families illustrate these experiences in dramatic fashion.

128. The Government is taking protective assistance measures to safeguard the physical, mental and moral integrity of children. Cases are normally referred to the SOS Children in Danger programme, the legal information unit of the Ministry for the Family and the Advancement of Women, the National Children's Institute, the information centre of the Organization of Angolan Women and various NGOs working to protect children's rights and welfare.

129. In the area of child health, development and welfare, the Ministry of Health has wasted no time in providing care to children through public health programmes (preventive care) and the system of health care institutions that includes national, provincial and municipal hospitals and local health clinics and health (treatment) units.

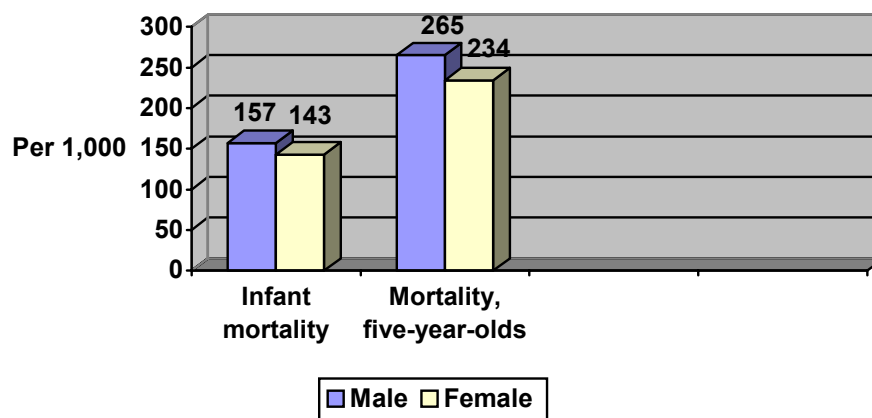
Table 4

Comparison between average infant mortality and mortality among five-year-olds

Indicators	2001			1996		
	Total	Urban	Rural	Total	Urban	Rural
Infant mortality (per 1,000)	150	148	155	*	*	*
Mortality, five-year-olds (per 1,000)	250	245	260	274	271	276

Source: Multiple indicator survey 2002, National Statistical Institute/UNICEF

Figure 1. Mortality by sex



Source: Multiple indicator surveys 2002 and 2003, National Statistical Institute/UNICEF.

130. In view of the high infant mortality rates, Angola has adopted and is currently implementing the integrated management of childhood illness strategy. Given that malaria is the primary cause of death among children, the country has also put in place a strategy to control malaria and subscribed to the global Roll Back Malaria Partnership.

131. Initiatives such as the programme to combat acute diarrhoeal disease focus on: reducing deaths from dehydration through the use of oral rehydration solutions; early detection of respiratory infections, thereby preventing pneumonia or aggravated pneumonia, which is the principal cause of death among young children along with other respiratory infections; and early detection of malnutrition through the conduct of nutrition surveys in at-risk areas and the establishment of nutrition therapy and nutritional supplement centres wherever the situation warrants. These programmes have been established to protect children's health and ensure their survival. The Government has also developed immunization campaigns to combat certain infectious diseases. For example, it has enhanced its measles vaccination campaigns, launched in 1994, through the Measles Plus project. In the next few years it also plans to extend campaigns against polio (see chapters V to VIII below for an account of action taken in this area).

D. Respect for the views of the child (art. 12)

132. Freedom of expression is guaranteed under article 32 of the Constitution Act. This right may be restricted by law. In the specific case of minors, the law expressly establishes the following rights:

- Minors over 10 must be heard by the court in cases involving the exercise of parental authority over them, pursuant to article 158, paragraph 3, of the Family Code;
- A minor has the right to give evidence or make a statement in civil or criminal cases from the age of 7 years;

- A minor has the right to bring a complaint of crimes involving unlawful sexual interference with his or her person (the legal term is “crimes against decency”);
- Minors aged 10 years and older have the right to give their consent to be adopted;
- Minors have the right from the age of 10 years to be consulted and to state their views in guardianship proceedings;
- Minors may speak out and express their opinion as part of their exercise of the right to assemble and demonstrate (not applicable to the exercise of political rights);
- Minors have the right to be consulted in proceedings relating to social protection and crime prevention and in criminal proceedings;
- Minors have the right to choose a lawyer to defend their rights and interests from the age of 16 years.

133. In addition to this list of legal possibilities for the exercise of the constitutional right of freedom of expression, children may freely state their opinions in the family circle, custodial or educational institutions and the media.

134. As a reflection of democracy in schools, all Angolan citizens, and especially children, have an equal right to freedom of expression and opportunity, without distinction of any kind, which they may exercise by, inter alia, publishing newspapers, painting murals and participating in television and radio programmes.

135. In October 1993, at the National Symposium on Children, and in June 2000, at the Children’s Parliament, Angolan children staked out their own territory and demonstrated to adults that they were capable of discussing and reflecting upon matters of concern to them. Since these two landmark events, which have been followed by lectures and debates on radio and television, adults have shown greater open-mindedness and have provided children with opportunities to take part in a number of events. For the most part, however, children’s participation in activities of concern to them has occurred since the emergence of the worldwide children’s movement and the incorporation of these activities in the “Say Yes for Children” campaign.

136. In accordance with ethical standards and standard practice in traditional societies, freedom of expression is not acquired until emancipation. However, once emancipated, individuals must conform to the habits, customs, rules and standards of their tribal group in order to prepare themselves and avoid problems stemming from ignorance of the secrets of their society. Initially, therefore, individuals embark on an acculturation process without being aware of what is happening, a journey that takes them through the initiation phase, in which all girls and boys participate, and ends with the attainment of full emancipation.

137. Children accused of witchcraft, who are considered to fall outside the mainstream, are thought of by the community as belonging to a sect - a religious or mystical group whose teachings and hierarchy these children must obey.

IV. CIVIL RIGHTS AND FREEDOMS

A. Name and nationality (art. 7)

138. The birth register is intended to ensure the right to citizenship and thus to proper access to medical care, education and social welfare for the all-round development of the person, and particularly of children. In Angola the right to citizenship and the right to a civil identity are laid down by the Constitution Act and regulated by ordinary legislation, on the basis of the legal existence of citizens as recognized through the registration of births.

139. The legal guarantee of the right to a name is enshrined in the Constitution Act (art. 20), the Civil Code and the Family Code. In addition, these guarantees are reinforced by a number of legislative and administrative measures designed to compensate for the shortcomings of the arrangements currently in force.

140. Under the Civil and Family Codes, the right to a name may be exercised at any time and is explicitly tied to birth registration and proof of parentage.

141. Under the Family Code, proof of parentage lies in a document issued by the civil registration authority (art. 162). In all cases, the mere fact of birth is proof of maternity (art. 167). All citizens are recognized as having the right to establish their parentage, parental authority being exercised by both parents, who must contribute to their children's instruction, upbringing and education.

142. Angolan law establishes a scale of fees, varying with the age of the child, for recording details in the birth register. Parents of children aged up to 30 days pay less than parents of children aged between 31 days and 12 months. Parents who register their child after its first birthday pay even more. This provision is intended to encourage immediate registration at birth.

143. For young Angolans, a birth certificate confirming registration is a prerequisite for the exercise of citizenship and the enjoyment of rights. This document is of fundamental importance in gaining access to education and health services and is particularly important as proof that a child or young person has attained the age for admission to school, military service, vocational training or employment, or as proof of age in order to benefit from special treatment under the law.

144. A birth certificate confirms that a person appears in the civil register and enables that person to obtain an identity card from the records office, which identifies the person as an Angolan citizen and records his or her name and parentage, in addition to the date and place of birth.

145. In Angola, the birth register also performs the extremely important function of facilitating the processes of reintegration and return to normality of citizens who, as a result of the armed conflict, have been unable to exercise their right to a name and have grown up without an identity.

146. The armed conflict destroyed the infrastructures and system for recording births and the archives in the areas most affected by the war, leaving thousands of people, particularly children, without any identity papers, thus necessitating remedial measures. The network of registration

services, particularly at the municipal level, has been all but destroyed or paralysed, and certain sectors of the population have remained cut off or been constantly displaced owing to the war.

147. Officially, there are 25 civil registries nationwide (7 in Luanda, 2 in Benguela and 1 in each of the 16 provincial capitals) and 137 sub-offices in each of the country's municipalities. As a result of the war, only 40 per cent of these offices were in operation at the end of 2002.

148. Thousands of children displaced from their places of origin have lost their papers, and many civil registrars have either been killed or have lost their jobs. Given the impossibility of monitoring vast swathes of the country, a sizeable proportion of Angolans, including children, remain deprived of their right to a name and nationality. Either they could not be registered in the normal way, or they lost their identity papers and were never able to obtain new copies from the registration services that had been destroyed.

149. As well as the protracted war, other considerations should be borne in mind. Data available at the end of 2001 indicated that just 29 per cent of the population was registered at birth (National Statistical Institute/UNICEF, 2003). It is thus estimated that some 4.5 million children are unregistered. Taking account of official estimates that more than 45 per cent of the population is under 15 and roughly 50 per cent of the population is under 20, one must conclude that the majority of those still unregistered are probably children.

150. The overstrained network of birth registration services is incapable of meeting the needs of the public, infrastructures are limited or inadequate and registration materials and money are lacking. Morale among officials is also quite low, a situation exacerbated by meagre salaries and poor working conditions in general.

151. Faced with a rigid, cumbersome, somewhat inaccessible and slow-moving system (450 officials for approximately 5 million persons needing registration), most people experience difficulty registering their children, and do so only in cases of personal or professional necessity. The non-existence of registers is a problem compounded by the extensive displacement of the population, negative cultural influences, illiteracy and lack of information, the long distances between people's homes and civil registries, and by the cost of registration.

152. These factors have prompted the launching of two free nationwide birth registration campaigns. The first, coordinated by the Ministry of Justice in 1998 in association with other government bodies and NGOs and with assistance from UNICEF, registered 658,620 children in a six-month period using fixed and mobile teams comprising some 720 staff in 72 towns. The campaign required those involved to make an extra effort owing to the sheer number of children requiring registration and the high logistical cost of the operation (Ministry of Justice, 2003).

153. Based on the lessons learned from the 1998 campaign, in May 2001 the standing committee of the Council of Ministers approved a national strategic plan for a second free birth registration campaign for minors and adolescents up to the age of 17 years, as well as a corresponding budget. Under the general coordination of the Ministry of Justice, the strategy of the second registration campaign was based on the joint participation of various ministries and a political and financial commitment on the part of the Government.

154. By promoting free registration and increasing the population's awareness of the advantages of registration, the campaign has made possible the registration of a significant number of children and adults who were not registered at birth. More than 2.2 million children aged up to 17 years were registered between the start of the campaign in December 2001 and April 2003 (Ministry of Justice, 2003).

155. In parallel with birth registration campaigns that have set up the system for registering the births of thousands of children, many of whom have been separated from parents about whom they have no information, family tracing and reunification programmes have been developed, thereby enabling such children to find out who their birth parents are and to receive the care and affection they need from them.

156. As to the specific allocation of tasks among the bodies and institutions involved in the process, the Ministry of Justice and the Angolan armed forces signed a cooperation agreement to facilitate birth registration at the centres set up for former soldiers of the União Nacional para Independência Total de Angola (UNITA) and their families in the second half of 2002. Under this agreement, the Angolan armed forces were assigned to provide logistical support to the registration team (transporting their registration equipment and belongings to every province and operational area for example), in order to ensure that they were supplied with food, lodging, protection and requisite liaison with the Ministry of Justice and UNICEF for project planning purposes.

157. This collaborative arrangement between the Angolan armed forces and the Ministry of Justice was supplemented by assistance from UNICEF, which supplied registration materials, provided technical guidance and paid allowances to the registrars involved in the operation, and from the National Children's Institute, which was involved in outreach, awareness-raising and mobilization. A budget of US\$ 1,025,340 was approved, equivalent to 21,532,140 kwanzas at the time of the operation. Between July and December 2002, approximately 160,000 children were registered at the registration centres (Ministry of Welfare and Social Reintegration, 2003).

158. The national strategy is based on the fact that only adequate partnership can yield satisfactory achievement of campaign objectives by taking advantage of synergies and supplementary contributions from partners that make it possible for Angola to translate its proposed projects in this domain into reality. The strategy thus places high priority on cooperation between the various sectors of the Government and partnerships with religious organizations (the Catholic and Methodist Churches) and civil society.

159. By signing partnership agreements, the Government is giving the church an opportunity to mobilize registration teams and establish registers in fixed and mobile centres under the supervision of, and in close collaboration with, the registrars responsible for the zone in which each church operates.

160. Civil society organizations also play a crucial role in maintaining birth registers, thereby supplementing the work of the churches and registrars. Their efforts are focused on mobilizing communities, where they offer relevant training. In cooperation with each civil registry, they help families to fill out "pre-registration" forms, organize and facilitate access by parents and children to the registers, monitor and report irregularities and thus facilitate interaction between the population and official structures.

161. The readjustment of the registration system to the new realities in Angola aims to create conducive conditions throughout the country for the registration of children as soon as possible after birth. To this end, it will be necessary to improve the delivery of services at civil registries through the gradual computerization of data and the establishment of partnerships, particularly with NGOs and churches, and especially those operating in the remotest areas of the country.

162. A study has been conducted of the obstacles and difficulties encountered by the population in registering children as soon as possible after birth. The majority of people interviewed during the multiple indicator survey said that the most significant consideration was the excessive cost of the procedure (34 per cent), followed by the distance they had to travel to get to the civil registry (16 per cent). Less frequently cited reasons were lack of awareness of the need to register a child's birth (6 per cent), ignorance of the availability of services (5 per cent) and refusal to pay the fine for late registration (4 per cent) (National Statistical Institute/UNICEF, 2003).

163. The economic situation of parents therefore directly affects their capacity to register children for whom they are responsible. Accordingly, children in higher socio-economic brackets are almost three times as likely to be registered as those in lower socio-economic brackets. In addition to the official birth registration fee, parents must also pay transport costs.

164. The impact of the inaccessibility of registration services is confirmed by the significantly lower number of children registered in rural areas (19 per cent, compared with 33 per cent in urban areas). This reflects the fact that there are fewer registration places in peri-urban and rural areas than in towns, which means that families from those areas must pay higher transport costs.

165. Families that register their children tend to do so fairly late. Children under 6 months of age are five times less likely to be registered than those aged between 4 and 5 years. This is because parents wait until they need proof of legal identity to gain access to certain social services before registering their child. Given the very low rate of birth registrations, primary schools agree to enrol children even without legal identity documents. Families thus tend to wait until their children have finished third or fourth grade, at which time they need proof of identity to proceed to the next level of education.

166. The Nationality Act (No. 13/91) sets out the terms for the granting, acquisition, loss and reacquisition of Angolan nationality. This Act stipulates that Angolan nationality is acquired from the moment of birth.

167. The Minister of Justice has the power to decide on matters concerning the granting or acquisition of nationality and on applications for nationality and loss of nationality when it is not within the remit of the National Assembly to exercise this power.

168. Angolan nationality may be acquired at birth or by naturalization. Pursuant to the Nationality Act, the child of a father or mother holding Angolan nationality, whether born in Angola or abroad, is an Angolan citizen from birth.

169. Under Angola's Family Code, a child who is fully adopted by an Angolan citizen shall acquire Angolan nationality, as shall children born in Angolan territory who have no other nationality, and children born in Angolan territory whose parents are not known, of unknown nationality or stateless.

170. Children of Angolan nationals born abroad who hold another nationality shall lose their Angolan nationality if, upon attaining the age of majority, they express their desire not to be Angolan citizens. Likewise, children fully adopted by foreign citizens shall lose their Angolan nationality if, upon attaining the age of majority, they express their desire not to be Angolan citizens. On the other hand, when acquired Angolan nationality has been lost pursuant to a declaration of intent by the parents during their child's minority, the child may reacquire Angolan nationality if he or she expresses the desire to do so and makes the appropriate choice.

171. Refugee children are protected by the State under the arrangements applicable to their parents or to the persons exercising parental authority over them. Their nationality, as declared by these persons and checked using appropriate means, remains unchanged under international rules for the registration of refugees.

B. Preservation of identity (art. 8)

172. The Family Code regulates matters of parentage in cases where parents marry after the conception or birth of the child, or the mother remarries. It also regulates matters of paternity in accordance with the principle that all persons have the right to know the identity of their father and mother.

173. The provisions of the Family Code and the Civil Registry Code stipulate that children have the right to bear the names of their father and mother. The choice of a name is a matter for the parents or, failing that, a judge after consultations with the Family Council. Paternal filiation may also result from a de facto union of the mother and the father, even if it has not been recognized.

174. Angolan law does not treat children born out of wedlock differently. They have the same rights as children born in wedlock, and their identity is attributed in the normal way, with respect for the identities of their forebears and ancestors.

175. Under the Civil Code, all persons have the right to use their name in full or abridged form, and have the right to challenge the illicit use of their name by another person for identification or some other prejudicial purpose. However, safeguards for the protection of this legal provision are still weak.

176. Act No. 10/85 regulates the composition of names and stipulates that at least one of a person's names must exist in an indigenous Angolan language or in Portuguese.

177. Pursuant to the legislation passed in connection with the birth registration campaign, which is modelled on the laws regulating the civil status register, children under 14 are not permitted to register their birth details without an adult being present.

