



Convention on the Rights of the Child

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Committee on the Rights of the Child Fifty-fifth session

Summary record of the 1547th (Chamber B) meeting

Held at the Palais Wilson, Geneva, on Tuesday, 14 September 2010, at 3 p.m.

Chairperson: Mr. Zermatten (Vice-Chairperson)

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The meeting was called to order at 3.15 p.m.

Consideration of reports of States parties (continued)

Consolidated second to fourth periodic reports of Angola on the implementation of the Convention on the Rights of the Child (continued) (CRC/C/AGO/2-4; CRC/C/AGO/Q/2-4; CRC/C/AGO/Q/2-4/Add.1).

1. *At the invitation of the Chairperson, the members of the delegation of Angola took places at the Committee table.*
2. **Ms. Maurás Pérez**, noting with concern that one in two girls fell pregnant before reaching the age of 18, asked about the content of the “adolescent” component of the strategic plan for sexual and reproductive health, including whether schools had any initiatives for preventing HIV/AIDS and other sexually transmissible diseases and combating risk behaviour such as drug consumption and violence among young people.
3. Given the correlation between maternal educational achievement and infant mortality, she would also like to know what the Government was doing to deter girls from dropping out of school in order to redress the pronounced disparity between male and female enrolment rates and whether it had any plans to investigate harmful practices such as early marriage, which could be prevented if girls were better informed.
4. She would also like the delegation to specify the current HIV prevalence rate in the country, the official rate of 2.1 per cent being considerably lower than the 3.9 per cent cited by the United Nations Development Programme, and to explain how it was that Angola was achieving better results in the fight against HIV/AIDS than other Southern African countries. She also sought an explanation as to how the Government intended to raise the percentage of HIV-infected children with access to antiretroviral treatment from the current level of around 30 per cent and how it intended to promote breastfeeding when Angola had not yet signed the International Code of Marketing of Breast-milk Substitutes.
5. **Ms. Herczog**, expressing concern about the fate of the 43,000 children living apart from their parents, said that she had been shocked to learn that new placement institutions continued to come into being, despite the State party’s commitment to avoid institutionalization. She would like to know the level of training of the staff of such institutions, who made the decision to place a child in care, whether there was any follow-up on placements, whether any redress or complaints mechanisms were available, what age group was most likely to be placed in care, whether children and their parents benefited from any kind of financial support at the end of the placement, and whether any form of alternative care was available for children living with HIV/AIDS.
6. She would also like the delegation to provide information about adoption and, in particular, to indicate whether the Angolan Government envisaged ratifying the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption.
7. **The Chairperson** asked whether measures had been introduced to assist demobilized children and child victims of landmines, what criminal sanctions were established for child pornography and prostitution and what preventive measures had been taken in those areas.
8. **Ms. da Cruz Frestas** (Angola) said that approximately 30 per cent of the total State budget had been allocated to the social sector in 2010. The health-care budget was \$2.7 billion, equivalent to \$152 dollars per person per year. The decentralization programme launched two years earlier meant that responsibility for health care would thenceforth be shared between the different levels of government. Accordingly, from 2011 onwards, the municipalities and provinces would assume joint responsibility, along with the central authorities, for implementing four health-care programmes: the comprehensive mother and

child health-care programme, the institutional management programme, the programme to combat endemic diseases, and the anti-HIV/AIDS programme.

9. Although the armed conflict had ceased just eight years earlier, Angola was relying on its own wherewithal to put an end to extreme poverty. In provinces rich in diamonds, oil and other natural resources, mining companies assigned a portion of their revenues to the provincial government, which had been used to fund child-friendly policies. Each year the Government of Cabinda province received \$1 million from oil companies under that scheme, which it used to finance child-health programmes, vaccination campaigns and the fight against malnutrition.

10. **Ms. Maurás Pérez** asked whether private companies were legally bound to make those contributions and whether the amount was set by law, or whether they made them as a matter of principle or social conscience. \$1 million was, in any event, an insignificant amount compared to the multinationals' profits from their Angolan activities.

11. **Ms. da Cruz Frestas** (Angola) said that there was as yet no law regulating those contributions but that the Angolan Government was developing legislation to regulate the impact of mining activities on the environment and on the health of miners and the population in general. It also envisaged imposing sanctions in the event of disasters that presented health risks.

