Angolan Civil Society Report concerning the Right to Education, to Housing, to employment, to Health and to Food

LUANDA, MAY, 2008

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INTRODUCTION

The State of Angola has ratified an International Pact for Economic, Social and Cultural rights in 1992, establishing then, in its internal juridical context, the intensification of the basic rights of the Angolan citizens.

The Angolan Civil Society has been following, and with a lot of preoccupation, the development of the implementation of the basic rights established in the Constitutional Law (CL), as well as the rights that, by omission from the CL itself, are preserved as guarantees and have constitutional protection, such as the International Pact for Economic, Social and Cultural Rights.

To confirm what has been said, it is enough to quote the nº 1 of the article 21 of the CL that states: «the fundamental rights expressed in this Law do not exclude the others deriving from laws and from applicable rules of the international law».
The nº2 of the same article 21, adds by saying that: «the constitutional and legal norms relative to the fundamental rights must be interpreted and integrated in harmony with the Universal Declaration of Human Rights, the African System for human and people's rights and the others international tools that Angola is part of».

It is in this context that some Angolan non - governmental organizations elaborated the present report about economic, social and cultural rights, and are submitting it to the respective competent entities.
This initiative of the Angolan Civil Society Organizations is supported by the Open Society Initiative for Southern Africa (OSISA- ANGOLA) and by the Office of the United Nations for Human Rights in Angola.

This report will deal with five essential themes that consist in the analysis of the rights to education, housing, employment, health and food, without relinquishing all the others elements that are important for a report realization.

This report of the Civil Society about the economic, social and cultural rights in Angola, aims to also provide to government and its international institutions the diverse perspectives for the effective realization of these rights for being of

a capital importance for the development of a country in a fair, transparent and participative way, where citizens can truly enjoy of their fundamental rights.

However, it is crucial to say that everything depends on the political will of the Decisive entities, even if the Civil Society plays a fundamental role in the monitoring and the pressure that it must exercised in order to put into practice those rights.

PROFILE: MAIN INDICATORS

Angola, organized in 18 provinces and 164 municipalities, possesses a population estimated in 16.557.000 inhabitants, distributed unequally throughout the national territory, with a demographic density that varies between 0, 6 inhabitants /km² in Kuando-kubango and 1000 inhabitants/km² in Luanda, and presents the following indicators:

% Population under 15 years old	50%
% population with more than 65 years	2%
Annual Growth Rate	2,8%
Life expectancy at birth (years) (2006)	41,6
% of Population with access to Health Services	35%
Fecundity rate	5,8
% of labors assisted by Health professionals	45%
% of labors assisted by Health professionals in urban areas	70%
% of labors assisted by Health professionals in rural areas	22%
Maternal mortality rate (maternal deaths among 100 thousand born alive)	1400
Children under 5 mortality Rate (among 1.000 born alive) (2006)	250
Infant Mortality Rate (children under 1) (among 1.000 born alive) (2006)	154
% of Population under poverty threshold (less than 1,7 USD/day)	68%
% of Population in extreme poverty (less than 0,7 USD/day)	28%
% of families run by women in the urban areas	28%
% of families run by women in the rural areas	22%
% of families run by women in the central plateau areas	36%
% of humdrum vaccines of PAV financed by the Government (2006)	67%
% of children under 1 vaccinated in BCG (Tuberculosis) in 2006	65%
% of children under 1 vaccinated against Tetanus (2006)	79%
% of Children under 5 with a retarded growth (sub-nutrition moderated and severe)	45%
% of Children with low weight at birth (1999-2006)	12%
HIV Prevalence in the overall population (2005)	2,5%