178. In addition, the law empowers persons in charge of children's homes and assistance centres set up under the Juvenile Justice Act for the protection of minors and also duly authorized guardians to make birth declarations and consequently to name children under their guardianship.

179. The Civil Registry Code allows for the re-establishment of birth registers in cases where these have been destroyed by war. In such cases, the law requires that a person must formally request that this be done by addressing a petition to the National Director of Registers and Lawyers.

180. The provisions introduced into the Angolan legal order to implement the birth registration campaign are innovative and represent significant milestones in the relaxation, simplification and decentralization of the procedures hitherto required by the registration system. They must therefore be adapted to harmonize completely with the Convention on the Rights of the Child and to promote and protect children's rights in the period following the campaign.

181. In view of the gravity of the situation, the Ministry of Welfare and Social Reintegration established the National Family Tracing and Reunification Programme to protect the most sacred right of the child, namely the preservation of his or her identity. However, criminal law is still ill equipped to deal with citizens who deliberately conceal the truth about children who have lost their identity papers.

182. It is important to note that the birth register is considered one of the central pillars - if not the mainstay - of the strategy for protecting children at reception facilities for former UNITA soldiers and their subordinates, and in areas that have become accessible only since the end of the war. A joint effort has been made by government bodies, the State, United Nations agencies (particularly UNICEF), civil society and various communities.

183. Pursuant to Executive Order No. 91/81 of 25 November 1981, Act No. 10/85 of 11 October 1985 and article 131 of the Civil Registry Code, no change or amendment of a name legally recognized in a civil registration document is possible unless stipulations to the contrary exist. Nevertheless, a citizen who wishes to change his or her name may, in circumstances provided for by law, initiate the relevant proceedings and petition the Minister of Justice, whose decision in the matter shall be published by the Government's information centre in the Official Gazette.

C. Freedom of expression (art. 13)

184. Article 32 of the Constitution guarantees freedom of expression, assembly and demonstration. These fundamental rights are enshrined in a number of legal provisions, such as the Family Code and the Juvenile Justice Act, which in general terms guarantee to minors over 10 the right to be heard by the courts in cases that concern them.

185. However, journalists working for various private and State-run news agencies concluded at a seminar held in Luanda that although children have a voice in the different media, the situation is still unsatisfactory. They concluded that greater effort should be made in seeking out the opinions of children and that ongoing training programmes for journalists should be

reviewed. The seminar participants also expressed their interest in reviving the journalists' and children's friendship club established more than five years ago with the underlying aim of promoting the rights of the child.

D. Freedom of thought, conscience and religion (art. 14)

186. Article 45 of the Constitution Act states that freedom of conscience and belief shall be inviolable. The State recognizes freedom of worship and guarantees the exercise thereof, provided this does not conflict with public order and the national interest. Article 8 of the Constitution Act defines Angola as a secular State, and Joint Decision No. 1/95 of the Ministry of Culture and the Ministry of Justice establishes rules for the protection of religions and places of worship.

187. Children are also recognized as having the freedom to form their own opinions and develop their conscience with the aid of their parents or legal representatives. Although article 5 of the Basic Education Act (Act No. 13/01) enshrines the principle of secular public education, the Ministry of Education has the freedom to allow religious education, provided compulsory schooling is not affected thereby.

E. Freedom of association (art. 15)

188. Freedom of expression, assembly, demonstration and all other forms of expression are enshrined in the Constitution. Act No. 16/91 adds that all citizens have the right to assemble and demonstrate freely and peaceably in public places, without authorization, for purposes not contrary to law, morality, public order and the public peace, or the rights of other persons. However, this Act does not refer specifically to children, a point that will be reviewed when the legislation is revised.

189. Children under 18 may join associations, whenever the nature of the association so warrants, but children under 16 may not occupy positions of leadership therein (Act No. 14/91, art. 7). The exercise of the right of association is unrestricted: no one may be forced to join an association or remain a member. However, only citizens over 18 who are capable of fully enjoying and exercising their civil rights may freely constitute associations within the scope of the law.

190. The legal guarantee and embodiment of these rights are significant developments that are necessary and important for children.

F. Protection of privacy (art. 16)

191. Article 44 of the Constitution Act guarantees the inviolability of the home and the secrecy of correspondence, subject to contrary provisions. Article 43 of the Constitution Act states that citizens have the right to appeal to the courts against any act that violates their rights as guaranteed by the Constitution and other laws.

192. As a result, children as citizens, have a constitutional right to protection of privacy. In addition, article 6 of the Press Act specifies procedures for accessing sources of information while at the same time respecting citizens' private lives, particularly the private lives of children.

G. Access to appropriate information (art. 17)

193. The Press Act, which entered into force in 1992, provides for freedom of information by guaranteeing the independence of news agencies. Only television and short-wave radio are exclusively controlled by the State. A new law on the press and a code of ethics are contemplated. Legislation also regulates matters such as various forms of liability, jurisdiction, applicable procedure and the publication of court judgements.

194. Article 4 of the Press Act specifies the kind of behaviour that journalists should adopt in their dealings with people and outlines the general direction that the media should follow in focusing their attention on education, art, culture, training and information. The law prohibits the transmission of programmes and the broadcast of information that might have an adverse effect on children's development, especially the description, publication or disclosure of violent or shocking scenes (art. 29).

195. Whereas the Government, through the Ministry of Public Information, is responsible for setting overall policy, it is the public information board that regulates information-related activities throughout the country.

196. Article 35 of the Constitution Act establishes the principles relating to freedom of the press that govern the activities of media professionals. The Press Act permanently guarantees the independence of news agencies, as the State may not interfere in editorial decisions. Under the law, short-wave radio broadcasting and television are exclusively controlled by the State.

197. In going about their work, journalists have officially guaranteed access to such sources of information as are required for the exercise of the right to information, with the exception of State secrets, military matters or citizens' private lives (Press Act, art. 6). Moreover, journalists are not obliged to disclose their sources.

198. The radio coverage of forums in which children participate, such as the Children's Parliament, for example, amply demonstrates the respect accorded to children's opinions. This has already had an extremely positive effect and influenced a number of legislative and administrative measures that have been taken to benefit children.

V. FAMILY ENVIRONMENT

A. Parental guidance (art. 5)

199. Although Angola has been colonized and has absorbed European culture in terms of family life, much of the population has retained features of Bantu social organization, according to which the family is considered as a union or group of people who are related through blood ties and whose purpose is to contribute to the common good of members of their community.

200. The Family Code defines the family as the basic unit of social organization and an entity protected by the State. It is based on marriage or de facto union.

201. In order to monitor changes in family-related problems and to address them, a collegiate body, the National Family Council, has been set up in the Ministry for the Family and the

Advancement of Women. This body is composed of various actors from the Government and civil society and is intended to protect and study the family and to formulate proposals for organizational and social policies.

202. To deal with matters concerning family law, the National Family Council has set up a family advisory bureau, whose tasks include the creation of a climate of dialogue within families and the provision of legal assistance on matters relating to family conflicts.

203. The National Family Council is also supported by NGOs, in particular the Organization of Angolan Women and the Association of Women Jurists, which provide families with legal advice, aid and assistance by explaining their rights and protecting the interests of the family.

204. The average Angolan family has 4.8 members; urban families are slightly larger than those living in rural areas. On average, 34 per cent of families are composed of one to three members, 31 per cent have four to five members, 21 per cent have six to seven members and 14 per cent have eight members or more (National Statistical Institute/UNICEF).

205. Family size, the profound changes the population has undergone in recent decades because of the war, migration flows, the hardships of every kind caused by widespread poverty (68 per cent in 2001, according to studies by the National Statistical Institute) and inter-generational cultural conflicts, are factors that have had a significant effect on families, often leaving them weak and largely unable to assume their responsibilities towards their children. As a result, children often leave home and thus cease to live with someone who holds parental authority. These are also some of the reasons why many parents neglect to exercise parental guidance and authority.

206. The changes in the country's habits and customs, particularly as regards the integration of minors into society, have obliged children to assume certain social and/or economic functions that are not recommended for their age, making them responsible for their families' subsistence, as they are often the family's only source of income.

207. The legal measures adopted to reverse this trend have not achieved the expected results, on account of the economic decline faced by individuals and families, which makes them unable to exercise parental authority.

208. In view of the many factors involved and the inability of social support structures to implement judicial decisions, the Government has drawn up a programme to reduce the incidence of poverty and enhance the effectiveness of social assistance mechanisms.

B. Parental responsibilities (art. 18)

209. Approximately 80 per cent of traditional Angolan society is matrilineal in its system of social organization. The father and the maternal uncle have primary responsibility for the household and provide religious, social and political guidance for children and young people, with the help of the community. Within this system, the relationship with the children, the title of father and paternal obedience are shared between the biological father and the uncle who is the mother's eldest brother.

210. A father's failure to fulfil his obligations towards his family are punished first by the uncle, who in the discharge of his duty as father by ancestry, draws the father's attention to his failure to do his duty, which may give rise to the couple's separation.

211. In the event of divorce, the husband ceases to have responsibility for the children, which will be considered highly positive and proof of the woman's fertility for her next relationship.

212. Article 29 of the Constitution Act stipulates that, with the cooperation of the State, families must encourage and ensure the complete education of children and young people. Under article 30, it is the State's responsibility to create the necessary conditions for the harmonious development of the personality of children, who enjoy the specific protection of the family, the State and society with a view to their all-round development.

213. Parental guidance derives from the Family Code, according to which the custody, supervision and maintenance of minors, their health care and education are the parents' responsibility.

214. The parents must keep their children with them and protect their physical and moral integrity; children may not leave the home without their approval.

215. Normally, parental authority is exercised mainly by one parent, in most cases the mother, because there are more and more single-parent families headed by women (36 per cent, according to the multiple indicator survey). For this reason, parental authority is often exercised very loosely.

216. Article 130 of the Family Code establishes that the father and the mother enjoy equal rights in exercising parental authority. They act in the interests of children and society by contributing to the training, upbringing and education of their children so that they become socially useful citizens; depending on their resources, parents cooperate with educational and child and youth care institutions, thereby guaranteeing continuity with the family unit.

217. Under family law, parental authority is shared, even when minor children of the other parent live under the same roof and in the event of separation (de facto separation, annulment of marriage or divorce). When neither parent is fit to exercise parental authority or if the minor's physical or moral safety is at risk, the judge may decide to entrust the child to a third party or to an institution that will exercise parental authority (Family Code, arts. 139, 148 and 151). However, this legal provision is rarely applied.

218. The reason for this is the difficulty in proving the facts underlying the request. In such cases, and even in the light of more recent developments, such as the sale of children, the State rarely intervenes.

219. In the legal sphere, parental authority is intended to compensate for minors' lack of capacity, which is due to their inexperience, in supervising children's personal development and looking after their patrimonial interests; this they do through the legal representation conferred on them on behalf of their children until the children reach the age of majority, which under Angolan law is 18 years.

220. The law provides that children must obey their parents. It stipulates that parents must foster the development of minors, always taking into account their personality and wishes as well as their personal aptitudes and inclinations, without imposing any rules of conduct or life decisions that would run counter to their wishes, such as choice of religion, profession, marriage and so forth. The law also mentions the contribution all members of the family must make so that each can fully develop his or her personality and aptitudes, while showing due regard for individual personalities.

221. In the context of pre-school education and support for parents, various early childhood services have been introduced. These are public or private institutions that take in children up to the age of 6 years and include crèches (for children between 2 and 3 years) and nursery schools (for those between 3 and 6).

222. The main purpose of these childcare institutions is to educate children, look after them and ensure their growth and physical, intellectual and social development, to cooperate with families in sharing the burden of care and responsibilities throughout childhood; to participate in activities such as the protection of the rights of the child; and to ensure the integration of children with special educational needs.

223. The development of public policies and support structures, especially those designed for children, is dependent on an increase in funding and the number of employment opportunities that will allow those having parental authority to take advantage of these structures and meet their responsibilities.

Table 5
Childcare institutions

Provinces	Childcare institutions					
	Public centres	Number of children	Private centres	Number of children	Homes	Number of children
Bengo	1	27			1	36
Benguela	4	146	2	70	5	280
Bié					1	47
Cuando Cubango					1	20
Cuanza Sul	3	564				
Cunene	1	9			1	50
Huambo					4	230
Huíla			3	95	3	138
Luanda	5	1 750	58	2 610	1	300
Lunda Norte	1	31				
Malange	3	70				570
Moxico	1	5			1	150
Namibe	1	12			1	200
Uíge	1	150			1	20
Total	21	2 764	63	2 775	20	2 041

Source: Ministry of Welfare and Social Reintegration/National Family Tracing and Reunification Programme.

224. Given that there are approximately 4 million children from 0 to 5 years in the country, it is clear that the 104 childcare institutions available to parents for some 7,600 children are insignificant.

225. Of the total number of childcare institutions, 64 are in Luanda, for approximately 4 million inhabitants, 11 are in Benguela and 4 are in Huambo. A look at their enrolment shows that Luanda has some 4,660 attendees out of the total of 7,600, followed by Malange with 640 and Cuanza Sul with 564.

226. The towns with institutions for disadvantaged children are those that were least affected by the war: Luanda (58), Huíla (3) and Benguela (2).

227. The number of children in children's homes is higher in the provinces that were most affected by the war: Malange (570 children), Huambo (230) and Moxico (150).

228. Luanda (300 children), Benguela (280) and Huíla (138) are the provinces with the highest concentration of displaced persons and where there is a high rate of poverty.

229. The armed conflict and increased poverty have exacerbated children's nutritional status. A new form of childcare based on traditional children's homes and community-based alternatives was introduced in 1987. The community-based childcare and education programmes have received food aid from international organizations and donor countries and have promoted agricultural activities.

230. The community-based childcare programmes carry out agricultural activities in agricultural and peri-urban areas to help children from the poorest families and promote their overall development by offering games, training and pre-school preparation as well as medical care in the form of food supplements.

231. The community-based education programmes are intended to ensure the training, integration and participation of mothers. Such training serves to supplement their knowledge so that they can teach, care for and educate their children and transmit basic knowledge to them as they grow and develop so that they will be able to meet their own needs.

232. From 1988 to 1993, an agreement concluded between the Government and the World Food Programme made it possible to meet national concerns and satisfy the basic needs of the most vulnerable groups of the population, with special attention paid to orphans, abandoned children and those from families living in extreme poverty.

233. From 1994 to 1997, a bilateral project involving Angola and Italy provided food aid to children aged between 6 months and 5 years living in extreme poverty in peripheral and rural areas; there are 60,000 such children throughout the country.

234. The main purpose of these child survival, growth and development activities is to meet children's basic needs. However, children also need protection, nutrition and medical care, affection, interaction, stimulation, socialization and security from the people around them.

235. Given the political instability the country has experienced for several years, most of the existing aid programmes for children have not received adequate support. The main reasons

include the inaccessibility of certain areas, delays in the implementation of peace agreements, and especially problems relating to the free circulation of persons and goods and the expansion of the public administration throughout the country, which hinder the development of aid programmes that are needed to off-set inadequate appropriations from the State general budget.

Table 6
Situation in 1992 of childcare institutions and community-based childcare programmes

Provinces	Community-based childcare programmes	
	Number of programmes	Number of children
Bengo	10	1 182
Benguela	5	220
Bié	9	3 340
Cabinda	4	380
Cuando Cubango	6	529
Cuanza Norte	6	529
Cuanza Sul	12	1 019
Cunene	4	358
Huambo	10	3 508
Huíla	8	4 615
Luanda	15	1 275
Malange	1	87
Namibe	8	1 612
Uíge	22	3 180
Total	120	21 834

Source: Ministry of Welfare and Social Reintegration/National Family Tracing and Reunification Programme.

236. Community-based childcare programmes which care for children facing nutritional vulnerability were set up more than 13 years ago and have attained their objectives. Their strong point is that they offer pre-school educational activities and nutritional assistance; parents thus do not have to worry about their children, knowing that they are safe in the centres where the programmes are run.

237. In the current post-war period these programmes have been reorganized to allow for greater popular participation during the programme introduction, implementation and evaluation phases. The principle of sponsorship has also been introduced as a means of combating poverty at the local level.

238. Since February 2001, the Ministry of Welfare and Social Reintegration, in cooperation with the Portuguese Government, has been implementing a project in Luanda province aimed at the integral development and social integration of children and young people who are at risk or facing social exclusion; the participants are selected from among children who have been

excluded from the education system since the age of 6. The project seeks to provide them with better civic and human education and to help create conditions that will allow the most deprived people and families to flourish with a view to combating poverty.

239. Programme beneficiaries are either children excluded from the formal education system or children referred by local social workers because of their social status. They receive an education from pre-school through eleventh grade, including three levels of vocational training, and take part in extra-curricular activities in the areas of sport, music, culture and new technology. The children may be day pupils or boarders.

240. They are also provided with school-related activities, such as extra help with school lessons, drama, dance, singing, sports and moral and civic education, as well as agricultural work, including the growing of produce with community help for consumption by the school.

C. Separation from parents (art. 9)

241. Under the Family Code, parental authority ceases only with the death of the biological parents or when adoption takes place (art. 134, para. 2). De facto separation of the parents does not end the parents' entitlement to parental authority. They therefore continue to enjoy the rights conferred on them by the existing parent-child relationship.

