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Issue 2: ANGOLA

IMPORTANT NOTE (*April 25, 2002*):

The government of Angola and UNITA signed a cease-fire agreement on April 4, 2002. This agreement offers hope that more attention and resources will be directly paid to improving the critical situation of Angolan children and adolescents. The cease-fire will provide access and opportunity for humanitarian assistance to thousands of children and families who were isolated and in desperate need during the conflict.

The signing of the cease-fire agreement is a bright moment for Angola. It is also an opportunity for the United Nations, the government of Angola, UNITA leaders, and other policy makers to incorporate child-focused programs and policies into all peace-building and reconstruction efforts. The following data on the situation of Angolan children should be used to inform policy decisions on the nation's future.

Any references in the report to opposition and warring factions should be understood in the context of the decades-long civil war, and not the new steps towards cooperation. Recommendations at the end of this report are a call for action by the UN Security Council in the context of peace-building.

INDICATORS:

The following are basic indicators based on the most current available data on the situation of Angolan children and adolescents. The lack of concrete statistics in many of these areas highlights the need for United Nations (UN) agencies and others to gather, compile and disseminate data to ensure that children's rights are monitored and protected. UNICEF is supporting a Multiple Indicator Cluster Survey being done by the Angolan National Institute of Statistics (INE). The data from this nation-wide survey – the first since the resurgence of the war - should be publicly available in Spring 2002.

Population	Estimated 13,000,000 total Estimated 7,800,000 under 18 (2002)
Voting Age (Government Elections)	Age 18
GNP per Capita	US\$220
Refugee and Internally Displaced Population (IDP)	Estimated 457,000 refugees (end of 2001) Estimated 1.3 million IDPs confirmed by humanitarian agencies. The Government estimates 4.1 million as displaced – estimated half are children. (2002)
Infant Mortality	172 deaths per every 1,000 live births - second highest in the world (2002)
HIV Rates	1999Estimates total 160,000 Estimated children (age 0-15) 7,900 (end of 1999)
Education Indicators	Over 30% of children never attend school (2002) 50% males and 70% females illiterate (2001)
Compulsory Recruitment	Age 18 for registration Age 20 for recruitment
Child Soldiers	It is very difficult to obtain accurate data because of lack of access to the population. The Coalition to Stop the Use of Child Soldiersestimates 7,000 children in both government and opposition armed groups (2002)

Gender-Based Violence¹	Although difficult to document statistically, GBV against women and children is known to be a serious problem among civilian, IDP and refugee populations
Landmines and Unexploded Ordnance (UXO)	<p>Estimates range from 2-7 million landmines and UXOs scattered throughout the country (2002)</p> <p>840 landmine and UXO casualties, including 62 children in 2000</p> <p>487 child victims of landmines from 1995-2001</p>
Small Arms	There is documentation of easy availability of weapons, trafficking from other countries, and heavy spending on weaponry by both sides, although exact numbers are not known. Embargoes have had with limited success.

(Note: Statistics are based on reports from various organizations that have conducted research in Angola and among Angolan refugees in other areas. See sources below.)

INTERNATIONAL STANDARDS:

Convention on the Rights of the Child (CRC)	Ratified (1990)
<ul style="list-style-type: none"> • Optional Protocol on Children in Armed Conflict 	Pending ratification by Parliament
<ul style="list-style-type: none"> • Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography 	Pending ratification by Parliament

¹ Gender-based violence (GBV) is an umbrella term used for any harm that is perpetrated on a person against her/his will that has a negative impact on the physical and/or psychological health, development and identity of the person and is the result of gendered power relationships determined by social roles ascribed by males and females. Violence may be physical, sexual, psychological, economic, or socio-cultural, and is almost always and across all cultures disparately impacting women and children.

Other Treaties Ratified	International Covenant on Civil and Political Rights and First Protocol; International Covenant on Economic, Social and Cultural Rights; Convention on the Elimination of All Forms of Discrimination Against Women; Convention Relating to the Status of Refugees and Protocol; African Charter on the Rights and Welfare of the Child; Rome Statute of the International Criminal Court (signed); Mine Ban Treaty (signed)
Recent UN Security Council Resolutions	2001: 1336, 1348, 1374 2000: 1294,1295

SUMMARY

According to UNICEF, Angola is among the worst places in the world to be a child. One out of every three children dies before the age of five. This is equal to one child dying every three minutes and 420 children dying every day. More than half of Angola's population is under 18, yet little attention is paid to the urgent needs of youth and the consistent violations of their rights by the government and the opposition armed forces during the war. Both the Angolan government and the armed opposition seriously violated the most basic provisions of core international standards established to protect the rights of children, adolescents and other civilians.

The direct impacts of the war on children are wide ranging. Human Rights Watch reports that children have been the targets of brutal and indiscriminate acts of violence, including murder, beatings, rape, enslavement for sexual purposes and labor, and forced recruitment as child soldiers.

Children and adolescents lack access to healthcare, education, sanitation and food. For almost all areas of health, sanitation, and education, Angola falls well below the international indicators for sub-Saharan Africa. Over 70 percent of children are not registered, which further prohibits access to health and other services. Children are also victims of landmines and wide spread use of small arms and other weapons. Approximately 100,000 children live separated from their families and communities; many wind up in dire conditions on the streets of larger cities.