HIV Prevalence in pregnant women (2005)	2,8%
HIV Prevalence in young men (aged between 15-24 years)	0,9%
HIV Prevalence in young women (aged between 15-24 years)	2,5%
% of Population with access to appropriate water	68,5%
% of Population with access to drinking areas in urban areas	59%
% of Population with access to drinking water in rural areas	34%
% of Population with canalized water	33%
% of Population with adequate sanitation access, urban area	56%
% População com acesso a saneamento adequado, área rural	16%
% of children from 6 to 59 months that received the supplement of Vitamin A (2005)	79%
% of families that consume in iodized salt (2000-2006)	35%

CHAPTER I: THE RIGHT TO EDUCATION, TO HOUSING AND TO EMPLOYMENT

METHODOLOGY

The methodology used to do this report was to revise any national or international legislation related to the Right to education, to housing and also to employment, as is the case of the current Constitutional Law in Angola, the Universal Declaration of Human Rights, the African System for human and people's Rights, the International Pact of Economic, social and culture rights and also every current laws in Angola that deal with the concretization of the rights above mentioned.

Besides it all, in terms of concrete policies, to turn effective the rights in analysis, we will also examine carefully the Government General Program for the biennium 2007-2008, as well as the State General Budget for 2008.

At the same time, were analyzed some laws that deal specifically with concrete policies, in terms of orientation, of the right to education, to housing and to employment as well.

In the perspective to see how far the policies are being implemented and what their impact in the lives of people is, some entities were interviewed public and private that in one way or another have been worried with the issue of the Rights to education, housing but also employment. In this report, some experts in terms of rights were consulted, in and out of the capital of the country, Luanda, even if they did not represent any public or private entity.

In the context of the effectuated contacts, we can detach the Ministry of Education and some of its provincial delegations, the Ministry of Urban Affairs and Environment and some of its provincial delegations, the Ministry of Public Administration, Employment and Social Security and some of its provincial delegations, the Rede Terra, The National Union of Teacher, the Gremio ABC, the Non Governmental Organization Makuku matatu, the Coalition for Reconciliation, Transparency and Citizenship Organism, some university teachers, Headmasters of some public and private schools, Religious entities.

1. THE RIGHT TO EDUCATION

The right to Education as a fundamental right

The right to education, as others fundamental rights, is a right constitutionally established in the current Constitutional Law in Angola.

The article 49 of the same legal document, states that: « The state promotes the access to every citizen to education, to culture and to sport, guaranteeing then the participation of the many particular agents in its effectiveness, in terms of law».

Beside it, the article 21 of the CL, when referring to the fundamental rights, also includes others rights resulting from laws and applicable rules of international rights. That is why the nº2 of this legal article states that: «the constitutional and legal norms relating to the fundamental rights must be interpreted and integrated in harmony with the Universal Declaration of Human Rights, the African System for human and people's rights and the others international instruments that Angola is part of».

In fact, the Universal Declaration of Human Rights ratified by Angola on the 10th of January of 1992, established, in its nº1 of article 26, the right to Education stating that: «every man has the right to education. Education will be free, at least in the elementary and basic teaching. The elementary teaching is compulsory. The technical and professional teaching will be generalized. The access to high studies will be open to everyone, in equality and based in the merit».

In its turn, the African System of human and people's rights also established in its nº1 of the article 17 the right to education by declaring the following: «every one has the right to education».

The International Pact of the Economic, Social and Cultural Rights, in its nº 1 of article 13 also mentioned the right to education by stating that: « The states members of the current pact will recognize that, in order to certify the plenty exercise of this right:

a) the Primary education must be compulsory and freely accessible to all;

b) the Secondary education, in its different forms, including the technical and professional secondary education, must be generalized and made accessible to everyone in all ways and for the progressive instauration of free education;
c) the superior education must be made accessible to all in equality, according to the capabilities of each one, by any appropriated way and then by the progressive instauration of free education;
d) the basic education must be encouraged or intensified, when possible, for people who did not receive primary instruction or who did not receive it fully;
e) It is necessary to proceed actively to the development of a school network at any level, establishing an adequate system of scholarship and improving in a continuous way the material conditions of the teaching staff.