242. Under article 148 of the Family Code, in order to ensure the continuity of the parent-child bond when, for various reasons, separation occurs, the parents may reach agreement on the exercise of parental authority over their minor children, but must nevertheless seek the approval of a judge, who will take into account the minors' interests and the best means of guaranteeing their education and development, pursuant to article 109 of the Code.

243. The law protects the position of the father or mother who does not gain custody of the children in the event of separation by stipulating that, although not granted the right to exercise parental authority, he or she retains the right to a personal relationship with the children and must cooperate in their upbringing and education and assist in the exercise of parental authority.

244. Over the past decade, Angola has lived through events which have left the majority of families broken, with parental authority generally exercised by one biological parent or by another family member. Here, the Family Code provides exceptionally that when neither the father nor the mother nor any close relative is capable of exercising such authority, or when a minor's physical or moral integrity is at risk, the judge may confer this authority on a third party with capacity. In extreme cases, the child will be placed in a government or non-governmental institution. Since minors over the age of 10 have the right to be heard in cases that concern them, the judge will hear their views before issuing a decision.

245. The law also provides that the judge may, at his discretion and at the request of the parties concerned, hear the views of advisory bodies such as the Family Council or social welfare organizations for young people.

246. Children have no legal protection in the period preceding the age of majority, and thus the responsibility for providing such protection falls to the courts, where the public prosecutor always represents the interests of minors. The courts may intervene not only when the parents

live together, but also when the parents are separated or whenever necessary. As a general rule, the Family Code provides that the courts must take the necessary steps to protect minors and must hand down decisions on matters concerning them whenever circumstances require. This procedure takes into account any complaints made by the social institutions responsible for monitoring the implementation of children's rights by parents or third parties.

D. Family reunification (art. 10)

247. Since 1989 the Government, acting through the Ministry of Welfare and Social Reintegration and pursuant to article 22 of the Convention on the Rights of the Child, has been implementing, at the national level, the National Family Tracing and Reunification Programme. This Programme deals with minors who are voluntarily or otherwise cut off from their family environment or separated from both parents and are not cared for by another adult who by law or custom should have that responsibility.

248. The Programme establishes the following principles of care:

(a) All children temporarily or permanently deprived of their family environment must be guaranteed special social protection and assistance without discrimination;

(b) They must be assured the right to retain or re-establish their identity and family ties, irrespective of their race or religion or the political opinions of their parents;

(c) Children have the right to live, grow up and to be educated in a family, in the following order of priority:

- In their own family;
- In a new family;
- In an adoptive family;

(d) The children of separated parents shall be cared for in alternative community-based programmes, with placement in an institution being the last resort. Non-institutional arrangements involve the following:

- The tracing of biological parents or other close relatives;
- Family reunification;
- Placement, family adoption;
- The provision of social services for the family itself;
- Temporary foster care arrangements (foster mothers or placement in a nearby family);
- Care in a home (for cases of confirmed orphans who have no possibility of rejoining their family or being placed in another family);

(e) Placement in an institution must be considered as an emergency and temporary solution until such time as suitable arrangements can be made for the child in the community. Institutional care may consist of:

- Children's homes or orphanages (for confirmed cases of children without families);
- Hostels where the children can stay until such time as suitable arrangements can be made for them or their parents are found;
- Drop-in centres for street children in danger.

E. Illicit transfer and non-return (art. 11)

249. The armed conflict has devastated towns and villages, causing the displacement of a large number of people towards areas of relative security. Among the displaced are many unaccompanied children, a situation that has given rise to the phenomenon of street children.

250. The abduction of children began during the armed conflict. The victims were both boys and girls of all ages. When the child protection programme was introduced at the end of the conflict, thousands of children were taken into hostels and camps for displaced persons and refugees, particularly girls who had been in situations of sexual exploitation or slavery.

251. The Government has identified strategies for the care of street children and, in partnership with some NGOs, has set up hostels with the aim of getting these children off the streets and offering them shelter, thereby protecting them from dangerous situations.

252. While the Government is aware that placement in an institution is a form of detention contrary to the interests of children, this measure has in fact been the only option available for protecting thousands of children who are in danger. In the meantime, the National Family Tracing and Reunification Programme has been expanded, making it possible for children to rejoin their families and the community.

253. In various Southern African Development Community (SADC) forums, matters relating to the illicit transfer and non-return of children abroad have been discussed; police services and the International Criminal Police Organization (Interpol) are responsible for providing relevant information and, where necessary, instituting criminal proceedings with the competent authorities.

F. Maintenance of the child

254. The concept of compulsory maintenance provided for in the Family Code covers everything that minors need for their survival and maintenance in society - in other words, all basic necessities, including expenses related to health, education and other items having to do with children's well-being (arts. 247, 250 and 259).

255. The Family Code establishes mechanisms to ensure the fulfilment of the obligations of the biological parents and guardians, including the possibility of judicial intervention when the parties are unable to reach agreement or do not observe the agreement reached. In such cases the

injured party - the spouse or the natural or adopted children - may lodge a complaint with a representative of the public prosecutor's office, who will find common ground between the parties or formally institute proceedings.

256. Young people between the ages of 16 and 18 years who have lived most of the time in institutions and lost the opportunity to trace their families benefit from different projects designed to make them independent and integrate them into the community through vocational training courses aimed at ensuring their self-sufficiency.

G. Children deprived of a family environment (art. 20)

257. For infants up to the age of 2 years who are placed in institutions, abandoned or whose mother is dead and have no family member who can act as their guardian, the Government supports the foster mother project, which seeks to protect such children by placing them in foster families, who receive a small amount of assistance, including a basic food basket.

258. The main objectives of the foster mother project are to:

- Decrease the number of children placed in institutions;
- Give children a family;
- Reduce the infant mortality rate.

259. Criteria for selecting foster mothers have been established. Churches are participating in the project and are in charge of pre-selecting candidates by observing their moral and civic qualities and visiting their homes to see how they live and obtain the consent of the members of their families. If the situation looks promising, a contract setting out responsibilities is concluded between the parties, with the State responsible for supplying food, medicine and assistance.

260. The project for the distribution of milk and gruel set up for children who have lost their mothers or whose mothers are unable to breastfeed them has the following objectives:

- To avoid placing infants younger than 2 years in an institution;
- To allow children to stay with their families;
- To reduce the infant mortality rate;
- To assist vulnerable children;
- To reduce the number of children excluded from their family environment.

261. To benefit from the project, parents must submit documents certifying their children's needs (immunization records, a death certificate or a medical certificate confirming their inability to breastfeed). The project has a number of stages: locating the children (in children's homes, hospitals, hostels, on the street, in foster families and so forth), registration of children, broadcasting of their identities on the radio, television or with posters, tracing of parents, analysis of their situation, reunification or placement, and assistance.

262. The final months of the armed conflict were marked by an increase in the number of recorded cases of such children, which prompted the Government to prepare and approve, in May 2002, a children's rights strategy that is intended to guarantee effective protection and assistance to children in critical situations of vulnerability, particularly those placed in hostels or who have been displaced.

263. In the hostels, registration is carried out at birth as part of the campaign for the free registration, identification and census of children. The project also assists adolescents, including girls and former combatants, by offering psychosocial assistance, and civic education and social activities for women and children to the most vulnerable groups.

264. Girls account for a significant percentage of the population in hostels and camps for displaced persons and refugees and therefore warrant special attention, owing to their degree of vulnerability and the risk of sexual exploitation or slavery. In many cases, such girls have not been properly identified or registered so that their families can be traced.

265. Studies are required to ascertain the extent of the impact of the conflict on women and to devise better strategies to assist them.

266. In cooperation with the traditional authorities and networks of civil society organizations, the Government has made temporary and long-term arrangements centred around the family and community that provide for registration at birth, basic education, Family Councillors for all children who have returned home, institutional capacity-building at the local level, the identification of local institutions and programmes that can develop and facilitate access to post-conflict assistance projects, and the establishment of reference systems in cooperation with the institutions and individuals providing civic and vocational training and general guidance, with special attention paid to young girls.

Table 7
Information concerning children separated from their parents and benefiting from the National Family Tracing and Reunification Programme in hostels (April 2002-June 2003)

Provinces	Total number of children separated from their parents	Number of cases of family reunification	Number of children awaiting reunification
Bengo	250	-	-
Benguela	320	9	311
Bié	471	29	442
Cuando Cubango	208	67	141
Cuanza Norte	84	-	-
Cuanza Sul	198	58	140
Huambo	512	10	502
Huíla	454	236	218
Lunda Norte	54	-	-
Malange	286	205	81
Moxico	750	-	-
Uíge	299	299	-
Zaire	51	-	-
Total	3 937	913	1 835

Source: Ministry of Welfare and Social Reintegration/National Family Tracing and Reunification Programme.

267. As can be seen, the National Family Tracing and Reunification Programme has been able to trace 46 per cent of the parents of minors registered in hostels, 27 per cent of whom are in Huambo province and 24 per cent in Bié province. Moreover, 100 per cent of the children registered in the Uíge province have traced their families, whereas in Moxico, Bengo, Kwanga north and Zaire provinces no parents have been traced.

Table 8
Record of families traced and reunified between 1998 and the first half of 2003

Type of case	Year						Total
	1998	1999	2000	2001	2002	2003	
No. of children registered	1 235	2 116	4 076	7 765	11 541	766	27 499
No. of adults registered	316	638	1 303	2 310	2 834	789	8 190
Placement in foster family	42	232	866	2 545	7 594	595	11 874
Family tracing	670	852	2 998	4 384	4 780	688	14 372
Family reunification	735	883	2 954	3 618	5 318	563	14 071
Follow-up visits	390	401	1 797	3 742	5 491	307	12 128

Source: Ministry of Welfare and Social Reintegration/National Family Tracing and Reunification Programme.

268. At the end of 1998 the armed conflict resumed, reaching its peak of violence between 1999 and 2000 and causing the displacement of around 2 million people. This period is considered to have been the worst in Angola's recent history, having caused, according to estimates, the highest number of deaths, displacements and the greatest destruction of infrastructures in such a short time.

269. Given the number of children from conflict zones who were separated from their parents, the Government launched a massive radio campaign in the national languages on methods of identifying children so as to facilitate family reunification. This campaign drew on the services of the technicians trained for the campaign to register the children and took their various characteristics into account.

270. Following the spread of the conflict to many parts of the country, the number of abandoned children increased significantly in 2000, even though they were sometimes in areas of relative security; some were even in possession of identification addresses with a view to facilitating family tracing and reunification in peacetime.

271. The highest number of abandoned children was recorded between 2000 and 2002. Sixty-seven per cent of the total number were placed in foster families and 39 per cent were reunited with their biological families.

272. Where orphans are concerned, the multiple-indicator survey shows that Angola's situation is average for sub-Saharan Africa: children who have lost one parent account for 89 per cent of the total and those who have lost both 11 per cent.

273. Although sub-Saharan Africa is a region with a fairly high percentage of orphans as compared with the rest of the world, mainly because of the impact of HIV/AIDS, the survey indicates that the high percentage of orphans in Angola is due also to the war, which has caused a very high number of deaths.

274. The proportion of orphans is likely to increase in the next decade because of HIV/AIDS, and this development will have a negative impact on the number of children who attend school and work, since children who have lost one or both parents are more likely to drop out of school and to enter the labour market prematurely.

275. The impact of HIV/AIDS is not confined, however, to an increase in the number of orphans. The nature of the disease, the misconceptions about it and the related stigma have a more harmful effect. Firstly, HIV/AIDS increases the proportion of orphans who have lost both parents, posing an increasing burden on the extended family which is a crucial element of African society. Secondly, although in Angola, as is frequently the case in sub-Saharan Africa, good practices exist in the care of orphans by foster families based on the notion of the extended family and community network, the data collected in other African countries show how difficult it is to place children who have been orphaned by HIV/AIDS in foster families, compared with children who have been orphaned by other causes.

276. Angola, which is situated in a geographical area where the HIV/AIDS prevalence rates are considered to be the highest in the world, has begun, in cooperation with the States of the region, to devise policies to protect orphans and vulnerable children affected by HIV/AIDS. This effort was launched in Namibia in 2002, during the Eastern and Southern Africa Regional Orphans and Vulnerable Children Workshop organized by UNICEF, with a view to studying the situation, implementing a common strategy for children and reducing prevalence rates.

277. In 2003, a conference was held in Zimbabwe at which States drew up realistic action plans and made a commitment to implementing them.

278. Given the lack of information on the situation of orphans and vulnerable children, Angola has given priority to the establishment of national mechanisms for coordinating and analysing strategies for: reintegrating children separated from their families; setting policy, devising action plans and seeking international input in order to reformulate national policy in the area; addressing the needs of victims; and drafting appropriate legislation and protection and prevention measures for orphans and vulnerable children affected by HIV/AIDS.

279. The United Nations Educational, Scientific and Cultural Organization (UNESCO) has proposed the implementation of a project in the States of the region that will seek to equip communities to deal with the impact of HIV/AIDS on orphans and vulnerable children and to build capacities at the community level so that the communities uphold the principles of collective responsibility applicable to these children by surrounding them with care, attention and affection.

280. The multiple indicator survey also indicates that there is no correlation between the proportion of orphans and the socio-economic sector from which they come, given that there are no significant variations in the proportion of orphans from families that were well off and those from less affluent families. As for children who do not live with their biological parents, the survey shows that approximately one third (32 per cent) under the age of 14 years do not live with both biological parents. Children who do not live with both parents are six times more likely to be living with just the mother, which is consistent with the high percentage of Angolan women who are the heads of household (27 per cent). The percentage of children who do not live with their biological family does not vary between agricultural and urban areas. Nevertheless, slight variations have been recorded between the different regions: 8 per cent of such children live in the capital region and 11 per cent in the west and south-central regions. Moreover, children between the ages of 10 and 14 are 27 per cent less likely to be living with both parents than those aged 4 years and under.

281. According to the survey, approximately 10 per cent of all children live with neither the father nor the mother. Around half of these children (6 per cent) live with foster families, despite the fact that their father (or mother) is alive. This situation may be linked to the socio-economic difficulties of families who are unable to look after all the children they are responsible for, or else to the high ratio of children who have been separated from their families because of the war: only 14 per cent of the total number of children living in foster families have lost both biological parents.

282. The oldest children (from 10 to 14 years) are 58 per cent more likely to be living with adoptive families, despite the fact that their mother and father are alive, than the youngest children (up to 4 years).

283. Although the multiple indicator survey did not analyse the weight of care provided in foster families as compared with the care available in institutions, the total number of children cared for in orphanages supplied by the Ministry of Welfare and Social Reintegration confirms the significant weight of foster families. Given that approximately 10 per cent of children aged 14 and under do not live with their biological parents, the figure for 2001 would be roughly 670,000 children.

284. In comparison, the Ministry reckoned that approximately 2,446 Angolan children were in institutions at the start of 2003. Although research is necessary to assess the real weight of institutions such as orphanages, the general trend corresponds to the results of the multiple indicator survey for 2001, according to which local assistance networks play a fundamental role in the provision of care to orphans and children separated from their families (in other words, children who live with neither their father nor their mother even though they are alive). In this sense the survey shows that good traditional practices exist in Angolan families for protecting vulnerable children.

H. Adoption (art. 21)

285. Adoption creates a bond that is the same as natural filiation between two persons who have no blood ties. Adoption basically aims to replace the natural family by the adoptive family.

286. The first Angolan Adoption Act dates from 27 August 1980 (Act No. 7/80) and derogated from the Civil Code in force at that time by expanding the institution radically. It began by integrating the adopted child into the adoptive family with full rights and expanded the circle of people who could adopt children.

287. Part VI of the Family Code deals with adoption and reiterates the principles already laid down in the Adoption Act by expanding its legal basis and giving exclusive competence to authorize adoption to the judiciary.

288. As noted above, adoption likens adopted minors to natural children, and thus the legal effects of natural filiation are applicable. Article 198 of the Family Code clearly stipulates that the reciprocal rights and obligations of the adoptive family and the adopted child are the same as those of natural children.

289. As far as the right of succession is concerned, adopted children can inherit from the adoptive parents like descendants. Their relationship with the new family prevents marriage with members of it.

290. With respect to the biological family, adoption extinguishes the relationship that existed between adopted children and their biological parents, the only legal effect that is retained vis-à-vis the biological family being the impossibility for the adopted children to marry members of their former family.

291. Under article 200 of the Family Code, adopted children must be under 18 years of age, must not have known or living parents, must not have been placed in the care of a welfare institution and must be in a state of abandonment. The article goes on to define abandonment as a situation in which the parents or other members of the family have clearly shown that they are not interested in fulfilling their obligations towards the minor for a period of more than one year.

292. Children under the age of 15 are believed to account for 49 per cent of the population; according to the National Statistical Institute's estimates, the total population in 2003 was 13.8 million.

293. Article 203 of the Adoption Act stipulates that children who have reached the age of 10 may not be adopted without their consent and allows the adoption of minors whose biological parents consent to the adoption. The Act also stipulates that the adoption precludes any subsequent declaration of filiation by the biological father.

294. The procedure for adoption is described in articles 212 et seq. of the Family Code, the procedure to be used being that of voluntary jurisdiction. A judicial investigation must be carried out before the judge can issue a decision that must address the conditions of the persons adopting and the personal and family circumstances of the adoptee, including, where possible, the adoptee's state of health, physical and psychological development, disabilities (if any) and family characteristics (identity, origin, religion and so forth).

295. Under the Adoption Act the judgement must describe in detail the facts and reasons leading to the adoption and shall decide the names of the adopted child. In the case of abandoned minors, the Act stipulates that the judgement shall certify the state of abandonment.