All children - and most adults - in Angola have never known peace. As a result, their outlook is often bleak and without hope for the future. The war has caused severe psycho-social repercussions for Angolan children and adolescents. Many children exhibit trauma symptoms such as fright and insecurity, thoughts about war, and disturbed sleep. Moreover, studies indicate that exposure to violence puts children at greater risk of future involvement in violence. Immediate and persistent attention to the needs of Angolan children and adolescents is necessary to end the cycle of conflict and move towards a lasting peace.

CONTEXT

The Popular Movement for the Liberation of Angola (MPLA) has governed Angola since its independence from Portugal in 1975. Since that time the MPLA has been engaged in civil conflict with competing political movements, in particular the National Union for the Total Independence of Angola (UNITA). Despite various peace agreements between the government and UNITA over the years, the country has been plagued by a brutal and nearly constant civil war.

In November 1994, fighting slowed briefly when both sides agreed to a cease-fire and the reconciliation process known as the Lusaka Protocol. However, sporadic fighting and foot-dragging by UNITA marred the Lusaka peace process. Despite UN imposed sanctions on UNITA and promises by the government in the Lusaka process, both sides remained engaged in war tactics. UNITA continued to re-arm through illicit trade in diamond sales, while the government used oil revenues for its arms purchases. In 1998 all-out war resumed when UNITA refused to proceed with implementation of the peace agreements.

Beginning in 1989, the UN established four successive peacekeeping missions in Angola - UNAVEM I, UNAVEM II, UNAVEM III and MONUA. The mandate of the United Nations Observer Mission in Angola (MONUA), a 7,200-strong peacekeeping force, ended in January 1999 for a variety of reasons, including absence of "peace" to monitor, the shooting down of a UN-chartered aircraft and a general lack of confidence in the UN among Angolans. Subsequently, the UN established the United Nations Office in Angola (UNOA) to liaise with the political, military, police and other authorities in the country.

Both Namibia and Zimbabwe have reportedly sent troops backing the Angolan armed forces. The Zambian government denies allegations of support to UNITA. Angola has also sent troops to the Democratic Republic of Congo to support President Kabila and to Congo Brazzaville.

2002 Cease-fire

On April 4, 2002 President dos Santos and opposition leaders signed a cease-fire agreement. This event came just six weeks after the death of longtime UNITA leader, Jonas Savimbi and the government's subsequent halt of all military offensives. Many hope that this cease-fire will last and lead to an end of civil war in Angola; it provides an opportunity for peace-building. Some international observers note previously failed peace efforts.

According to news reports, under the new cease-fire UNITA agrees to demobilize 50,000 soldiers and armed supporters and turn over its weaponry. For its part, the government pledges to provide food and shelter for the UNITA forces, who have been cut off from basic supplies due to government military action and UN-imposed sanctions, and for up to 300,000 of their relatives for up to a year. Some 5,000 UNITA forces will be absorbed into the national military and approximately 40 into the national police. Humanitarian groups and UN agencies are optimistic that the cease-fire will make possible access to millions of civilians in UNITA-held areas, who have been without food, water and other

basic necessities. There is grave concern about the conditions that they will find among this previously inaccessible population.

Role of Natural Resources

Much attention has been paid to the role of diamonds in fueling the conflict in Angola, including specific measures taken by the UN Security Council to stop the flow of diamond revenues to UNITA. Equally important has been the role of oil in sustaining the government's war efforts, particularly in funding its arms purchases. Oil revenue remains the Angolan government's principal source of income. In 2000, oil accounted for US \$3.26 billion of government revenue. In February 2001, the government announced that oil revenues would account for 90.5 percent of the current national budget, or approximately US \$3.18 billion.

International organizations have raised concerns about the use of oil revenue to sustain conflict and the lack of fiscal transparency related to oil revenues. The government is known to react with hostility towards public criticism of its management of oil revenues, including restricting the work of journalists and limiting freedom of expression and public assembly. There have also been charges of official corruption, which the government denies.

HEALTH

In Angola more people perish as a result of malnutrition, disease and poor health, water and sanitation conditions than as a result of direct violence. The International Medical Corps reports that the impact on women and children is particularly severe and that Angolan children under five face a greater risk of poor health than children face elsewhere in sub-Saharan Africa.

After years of neglect, the healthcare system in Angola is in shambles. Seventy-six percent of Angolans do not have access to any form of healthcare. Despite significant revenues from oil sales, government expenditure in the health sector was 4.1 percent of the total state budget expenditure in 2000, and 6 percent in 2001. According to *Children Living with UNITA*, a study conducted in 2001, healthcare and social services of any kind have not been provided to civilians in areas under its control since the imposition of UN targeted sanctions.² According to Médecins Sans Frontières (MSF), four-fifths of Angolans do not have access to essential drugs.