12. In order to strengthen the health system at the community level, a forum composed of representatives of various ministries, health centres and other relevant authorities had been established in August 2010. That forum had been the driving force behind the plan to accelerate action to reduce maternal and infant mortality which was currently being implemented across all levels of government. In addition, committees that worked to combat maternal mortality would shortly be established in several municipalities.

13. **Mr. Krappmann** asked where the Angolan authorities found its doctors, nurses and other health-care professionals, in view of the generally low rate of enrolment in secondary education and the widespread labour shortages caused by the war.

14. **Ms. da Cruz Frestas** (Angola) explained that Angola received aid from Cuba, which each year funded around 60 medical students in the various Angolan provinces and paid for around 100 more to travel to Cuba to study medicine for five years. Training in nursing and laboratory techniques was offered at the provincial level. Vocational training schools had been reopened and, under agreements concluded with Brazil and Portugal, emphasis was placed on training middle-level instructors. Thanks to World Bank funding, a midwifery school had been opened in Luanda, and additional schools were due to be built in three provinces. In provinces with an especially acute shortage of health-care professionals, there were plans to establish schools offering 18-month training courses in basic health care to children who had completed their primary education so that those children could then dispense medical care within their communities. Community workers in place in the municipalities would also be involved in implementing the plan designed to accelerate the reduction of maternal and infant mortality.

15. A recent World Health Organization (WHO) report indicated that the HIV/AIDS prevalence rate in Angola was 2.1 per cent and declining. The Government had recently adopted a plan to combat AIDS over the 2010–2015 period, focusing on preventing infection among vulnerable groups and preventing mother-to-child transmission.

16. Adolescents were cared for in specialist establishments, such as mother and child centres and youth clinics. Pilot programmes and centres for adolescents had also been established, mainly in Luanda Province. The geographical coverage of all those services needed to be expanded.

17. **The Chairperson**, observing that the teenage pregnancy rate placed a question mark over the effectiveness of adolescent health services, asked what options were available to teenage girls seeking information about reproductive health and forms of contraception, particularly outside Luanda.
18. **Ms. da Cruz Frestas** (Angola) said that public health centres provided services of that kind, and a network of 270 national non-governmental organizations (NGOs) carried out counselling, family planning, awareness-raising and sex education activities. International NGOs active in the field also worked in local communities. Between 2011 and 2015, the authorities planned to focus sex education in schools on HIV/AIDS prevention, counselling and the distribution of family planning material.
19. **Mr. Kiala** (Angola) said that it was 40 years since the last national census and that, in the absence of sociodemographic data, the Government was actively engaged in developing a System of Indicators for Angolan Children (SICA) which would enable it to monitor children's situation and formulate child-friendly policies and strategies. The system would be constructed from survey findings and used to compile statistics on specific sectors, (education, health and water) and would serve as a guide for the national census scheduled for 2014.
20. **Mr. Krappmann** (Country Rapporteur) asked whether statistics compiled using that system were already available and whether the State party collected information on some of the less obvious phenomena mentioned in the report, such as the breakdown of the family unit in the aftermath of the war, the loss of values, and families' struggle to provide their children with the secure home environment needed.
21. **Mr. Kiala** (Angola) said that the results of a 2008–2009 survey on children's welfare had recently been published and would be available for consultation on the Internet in languages other than Portuguese as soon as they had been translated.
22. **Ms. Grilo** (Angola) said that the Government was doing its utmost to redress the disparity between the number of primary and secondary schools. For that reason, the 2001–2015 construction programme set quantitative targets for all levels of educational establishment. That programme was supplemented by plans to develop educational materials and to supply all the equipment essential to high-quality secondary education. A total of 53 polytechnic institutes and secondary schools had been built in 2004 and 2005. The State also ran specialist schools for children with special needs, including children with visual impairments.
23. Angolan law criminalized and penalized any form of physical and psychological violence in schools. The child-friendly schools programme launched in 2007 aimed to ensure that children's rights were fully respected and to give them the means to make themselves heard. Under that programme, children were invited to state their educational needs and aspirations. The programme also included indicators that enabled parents to monitor the extent to which their children's rights were respected at school.
24. **The Chairperson**, noting that only 1 million children had access to preschool education, asked what specific measures the State party envisaged for remedying the situation and when it expected to implement them.
25. **Ms. Afonso Gourgel** (Angola), acknowledging that there were insufficient preschool establishments in Angola, since only 9.2 per cent of children aged under 5 had access, said that the Government had launched a programme to build new schools for children aged between 2 and 5.
26. Responsibility for the care of abandoned children rested with local social assistance and reintegration bodies. Institutionalization was a last resort only, and priority was always given to placement in a foster family and implementation of the measures envisaged under

the national family search and reunification programme launched in 1990. Nonetheless, it had not been possible to cater to the needs of all abandoned children and no satisfactory solution had been found for some 5 per cent of them. There were currently about 7,000 children in alternative care programmes. The number of children separated from their families was far lower than the figure of over 40,000 cited. Adoptions were infrequent for cultural reasons.