It also stipulates that the biological parents' consent to adoption is a personal matter and must be given in a court of law or in a certified document in which the adoptive parents are identified.

296. If the minor has neither father nor mother, the Act provides that consent shall be given in court by, in the following order of preference, the adoptee's grandparents, older brothers or uncles, with preference given to the member of the family who was responsible for the minor.

297. The Act provides that where obtaining consent for adoption proves difficult or if it becomes necessary to act in the child's best interests, the judge may give his or her consent in place of the parents.

298. The Family Code adds an important legal constraint to adoption by requiring the intervention of the highest political body, the National Assembly, in the adoption process when the adoptive parents are foreign citizens.

299. Under article 204 of the Code, the approval of the National Assembly is required before the bond of adoption can be established between a minor of Angolan nationality and a citizen of another nationality.

300. This provision has a dual purpose:

- To protect minors who, through adoption, may ultimately lose their nationality on obtaining that of the person adopting them;
- To protect minors against possible international trafficking of children from which the persons involved in the procedure derive financial gain.

I. Periodic review of placement (art. 25)

301. In order to follow up the placement of children a settling in period of six months has been specified so that their integration, school attendance, adaptability, state of health, registration of identity and enjoyment of other rights of the child can be assessed.

302. The purpose of the National Family Tracing and Reunification Programme is to reunite families or place all children separated from their parents in a family environment.

303. In cases of placement, the ability of new families to take in one or more new members must be verified. In cases of reunification the family relationship between the two parties must be verified beforehand.

304. Once these steps have been taken, and in order to integrate the children into their new homes and guarantee them the enjoyment of the rights of the child in the family and society, the families must pledge their commitment to the Ministry of Welfare and Social Reintegration, which is responsible for monitoring the placements through biannual follow-up visits to the families with a view to supporting the integration process. In the last six years, 12,128 follow-up visits have been carried out for a total of 11,874 placements in substitute families and 14,071 family reunifications.

J. Negligence, exploitation and abuse (art. 19) and physical and psychological recovery and social reintegration (art. 39)

305. To combat criminal acts against minors, the Criminal Code provides for the application of special measures in the following cases: abandonment of children (art. 345); failure to bring an endangered minor before the authorities; unlawful placement of a minor with third parties, fraudulent placement of a minor in an institution for abandoned children (arts. 346-348); corruption of minors (arts. 405 and 406); abduction, barter and enticement of minors and abandonment by the family (arts. 342-344); and rape of a minor (art. 394). These cases are not heard in juvenile courts, but in criminal courts where the perpetrators of other crimes are tried.

306. With the opening on 16 June 2003 of a juvenile court, representatives of minors or institutions (legal entities or individuals) who violate the principles enshrined in the Constitution Act, according to which society must guarantee minors social protection, are now liable to punishment. The police, the legal information centres of the Ministry for the Family and the Advancement of Women, the National Children's Institute and the Organization of Angolan Women and the NGOs that work to defend the rights and well-being of children may appear before this court.

307. All procedural matters relating to the establishment, annulment, modification or dissolution of legal family relationships and to the exercise of family rights and duties, except those entrusted by law to the civil registry bodies, are investigated and heard by the provincial courts.

308. With regard to violence and ill-treatment the specific and growing problem of children accused of witchcraft has been identified primarily in the northern region of Angola, in particular in Zaire and Uíge provinces, and also in Huambo province, in the south-central region of the country, where children have been prosecuted for such practices. Despite the absence of documentation of these cases, some initiatives have been taken by the Government and NGOs to ascertain the extent of the problem and tackle it.

309. Children accused of witchcraft are the target of ill-treatment, torture or rejection by their families and the community, which has led to an increase in the number of children who have disappeared or live on the streets. Many of these children find shelter in State-run children's homes, with religious associations or NGOs.

310. Although the existing Criminal Code has not been revised to deal with certain forms of unlawful conduct that violate children's rights and impede normal child development, the Government is introducing measures and assistance programmes to safeguard children's physical, mental and moral integrity.

311. Assistance for physical and psychological recovery and social reintegration is inadequate, as it is available only in certain provinces, in vocational training centres and under the auspices of some NGOs which offer psychological support to children affected by the armed conflict.

312. In this connection, the Christian Children's Fund, an NGO has been operating a psychosocial assistance programme in Angola since 1994, the main objectives of which are to recognize psychological trauma in children and young people who have been exposed to the violence of war and to devise strategies to make children stronger and help them live better lives. This is done by combining local and Western practices intended to help them heal the war-inflicted wounds. The programme also helps people working with children deal with their own feelings about death, bereavement and the violence of war and handle the stress caused by their work in dangerous and special environments such as orphanages, camps for displaced persons and homes for street children.

313. The consolidation of peace which ought to accompany the holding of the second multiparty elections and the revision of the Constitution that is needed to consolidate democracy in Angola are important factors for the definition of broader policies for children. In accordance with the Convention on the Rights of the Child, they must reflect the representativity of children in the age pyramid. According to the estimates of the multiple indicator survey, children from 0 to 5 years represent 25 per cent of the population and young people under 24 years of age account for roughly 60 per cent. This shows that Angola has a young population that is in a vulnerable position because of the war and that assistance strategies must therefore be implemented particularly for children.

314. Projects to provide psychological, psychosocial, educational and vocational training support have therefore been proposed, bearing in mind that these young people have not had a full or normal childhood and have lived through traumatizing experiences. To ensure children's development, the following strategies have been planned for the coming years:

- The continuation of community-based childcare and education programmes with a view to combating poverty and, in keeping with the State's policy of decentralization to allocating resources at the local level from provincial budgets and defining criteria for community and partner involvement and programme length, thereby ensuring the sustainable development of such programmes;
- A systematic analysis of the situation of children insofar as their family status, health education and family situation are concerned and the development of an information system for monitoring these children, data analysis and interpretation and specialist training;
- The production and dissemination of training materials for educators by the teaching staff of community-based children's programmes to keep educators abreast of developments in their field;
- Preparation of an evaluation study on the concept of the family, as understood in different social, economic and cultural structures, and on children's capacity for integration in the centres to assist with social reintegration, within the framework of the National Family Tracing and Reunification Programme;
- The continued provision, in cooperation with all partners, of psychological and social support for children and adolescents, taking into consideration their social, economic and cultural parameters;

- The promotion of public and private initiatives aimed at revitalizing facilities for young people by actively seeking alternative solutions for their economic integration, in cooperation with administrative, traditional and religious authorities and with young people in danger or at risk of social exclusion;
- The promotion and development of activities that will lead to the establishment of a national system for coordinating, analysing and changing the current situation with regard to the formulation of policies, strategies and action plans for orphans and vulnerable children.

VI. HEALTH AND WELL-BEING

315. The right to assistance is recognized in article 47 of the Constitution Act, specifically for children and pregnant women. The National Health System Act (Act No. 21-B/92 of 28 August 1992) recognizes and allows the exercise of this right and recommends that particular attention be paid to children, who are the State's responsibility. Health care is guaranteed by the National Health Service and by all the public and private entities that carry out activities relating to promotion, prevention and treatment in the health sector.

316. Although the health information system that existed until the 1970s fell apart during the 1980s, since data production was irregular and geographical coverage limited, the multiple indicator survey conducted by the National Statistical Institute with the help of UNICEF between 1996 and 2002 is an important source of information on health care in Angola and will serve as a basis for this chapter after it has been supplemented by Health Ministry sources.

A. Disabled children (art. 23)

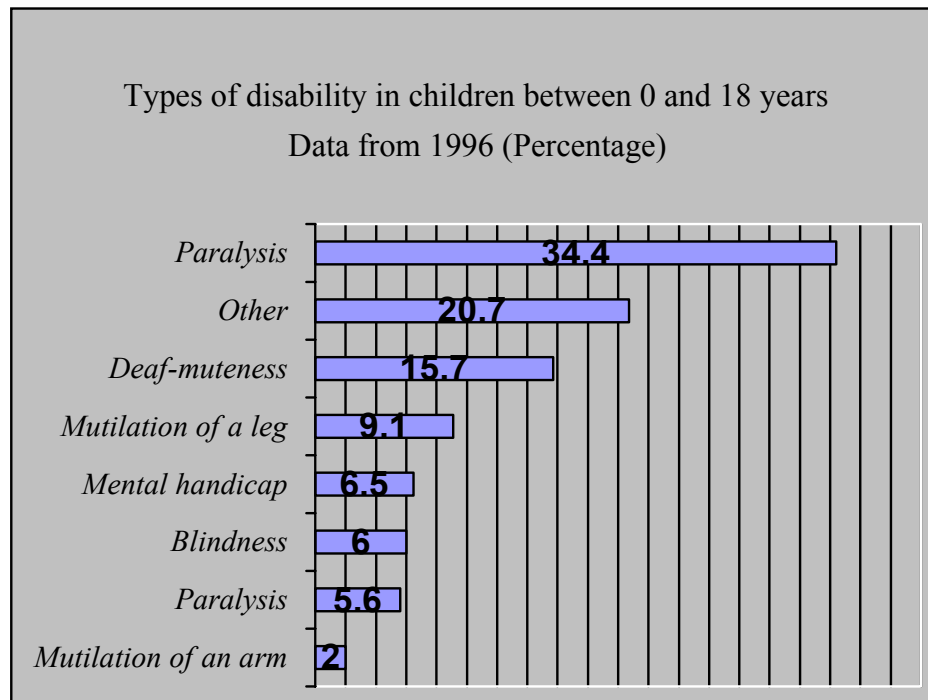
317. The Constitution Act makes particular reference to minors whose parents died during the war. It also stipulates that persons who suffer from physical or mental disabilities as a result of the war shall enjoy special protection, which must be defined by law (art. 48). Although such legislation has not yet been drafted, the Constitution lays the foundations for ensuring the rehabilitation of the war disabled with a view to helping them adjust and integrate socially.

318. According to the 1996 multiple indicator survey, some 85,000 children aged 18 years and under are disabled. The rate of disability among children is higher in the countryside than in towns, which is probably due to poor health services in rural areas. Generally speaking, the main types of disability among Angolan children are, in order of importance: physical disabilities, hearing, visual and speech deficiencies, and mental disabilities. Leg paralysis is the most widespread disability, accounting for 34 per cent of all disabilities in children.

319. The majority of disabilities are caused by illness or are congenital. As the multiple indicator survey shows, 42 per cent of all disabilities in children under 18 years of age are caused by illness while 29 per cent are congenital. The other main causes are war (12 per cent), accidents (8 per cent) and injuries caused by landmines (3 per cent). The predominance of disabilities resulting from illness suggests that many of these illnesses could be avoided through appropriate health services, especially immunization and prompt medical treatment, particularly

in the case of leg paralysis caused by poliomyelitis. Owing to poverty and the fact that support services are not geared to the needs of disabled children, many of them face serious obstacles which prevent them from leading a decent and normal life.

Figure 2



Source: National Statistical Institute, data from the multiple indicator survey Ministry of Planning/UNICEF.

320. Injuries caused by war accidents or related to the war, such as the explosion of mines or the detonation of unexploded devices, are responsible for 15 per cent of all disabilities in children. Mines alone account for 3 per cent of disabilities in children, although this figure underestimates the effect of mines, given that a large proportion of mine victims die immediately or as a result of their injuries.

321. Although the war is over, mines and unexploded devices continue to pose a deadly threat, above all for children. It is not possible to determine the exact number of buried mines; knowledge of their whereabouts is incomplete, as they were placed by different armies over a period of many years, sometimes haphazardly and without leaving any trace.

322. Although most mine victims during the war were soldiers, a large number of civilians, including women and children, have died or been mutilated by mines placed in or around populated areas, on roads, near water sources, social infrastructures or in agricultural areas. Children have been especially affected by mines, through ignorance, and accidents have

occurred because they approached them out of curiosity or played in mined areas. Children are also particularly exposed in the countryside, where they may have to walk long distances to look for water or wood, crossing mined areas on the way.

323. The progress made in eradicating poliomyelitis has been one of the most notable successes in the recent history of Angolan public health. As a result of the massive investment made in 1996 and the frequent holding of national vaccination days, national immunization coverage against polio for 1-year-olds, has increased, more than doubling between 1996 and 2001, from 28 per cent to 63 per cent.

324. These efforts resulted in a change in the situation in Angola. In 2000, Angola was one of 20 countries in the world where polio was still endemic. In 2002, it was no longer on that list. The number of confirmed cases in 1999 (1,103) dropped to 55 cases in 2000, 1 case in 2001 and eventually none in 2002 (National Statistical Institute, 2003).

325. In the area of special education, the Ministry of Education has developed a programme to offer specific assistance to children with physical or mental disabilities. Although the programme has reached only a minority of disabled children, five special schools have been set up, three of them in Luanda, one in Benguela and one in Huíla, which take in children with mental disabilities or hearing or vision problems. An integrated education sub-programme has also been developed which offers special training for teachers who mainstream children with minor disabilities into ordinary schools (Ministry of Planning/UNICEF, 1998).

326. The Ministry of Health, in partnership with the International Committee of the Red Cross, the Angolan Red Cross and other foreign specialized NGOs, has set up surgery centres and centres for the manufacture and fitting of artificial limbs for mine victims. The cost of this process is extremely high and requires a very high level of medical specialization, which means that the needs of all those living with physical disabilities cannot be met.

B. Health and health-care services (art. 24)

327. The most basic human right is the right to life. However, this right has been denied to thousands of children in Angola, where, during three decades of war and want, living and health conditions have made staying alive a precarious business. Angola has one of the highest under-five mortality rates in the world and one of the lowest life expectancies at birth. Many of the causes of infant mortality, such as malaria, diarrhoeal diseases and measles, are avoidable and are closely linked to the unhealthy environment in which children live. Malnutrition and nutrient deficiencies also contribute to the high infant mortality rate.

328. Angolan law recognizes the child's right to special consideration, but the conditions in which public hospitals have to operate, which are far from ideal, mean that it is not possible to provide proper physical or psychological treatment for children.

329. There are real gaps and irregularities in Angolan legislation, especially as regards access to the national health system, which ought to be particularly easy for children. The weaknesses and shortcomings related to the situation in this vital sector (destroyed or damaged infrastructure, shortage of qualified staff, lack of medicines and diagnostic tools for treatment of the most

vulnerable population groups) are further constraints. Steps have been taken to tighten up all regulations where necessary, particularly those intended to ensure that the State affords children unconditional and special protection.

330. It is difficult to assess the progress made in Angola as no basic data have been available since the early 1990s. However, the data from the 1996 and 2001 multiple indicator surveys reveal the depth of the problem of child mortality in Angola and show how little progress has been made in reducing it. Angola currently has one of the highest mortality rates in the world. The data show that the mortality rate for children under one year of age was 150 per 1,000 live births in 2001, as compared with 166 per 1,000 in 1996, while the mortality rate for children under five years of age was 250 per 1,000 live births in 2001, as compared with 274 per 1,000 in 1996.

331. This means that one child in four in Angola does not reach the age of five. The recorded mortality rates also mean that, of the 600,000 babies born each year, 90,000 do not live to the age of one and another 60,000 do not live to the age of five.

332. The failure to make any substantial progress in reducing mortality reflects the serious humanitarian problems affecting a large part of the Angolan population, the weak impact of action in the health sector and the inadequacy of public investment in the social sector.

333. In 2001, the under-five mortality rate was higher for boys (with an average of 265 deaths per 1,000 live births) than for girls (234 deaths per 1,000 live births). This disparity needs further study (Multiple Indicator Survey, 2003).

334. In 2001, mortality rates were slightly higher in the countryside than in urban areas (260 deaths per 1,000 live births in the countryside, as compared with 245 per 1,000 in towns). This is a very slight difference in comparison with that in other countries, and probably reflects the massive population movements away from rural areas and towards the towns, the inability of urban health services to cope with this rural exodus and the health risks related to rapid urban sprawl and other forms of unplanned urbanization.

335. It is difficult to see any patterns in the direct causes of child mortality during the past decade. Although the Ministry of Health has compiled data on diseases for periodic publication, these data are incomplete and are affected by fluctuations in hospital admission rates. During the 1980s and 1990s these fluctuations were significantly affected by the war and the widespread collapse of health services.

336. Despite the lack of data on the main causes of child mortality in Angola, data from the Ministry of Health do show that, of the causes of mortality recorded by national health services in 2000, malaria was by far the biggest killer (76 per cent), followed by acute respiratory infections (7 per cent) and diarrhoeal diseases (7 per cent), and then anaemia and vaccine-preventable diseases, particularly measles.

337. Socio-economic conditions and the extreme poverty of a large part of the population are bringing about a resurgence of diseases that had almost been eradicated, such as tuberculosis and leprosy, which now affect about 30 per cent of all children. Emerging diseases, including polio, sleeping sickness and meningitis, also pose a growing threat.

338. Malaria is the main cause of child mortality and morbidity. Fever strikes all children with much the same frequency, with no significant differences correlated with socio-economic situation, place of residence or gender, indicating that malaria affects children from all strata of Angolan society in virtually the same way. It also has a significant impact on the adult population, affecting economic productivity and family incomes. According to the National Anti-Malaria Programme, every Angolan has an average of three attacks of malaria a year.