A 2001 assessment of reproductive health of IDPs in Angola, done by the Reproductive Health for Refugees Consortium (RHRC), reported that healthcare facilities at all levels are inadequately staffed and lack basic equipment and supplies; reproductive health services are particularly deficient. A shortage of qualified local medical personnel has resulted from the war's interference with education in these fields. Most births take place without trained attendants, which contributes to the high infant mortality rate of 172 deaths per every 1,000 live births, as well as the maternal mortality rate, estimated at 1,500 deaths per 100,000 live births.

² It has been difficult to document the health situation in UNITA areas because of lack of access to the population there due to the conflict.

Immunization rates in Angola are among the lowest in the world. As a result, preventable and treatable diseases threaten the lives of Angolan children. These diseases include tetanus, diphtheria, measles, whooping cough, pneumonia, acute respiratory infection, meningitis and malaria. Poor sanitation and lack of access to clean water, healthcare and essential drugs exacerbate the situation. Malaria is the leading cause of mortality among Angolan children, causing 50 percent of under-five deaths, strain on the healthcare system and absenteeism at school and work.

Due to lack of access by humanitarian groups to large segments of the population and massive displacement, Angola is one of only 10 countries in the world considered to be “polio-endemic.” An outbreak of polio in Luanda in 1999 resulted in over 1,000 cases, including the deaths of over 50 children and the permanent paralysis of hundreds more. National Immunization Days (NIDs) against polio have been conducted annually since 1998. UNICEF and humanitarian groups have taken serious steps towards the eradication of polio and describe significant government cooperation. In 2001 only 12 cases of polio were reported. Children still lack access to other essential immunizations. According to UNICEF, only 33 percent of accessible 1-year-olds are immunized with the three-dose series of diphtheria, pertussis and tetanus vaccine (DPT3) and only 53 percent have been vaccinated against measles. Children in inaccessible areas have never been immunized. Children in both areas are also at risk of vitamin A deficiency, which can cause blindness and death.

Conflict, violence and massive displacements have provoked a food crisis in Angola. Nearly half the population is undernourished and just over half of the children under five years old are underweight. Insecurity has hampered access by aid agencies to the 3.7 million people in Angola who are in need of humanitarian assistance.

In early 2002, MSF noted a significant increase in the number of civilians wounded and killed as a result of violence. For example, in Kuito Hospital nearly 75 percent of surgical operations were emergency cases due to the war.

HIV/AIDS

All reports indicate that HIV/AIDS is spreading rapidly among Angolans. Alarming new statistics point to an increase in the HIV rate in ante-natal clinics in Luanda from 3.4 percent in 1999 to 8.6 percent at the end of 2001. The overall national HIV rate is estimated between 3 and 5 percent of the adult population; however it is believed to be much higher. According to World Vision’s (UK), *Angola a Tangled Web: Many Players in a Complex War*, the number of children under age 14 infected with HIV/AIDS likely doubled between 1994 and 1997. Approximately 7,900 children under 15 years old are infected with HIV/AIDS.

In 1999 approximately 15,000 people died of HIV/AIDS, according to UNAIDS and WHO. Since the outbreak of the epidemic it is estimated that 98,000 children under age 15 suffered the death of their mother or both parents due to AIDS. Approximately 62,000 children live as orphans due to AIDS.

Reports from the field describe a dramatic shortage of diagnostic facilities and counseling services to accompany diagnostic facilities; these are key problems for controlling the epidemic. According to the RHRC assessment, voluntary testing and counseling for HIV does not exist outside of Luanda. Blood for transfusions at the provincial hospitals is tested for HIV, but hospitals often face a shortage of testing kits. Sexually transmitted infections (STIs) appear to be prevalent among adults and youth; STIs are known to facilitate the transmission of HIV. There is also a reported shortage of trained medical and nursing personnel to care for people infected with HIV, particularly outside of urban areas.

Awareness of the disease and methods of prevention are extremely low, particularly outside of Luanda. Similarly, reports from the field indicate that large stocks of condoms outside of Luanda expire because they go unused. There are significant cultural barriers to the use of condoms and to the use of family planning methods. Information about reproductive health in general is limited. For example, unconfirmed reports describe a general belief by women that contraceptives can cause infertility.

REFUGEES AND IDPs

Accurate assessments of the displaced population of Angola have been impossible to conduct because of its size, limited access, and integration with local communities. However, some estimate that over one-third of the total population, or four million people, are displaced.

At the end of 2000, approximately 457,000 Angolans were refugees, primarily living in neighboring Zambia, the Democratic Republic of the Congo, and northern Namibia.

Angola also hosted approximately 12,000 refugees at the end of 2000, primarily from Congo-Kinshasa.

IDPs

Population upheavals were a prominent feature of the prolonged civil war. Between 1.3 and 2 million fled their homes between 1992 and 1994, moving primarily to provincial capitals and Luanda. Limited resettlement after peace agreements left an estimated 800,000 people still displaced in late 1997. Since 1998, when hostilities between the parties again erupted, an additional 3.3 million persons have been forced to flee their homes, bringing the total number of displaced persons in Angola to an estimated 4.1 million.

Of the 3.3 million people displaced since 1998, 1.3 million have been registered by humanitarian organizations for assistance. Of these, approximately 380,000 are living in camps and transit centers, 570,000 are temporarily resettled in peri-urban areas, and 410,000 are integrated into urban and peri-urban communities.