As we can see, the Constitutional Law as well as the Universal Declaration of Human rights, the African System for Human and People's Rights, and the International Pact of the Economic, Social and cultural Rights, established the right to education to everyone. Meanwhile, it must be said that one thing is what the laws established and the other is what is lived, what happens in reality. So it is very important to look to the government policy, and above all, in those aspects related to the compulsory education, without disregarding however the others academic levels that are also important.

The government policy to increase the right to education taking into account the Law of Basis of the Educational System, Law nº 13/01, of 31st of December

The right to education is a fundamental right for the development of a country as it is a human resource, fundamental in this process, because, without it, nothing can be done in benefit to the development that is expected to be reached in Angola, even if we are the second bigger oil producer in Sub Saharan Africa and the fourth bigger diamond producer in the world.

This preoccupation, from our governors, exists and that is why there has been the approval of legal diplomas that support the existence and the effectiveness of the right to education. In this pathway, in 2001, the National Assembly approved the law nº13/01, of the 31st of December, the Law of Basis of the Educational system. In fact, this law is truly translated in the educational policy of the government of Angola.

The educational system in Angola possesses three levels of teaching, being then: primary, secondary and superior teaching (Ref. nº2 of article 10 of the law nº13/01, of the 31st of December); being preceded by the preschool education, to which children aged until 6 years old have access, as stated in the nº1 from article 51 of the Law in analysis.

The primary education is the starting point to the systematic teaching; it is compulsory[1], it lasts 6 years and it ensures the preparation for the continuity of the studies in the secondary level (Ref. Articles 8 and 17 of the Law 13/01, of the 31st of December); the primary level offers a general education that includes the regular education and the adults education as stated in the article 17 of the Law 13/01, of the 31st of December;
The regular education goes from first to sixth grade, to which one can access from 6 years old (Ref. Article 17 of the Law in analysis);
The adults' education includes literacy, to which one can access from 15 years old and is followed by a post- literacy (Ref. nº 1 of article 33 of the Law 13/01 of the 31st of December.

The secondary education is divided into 2 cycles: the first and the second Cycle of secondary teaching.

The first cycle offers a general teaching, including the regular and adults education, lasting 3 years each one, from the seventh grade to the ninth and is destined to the preparation of students for the continuity of studies in the second cycle of secondary teaching (ref. a al. a) of article 19 and of nº1 and 2 of article 33 of the Law mentioned above. The first cycle of secondary education also offers a professional basic formation destined to prepare young people and adults to enter into the work market (nº1 of article 24); it is also offered, in this cycle, an intermediate training that lasts 1 to 2 years, for teaching education, for the students that possess the ninth grade diploma of the first cycle of the secondary general level and that don't want or don't have the opportunity to enter to the second cycle of the secondary level (nº3 of article 26).

The second cycle of the secondary level offers a general education, including the regular education and adults' education, lasting 3 years each, from the tenth to the twelfth grade, and it is destined to the preparation of the students to enter the superior educational level (Al. b) of article 19 and nº 1 and 2 of article 33.

[1] It is our underligning.

The second cycle offers two professional trainings, being the medium normal training and the technical medium training, each of them of 4 years, from the tenth to the thirteenth grade, and is destined to prepare the entry in the work market and according to determining criteria, the entry in the superior level (nº1 and 2 of article 25).

The superior teaching is divided in graduation and post-graduation (Art.37).

The graduation includes the bachelor's degree and the degree (nº1 of article 38). The bachelor's degree lasts 3 years, with a terminal character (nº2 of article 38). The degree lasts 4 of 6 years, from First to fourth, fifth or sixth year according to the course.

The post- graduation includes an academic post- graduation and a professional post- graduation. The academic post-graduation compounds a master and a doctorate (nº1 of article 39).

The master lasts from 2 to 3 years. The doctorate lasts from 4 to 5 years.

The professional post- graduation has specialization which duration is variable, lasting minimum one year.