339. The high prevalence of diarrhoeal disease is the second threat to child health and survival in Angola. Like malaria, it is closely linked to the shortage of drinking water and to inadequate sanitation and environmental health. Respiratory diseases are another major cause of child mortality and morbidity, and their occurrence is also closely linked to environmental conditions and poor hygiene.

340. One very important epidemiological factor has been the huge flow of migrants in the form of displaced persons and refugees. Migration prompted by the war has created conditions conducive to the spread of certain diseases in the country.

341. No comprehensive nationwide survey has been carried out on the nutritional status of the population in Angola since independence. Food surveillance activities in Angola have consisted of no more than limited surveys by the Ministry of Health and by NGOs involved in food distribution and nutritional rehabilitation during emergencies. Nevertheless, for the first time in several years, the multiple indicator surveys have produced national estimates in respect of stunted growth, children's weight and wasting in 1996 and 2001.

Table 9

**Classification of diseases by prevalence of undernourishment
(World Health Organization (WHO) classification)**

	Low	Medium	High	Very high
Low height-for-age (stunting)	< 20	20-30	30-40	> 40
Low weight-for-height (wasting)	< 5	5-10	10-15	> 15
Low weight-for-age (underweight)	< 10	10-20	20-30	> 30

Table 10

Prevalence of undernourishment in Angola, 1996 and 2001

	1996	2001
Low height-for-age (stunting) (%)	53	45
Low weight-for-height (wasting) (%)	6	6
Low weight-for-age (underweight) (%)	42	31

Source: Multiple Indicator Survey, 2003.

342. Undernourishment is an important underlying factor in children's health in Angola today. Taking the WHO classification as a frame of reference, it can be seen that there was little change in the prevalence of undernourishment among Angolan children between 1996 and 2001. The prevalence of low height-for-age (45 per cent) indicates that almost one out of two Angolan children suffers from chronic undernourishment (stunted growth). This is a source of concern, since it means that many children have an inadequate intake of proteins, calories and essential nutrients and have suffered from a series of infections over a period of several years. At 31 per cent, the prevalence of low weight-for-age among Angolan children remains very high, even though the prevalence of low weight-for-height (wasting) remains at a moderate level (6 per cent).

343. Undernourishment prevents children from developing either physically, in terms of height and weight, or mentally, in terms of their ability to concentrate and learn. The high levels of undernourishment reflect deep-seated problems related to food security and deteriorating health conditions over a period of years, and will be one of the main public health challenges in coming years.

344. In 1997 the Government decided to adopt the Integrated Management of Childhood Illness strategy which has been commended by WHO and UNICEF for its comprehensive approach to the diseases that are the main causes of morbidity and mortality in children under the age of five, such as acute diarrhoeal diseases, respiratory diseases, malaria, undernourishment and measles and other infectious diseases.

345. The National Nutrition Programme, which has received assistance from international organizations, NGOs and civil society, has just implemented a number of strategies to combat undernourishment and reduce infant mortality by setting up nutritional therapy centres and providing food as well as treatment for diseases associated with malnutrition.

346. Angola has also signed the Declaration and Plan of Action on the "Roll Back Malaria" initiative, which were adopted at the Extraordinary Summit of Heads of State and Government of the Organization of African Unity held in Abuja, Nigeria, on 24 and 25 April 2000. Studies on drug resistance, the introduction of insecticide-impregnated mosquito nets and the drainage of stagnant water supplement the work of the Ministry of Health in this area.

347. As part of the Roll Back Malaria initiative, a project designed to promote the use of insecticide-impregnated mosquito nets was launched in 1998 with UNICEF support. At the beginning of 2003 the project was under way in 14 provincial capitals: in all, 1.5 million mosquito nets had been distributed at an affordable price and 47 units had been set up to treat mosquito nets with insecticide.

348. In the treatment of diarrhoeal diseases, the national strategy has focused on oral rehydration therapy, promoting early treatment at home and setting up oral rehydration rooms in first-aid centres and health posts. In practice, it has been difficult to implement this strategy because the supply of oral rehydration salts has been unreliable and because families cannot afford the packets of oral rehydration salts or the sugar and salt that are the essential ingredients for preparing oral rehydration solutions at home.

349. In 1994, the Government adopted a policy of universal salt iodization with a view to eliminating iodine deficiency disorders. In August 1996 the Government issued Decree-Law No. 24/96, which stipulates that only iodized salt may be sold in national territory and establishes the conditions necessary for the iodization of salt by the country's major salt producers.

350. Angola has a large salt industry and has the potential to be self-sufficient in salt production, even though the production levels required to meet the country's needs have not yet been achieved. Only 35 per cent of families consume salt that is adequately iodized, with large disparities between regions, the figure ranges from 11 per cent in the west to 62 per cent in the east (National Statistical Institute/UNICEF, 2003). The adoption in 2002 of an inter-ministerial three-year plan on salt iodization guarantees the sustainability of efforts to improve access to salt in the provinces and to ensure an adequate distribution of iodized salt in the country.

351. Vitamin deficiency is a serious public health problem. In 1998, the National Nutrition Programme of the Ministry of Health conducted a study on vitamin deficiency in children. It was found that 64 per cent of them had low levels of vitamin A, far higher than the figure of 20 per cent above which WHO considers there to be a serious public health problem. Some 77 per cent of breastfeeding mothers suffer from vitamin deficiency (Multiple Indicator Survey, 2003).

352. In order to prevent xerophthalmia or night blindness caused by vitamin-A deficiency, the Expanded Programme on Immunization has since 1999, included the administration of a high dose of vitamins to all children aged between the ages of six months and five years on national polio vaccination days. At the same time as vitamin A is administered, awareness campaigns are run to encourage people to eat foods that are rich in vitamin A.

353. The Tuberculosis and Leprosy Control Programme has developed strategies to reduce the incidence of these diseases, which are re-emerging in Angola, by undertaking action-oriented research, improving the clinics where sufferers are treated, supplying medicines, immunizing newborns against tuberculosis, offering short courses of treatment under direct supervision, using drug cocktails to treat leprosy, publishing technical guidelines for the treatment and monitoring of the diseases, training technicians for clinics and carrying out information, education and communication activities.

354. The Expanded Programme on Immunization recommends that all children be vaccinated against diphtheria, whooping cough, tetanus, tuberculosis, measles, yellow fever and polio before the age of one. Excluding yellow fever, only 27 per cent of children under the age of one are fully vaccinated against these preventable diseases, with 34 per cent of children having been vaccinated against diphtheria, whooping cough and tetanus, and 69 per cent against tuberculosis, giving Angola the lowest rate of immunization coverage in the world (Multiple Indicator Survey, 2003).

355. However, immunization against polio is beginning to make a significant impact in Angola, thanks to the major efforts made under the Expanded Programme on Immunization to eradicate the disease in the country by introducing national vaccination days. These national days have been held several times throughout the country since 1996. As a result, the number of children vaccinated against polio more than doubled between 1996 and 2001 (rising from 28 per cent to 63 per cent), and no case of polio was recorded in Angola during 2002.

Another feature of immunization in Angola is the adequate coverage of immunization against tuberculosis (69 per cent). Immunization rates for tuberculosis, measles and diphtheria, whooping cough and tetanus have risen by about 10 per cent since 1996, while the rate for polio has risen by more than 100 per cent.

356. The two principal means of administering vaccines in Angola are the ordinary immunization services and outreach services such as mobile vaccination units.

357. Until regular immunization services are again operational in communities, targeted vaccination campaigns will continue to be the most effective way to reach the greatest number of children, particularly among the most vulnerable groups.

358. Measles is responsible for 5-10 per cent of deaths among children under the age of 5 in Angola. Analysis of the available epidemiological data reveals that 95 per cent of cases of measles occur in children below the age of 15, with the majority occurring in children below the age of 5.

359. Now that polio has been eradicated, it is possible to focus attention on reducing mortality due to measles. The first national campaign against measles, which was held from April to May 2003 and was aimed at all children between the ages of 9 months and 14 years, was the first significant step in this direction. As a result of this campaign, it has also been possible to increase epidemiological monitoring of measles and routine immunization coverage for both measles and vitamin-A deficiency.

360. Article 4 of the Environment Act grants citizens the right to environmental education so that they may better understand the phenomena involved in maintaining environmental equilibrium; such education provides the basis for informed efforts to protect the environment. The Act also establishes mechanisms, programmes and tools to educate, train and prepare children in environmental matters, with the aim of encouraging all children to feel, at the earliest possible stage, that they are an integral part of the global ecosystem and to contribute, through their habits, practices and behaviour, to the country's sustainable development.

361. On the basis of the outcomes of national, regional and international conferences on sustainable development, the Government has developed several programmes, including a programme on education and environmental awareness coordinated by the Cross-Sectoral Environmental Commission and the Ministry of Education. Several projects for children between the ages of 5 and 15 have been started under the programme, including nursery classes on the environment, special groups in ordinary schools and proposals for audio-visual materials on the subject.

362. Several of the causes of infant mortality, such as malaria or diarrhoeal diseases, are closely related to the unhealthy environment in which most children live. This situation arises from the difficulty in gaining access to drinking water, the lack of basic sanitation and other environmental factors that compound people's lack of knowledge and bad habits in matters of hygiene, as well as inadequate breastfeeding practices.

363. Drinking water supply has been strongly affected both by the destruction of considerable amounts of infrastructure during the war and by the shortage of water in urban centres resulting from the massive displacement of the population to the cities. One of the main problems is the poor quality of water supply systems and the lack of suitable energy sources to sustain projects.

364. In response to the massive population movements to urban and peri-urban areas, the humanitarian community has made considerable efforts to provide drinking water and adequate sanitation facilities for the displaced and indigenous populations in relatively safe areas.

365. The destruction of the water supply infrastructure and the deterioration of sanitation facilities in sectors outside government control, together with the concentration of the humanitarian community's rehabilitation efforts in urban and peri-urban areas, have contributed to the significant differences in coverage of these services in the countryside and in the towns. According to the 2002 report of the Ministry of Energy and Water, only 15 per cent of the country had adequate water supplies and 20 per cent had adequate sanitation.

366. The Water Act, passed by the National Assembly on 21 June 2002, established the principles governing the administration and use of water resources in Angola, actively promoting the involvement of the private sector and communities in the management of water supplies.

367. Although there are no reliable estimates of the maternal mortality rate in Angola, the Ministry of Health put it at 1,500 per 100,000 live births in 2001. Lack of access to basic obstetric services and the risk of infection as a result of poor hygiene in homes are probably the primary factors in the high maternal mortality rate.

368. While poverty restricts access to medical care because families cannot afford to pay for health services, illiteracy and low levels of education restrict access because people do not realize how important such care is. These two factors were identified in the multiple indicator survey, which analysed individuals' behaviour according to their socio-economic situation, and have a decisive influence on the maternal mortality rate.

369. Although there has been no improvement in antenatal care since 1996, the number of women monitored by trained health workers almost doubled in five years: nationwide, coverage increased from 26 per cent to 45 per cent between 1996 and 2001. There has therefore been a significant, though far from adequate, improvement.

370. In 1996, 55 per cent of births were attended by relatives or friends, 21 per cent by nurses, midwives or assistants, and 12 per cent by traditional midwives, whereas in 2001, 32 per cent were attended by nurses, midwives or assistants, 26 per cent by traditional midwives, and 24 per cent by relatives or friends. These figures thus show a decline, from 9 per cent to 3 per cent, in the number of women not attended by a trained person during childbirth (National Statistical Institute/UNICEF, 2003).

371. These findings point up the need for greater access to health services as rapid urbanization takes place and for a significant increase in research activities.

372. With regard to pregnancy arising from the sexual abuse or exploitation of children, resolution 24/99 of 31 December 1999 was passed when the national action plan to combat the

sexual and commercial exploitation of children was adopted. The resolution gives victims a legal right of access to maternity wards and maternal and child health centres, and guarantees that the social security system and the system for distributing medicines are extended and that psychosocial programmes are implemented to prevent the problems caused by sexual abuse, violence and exploitation. Free health care is guaranteed by law, under the National Health System Act (Act No. 21-B/92) adopted by the Council of Ministers on 28 August 1992.

373. As regards the protection of maternity, article 272 of the Labour Act, adopted by the National Assembly on 11 February 2000, gives working women special rights to maternity leave and, in exceptional circumstances, to additional maternity leave. It also covers absences during and after pregnancy, giving a woman the right to take one day's paid leave a month to attend medical check-ups and take care of her child. Women are also entitled to extra holidays when they have to look after young children; they are granted one extra day's holiday for each child under the age of 14 in their charge (Angolan Bar Association, 2003).

374. The same article also gives a working woman the right, after pregnancy, to take two half-hour breaks to breastfeed her child, without loss of salary, whenever the child is at the mother's workplace or in her employer's crèche during her working hours. The timing of these breaks is decided by the woman with the agreement of her employer.

375. This legislative measure was taken to encourage a majority of Angolan mothers to breastfeed as soon as possible. However, many mothers do not carry on breastfeeding exclusively: only 14 per cent of three-month-old infants are exclusively breastfed. Solids and liquids are introduced at a very early age. All these factors make children more vulnerable to infection, as they risk being caught up in a vicious circle of malnutrition-infection-malnutrition. Breastfeeding is generally stopped early, when the baby is aged between 16 and 19 months. Only 37 per cent of children aged between 20 and 23 months are still breastfed, with the result that children do not get enough protein and their reserves of vitamin A are depleted, which is worrying because of the low proportion of vitamin A in food in Angola (Multiple Indicator Survey, 2003).

376. The Breastfeeding Assistance Programme has just launched a campaign to promote and encourage breastfeeding, and has aligned itself with the "Baby-Friendly Hospitals" initiative.

377. The results achieved by this programme are not yet satisfactory, given the breastfeeding rates found in the 2003 survey. Mothers with a higher level of education are more likely to exclusively breastfeed their children, but also to stop breastfeeding earlier. Mothers with little or no education are most likely to breastfeed exclusively and to breastfeed for as long as possible.

378. Although the general information available understates the reality, there are signs that HIV/AIDS is spreading rapidly in Angola. With a large number of people displaced inside their own country and in direct contact with military personnel, a high percentage of the population under the age of 24, low educational levels and high poverty levels, most of the risk factors associated with a rapid spread of the epidemic are in place in Angola.

379. Data from 1996 concerning 9,418 former UNITA soldiers in cantonment areas showed a prevalence rate for sexually transmitted diseases (STDs) of 2.5 per cent and a prevalence rate of 3.5 per cent for the 5,764 relatives living in the same areas (Ministry of Planning/UNICEF, 1998).

380. In 1986, a year after the first case of AIDS was diagnosed in Angola, the Ministry of Health set up a task force to combat HIV/AIDS. This led to the establishment in 1987 of the National AIDS Programme, a body that is structurally and organizationally dependent on the Department of Public Health and the National Technical Commission, in which the Ministry of Health, the Ministry of Education, the armed forces and the university are represented.

381. Following the difficulties encountered in implementing the three-year action plan drawn up in 1989, a new two-year action plan was formulated in October 1990 with the help of WHO, the Economic Commission for Europe (ECE), the Swedish International Development Cooperation Agency, the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP) and the French cooperation agency, but failed to achieve its objectives for lack of resources.

382. When the Joint United Nations Programme on HIV/AIDS (UNAIDS) opened its offices in Angola in 1998, a country profile was prepared, and in 1999 a national action plan was prepared for the period 2000-2002, with financial support from WHO. This plan involved 17 ministries and 17 provinces as well as the National Assembly, national and foreign NGOs, churches, the Agostinho Neto University in Luanda, the Angolan Red Cross, various United Nations agencies, the World Bank (for financial support) and UNAIDS (for technical support).

383. In June 2001, the Government adopted a programme on the prevention of mother-to-child transmission. November 2002 saw the establishment of the National Commission on AIDS and Major Endemic Diseases, chaired by the President of the Republic. This is an inter-agency, cross-sectoral forum for analysis and discussion among partners, including UNAIDS and NGOs such as the Angolan Association against AIDS and Action for Life.

384. Of the women undergoing antenatal check-ups in Luanda, 3.4 per cent were HIV-positive in 1999 and 8.6 per cent in 2001, an increase of 5.2 per cent.¹ The high infection rate for syphilis (19 per cent), which is sometimes used as a rough indicator of the presence of HIV, is particularly disturbing.

¹ The study was carried out jointly in 2001 by the National Institute of Public Health, the National AIDS Programme, UNICEF, the Italian cooperation agency and WHO. The study found that the HIV-infection rate was 2.6 per cent in Benguela and 4.4 per cent in Huíla, while the corresponding rates for syphilis were 13.9 per cent and 18.5 per cent respectively. This suggests that in 2001 some 330,000 Angolans between the ages of 15 and 49 were infected. Forecasts based on these figures suggest that in 2001 some 100,000 Angolan children up to the age of 14 were orphaned as a result of HIV/AIDS.

385. Despite the significant increase in the prevalence of AIDS up to the end of 2001, UNAIDS estimated that the HIV-infection rate for the Angolan population was 5.5 per cent, which was four times lower than the rates in neighbouring countries (21.5 per cent in Zambia and 22.5 per cent in Namibia). This means that it is not too late to avoid the disastrous spread of the epidemic that is already affecting the countries bordering on Angola.

386. As the war made it difficult to conduct any surveys or pilot studies on HIV, the information on HIV infection in Angola is inadequate. However, parallel studies on pregnant women having antenatal check-ups in maternity clinics in Luanda show that the epidemic is spreading rapidly, with HIV-infection rates rising from 3.4 per cent in 1999 to 8.6 per cent in 2001. One study put the rates at 7.4 per cent in 1994 and 8.5 per cent in 1996.