Children among IDPs

Children likely comprise half of the displaced population in Angola, and their situation is particularly harsh. In 2001, an international non-governmental organization (NGO) interviewed children from severely war-affected provinces who were displaced or at risk

of displacement; 82 percent of those interviewed had come under fire; more than 66 percent had seen people killed or tortured; and 24 percent had lost a limb. Another study, *Children Living with UNITA*, showed that 81 percent of displaced children have some experience of combat violence and 56 percent had watched someone trigger a landmine.

The nutritional situation of displaced (and resident) populations is urgent, with a global acute malnutrition rate over 10 percent reported by UNICEF. Educational opportunities are extremely limited throughout Angola, but particularly so for displaced children and adolescents.

Children are the most vulnerable among displaced people who arrive in insecure, unfamiliar and hostile places. These settings are characterized by little or no access to food, a lack of potable water, and limited shelter, even for the local population. Insecurity has made it difficult for humanitarian aid groups to assist many of the displaced. Seventy percent of all relief supplies arrive through expensive airlift operations.

Psychological trauma and spiritual distress are significant issues among IDP youth that receive little attention. Distress associated with poverty, basic needs, or inability to perform cultural burial and other rituals are common.

Circumstances of IDPs, including in Urban Areas

The majority of internally displaced families have fled to urban areas, where they live in unsanitary and overcrowded camps or integrate into the community of urban poor. Large, but unknown numbers of internally displaced persons live in and around the capital, Luanda, often in urban slums where cardboard, plastic sheeting and corrugated iron are used to construct shelters.

One of the major consequences of population migration towards urban areas has been the deepening of urban poverty. The proportion of households living in extreme poverty (less than US\$ 0.6 per day) has more than doubled between 1995 and 2001, from 11 percent to 25 percent. Households in urban areas hosting IDPs because of kinship obligations have been obliged to share limited resources, stretching coping systems to the limit and pushing many host families into extreme poverty.

Displaced people have reported indiscriminate violence and cruelty against civilians, including murder, mutilation, abduction, and rape, committed by both UNITA and the FAA. The 2000 MSF report, *Angola: Behind the Façade of 'Normalization' Manipulation, Violence and Abandoned Populations*, describes a FAA practice known as the “Batidas” in the Bié Province; arriving troops selected a certain number of villagers to transport food and other commodities looted from the local population. The civilians faced beatings or death for refusing to help.

Gender-based violence (GBV) is reportedly common among the IDP population, including children, perpetrated by both UNITA and FAA military personnel and civilians. Incidents of both women and men IDPs forced to have sex against their will are reported. Domestic violence is reportedly a problem, as is violence perpetrated by civilian

strangers and armed personnel. Consistent reports indicated a sharp increase in GBV when there is an influx of armed personnel or close proximity of IDPs to a military base. The government has claimed that FAA troops are reprimanded for any such behavior.

Forced Displacement for Specific Military Objectives

Forced displacement has been used as a war tactic by both UNITA and the government to remove populations from a zone controlled by the other side. A displaced woman separated from her family in Moxico Province told the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), “The government forces captured me in the fields and brought me here. I came in a helicopter - I didn’t want to leave my home.” Punishment and reprisals have allegedly been used against individuals who remain in the zones. Reports indicate that these raids have also used as opportunities to recruit men and abduct girls. Rights groups have condemned the government for using this “scorched earth” policy in Moxico, in the east of the country.

Adults and children have also given testimonies relating to such policies, some describing having been “rescued” by the FAA from imminent starvation. They describe FAA military personnel as having shared rations with civilians in the bush. Unconfirmed reports from humanitarian agencies working on the front lines describe FAA screening efforts to identify the most severely malnourished and evacuate them by helicopter for immediate treatment.

In January 2002, 5,600 IDPs, mostly women, children and elderly, arrived in the city of Luena, primarily from conflict areas in Moxico. Government helicopters flew in approximately 90 percent of the new arrivals. IDPs arriving in Luena are often in critical condition, with children severely and moderately malnourished due to the reportedly harsh conditions in the UNITA-held areas. Unfortunately, in Luena, there are inadequate services including water, sanitation and shelter for the new arrivals. Approximately 8,000 IDPs, including many new arrivals, settled in Mauchimbo IDP camp outside of Luena. Adequate shelter, clothing, blankets and other essential items are unavailable for 80 percent of the Mauchimbo population. An estimated 60,000 new IDPs are expected to arrive in Luena between February and June 2002.

Refugees

In November 2001, an influx of 8,000 new Angolan refugees settled in Zambia. The majority of these were women and children, who arrived with no food and in poor health. Most NGOs, UN representatives, refugees and others acknowledge that GBV is a problem in Angolan refugee settings. However, detailed statistics are not available as it is a topic most people are reluctant to discuss.

The Mayukwayukwa refugee camp, located in western Zambia, has a population of 14,000, most of whom are Angolans. Some refugees arriving at Nangweshi camp are now being relocated to Mayukwayukwa. Reports confirm that many women and children are coming into Mayukwayukwa on their own because the males in their families are away fighting or were killed in the war, making the population particularly vulnerable to abuse. Some unaccompanied children who arrive in the camp are taken to orphanages, while others are integrated into camp life.