27. The decision to place a child with a foster family was taken by the competent local government authorities. A close partnership had been forged with civil society organizations, particularly child protection networks, which provided advice and help in finding foster families, although responsibility for family assessments lay with the local social services.

28. The Government had recently drawn up a set of minimum standards and criteria for institutional childcare and the relevant regulations were currently being reviewed to bring them more into line with the guidelines set forth in the Constitution. Regular nationwide inspections were conducted to assess the quality of care provided, identify problem situations and hear children's grievances.

29. **The Chairperson** asked for information about domestic and intercountry adoptions.

30. **Ms. Afonso Gourgel** (Angola) said that there were very few intercountry adoptions because the process was long and laborious, with the final decision being taken by the National Assembly. However, efforts to encourage such adoptions were under way.

31. With the support of the United Nations Children's Fund (UNICEF), the Government had surveyed nine provinces to investigate the situation of children whose parents were suffering from or had died of HIV/AIDS. The survey had identified a total of 14,431 children who had lost their parents to HIV/AIDS and 1,469 children deprived of parental care for reasons associated with HIV/AIDS. It had also revealed that Cunene and Huambo Provinces accounted for the largest numbers of children living alone and those caring for younger ones. The survey was due to be extended to the country's other nine provinces. The children identified were receiving financial and material assistance and regular food distributions from the State.

32. **Mr. Krappmann** (Country Rapporteur), noting that education was compulsory until the age of 12 but that the minimum age for admission to employment was 14, asked what options were available to children who dropped out of school during that interval. Certain sources claimed that schools sometimes charged admission or other fees, which might contribute to the dropout rate. It would also be useful to have data on loans to finance vocational training. He would also like to know whether the networks for the promotion and protection of the rights of the child were composed of civil society organizations and what role was played by NGOs.

33. **Ms. Grilo** (Angola) said that compulsory education was free, but that enrolment in a private school was not. The school dropout rate, while still too high, was falling. Children who left school before the age of 12 could enrol in the literacy and accelerated learning programme — a combination of parallel learning and formal education — whereby they completed short courses tailored to their needs. Young people who had reached the age of completion of compulsory education were offered vocational assistance in basic training schools attached to employment centres, in which they received a combination of vocational training and normal schooling, followed by support and guidance in accessing the labour market.

34. **Ms. Mixinge** (Angola) explained that child rights protection and promotion networks were community organizations composed of children, representatives of government institutions, civil society, religious leaders and traditional authorities. They

were tasked with identifying any situations likely to constitute a violation of the rights of the child, reporting such violations to the competent authorities and assisting in conflict resolution.

35. **Ms. Alfonso Gourgel** (Angola) said that representatives of civil society sat on the National Children's Council and had actively participated in the preparation of the documents submitted to the Committee. The State party maintained excellent cooperation and partnership relations with civil society organizations.

The meeting was suspended at 4.30 p.m. and resumed at 4.40 p.m.

36. **Mr. Antonio** (Angola) said that, in order to remedy the consequences of the conflict, which had caused the forced displacement of millions of people, a government policy that sought to promote and strengthen the family unit through education and empowerment had been introduced. Its aim was not only to reinforce family roles and responsibilities and restructure family relationships, but also to assist families in finding independent sources of income generation. The Government had also been pursuing a poverty reduction strategy since 2003, which had been updated in 2007 and centred on the promotion of infrastructure reconstruction as a means of sustaining production and essential services. The State had also launched a programme of microcredits to provide financial support for families, and significant amounts had been freed up for that purpose in 2008. That year, some \$365 million had been allocated to programmes providing aid for rural families in the form of investment credits.