387. The 10,830 cases of HIV/AIDS detected in individuals of both sexes in Angola between 1985 and June 2003 can be broken down as follows: 245 children under the age of 5 (2.3 per cent); 118 children aged 5-14 (1.1 per cent); 305 young people aged 15-19 (2.8 per cent); 2,282 persons aged 20-29 (21.1 per cent); 2,533 persons aged 30-39 (23.4 per cent); 1,022 persons aged 40-49 (9.4 per cent); 326 persons aged 50-59 (3 per cent); and 62 persons over the age of 60 (0.6 per cent).

388. According to some epidemiological studies carried out on a target group in the central maternity clinic in Luanda, the HIV-infection rate among pregnant women was 3.4 per cent in 1999 and 8.6 per cent in 2001.

389. Following an analysis of the situation, and in the context of the national response to HIV/AIDS, the national action plan to combat HIV/AIDS and STDs was recently revised and now contains objectives and strategies for the period 2003-2008. Given the close relationship between poverty and HIV/AIDS, the action plan is due to be revised in 2004 to make it a fully integrated part of the Poverty Reduction Plan.

390. The strategies set out in the national action plan to combat HIV/AIDS and STDs follow the guidelines contained in the following instruments, which have been signed by the Angolan Government:

- The Millennium Declaration, adopted by the United Nations General Assembly on 8 September 2000;
- The Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and Other Related Infectious Diseases in Africa, adopted on 27 April 2001;
- The Declaration of Commitment on HIV/AIDS, adopted by the United Nations General Assembly at its twenty-sixth special session, held from 25 to 27 June 2001;
- The national action plan for health.

391. The commitment of African heads of State to curb the epidemic was reaffirmed in Abuja in April 2001 at the summit meeting of the Assembly of Heads of State and Government of the Organization of African Unity on HIV/AIDS, tuberculosis and other related infectious diseases.

In addition to their personal commitment to the fight against HIV/AIDS, African leaders undertook to allocate 15 per cent of their budgets to the health sector. The Declaration of Commitment on HIV/AIDS, which was adopted at the special session of the General Assembly on HIV/AIDS and which Angola has signed, sets out clear goals for reducing the spread and impact of HIV/AIDS. In Angola, the question of HIV is being addressed at the highest political level, with the setting up of the National Commission on AIDS and Major Endemic Diseases, which is chaired by the President and includes representatives of every ministry.

392. However, the precarious state of the Angolan public health system makes it difficult to address the impact of HIV/AIDS. Angola is in the process of building its capacity to assess the problem, with the help of UNAIDS, but the Government is concerned by the need to act quickly and effectively.

393. One of the most worrying findings of the multiple indicator survey is that, in a country where 59 per cent of the population is under the age of 18, young Angolans know very little about the disease. The vast majority of them have no idea about how HIV/AIDS is transmitted or how to protect themselves. Over 9 out of 10 Angolans between the ages of 15 and 19 do not know enough about HIV/AIDS. The majority of the population is not properly informed about the subject. This is particularly worrying in a country where young people are sexually active at an early age (70 per cent of Angolan women have already had their first child by the age of 20).

394. In 2001, fewer than half the provinces had the resources to carry out HIV testing. At the beginning of 2003, there were only four places in Luanda where Angolans could be tested and treated, even though the city has over 3.5 million residents. At the beginning of 2003, no other province had the resources to conduct voluntary HIV-screening tests.

395. In 2002 the Government set up a referral unit in Luanda for the treatment of HIV-infected persons, but the hospitals and health services have not been able as yet to provide the specialized health care that is needed.

396. Nevertheless, strategies have recently been adopted under the AIDS and reproductive health programmes with a view to preventing the transmission of HIV/AIDS and other STDs to the population in general and to vulnerable groups in particular, through the promotion and sale of condoms and the promotion of measures to ensure that blood donations are safe, which entails providing hospital laboratories with the means to perform blood tests before transfusions.

397. Other objectives are to:

- Coordinate education, information and communication strategies aimed at reducing the risk of infection;
- Implement policies to introduce the subjects of sexuality, HIV/AIDS and STDs into the school curriculum;
- Promote specific programmes for children outside the education system, including street children;

- Involve community and religious leaders in education about HIV/AIDS and STDs, through the establishment of community associations for people with HIV or AIDS;
- Produce educational materials in the national languages, including materials that promote condom use;
- Ensure that condoms are available in public places;
- Set up a commission to formulate a national blood-transfusion policy;
- Set up an epidemiological monitoring programme linking various monitoring posts;
- Promote strategies to limit the use of blood transfusions and introduce alternatives such as autologous transfusion, haemodilution and the use of colloid solutions;
- Formulate safety standards and promote safe practices and conditions in clinics;
- Strengthen mechanisms for the protection of the human rights of people with HIV or AIDS;
- Promote the integration of AIDS orphans in schools and improve medical treatment and preventive measures for people with HIV/AIDS.

398. Studies have also been carried out on the vertical transmission of the virus, the relationship between breastfeeding and HIV and attempts to introduce retroviruses.

Table 11
Geopolitical and socio-economic characteristics of Angola

Population (est., 2003)	13 800 000	UNICEF/National Statistical Institute
Percentage of the population living in urban areas (2003)	66%	UNICEF/National Statistical Institute
Percentage of the population under the age of 20 (2003)	60%	UNICEF/National Statistical Institute
Annual population growth rate (1997)	3%	UNDP/National Statistical Institute
Maternal mortality rate per 100,000 live births (2001)	1 500	Ministry of Health
Assisted delivery (1996):		National Statistical Institute
(a) Health system	2.5%	
(b) Towns	35.3%	
(c) Rural areas	13.4%	
Under-5 mortality rate per 1,000 live births	250	UNICEF/National Statistical Institute
Number of persons living with HIV/AIDS (est., 2002)	450 000	UNAIDS

Table 11 (continued)

Percentage of the population with access to health services (1997)	30%	Task Force of the United Nations Administrative Committee on Coordination
Life expectancy at birth (1992)	42.4 years	Task Force of the United Nations Administrative Committee on Coordination
Number of cases of tuberculosis per 100,000 inhabitants:		Department of Public Health/Ministry of Health
1997	123.8	
2001	142.8	
Gross national product (1999)	US\$ 8.5 million	UNDP, 2000
Per capita gross national product	US\$ 39.3	UNDP, 1999-2000
Population in areas that have recently become accessible	1 million	Office for the Coordination of Humanitarian Affairs (OCHA)
Number of displaced persons since 2001	1.2 million	OCHA
Urban population living below the poverty line (2001)	3 million	OCHA
Surface area	1 246 700 km ²	

Source: National action plan to combat HIV/AIDS and STDs for 2003-2008 (updated with data from the Multiple Indicator Survey, 2003).

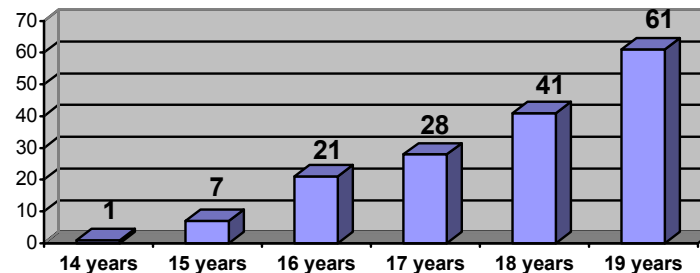
399. Having children before the age of 18 and failing to adequately space births is generally a risk factor for mother and child. The mother's life is also at risk if she does not get proper medical advice from the obstetric services and if she is not attended by competent medical staff during pregnancy or childbirth. Having a large number of children also increases the number of dependants to be looked after by adult family members. Furthermore, certain patterns of sexual behaviour contribute to a higher fertility rate, as well as exposing individuals to STDs, including HIV/AIDS.

400. The fertility rate in Angola is very high, with an average of seven live births per woman, making it the fifth highest in the world. The fertility level is reflected in the population structure of Angola, where a large number of children are dependent on the adult population (about 50 per cent of Angolans are under the age of 15, and 60 per cent are under the age of 18) (National Statistical Institute/UNICEF, 1997 and 2003).

401. One of the factors that offsets the high fertility rate is the high infant mortality rate, which encourages parents to have lots of children in the hope that some of them will survive. Another factor is the low school enrolment rate for girls. Another important reason for the increase in fertility is that most women begin to have children when they are teenagers, which means they have a long reproductive period and high average number of children per woman.

Figure 3

Teenage pregnancies and births in 1996
(percentage of girls who have already given birth
or been pregnant)



Source: Ministry of Planning/UNICEF, 1998.

402. There have been few studies on sexual behaviour in Angola. However, sexual activity generally begins quite early, to judge from adolescent fertility rates. As figure 3 shows, 28 per cent of Angolan girls under the age of 18 (that is, over a quarter of them) have already been pregnant, while 61 per cent have been pregnant by the age of 19. Teenage pregnancies put the survival and health of the mother and child at risk and jeopardize the mother's chances of continuing her education, as well as reduce her economic capacity. According to a 1994 study on infant mortality by the National Statistical Institute in Luanda, children of mothers under 20 years of age have a substantially higher risk of dying or being underweight (Ministry of Planning/UNICEF, 1998).

403. Contraceptive usage appears to be very low, according to the multiple indicator survey. The proportion of women between the ages of 15 and 49 who use, or whose partner uses, a modern or traditional contraceptive method is only 6 per cent. This proportion is the same for married women and women in de facto unions.

404. The fact that women say they wish to use contraception in future may indicate an unsatisfied demand for family planning services. The 1996 multiple indicator survey revealed that only 15 per cent of women (22 per cent in towns and 10 per cent in rural areas) using a contraceptive method did not wish to continue doing so in the next 12 months. This suggests that women are becoming more aware of the advantages of family planning as urbanization proceeds.

405. According to the multiple indicator survey, contraceptive use is more prevalent in urban areas: women living in towns are four times more likely than women living in rural areas to use contraceptives.

406. There have been no studies on men's sexual behaviour or on how much responsibility they take for family planning or for preventing STDs. This point is particularly important as far as the prevention and control of HIV/AIDS and other STDs is concerned, since the factors that contribute to their spread include the following: the movement of soldiers around the country;

migration flows and the return of displaced persons and refugees; the increase in sexual exploitation; the growing number of people having relationships with multiple partners; the low rate of male condom use; and early sexual activity. The consequences of women being so highly dependent on men, as well as the family and social breakdown associated with the war, the surge in migration and urbanization are underlying factors that also encourage the spread of these diseases.

407. Another risk factor is the limited access to primary health-care services, the limited distribution of information on prevention of STDs and HIV/AIDS and the lack of checks on blood transfusions in most blood banks. This situation has much in common with the situation a few years earlier in other countries in the region, such as Botswana, Zambia and Zimbabwe, before the rapid spread of HIV/AIDS.

408. Several studies have been carried out in Angola in recent years on people's knowledge, attitudes and practices with regard to STDs and HIV/AIDS. The general conclusion that emerges from the studies is that, despite the high percentage of people who have heard of these diseases, erroneous ideas about how the diseases are transmitted and can be avoided persist. Moreover, although some of the studies have shown that the people questioned knew that condoms afford protection against these diseases, only a small minority used them during sexual intercourse, even during casual sex.

409. Overall, only 1 Angolan in 10 between the ages of 15 and 49 has an adequate knowledge of the disease, with women being twice as likely to have inadequate knowledge about the transmission and prevention of HIV/AIDS. The three forms of prevention can be correctly identified by 17 per cent of women; 14 per cent of women can correctly identify the methods of mother-to-child transmission; 44 per cent have a discriminatory attitude towards persons with HIV/AIDS; 8 per cent know the three main ways to prevent transmission and can correctly identify the three misconceptions about transmission; 23 per cent know where they can have a screening test; and 2 per cent have had the test.

410. Those who have a discriminatory attitude think that a teacher who has contracted HIV or AIDS should not be allowed to work and say they would not buy food from a person with HIV or AIDS. Other misinformed attitudes are related to fear, silence and the stigma attached to the disease.

411. The Ministry of Health has prepared a national action plan to combat HIV/AIDS and STDs for the period 2003-2008. The plan was the subject of a strategic planning session at a national seminar that brought together 105 participants from 15 of the country's provinces as well as representatives of 8 ministries, 14 NGOs, the National Assembly and the Angolan armed forces, and was organized with the assistance of United Nations agencies.

412. The national action plan is designed to: strengthen the national and provincial commissions on AIDS and major endemic diseases so as to enlarge the scope of their political action and mobilize funding at various levels; strengthen national and provincial programmes; persuade the Government, civil society and public and private enterprises, particularly the oil companies, to place more emphasis on HIV/AIDS in their activities; strengthen the national blood transfusion system and the epidemiological and behavioural monitoring of HIV/AIDS; introduce specific legislation and regulations with regard to HIV/AIDS, guaranteeing respect for

the human rights of people infected or affected by HIV/AIDS; promote changes in behaviour, attitudes and practices among the sexually active population between the ages of 12 and 49; reduce the number of cases of STDs; and provide support (psychosocial support, medical treatment and medicines) for people living with AIDS.

413. To achieve these goals, activities costing an estimated \$159,815,953 are planned for the period 2003-2007.

414. Efforts to undertake the planned activities are supported by radio and television, which are the principal means of publicizing information on the prevention of HIV/AIDS and STDs and encouraging the population, especially young people, to take a more positive attitude, so that shame is replaced by solidarity and fear by hope.

Table 12

Total budget for the national action plan to combat HIV/AIDS and STDs for the period 2003–2007

Type of expenditure	Total
Human resources	3 394 000
Equipment	4 882 900
Consumables	9 733 600
Training	14 689 402
Medicines	39 693 051
Information, education and culture	29 240 000
Other	58 183 000
Total	159 815 000

Source: Ministry of Health, 2003 (national action plan).

415. The fact that radio and television are the main source of information on the prevention of HIV/AIDS and STDs suggests that health education needs to be improved at the level of the national health and education systems.

416. Combating hunger is also one of the major concerns of the Angolan Government and will require the country to become relatively self-sufficient in the production of foodstuffs from animal and vegetable sources as soon as possible. To this end, the agricultural, forestry and fishery sectors will have to increase their contribution to gross domestic product, which was dominated until 2002 by the oil sector. During the period 2003-2004 the Government aims to promote and stimulate economic activity through projects in rural areas, increased farm production and livestock breeding and the protection of forests, wildlife and inland fisheries, as well as through increased salt production and assistance to small-scale fishermen, which accounted for 1.9 per cent of the total State budget for 2001, 0.01 per cent in 2002 and 1.2 per cent in 2003.

417. As part of a coordinated effort by United Nations agencies, NGOs and the public sector, a programme to improve food security is being developed with the main aim of preventing hunger

and malnutrition and ensuring that the most vulnerable population groups have access to the necessary food resources. The programme's aims are consistent with measures to distribute land to vulnerable groups and are also designed to increase food production at the community level by supplying them with farming kits. The main projects are as follows: ANG-02/A01 of the ACAM association (agricultural activities in Funda, Luanda province); ANG-02/A02 of the ADPP association (food production in the cantonment areas of Huambo); ANG-02/A03 of the ADRA-Angola association (agricultural activities in Ganda, Benguela province); ANG-02/A04 of the ASASP association (cassava production in Cuanza Norte province); ANG-02/A05, of the ASBC association (agricultural activities in Chiculucula, Cuanza Sul province); ANG-02/A06 of the NGO AVIMI (agricultural assistance to returnees in Chissengue); ANG-02/A07, of the NGO CARE (agricultural production in Huila province); ANG-02/A09 of the Food and Agriculture Organization of the United Nations (FAO) (coordination of emergency relief efforts relating to farming and emergency stocks of agricultural inputs); and ANG-02/A10, also of FAO (seed production for basic crops and vegetables).

418. Primary health care, which is accessible to individuals, families and communities participating in the scheme, is an integral part of the national health system, the main aim of which is the social, economic and general development of the community. The delivery of primary health care has several components, the most important of which is health education. The health education programme aims to encourage the population to follow a healthy lifestyle, learn the basic rules of good health and stay healthy.

419. In order to achieve greater effectiveness and improving people's understanding of the issues concerned, teaching materials dealing with such topics as water, sanitation, acute diarrhoeal diseases and immunization, have been developed and distributed in every province with the help of UNICEF.

420. Health education takes place systematically in all medical facilities, particularly in clinics, paediatric centres, maternal and child health centres and maternity clinics, and is an integral part of the education system in general.

421. The National School Health Programme grew out of the need to pay attention to the health of school-age children so as to guarantee them the conditions necessary for their growth and all-round development. Some subjects, such as those relating to water, basic sanitation, the environment, acute diarrhoeal diseases and immunization have been incorporated in existing courses such as natural sciences and social sciences.

422. Bearing in mind the factors that affect children's health (heredity and the physical and social environment, as well as individual behaviour), health education in schools has a beneficial effect on children's environment and behaviour, as well as on the quality of life of the families and communities responsible for monitoring their hygiene, cleanliness and diet, and for cleaning the home, treating the water and ensuring that children are fed. It is an ongoing process in which children learn how to improve and take care of their own health, that of their family and that of the community at large.