LANDMINES

Angola is ranked among the top three countries in the world contaminated by landmines. Although the exact number of landmines and unexploded ordnance (UXOs) is unknown, estimates range from 2 to 7 million scattered throughout the country. Both the FAA and Unita have been known to lay mines. Angola signed the Mine Ban Treaty in 1997, but has yet to ratify or implement it. (The parliament took action to approve ratification in June 2000, but has not moved to make final ratification official).

The heavy contamination in Angola directly threatens the lives of civilians, particularly women and young girls who commonly forage for food, firewood, charcoal and other basic means of survival. The landmine problem is of particular concern now; with a ceasefire, many IDPs are likely to return home and risk crossing mined areas. Some mines are placed above ground and painted bright colors to entice children to play with them. Landmines blanket the countryside, making it impossible in many regions for people to cultivate food or raise livestock. The contamination also inhibits emergency assistance, freedom of movement and resettlement programs for displaced persons and all civilians. The effects of landmine contamination throughout the countryside have also resulted in urbanization, putting a strain on the already taxed resources of the urban centers.

In 2000, 840 people, including 62 children, died from landmine and UXO explosions. There were 487 child victims of landmines from 1995-2001. Angola has between 70,000 and 90,000 amputees, mainly due to landmine injuries.

SMALL ARMS

Both UNITA and the FAA have used massive numbers of small arms and light weapons throughout the conflict. The UN Security Council declared an arms and oil embargo against UNITA in 1993. However, this embargo was never closely enforced and UNITA continued to receive arms shipments and stockpile weapons in contravention of the Accords throughout the Lusaka process. The Small Arms Survey 2001 recalls that throughout the 1990's UNITA received up to 50 arms shipments a month from South Africa alone. On the other side, the government continued to receive arms shipments, undermining the spirit of the peace process. Between 1995 and 1999 the government allegedly spent an average of 34.6 percent of its national budget on defense.

AK-47 rifles and other arms are so prevalent in Angola they have reportedly been exchanged for radios, meals, cooking oil and other food normally smuggled into Angola by Namibian villagers. The AK-47 has been used as a symbol for UNITA, indicating its common usage by the UNITA forces, including by children. Human Rights Watch reported that children fighting for UNITA appeared well-trained. UNITA has allegedly stockpiled weapons, repaired them and stored fuel supplies in hidden locations. In April and October 2001, the UN Sanctions Committee's Independent Panel of Experts concluded that UNITA retained vast quantities of weapons hidden throughout the country.

Both warring parties have used resource revenues, diamonds and oil, to fund their purchases of weapons. Recently, groups tracking the proliferation of small arms around the world recognized the convergence between illicit drug and mineral trafficking with arms proliferation in Angola. A wide range of nations is known to have supplied weapons both sides, including Bulgaria, Belarus, Ukraine and the Russian Federation. African neighbors, including Rwanda, Burkina Faso, DRC and Zambia, are alleged to be trans-shipment points.

EDUCATION

The educational system in Angola is in shambles. Ongoing conflict and lack of government attention have resulted in a shortage of resources, properly trained teachers and school materials. A yearly average of only 6 percent of the national budget has been allegedly spent on education since 1999. *Angola's Wealth: Stories of War and Neglect*, an Oxfam International publication, reports that the destruction and looting of approximately 40 percent of the nation's schoolrooms creates extreme overcrowding. Reports indicate an average of 90 students per classroom around Angola. Less than half of all children in Angola are able to attend school. Besides the lack of classrooms, insecurity, landmines, displacement, poor health and lack of funds and identity papers have made school attendance prohibitive.

Over 70 percent of school age children are not studying. Of those who do study, only 34 percent of children reach grade five and higher education is only accessible to the elite population. Public education is officially free. However, even when schools are accessible and available, few Angolans can afford to send their children to school, because of loss of wages, and other costs related to school attendance. Children often start school late and/or leave early in order to earn a living. Unconfirmed reports describe a new trend of girls dropping out to keep house, in order to free parents to work or sell outside the home.

TRAFFICKING AND EXPLOITATION

Child trafficking, prostitution, pornography, forced labor, sexual slavery and other forms of exploitation are believed to be rampant in Angola, in part due to the war-caused break down of social structures and traditional security mechanisms. According to the US Department of State, armed forces are alleged to abduct women and children, who are used for forced labor and as sex slaves. According to Global March Against Child Labor, Angola is a country of origin for trafficked persons. Angolan children are reportedly trafficked primarily to South Africa, where they work in the commercial sex industry. Belief in "the virgin sex myth" - that having sex with a virgin can prevent HIV/AIDS infection - allegedly fuels the demand for Angolan and other foreign child prostitutes in Johannesburg and Cape Town. Because of the war, many Angola children are separated from their families, orphaned or lack appropriate supervision. These children are among the most vulnerable to trafficking and exploitation.