37. The State party was endeavouring to promote moral and civic values, centring its efforts on restoring moral values, solidarity and citizenship, strengthening family relationships and forging closer links among families, schools and communities. A guidance programme for couples entering marriage was in the development stages, as well as a programme to promote paternal responsibility, and the Family Code was being revised to align it with the country's current realities. A plan to increase awareness and understanding of parental responsibilities, in which families and civil society worked together, was being formulated and a draft law to combat domestic violence had recently been submitted to the Executive for consideration. Several family advice centres in locations across the country provided mediation services to combat domestic violence. A national policy on equality between the sexes, which placed the emphasis on boys and girls' equal access to education, was at the drafting stage.

38. The proportion of the population living beneath the poverty threshold had fallen from 68 per cent to 38 per cent between 2004 and 2009 and the Government had plans to build 1 million social housing units by the end of 2012.

39. **Mr. Filali** asked what steps had been taken to engineer a change of public attitudes and combat violence against women and children, and what role the media played in the awareness-raising drive.

40. **Mr. Antonio** (Angola) replied that the law against domestic violence currently in the process of adoption should fill the legal vacuum in that area. It would be accompanied by a plan of action involving civil society, government bodies and the media and would entail awareness-raising campaigns aimed at putting an end to all forms of violence against women. It was also a question of reconciling tradition and modernity, while at the same time achieving the change of attitudes necessary to ensure that traditional practices incompatible with respect for human rights were no longer tolerated. The media would play a central role in that process.

41. **Ms. Mixinge** (Angola) said that a plan of action to combat the sexual and commercial exploitation of children had been implemented in 1999 and that a code of

conduct for the tourism sector had been adopted in 2010. The authorities had increased border controls in order to fight trafficking.

42. An Act against the worst forms of child labour had been enacted in 2000, but a great deal remained to be done to prevent children from working before the minimum legal age. A protocol concluded between various Angolan Government ministries and the International Labour Organization (ILO) within the framework of the International Programme on the Elimination of Child Labour (IPEC) had enabled the State party to implement an education-centred programme for fighting child labour.

43. Child victims of landmines were offered care and psychosocial support. Children accused of witchcraft were accommodated in specialized centres, where they received instruction and vocational training.

44. **The Chairperson** asked whether child trafficking and the sexual exploitation of children were punishable under domestic legislation; whether such offences had resulted in investigations, legal proceedings and convictions; and whether child victims were accorded a special status in the legal process.

45. **Ms. Mixinge** (Angola) replied that the Criminal Code established penalties for the sex offenders. The Criminal Investigations Division were in charge of the investigations and a special, fast-track procedure was used for such offences.

46. **Mr. Filali** asked what was meant by fast-track procedure and whether the procedure allowed for due consideration of children's needs and proper investigation of the case.

47. **Ms. da Cruz Frestas** (Angola) explained that the different phases of investigation and trial were rigorously observed and that the procedure was in no way a summary one. Statutory rape was recognized as a crime in the Criminal Code, and penalties were in place.

48. Judges received instruction in how to apply the Convention either during their university studies or through a specialized legal training institute that offered instruction in the rights of the child at the national level. In the provinces, cases involving minors were heard in the Family Division of the Provincial Court. The Law Reform Commission was operational and had drafted several child-related bills that were currently under consideration.

49. Child abuse and neglect met the definition of corporal punishment and were covered by articles 345, 349, 360 and 362 of the Criminal Code.

50. **Mr. Koompraphant** said that he would like to know of any special child-sensitive hearing procedure adapted to the needs of child victims of sexual abuse, and of any steps taken to limit the repercussions of abuse for the rest of the family.

51. **Ms. Mixinge** (Angola) replied that the family of the victim was offered psychosocial support and access to mediation services.

52. **The Chairman**, noting that the birth registration rate stood at a very low 32 per cent, which meant that 68 per cent of children had no legal existence, asked what obstacles were preventing an increase in that rate.

53. **Ms. da Cruz Frestas** (Angola) said that the civil registration authorities endeavoured to register the births of children born in border regions, refugee children and children born in other countries. Children not registered with the civil registry before reaching the age of 5 could be enrolled at school, and would subsequently be registered at their school by mobile registration units.

54. **Ms. Magalhaes** (Angola) emphasized that Angola was aware of all that remained to be done in the field of education.