423. The general aims of the National School Health Programme are to prevent communicable diseases by educating children about health, hygiene, sanitation, the environment and active immunization; to detect anomalies, particularly sight or hearing defects and mental retardation; and to diagnose and treat conditions that affect child development, such as malnutrition, tuberculosis and parasitic diseases.

424. To achieve these goals, the National School Health Programme makes use of every means at its disposal, including resources for the promotion of school health provided by the Ministry of Health, the Ministry of Education and other State bodies and by national and international private organizations.

425. The National School Health Programme has not performed as well as expected, owing to a lack of resources. Table 13 shows the amounts (in kwanzas) allocated under the general State budget over the past three years.

Table 13
Comparison of resource allocations

Programme	Annual amounts, in kwanzas and as a percentage of the general State budget					
	2001	%	2002	%	2003	%
Health education	2 902 485	0	8 130 998	0	108 313 728	0.03
National school health	1 268 878	0	10 447 503	0.01	10 299 700	0

Source: General State budget, 2001-2003.

426. In its Decree No. 10/89 of 22 April 1989, the Defence and Security Council adopted the Road Transport Regulations with a view to curbing accidents caused by speeding, which have claimed numerous victims, including children from families that cannot afford to use public transport or to buy a vehicle of their own and who use means of transport that are unsuitable for carrying people.

427. Ignorance of road traffic rules among population groups with a high level of illiteracy, the lack of road signs on some roads and the irresponsible behaviour of some drivers all contribute to road accidents, which occur in the major towns, particularly in Luanda. With a view to reducing the number of accidents, road safety courses have been introduced in the basic education curriculum so that children can become familiar with general traffic safety rules so that they can travel by themselves on public roads.

428. Other accidents that injure children are caused by explosions of the butane cylinders used in kitchens; these are a common occurrence in towns and villages.

429. The Government's greatest concern has been accidents caused by mines and explosive devices, of which there are many following the long years of armed conflict. This led it to establish the National Institute for the Removal of Explosive Devices, which, in partnership with

foreign NGOs, formulated and coordinated mine-clearance policies in Angola until 2001, and also to establish the National Cross-Sectoral Commission on Mine Clearance and Humanitarian Assistance in August 2003.

430. The prevention of all these types of accident receives a good deal of attention from the media, especially radio and television, which devote special slots to programmes passing on information and practical rules on safety.

431. According to the Ministry of Health, the National Health Service had a total of 20,932 employees at the beginning of 1995, including 504 senior technicians, 9,320 other technicians and 11,108 administrative and manual workers.

432. In addition to these employees, the Ministry of Health began, in 1997, to take on health workers from UNITA and from civilian medical establishments in areas transferred to State control. According to data supplied by UNITA to the Government in 1997, the total number of health-sector workers to be absorbed was approximately 8,000.

433. It should be noted that the percentage of foreign doctors working for the Ministry of Health was down to 39 per cent in 1995 from 64 per cent in 1990 (Ministry of Planning/UNICEF, 1998).

434. According to the Ministry of Health's Department of the Economically Active Population, the Angolan Government paid particular attention to the training of technicians in the health sector immediately after independence, with the direct involvement of the health and education ministries in intermediate and basic courses, while advanced courses were provided by the faculty of medicine at Agostinho Neto University.

435. With the aim of passing on basic practical know-how in matters of hygiene and childbirth assistance, a programme was set up to retrain and supervise traditional midwives who are an important community resource in the field of maternal and child health.

436. Training capacity for health workers was reduced as a result of the damage to training institutions and the closure of some of them during the war. However, in addition to the courses offered by the faculty of medicine at Agostinho Neto University and the College of Medical Science, training is now provided by 21 technical schools, 7 health institutes and 1 advanced training college for nurses.

437. Although the health services have a vital role to play in improving people's health, individuals and families also have a decisive role to play in looking after their own health. In Angola, the high illiteracy rate and the difficulties in accessing information, which are related to the country's economic problems, have left many people without the knowledge they need to look after their own health effectively.

438. Many adults have not been able to defend their own rights to life, survival and well-being; they are therefore in no position to defend the rights of the children in their care. Many people are ill-prepared to recognize the symptoms of common diseases and treat them properly. For example, although malaria is the main cause of child mortality and morbidity, a high percentage of Angolans cannot recognize its symptoms and do not know what causes it or

how to treat and prevent it. A survey on malaria carried out in 1995 in the provinces of Cabinda, Luanda, Benguela, Huíla and Moxico found that 36 per cent of respondents, and about half of those from Moxico and Huíla, did not know that malaria was transmitted by mosquito bites. Another survey carried out in Sumbe, Cuanza Sul, in 1993 also showed that the spread of malaria was encouraged by unhealthy habits, inadequate water supply and improper waste disposal (Ministry of Planning/UNICEF, 1998).

439. A clear example of an unhealthy practice involving children is the disposal of household waste, which is normally taken care of by children and women. A rigid hierarchy exists with respect to domestic chores in Angolan families. In Luanda, it is common to see children carrying bags and containers of waste to the rubbish tip and struggling to empty them properly. The practice of using children to throw away rubbish exposes them to health risks and shows how unaware families are of the dangers involved. It is even more disturbing to see that some children are hired to collect and recycle waste, which puts them at high risk of contracting diseases or having accidents.

440. The failure to take effective preventive measures is clearly due to the unavailability of the necessary resources in many provinces and the low level of basic service coverage. Nevertheless, these findings suggest that public health measures to prevent and treat diseases should always be accompanied by health education initiatives, a fairer sharing of domestic chores within families and better practices in the areas of hygiene, services and care, and environmental protection.

441. According to a 2002 study on public funding for social sectors in Angola, the general State budget paid out the following annual amounts to the social sectors:

Table 14

Total annual expenditure (thousands of dollars)

Year	Amount
1997	118 521
1998	70 348
1999	66 288
2000	138 932
2001	263 570

Source: Integrated State financial management system, Ministry of Finance (Lluís Vinyals, August 2002).

442. The amounts available to the health sector are intended for spending on:

- Primary care, through a primary care network and programmes;
- Secondary care, in municipal hospitals and orthopaedic centres;

- Tertiary care, in provincial and national hospitals;
- Other health care, in training institutions and independent military health facilities;
- Administration, in provincial offices and the Ministry of Health.

443. The Ministry of Health has recently been investing in the renovation of the health infrastructure, since the network of Ministry-run health-care facilities shrank significantly in most provinces during the war. There was a drastic reduction in the number of clinics, many of which were destroyed, damaged, pillaged or abandoned.

444. The renovation, construction and reopening of clinics by the Ministry of Health has been under way since 1994, with assistance from the international community. Many clinics have already been renovated or built by NGOs and churches, mainly with funding from donors and, in some cases, with financial contributions and labour from the beneficiary communities.

445. Data from the Ministry of Health show that, while all registered provincial, regional and national hospitals were operational in 1995, only 82 per cent of municipal hospitals and health centres and 69 per cent of health units were operational. On average, 71 per cent of the health infrastructure was still operational at that time. The worst situation was in the provinces of Uíge (12 per cent), Lunda Sul (16 per cent), Lunda Norte (18 per cent) and Bié (22 per cent). However, it should be pointed out that the health network expanded between 1989 and 1995 in several provinces, namely, Cuanza Sul, Huíla, Cunene and Huambo (Ministry of Planning/UNICEF, 1998).

446. In addition to Government-run facilities, there is an unknown number of medical facilities that were run in the past by UNITA, and that are gradually being absorbed into the national health system. Some independent facilities are run by religious organizations or national NGOs, while the vast majority of international NGOs working in the health sector operate in State facilities.

447. However, even where there are medical facilities that are considered operational, the services they provide and the quality of those services are often limited by shortages of qualified staff, medicines, supplies and proper equipment.

448. In Luanda and other cities, health services have also been set up by private companies that have been authorized to do so since August 1992 under the National Health System Act (Act No. 21-B/92). Since then, the sector has grown rapidly, and it is now a major supplier of health services to the urban population. Data from the national inspectorate of the Ministry of Health confirm that there were 272 private medical facilities in the capital in January 1998, consisting of medical centres, infirmaries, doctors' surgeries and laboratories (Ministry of Planning/UNICEF, 1998).

C. Social security and childcare facilities (arts. 26 and 18)

449. Under the Constitution Act, citizens have the right to medical and health care, and to assistance when they are unable to work (maternity, disability, old age). The Social Security Act (Act No. 18/90 of 27 October 1990) establishes who is covered by the social security system and the benefits available, as well as the system's sources of funding and administrative structure. As the system is contributions-based, the State, workers and employers have a duty to pay a share of the funds.

450. Compulsory social security - which includes subsidies for families' expenses (family allowances), life insurance and 45 days' compulsory post-delivery maternity leave to enable mothers to give infants the care and attention they require - is one form of protection recognized and guaranteed to citizens by law.

451. Another form of social protection, supplementary social security, is provided through savings accounts giving individual or group benefits; parents or guardians are entitled to participate, provided they are enrolled in a pension scheme from the day the child is born.

452. Article 47 of the Social Security Act provides that life insurance benefits shall be calculated as a percentage of the pension the worker received, or would have been entitled to receive, on the date of death. This provision also sets the percentages to be paid to family members:

- 30 per cent of the value of the pension for the surviving spouse;
- 15 per cent of the value of the pension for an only child;
- 30 per cent of the value of the pension for two children;
- 40 per cent of the value of the pension for three or more children;
- 10 per cent of the value of the pension for the descendants of each of these.

453. Where the children have no mother or father, the percentages are as follows:

- 25 per cent of the value of the pension for an only child;
- 45 per cent of the value of the pension for two children;
- 60 per cent of the value of the pension for three or more children.

454. Article 69 of the Social Security Act provides for action programmes in the areas of health and welfare. Resources for these programmes are placed in a separate fund, the Health and Welfare Action Fund, which is used by the National Social Security Institute for various programmes, including the provision of non-financial benefits to workers' families; the establishment and operation of health and welfare centres, with particular emphasis on mother and child welfare; literacy campaigns; combating endemic diseases; basic health and hygiene measures; food aid and the purchase of school books for workers' children; and subsidies - which may be financial - to the population at large in the event of serious social problems.

455. Under the labour legislation, and specifically under Decree-Law No. 10/94 of 24 June 1994, a father or a mother may take a leave of absence from work if they are required to assist family members, as follows: 3 working days per month for illness or accident to a child over 10, up to a maximum of 12 working days per year; and 24 working days per year for children under 10, whether adopted or otherwise.

456. Persons who are unable to work for the reasons given above are paid an indemnity in accordance with the rates and conditions fixed in the decree-law on sickness insurance. In recognition of children's right of access to welfare services and facilities while their parents are at work, the Labour Act outlines, in the article on child welfare arrangements, strategies to promote the establishment of a national network of childcare facilities such as crèches and kindergartens, to be set up over a period of time, and creation of the conditions required to ensure the all-round development of the child.

D. Standard of living (art. 27)

457. Increased health costs for families, mass unemployment, the extreme poverty of the majority of the population, cutbacks in State health services and the emergence of a private informal sector for the provision of health-care services, have all been instrumental in restricting families' access to health services.

458. A 1996 study by the National Statistical Institute shows a direct correlation between the use of health services and family income levels. When illness strikes, 36 per cent of those living in extreme poverty do not use any health service, relying instead on self-medication, as compared with 26 per cent of the moderately poor and only 18 per cent of those living above the poverty line. Some 42 per cent of respondents used private health services while 36 per cent used State services. Even among those living in extreme poverty, 33 per cent used private services (Ministry of Planning/UNICEF, 1998).

459. The widespread prevalence of poverty has made for appalling health conditions for Angolans. Food insecurity in families, in rural and urban areas alike, is a decisive factor in the nutritional deficiency to be found in large sections of the population. A vicious circle exists in which undernourishment in poor families increases their susceptibility to disease, which in turn exacerbates malnutrition and impoverishment. At the same time, poor environmental conditions and the lack of access to drinking water or sanitation mean that poor people living in peri-urban and rural areas are exposed to the greatest risk of disease. The highest illiteracy rates, and thus the most limited understanding of disease prevention, are to be found among the poorest sectors of the population, particularly in rural areas.

460. A 1994 study of pregnant women in Luanda concluded that poverty and illiteracy, together with the poor quality of public services, were the major reasons underlying the high infant mortality rates.

Table 15

Trends in poverty in Angola

Indicator	1990	1996	2001	2015
Proportion of the population living below the national poverty line	36	61	68	34

Source: Final report on the Millennium Development Goals, July 2003 (National Statistical Institute and multiple indicator survey).

461. At the international level, US\$ 2 a day is considered to be the poverty threshold and US\$ 1 a day the extreme poverty threshold. In Angola, the extreme poverty threshold is US\$ 22.80 a month, or US\$ 0.76 a day, while the poverty threshold is US\$ 51.20 a month, or US\$ 1.70 a day.

462. The impact of the war on Angola's economic and social life cannot be ignored, particularly as regards agriculture: farming communities that depended mainly on agriculture for their subsistence were forced to move by the war. Yet the war has not been the only factor in the deterioration of ordinary people's living conditions. Other factors, such as the conduct of economic policy, which has left much to be desired, have given rise to unsatisfactory global and sectoral policies that have had a profound impact on food production and other activities such as trade, transport and the food industry. This has plunged the country into a social crisis, the most visible aspects of which are the poverty and hunger that affect a significant portion of Angola's population.

463. In the face of these challenges, the Government has devised a poverty-reduction strategy, while at the same time continuing to review the situation with donors, with a view to organizing an international conference for the mobilization of resources to meet the immediate needs of rehabilitation and post-war reconstruction.

464. Over the past decade the working-age population represented, on average, just over 52.1 per cent of the total population, while the population between the ages of 6 and 13 accounted for around 21.7 per cent (Ministry of Planning, Angola Country Profile).

465. The number of people working or seeking work in the towns has grown faster than the urban population, for poverty has forced more women and children into the labour market. However, as a result of the economic recession and public sector budget cuts, the percentage of the labour force absorbed by the formal sector is diminishing. Thus, whereas the public sector provided 48 per cent of jobs in towns in 1990, that figure fell to 34 per cent in 1995. The private formal sector accounted for only 14 per cent of jobs in towns in 1995 (Ministry of Planning/UNICEF, 1998).

466. Angola's most recent population census dates from 1970. The population was then 5,673,000, yielding an overall density of 4.55 inhabitants per square kilometre. By 2000, according to available estimates, the population had probably risen to 14,602,000, yielding an overall average density of 11.71 inhabitants per square kilometre.

467. As a result of the armed conflict, some 3.83 million displaced persons and more than 300,000 refugees were registered in neighbouring countries in 2000. Angola's population is basically young: between 1995 and 2000, 43.1 per cent of the total population on average was under 13. During the same period, the population under the age of 17 accounted for approximately 52.1 per cent of the total.

Table 16

**Angola: population projection by age group
(thousands of inhabitants)**

Age group	Year					
	1995	1996	1997	1998	1999	2000
0-4	2 128	2 290	2 256	2 324	2 394	2 466
5-9	1 618	1 667	1 750	1 768	1 821	1 876
10-14	1 456	1 500	1 545	1 591	1 639	1 688
15-19	1 133	1 167	1 202	1 238	1 275	1 313
20-24	1 017	1 048	1 07	1 131	1 245	1 315
25-29	848	821	9 846	871	898	925
30-34	1 647	1 667	1 744	1 763	1 729	1 750
35-39	578	595	623	652	670	670
40-44	523	536	557	574	585	603
45-49	450	417	439	462	475	499
50-54	324	333	343	369	384	405
55-59	301	310	319	328	338	348
60-64	289	298	307	316	331	342
65 and over	347	360	368	379	390	402
Total	12 659	13 009	13 378	13 767	14 174	14 602

Source: Angola Country Profile (National Statistical Institute, Population bulletin No. 9, donor round table, Brussels, 1995).

468. Families living in urban centres comprise on average 4.8 members, slightly more than rural families. Around 8 per cent of Angolan families have only one member, 26 per cent two or three, 31 per cent four or five, 21 per cent six or seven and 14 per cent eight or more (National Statistical Institute/UNICEF, 2003).

469. The rapid pace of the peace process has compelled the Government to pay urgent attention to the countless social situations created by the war that it was previously unable to deal with in any satisfactory or definitive fashion. These situations have had an adverse effect on the country's human development index (HDI), particularly the deterioration in:

- The provision of food aid and emergency health services to disadvantaged populations, in particular those displaced by war, demobilized persons and their families;

- Aid to abandoned children;
- Aid to the war-disabled;
- Reintegration of displaced and demobilized populations;
- Extension of State administration to all parts of the country;
- Extension of the health-care and education systems to all communities in the country;
- Extension of economic services throughout the country.

470. An estimated 4 million of those affected do not receive direct State aid. This tends to push up current and investment expenditure on social sectors and economic services, with the result that financial resource allocations must also be increased (Economic and social programme, 2003, Act No. 1/03, adopted by the National Assembly on 7 January).

Table 17

Angola's human development index (HDI), 1990-1996

	1990	1991	1992	1993	1994	1995	1996 ^a	2001
HDI	0.304	0.150	0.169	0.134	0.271	0.291	0.323	0.377
HDI rank	110	147	139	160	155	164	160	164
Total countries ranked	130	160	160	173	1.731	174	174	175

Source: United Nations Development Programme (UNDP), 2002.

^a Figures corrected on the basis of calculations by the National Statistical Institute.