Scattered reports indicate that the number of underage girls engaged in prostitution in Angola has risen since 1998. End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes International (ECPAT) estimates that 3,000 children under the age of 18 in Angola are involved in prostitution for child survival and

thousands more are sold for sex on the streets of Luanda. ECPAT also reports that relatives and guardians have allegedly forced minors into prostitution, especially children from rural areas of Angola. Some night club owners reportedly allow under-age girls into clubs for sexual exploitation by clients. Cases of sexual exploitation of children by military groups and foreign men in Angola are allegedly on the rise.

Children – and adults - are also at risk of abduction in Angola. Human Rights Watch reports that abductions of civilians by UNITA have been commonplace, but young boys and girls are preferred targets. Women and girls have been taken as sexual slaves or “wives.” Young men and boys have been abducted for recruitment as soldiers. Abductions reportedly occur at churches, mines, schools and elsewhere. The abduction of 60 children, in Luanda in May 2001 drew attention to this problem; they were released later.

GENDER-BASED VIOLENCE

Incidents of gender-based violence in Angola are widespread. Sexual slavery, rape and sexual violence are alleged against both the UNITA and FAA. Health staff in Angola have reported cases of GBV involving young girls between ages 7 and 12. Human Rights Watch reports several accounts of brutal rape of women and girls by armed forces as punishment for refusing to follow instructions or in retaliation for the acts of others held in captivity. Sexual violence against women and girls by armed forces had been accompanied by other forms of violence. For example, women and girls are forced to work as porters and witness the abduction or abuse of their own children.

Women and girls are known to be particularly vulnerable to GBV and domestic violence in stressful situations, such as during armed conflict and in refugee and IDP settings. While statistics about the impact of domestic violence on children are not available, according to a study of the United Nations Population Fund (UNFPA), 69 percent of the women interviewed experienced violence from their husband or partner, and 21 percent of the interviewees knew of women forced to have sex against their will. There is a great stigma attached to victims of GBV in Angola, which makes it even more difficult to obtain data about the impact on girls. Angola does not have any laws specifically addressing GBV. As a result, little attention has been paid to the problem. In the late 1990's the government created the Ministry of Family and the Promotion of Women (MINFAMU), which helped to draw more attention to the issue of GBV for both women and girls.

CHILD SOLDIERS

Angolan Armed Forces (FAA)

The military law in Angola, adopted in 1993, establishes 20 as the minimum age of recruitment. However, The law allows parliament to legislate special recruitment of people ages 18-20 under “special circumstances.” In 1998, parliament called for all people born in 1981 to contact recruitment centers for military registration. The Coalition to Stop the Use of Child Soldiers raises concern that this regulation could have called for the registration of 17-year-olds at that time. Currently all 18-year-old males register for military service.

The low level of birth registration in the country exacerbates underage recruitment, and makes it difficult to estimate the number of young people serving in the armed forces. According to the Coalition to Stop the Use of Child Soldiers, the 1998 special regulation saw an increase in the recruitment of minors, with government forces resorting to “press ganging” when recruitment drives failed to meet their quotas. The Coalition also alleges that the FAA has recruited Angolan refugees in Namibia as well as Namibian youth, some as young as 14, including girls. The Coalition estimates that 3,000 children could be among the ranks of the FAA.

In 2001 the US Department of State, on the other hand, reported that “the government has not brought significant numbers of children back into the armed forces,” since the first official demobilization of child soldiers in 1997, but that “some children have been caught up in forced recruitment campaigns.”

UNITA

The United Nations Observer Mission in Angola (MONUA), OCHA, UNICEF, Amnesty International, Human Rights Watch and the US Department of State all reported the continued recruitment of children by UNITA forces since 1998. By 2000, the resurgence of conflict appeared to be accompanied by an increase in the forcible recruitment of children.

In 2000, Human Rights Watch reported that “conscription of children continued to be commonplace, with boys and girls as young as ten seized and trained as soldiers by the rebels.” According to the US Department of State, UNITA forcibly recruited or even abducted children throughout the country’s disputed territory. Women, including girls as young as 13 years old, were forcibly recruited to serve as porters, camp followers and sex slaves.

In January 2000 there were reports of UNITA forces recruiting Namibian children; Angolan refugees in Zambia were also at risk. The UN Monitoring Mechanism reported to the UN Security Council that, in the Nangweshi refugee camp, where some 13,000 Angolans reside, there is a “risk of forced recruitment of minors and...likelihood that the camp is also being used as a safe haven for UNITA soldiers.” The UN High Commissioner for Refugees accordingly planned to move the camp away from the Angolan border.

The Front for the Liberation of the Cabinda Enclave (FLEC) split into many factions which currently operate within the Cabinda enclave: the FLEC-FAC (FLEC-Cabindan Armed Forces) and the FLEC-Renovada. FLEC-FAC has also been accused of recruiting children, some as young as eight years old and some 30-40 percent girls. A similar situation is believed to exist in the breakaway FLEC-Renovada.

The demobilization of some 8,500 registered child soldiers progressed slowly after the 1994 peace agreement. When the program was halted due to the resurgence of the war in 1998, an estimated 3,000 youths had been demobilized.