55. **The Chairman** asked what law was applied by the Juvenile Court in Luanda, what law was applied in the Family Division of the Provincial Court and whether there was either a special law for juvenile offenders or a special section of the Criminal Code dealing with minors in the 14–18 age group.
56. **Ms. da Cruz Frestas** (Angola) replied that the courts hearing cases involving minors observed all of the procedural stages established in the Court for Minors Act and the Juvenile Procedure Code. The difference between the courts lay in the fact that the Juvenile Court in Luanda had its own structure and officers, whereas in the provinces the Family Division of the Provincial Court under the supervision of the Presiding Judge of the Provincial Court, heard cases involving minors.
57. In Angola, judges studied all areas of the law, but could choose to take optional modules or to specialize in a particular area.
58. **Mr. Do Nascimento** (Angola) said he wished to emphasize that university courses in Angola were of the same standard as those offered in other countries.
59. **The Chairman** asked whether a telephone helpline had been established for child victims of abuse.
60. **Ms. Mixinge** (Angola) said that the SOS Children helpline had been operating since 2005 and that there were plans to extend the service to all municipalities. Community helpline workers referred cases to the provincial and, subsequently, national authorities. With peace restored, access to the media was easier and the number of incidents reported had increased, but that did not necessarily reflect an increase in violence.
61. **The Chairman** asked what proportion of incidents reported had to do with witchcraft.
62. **Mr. Filali** asked about measures adopted to put a stop to the witchcraft-related activities of certain sects.
63. **Ms. Mixinge** (Angola) said that religious sects of that kind generally originated in neighbouring countries. The issue had been addressed with assistance from traditional authorities (e.g. healers and soothsayers), helping to reduce the number of cases reported from more than 400 between 2001 and 2005 to just 2 currently. An inter-ministerial commission was investigating the sect phenomenon, and the Ministry of Culture was conducting a study that would supplement a 2006 investigation.
64. **Ms. Grilo** (Angola) said that children with disabilities who were victims of discrimination had access to a programme of support including literacy training and vocational assistance. All children with physical disabilities attended school, in some cases special schools, depending on the nature of their disability. Angola had signed the Salamanca Statement and Framework for Action on Special Needs Education in token of its commitment to integrating persons with disabilities. The right to non-discrimination was guaranteed under the Constitution.
65. **Ms. Afonso Gourgel** (Angola), referring to the issue of spontaneous and voluntary refugee repatriations, said that they took place on the initiative of the refugees themselves, without assistance from the country of asylum. The country ensured that the human rights of irregular migrants were respected with support and technical assistance from UNICEF.
66. Sexual relationships between children were undeniably an issue, mainly affecting children in institutional care. Whenever such incidents were detected or complaints were received, psychological counselling was provided for both the victims and the perpetrators.
67. **Mr. Koompraphant** asked what assistance was available for families living beneath the poverty threshold.

68. **Mr. Joao** (Angola) replied that specific aid programmes had been introduced for those families. The aim was to help them to improve their situation through development programmes that included access to microcredit. The microcredit programme was designed to provide guarantees for families wishing to borrow, and included a social component whereby financial support was provided by the State with follow-up available through specialist NGOs. Those activities were a part of the plan of action that Angola had adopted to enable it to achieve the Millennium Development Goals. The country also participated in international campaigns to promote microcredit.

69. **Ms. Grilo** (Angola) said that adult education was a continuing service. There were plans for a literacy programme that would give all families access to microcredit, as well as training to enable them to engage in income-generating activities. Production cooperatives also operated in rural areas.

70. **Ms. Mixinge** (Angola) said that children accused of witchcraft were eligible to join the programme that offered children vocational training and work placements in public and private enterprise, and that a special housing programme intended to benefit those children had also been launched.

71. The Children's Parliament continued to sit and plans for its institutionalization were under way; groups were currently operating in 18 provinces. School parliaments had been established in eight provinces to monitor application of the authorities' education commitments. Children took part in community-level consultation processes, and parents and children had the opportunity to speak with members of NGO networks in "friendship corners".

72. **Mr. Krappmann** (Country Rapporteur) said that things were undoubtedly moving in the right direction in Angola, as the data provided by the delegation confirmed, but that progress was slow in certain areas. For example, infant mortality was still too high, poverty was still too widespread and school attendance still too low. Given its copious resources, Angola should be able to achieve its objectives, but it needed to mobilize those resources and channel them more effectively into projects that benefited children and safeguarded their rights. There were many obstacles, mainly in terms of professional skills. Education was the cornerstone of development and it was essential to construct a high-quality education system.

73. **Ms. Magalhaes** (Angola) said that Angola was well placed to overcome the challenges that it faced. By analysing the most recent data, the Government would be able to plan essential social services for the country's citizens, and particularly its children, which corresponded to their needs.

The meeting rose at 5.55 p.m.