**VII. EDUCATION, LEISURE AND RECREATIONAL
AND CULTURAL ACTIVITIES**

A. Education (art. 28)

471. In exercising their rights as established in domestic law and international instruments, particularly the Convention on the Rights of the Child, Angolan children enjoy the special protection of their family, the State and society at large. The rights to education and leisure, and to engage in sports and cultural activities, are established in the Constitution Act, which stipulates:

- In article 30 that the State shall promote the harmonious development of the child's personality and create the conditions for his or her involvement and participation in active life, by ensuring the effective enjoyment of economic, social and cultural rights, particularly in respect of education, vocational training, culture, access to first job, work, social security, physical education, sports and leisure time;
- In article 49 the State must promote every citizen's access to education, culture and sports and ensure the involvement of various private agencies to that end.

472. The State recognizes that education is a process that seeks to prepare the individual for the demands of the country's political, economic and social life, and take place in society at large, the family circle, relationships at work, education and scientific and technical research institutions, the media, community organizations, charitable and religious organizations and cultural and sporting events. Education is a key factor in sustainable development and in improving people's ability to respond to environmental and development issues.

473. The deficiencies of Angola's education system and the challenge of providing education for all have spurred the Government to prepare an integrated strategy for the improvement of the system and a national plan of action for education for all by 2015. These include:

- An explicit policy statement on early childhood education covering the establishment of facilities for pre-school education, teacher training, the preparation and distribution of recreational and teaching materials, the integration of children into formal education, and crèches;
- Comprehensive development of human resources in three stages: urgent measures (2001-2002), stabilization (2002-2006) and consolidation (2006-2015);
- Increasing the school enrolment rate, with a target of 100 per cent by 2005;
- Improving the quality of teaching;
- According priority to the most vulnerable groups;
- Rehabilitation, construction and equipping of classrooms;
- Provision of school furniture and teaching materials;
- Recruitment and training of new teachers and further training for serving teachers (existing institutes of education to become secondary-level teacher training colleges);
- Restructuring of the general education system (six primary classes and two secondary levels of three classes each);
- Training and supervision of multidisciplinary teachers;
- Training of technical and administrative staff, among others.

474. Angola's education programmes and school curricula have been designed and developed in Portuguese since colonial times. However, article 9 of the Basic Education Act (No. 13/01) provides that the language of instruction in schools shall be Portuguese, in order to create and maintain the human, scientific, material and financial conditions for the growth and extension of the use and teaching of national languages. Within the adult education subsystem, however, classes may be taught in the national languages.

475. The poor performance of the education system, together with other factors, has pushed illiteracy rates to very high levels. Literacy campaigns were conducted between 1976 and 1992, reaching 1.29 million adults across the country. However, from 190,000 participants in 1980, the number fell to 30,000 at the start of the 1990s. With the resumption of hostilities, the agricultural zones where the highest illiteracy rates had been recorded were cut off, and literacy campaigns around the country came to a virtual standstill. Between 1994 and 1996 there were fewer than 20,000 people officially enrolled in literacy classes.

476. Despite efforts by the Government and civil society, approximately one third of all Angolans can neither read nor write, and there are wide disparities between men and women. Only 54 per cent of women can read and write, as against 82 per cent of men, which means that men are 50 per cent more likely to become literate. The disparity between the sexes is more pronounced in the oldest age group (65 and over), where the men are 150 per cent more likely to know how to read and write.

477. The concentration of educational resources in urban areas is a reflection of the higher literacy rates to be found there, among both men and women. Only half the agricultural population questioned during the multiple indicator survey claimed to be able to read and write, a proportion 48 per cent lower than that found in urban areas, where some 74 per cent of the population are literate. The gender gap, too, is two and a half times wider in agricultural areas, where only one third of women are literate, as against 69 per cent of men.

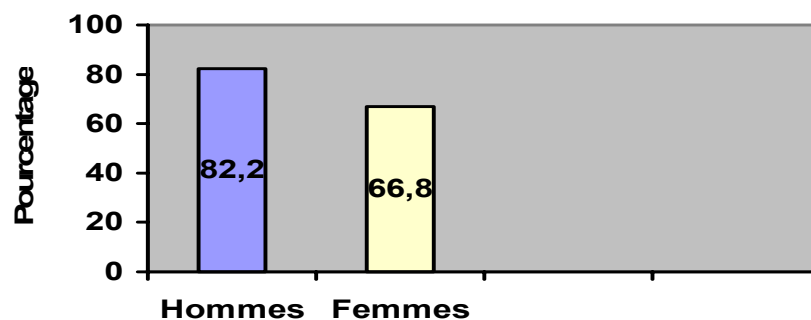
478. Despite the high levels of illiteracy, a positive trend can be observed among the younger generations. While barely one third of Angolans over 65 consider themselves literate, approximately two thirds of those aged 15 to 24 do. Another significant improvement can be seen in the gap between the sexes, which has narrowed in the very youngest age groups, showing that access to education is gradually becoming more equitable.

Figure 4

Literacy levels among men and women

**Population aged 15 and over who can read and write, by sex
(percentage)**

**Distribution par Pourcentage de la Population de 15
et plus qui sait Lire et Ecrire Selon le Sexe**



479. Article 7 of the Basic Education Act (No. 13/01) provides for free primary education in the general education and adult education subsystems, which means exemption from enrolment fees and the right to attend classes and obtain school materials. Under this article, pupils may also apply for boarding scholarships if they meet certain conditions.

480. The demise of Angola's colonial education system was announced in December 1977 and came into effect in April 1978. The education system is now structured as follows:

(a) General education

- Reception class (pre-school) for 5-year-olds;
- Eight years of basic education, divided into level 1 (grades 1-4), level 2 (grades 5-6) and level 3 (grades 7-8);
- Six semesters (three years) of pre-university education;

(b) Technical and vocational training

- Two-year technical and vocational training, entry from grade 6 of basic education;
- Four-year intermediate-level training (grades 9-12), entry on completion of basic education or technical and vocational training. There are two possible specializations at the intermediate level, technical training and education-oriented training (for prospective teachers);

(c) Higher education

- Students move on to higher education after having completed the three-year pre-university course or the four-year intermediate-level course. Most university courses last five years and lead to a bachelor's degree.

481. As part of the education reform, however, and in order to meet the new demands for trained human resources to ensure the country's social and economic progress and facilitate the transition from a Socialist-style economy to a market economy, the Basic Education Act provides for a unified system with three levels (primary, secondary and higher) and six subsystems, as follows:

- A pre-school education subsystem;
- A general education subsystem;
- A technical and vocational training subsystem;
- A teacher training subsystem;
- An adult education subsystem;
- A higher education subsystem.

482. Since the beginning of 2004, the three levels of the system have been supplemented by pre-school education for under-6s in crèches and kindergartens. The children are generally classed by age group and the 5-year-olds are placed in the one-year reception class, which prepares them for primary school; this class is compulsory for those with no previous educational experience.

483. Under article 8 of the Basic Education Act, primary education is compulsory for all those enrolled in the general education subsystem.

484. Under the Education Reform Act passed by the National Assembly in 2001, which lays down a three-phase implementation timetable (phase 1 in 2001 and 2002, phase 2 from 2002 to 2006 and phase 3 from 2006 to 2015), the situation described above will undergo substantial changes; the goal is universal primary school education by 2015.

485. Vocational training takes place in a variety of centres run by ministries and State corporations, which provide special management training; examples are the Fisheries Training Centre (CEFOPESCAS) of the Ministry of Fisheries and the National Training Institute of the Ministry of Public Administration, Employment and Social Security.

486. Within the school system, special education is provided in pre-school and at each educational level, so as to integrate those with special educational needs associated with physical, sensory or mental disabilities, or with trauma. Special education aims to develop the individual's physical and intellectual abilities, assist with integration within the family, school and society, develop autonomy and means of communication, and prepare for and provide vocational training. It is available in general education institutions, adult education training centres and other Ministry of Education facilities (Basic Education Act, arts. 43-45).

487. The law also provides for the development of extension education within pre-school education and at all the other levels, the purpose of which is to give access to extra classes out of school hours, including on a distance-learning basis, at the primary, secondary and higher levels.

488. As regards enrolment rates, 44 per cent of children do not enrol in the first four years of school and 94 per cent do not enrol in the secondary level of basic education. In addition, most children start school late and thus do not receive their basic education at the recommended age. Seventy per cent of 7-year-olds, for example, are not in the correct class for their age (grade 2). With the high rate of repetition, the education system is now unable to take any new pupils. Moreover, those children who start their basic education late take up places belonging to younger pupils. The vast majority (85 per cent) of adolescents who attend school are in the first six grades of basic education, which they should normally have completed - barring repetitions - by the age of 12 (Multiple Indicator Survey, 2003).

489. This situation has caused enormous problems in the education system, as the same curriculum is taught to children of widely varying ages. It is exacerbated by the excessive number of pupils per classroom (64), according to Ministry of Education data (2001). As there are only a limited number of classrooms, the school day has had to be divided into two or three shifts, which, although making it possible to enrol more children in the school system, has drastically reduced their contact time with teachers.

490. The shortage of properly qualified teaching staff, the inadequacy of the infrastructure, the inefficiency of the education system, children's early entry into the labour market, low family income and the lack of educational materials all hold back the normal progress of those children enrolled in basic education. Access to basic education is directly correlated to families' socio-economic status. Primary school enrolment rates are twice as high among children from the highest socio-economic group (43 per cent) as among those from the most socially and economically disadvantaged families (17 per cent). The ratio may be as great as 16 to 1 in respect of secondary education.

491. The very low rates of enrolment in basic education among children from the most vulnerable families is directly related to their early entry into the labour market. The shortage of free educational materials is also a factor in the close correlation between income and enrolment rates, as is the fact that births are not registered systematically.

492. School attendance rates vary widely from region to region. Attendance rates for primary education are highest (63 per cent) in the capital and in the southern region of the country. The lowest rates (44 per cent) are to be found in the east, while the west, the north and the south-central regions are close to the national average. The percentage of children completing grade 5 is more or less the same for all regions except the capital, where the percentage of those reaching grade 5 is significantly higher than in the rest of the country. The proportions are similar for children enrolled in secondary school.

493. To encourage children to go to school, the Ministry of Education has set up the School Meals Programme, a food aid programme for school-age children at the primary level; the objective for the first phase is to reach 200,000 children in Luanda and 20,000 in Cuanza Sul. The programme is currently in operation in Benguela, where it caters for 85,000 children and, it is hoped, will reach 600,000 in four years' time.

494. The extent of the problems facing the Angolan education system is reflected in the fact that, even in the better-off social strata, the majority of children (84 per cent) do not attend secondary school at the recommended age (Multiple Indicator Survey, 2003).

495. The causes of exclusion from school include early pregnancy, HIV/AIDS, deprivation of liberty and, above all, the low rate of birth registration, the effect of which is to deprive many children of access to basic education, particularly secondary education, since they cannot provide the municipal schools with proof of their age because they have no identity papers.

496. Girls in all social strata account for around 29.6 per cent of total school dropouts. The main reasons for this high figure are girls' involvement with household tasks and economic activities to support the family and the high rate of adolescent pregnancies (2 per cent among 16-year-olds and 61 per cent among 19-year-olds) (Multiple Indicator Survey, 2003).

497. The effects of HIV/AIDS, whether manifested in discriminatory attitudes or in the state of health of infected pupils, are another factor in exclusion from school and hence the low enrolment rate.

498. Limited access to education and declining enrolment rates are not the only performance indicators for Angola's education system. The shortcomings of the system itself and the conduct of its staff play a significant part in these poor results.

499. Studies have shown that, in addition to administrative problems, the lack of identity documents (birth certificates, identity cards, etc.) means that 47 per cent of children attending school were obliged to make some payment or offer a gift in order to gain admission, despite a Ministry of Education decree outlawing such practices.

500. The shortage of properly qualified teachers, referred to above, has undoubtedly been one of the major problems of the last 10 years. As a result of the peace process, however, 29,184 new teachers were registered in the first term of 2003, representing a teaching capacity of 1,196,120 pupils.

501. The general rules governing life and work in schools and other institutions are laid down in the statutes of the teaching profession and in schools' own regulations.

502. Angola must expect to face great challenges if it is to meet the Government's targets for 2015 - universal primary education and the creation of conditions that will allow all children, boys and girls, to complete the full programme of primary studies.

503. A sine qua non for attaining the goal of universal primary education has been the reintegration of the groups affected by the war, in order to avoid pockets of social exclusion.

504. Bearing in mind the above-mentioned points, annual appropriations for education from the general State budget have been as follows: 2001 - 5.75 per cent of the general State budget; 2002 - 4.65 per cent, a reduction of 1.1 per cent; and 2003 - 6.24 per cent, a relative increase of 1.59 per cent (Act No. 7/01 of 4 May 2001 and Act No. 15/02 of 29 November 2002 amending Act No. 3/01 of 7 March 2001 and Act No. 2/02 of 7 January 2002).

505. The budget appropriations for education during the period under consideration were lower than in any of the other SADC countries, where average education expenditure was approximately 16.7 per cent for the same period.

506. International cooperation in administering the education system - spearheaded by UNESCO - has always been of major importance to Angola, not only because it supplements scarce internal resources, but also because it provides external support for domestic development programmes. National forums such as the round table on education for all, held in July 1991 following the World Conference on Education for All, held in Jomtien, Thailand, from 5 to 9 March 1990, have made it possible to reach a consensus on the formulation of strategies for implementing sectoral policies.

507. Education in Angola is a national responsibility and an open, participatory process that embraces all of civil society. Individuals and groups within and outside the country, churches, associations and humanitarian organizations, among others, are taking initiatives at all levels of education in partnership with the Government, and it is up to the State to harness these synergies and foster Angola's own creative forces.

B. Aims of education (art. 29)

508. Education in Angola aims to encourage, in a regular and methodical fashion, the harmonious development of the younger generation's physical, intellectual, moral, civic and aesthetic capacities, as well as their capacity for work, and to broaden their knowledge as a contribution to the socio-economic development of the country. Instilling in the younger generation respect for national values and symbols, human dignity and tolerance, as well as the culture of peace in order to ensure national unity, preservation of the environment, a better quality of life and defence of the right to, and respect for, life, liberty and personal integrity, also form part of the aims and values of education.

509. The aims of the education system reflect the development goals of the country itself:

- To train people capable of understanding national, regional and international problems and of playing an active part in the community while observing democratic principles;
- To instil respect for others and for the best interests of the Angolan nation, by promoting the right to, and respect for, liberty and personal integrity;
- To develop a spirit of solidarity among peoples through respect for diversity, thereby permitting the healthy integration of each.

510. Educators are entitled to in-service training within the teacher training subsystem; this enables them to advance on the professional, cultural and scientific fronts and regularly update and enhance their knowledge of their field.

511. The teacher training subsystem trains teachers for work in pre-school and general education. It is aimed at persons who have completed at least the ninth grade and a four-year course in a school within the general education subsystem, and then in a higher institute of education.

512. Intermediate training courses are also organized for teachers who have not completed grade 9. Such courses last one to two years and are aimed at bringing participants up to level and giving them a solid grounding in theory and practice, as well as a strong sense of patriotism, so that they will be able, to the best of their ability and in a responsible fashion, to perform the task entrusted to them, that of educating coming generations.

513. The use of Ministry of Education-approved curricula and textbooks is compulsory throughout the country and in every subsystem (Basic Education Act, arts. 26, 27, 60 and 61).

514. In line with the policies introduced in the late 1980s, the Government has authorized the establishment of private educational institutions, in accordance with the law. Such institutions may be profit-making or otherwise; the State is required to establish regulatory mechanisms and systems for financial subsidies, and the institutions must be classed as public-interest associations (Basic Education Act, art. 69).

515. The school-age population is growing rapidly, which means an increase in the number of pupils enrolled in primary school, particularly in the first two levels of basic education. It is estimated that from 1.5 million the number of such pupils will rise to 5 million by 2015. Enormous resources will thus be required, which will affect State expenditure on various sectors in the future.

516. From this standpoint, it may be useful to review the distribution of expenditure within the education sector between 1997 and 2001. The term “education sector” refers to all activities of the State relating directly or indirectly to the provision of education and training services. All State expenditure within the sector has been identified on the basis of an analysis of the general State budget, which has made it possible to cover all agencies concerned with education: schools, institutes, faculties, provincial departments, selected municipal departments (in Luanda), the central administration of the Ministry of Education and the National Institute of Fellowships.

C. Leisure and recreational and cultural activities (art. 31)

517. Angolan children have access to extracurricular activities before or after lessons, which enable them to broaden their knowledge and develop their abilities in a harmonious way. These activities complement their schooling and are organized by the central and local administrative units of the State and societies, in cooperation with civic associations and under the overall supervision of the Ministry of Education.

518. Extracurricular activities include vocational training and educational guidance, the rational use of free time and recreational and sporting activities. Leisure activities include science and technology groups, workplace visits, meetings with workers, arts and crafts, correspondence with penfriends, poetry, art, writing, model-making, tournaments in various sports and patriotic activities (raising the flag).

519. School sports are encouraged as a means of promoting children’s physical health and fitness and their moral, intellectual and social development, with due respect for the right to be an individual and to be different; the principle underlying these activities is that sport develops a true spirit of cooperation in children, helps form their character and encourages teamwork through responsibility. Sport also helps maintain children’s all-round fitness by enabling them to shake off fatigue, relax and break out of their daily routine. It also contributes to their personal development (Internal regulations, National Directorate for Social Action).

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