UN SECURITY COUNCIL ACTIONS

The UN Security Council debated the situation in Angola during 2000 and 2001, maintaining support for the government's efforts against UNITA. The Security Council has not addressed the failure of the Government of Angola to effectively protect the rights of children and other civilians.

The Security Council maintains sanctions on UNITA, including an arms and petroleum embargo, prohibitions on diamond trading and prohibition on travel of senior UNITA officials outside of Angola. The Security Council receives regular reports from a UN Monitoring Mechanism (established in 2000 UNSC res. 1295), but these focus on breaches of the arms embargo and do not routinely incorporate child protection concerns. The mandate of the monitoring mechanism was renewed in April 2002.

In March 2000, the Security Council noted that disarmament, demobilization and reintegration processes in Angola inadvertently excluded some children, particularly girls, by making the surrender of weapons the criterion for eligibility in the programs.

In February 2002, the Security Council held a briefing on the humanitarian situation in Angola, which focused primarily on UNITA's role in the conflict, including humanitarian abuses. It paid little attention to the responsibility of the government for upholding the rights of children.

RECOMMENDATIONS TO UN SECURITY COUNCIL

The Security Council recognized the situation in Angola as a threat to international peace and security under Chapter Seven of the UN Charter. Now that a cease-fire has been signed and there is hope that the civil war will end, it is even more urgent that the Security Council take action to protect the rights of children and their families. We urge the Security Council to act immediately on the following recommendations:

URGENT SECURITY ACTIONS

- Give top priority to ensuring immediate humanitarian access and assistance for all children in need, particularly for the newly accessible population and internally displaced children and adolescents throughout the country. This includes the creation of sustained corridors of humanitarian access, with special attention to children and adolescents in the areas previously under UNITA's control. (UNSC res. 1379:5)
- Call on the government of Angola and UNITA to ensure that any resettlement or relocation of displaced civilians, including children and adolescents, is made on a strictly voluntary basis in accordance with international norms and standards.
- Lead an international effort to collect and destroy surplus weapons, in a way that contributes to peacebuilding and community-level reconciliation.

IMMEDIATE PEACE-BUILDING ACTIONS

- Mandate UN child protection advisors (CPAs) to work in the provinces to promote children's rights, including monitoring and assessing the situation of children and reporting back at the highest UN levels. (UNSC res. 1379:10c) UN human rights monitors should also be appointed to work in the provinces to report regularly and

comprehensively on all violations of human rights, including against children. The mandate should include documentation of past abuses by both sides, in preparation for any national or international justice and reconciliation mechanism created to cope with past atrocities. (UNSC res. 1379:9a)

- Prioritize the special protection needs and rights of Angolan children in all UN peace-building discussions, policies and programs aimed at assisting the new steps towards peace. This should be done in accordance with resolutions 1261, 1314, and 1379.
- Summon government, UN and other donors to support steps towards peace by immediately allocating funds for the establishment of demining programs and mine awareness educational programs, especially targeted at IDP women, children and adolescents who are at great risk from landmines as they anticipate returning to their homes. Allocations for humanitarian assistance should also be made with particular attention to the need for immunization campaigns, HIV/AIDS awareness programs targeting youth and educational opportunities.
- Call on OCHA, the lead UN agency in Angola, to coordinate programming for the disarmament, demobilization and reintegration (DDR) of child combatants, including assistance for girls who may have been forced into prostitution or other sexual activity. This includes appropriate counseling, learning and vocational opportunities.
- Urge the government of Angola to vigorously support its Ministry of Family and the Promotion of Women (MINFAMU) and efforts to deal with problems of gender-based violence and special needs of girls. (UNSC res. 1379:8c)

ON-GOING RECONSTRUCTION ACTION

- Call on the government of Angola to allocate a greater percentage of revenues from oil sales to services for children, including food, healthcare and education. This includes improving government transparency and accountability over oil accounts and revenues, as well as public release of the national budget.
- Ensure that any reframing of UN sanctions on Angola considers the devastating impact of sanctions on children and adolescents and does the utmost to ensure that alternate means of protecting children are established, to counteract the impact of sanctions on youth. (UNSC res. 1379:7)
- Call on states with resource companies under their jurisdiction who do business with UNITA to use all available means to prevent the flow of revenue to armed groups until sustainable peace is achieved. States should press international oil companies to improve transparency in their dealings with the Angolan government and encourage the use of resources from oil sales for programs that directly benefit children and all civilians. (UNSC res. 1379:6, 9c,d)
- Direct UN agencies, particularly UNICEF and the Office of the Special Representative to the Secretary-General on Children and Armed Conflict, to collect, compile and distribute data on Angolan children. UN Security Council and General

Assembly should include this information in all deliberations on Angola, and make children a top priority in all UN operations in Angola.

- Encourage the UN General Assembly to establish an internationally binding certification scheme for rough diamonds that would limit the revenues from diamond sales from perpetuating further conflict and encourage transparency in management of resources.
- Urge the government of Angola to move quickly to sign and ratify the Optional Protocol on Children in Armed Conflict and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography.

CHILDREN'S AND ADOLESCENT'S ROLE IN RECONSTRUCTION

- Support and encourage local initiatives to bolster the role of civil society in promoting peace, particularly efforts that include children and adolescents and/or draw attention to their needs. Initiatives supporting the role of women in civil society, as religious leaders, and decision makers in other capacities should also be encouraged. (UNSC res. 1325)
- Give a high priority to youth-focused programming in reconstruction efforts; direct all UN agencies operating in Angola to promote positive roles for youth in society; and pay special attention to development of means for youth to earn a living. Community-based programs to help youth cope with mental trauma caused by the conflict should be encouraged.

SOURCES

Africa News Service, "Arms Trade at Border Surges Triggered by Drought, Unemployment," 6/23/98

BBC News, "South Africa's Child Sex Trafficking Nightmare," 11/23/00.

CARE International, *Polio is Crippling the Children of Angola*,

www.care.org/info_center/field_notes/angola0715.asp

CARE International, *Project Summary, CARE Angola Mine Related Interventions Project (CAMRI)* www.care.org/programs/program-area.asp?PID=1190

Christian Children's Fund, *Healing, Mobilization, and Social Integration: Community-Based Assistance for War Affected Angolan Children, 2001*

Coalition to Stop the Use of Child Soldiers, *Global Report 2001*

ECPAT International, *Angola Profile*,

http://www.ecpat.net/eng/Ecpat_inter/projects/monitoring/online_database/index.asp

Global March Against Child Labour, *Worst Forms of Child Labour-Angola*,

www.globalmarch.org/worstformsreport/world/angola.html

Human Rights Watch

Angola Unravels: The Rise and Fall of the Lusaka Peace Process,
1999

The Oil Diagnostic in Angola: An Update, A Backgrounder by Human Rights Watch, March 2001

Human Rights Watch World Report 2002

Independent study commissioned by UNICEF, *Children Living with UNITA*, 2001

InterAction, *Member Activity Report Angola*, December 1999

www.interaction.org/situation/angola.html

International Campaign to Ban Landmines, *Landmine Monitor Report, 2001: Toward a Mine-Free World*

International Medical Corps <http://www.imc-la.org/programs/angola.html>

IRIN:

10/12/01, Focus on Mexico Conflict

1/16/02, Angola-Zambia: More refugees expected

2/11/02, Angola-Zambia: Major immunisation drive planned

2/12/02, Angola: More than 5,000 IDPs arrive in Luena

2/13/02, Angola: 'Scorched Earth' Policy Condemned

2/25/02 Angola: Transparency needed over oil accounts

Médecins Sans Frontières

Angola: Behind the Façade of 'normalization' Manipulations, violence and abandoned populations, Nov. 2000

Press release, *Angola: Pretense of Normality Hides Manipulation, Violence and Neglected Population*, 9/11/02

Beyond the classic humanitarian response, MSF's advocacy in Angola, 1/7/02

New York Times, Rachel Swarns, "Angolan's Cheer the Peace and Hope It Will Stay Awhile," 4/5/02

Norwegian Refugee Council, Global IDP Database

Open Society Institute, *Angola Update, The Dreams and Disillusions of the Post - Independence Generation*, 2001

Oxfam International, *Angola's Wealth: Stories of War and Neglect*, September 2001

Radda Barnen, Childwar database, 2001

Reproductive Health for Refugees Consortium, *Assessment of Reproductive Health for IDPs: Angola*, February 18-28, 2001

Save the Children (UK): *Angola Emergency Update*,

www.savethechildren.org.uk/emergupdates/angola6.html November 2001

Small Arms Survey 2001: Profiling the Problem

UNAIDS/WHO, *Epidemiological Fact Sheet on HIV/AIDS and Sexually transmitted infections: 2000 Update*

UNICEF *Angola Situation Report: November-mid-December 2001*,

www.unicef.org/emerg/Country/Angola/011215.htm

UNICEF *Statistics: Africa-Angola*, www.unicef.org/statis/Country_1page5.html

United Nations, *Portfolio of Mine-related Projects*, April 2001

United Nations and Angola, www.un.org/peace/africa/pdf/Angola.pdf

UN WIRE, Angola: *Security Council Told of Dire Humanitarian Conditions*, 2/14/02

United States Department of State, *Trafficking in Persons Report, Angola*, July 12, 2001

US Committee for Refugees, *World Survey 2001*

World Vision, UK, *Angola a Tangled Web: Many Players in a Complex War*, July 2000

Women's Commission for Refugee Women and Children, on behalf of the Reproductive Health for Refugees Consortium, *Assessment of Reproductive Health for Refugees in Zambia*, September 2001

The Watchlist works within the framework of the provisions adopted in Security Council Resolutions 1261, 1314 and 1379, the principles of the Convention on the Rights of the Child and its protocols, and other internationally adopted human rights and humanitarian standards.

Information is collected through an extensive network of organizations that work with children around the world. Analysis is provided by a multi-disciplinary team of people with expertise and/or experience in the particular situation. General supervision of the project is provided by a steering committee of international non-governmental organizations known for their work with children and human rights. The views presented in any report do not represent the views of any one organization in the network or on the steering committee.

For further information about the Watchlist initiative or specific reports, please contact: watchlist@womenscommission.org or go to www.watchlist.org

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