As we have been saying, this is what the law of Basis of the educational system states and that can be a really solid base so that our educational system would be able to take the necessary steps for the effectiveness of the right to education.
However, we will go to the next point so that we can see the practical side, looking at the government program for the years of 2007 and 2008.

The educational reality in Angola taking into account the data of the Government General Program for 2007-2008 and the State General Budget for 2008.

As mentioned above, the government general program (GGP) for 2007-2008 is a continuity of the government general program for 2005-2006. However, it is important to state that is in the GGP and, consequently, in the State general budget (SGB), that stands the will of the government to materialize the right to education, which is established constitutionally.

At the end of 2005 the school population reached around 4, 9 million students, more 1, 5 million (47%) than in 2003. This evolution is well pictured in the

behavior of the huge schooling rates that increased by 193% in the initiation level, by 182% in primary level, 43% in the secondary level and 3, 4% in the superior level. By its turn, the professional training has also been registering an expansion. In 2005, there were 282 training centers (public and private), which represent, more than 55(24 %) than in 2003. The national correspondent training capacity increased by 34 % being now of 23 billions[2].

It is very hard to provide current statistic data as it is very hard to obtain them, even if the effort in that way was made.

As far as the number of the universities is concerned, by taking into account the Information provided by the Center of Documentation and Information (CDI) of the Government Office for the Superior Education, there are 12 private universities[3] and one public university, which is a total of 13 universities. For the last one, there is an university campus being built in the city of Luanda.

As far as the secondary level is concerned, the data that we have are the followings: Construction of 875 classrooms in 2008. In addition, as for the number of the existing schools in the second cycle of the secondary level, the only data at disposal was the one concerning the so- called PUNIV´s (Pre-university centers) that are 55 in all the country.

The classrooms´ number to be built in 2008 is up to 5. 177. As for the number of primary schools existing in the country we did not managed to obtain this information.

However, we can mentioned some interesting information took from the Government General Program for 2007-2008, as well as the one obtained in the realized interviews which, many of them, are anonymous.

Numbers of registered students:

Initiation: 1.058. 450 in 2007 and 1.112.650 in 2008
Primary level: (I level) 3.688.288 in 2007 and 3.877.093 in 2008
Secondary: (I and II levels) 820.136 in 2007 and 862.133 in 2008
Superior and Medium: 203.251 in 2007 and 213.659 in 2008

[2] Ref. Government General Program for 2007-2008, Page 15.
[3] Jornal de Angola (Newspaper), Tuesday, 18th of March of 2008, page 26.

Total of 5.770.065 in 2007 and 6.065.535 in 2008 of registered students.

Number of children and young people out of the educational system:

Initiation: 285.600 in 2007 and 277.000 in 2008
Primary level: 669.200 in 2007 and 649.100 in 2008
Secondary: 1.544.000 in 2007 and 1.504.290 in 2008

Total of 2.498.800 in 2007 and 2.430.390 in 2008 children and young people out of the educational system.

Number of person to alphabetize: 387.480 in 2007 and 388.760 in 2008

It is important to stress that those are the data that we managed to obtain as there is not much accessibility in terms of information. We will see below in more details this point.

Educational reality in Angola seen from abroad

If the context presented to us seems encouraging, in a point of view simply realistic it can not be that encouraging.

First of all, because there is not statistic data near to the reality of the Angolan population. While the government portal presents an estimated population of 12.500.000 (twelve million and five thousands inhabitants) from which 49,3% are men and 50,7% are women[4], others agencies or centers of studies and scientific investigation, including the government portal itself, in the section of questions and answers of the Republic of Angola present an estimated population up to 15.116.000[5] (Fifteen million and a hundred and sixteen thousands inhabitants).
The associate teacher of the Agostinho Neto University, in its work «Population and Work Market in Angola», mentioning the National Institute of Statistics (INE) presents the data of 14, 2 millions of inhabitants[6].
That is why the teacher adds that: « The statistic database at disposal concerning the Angolan population is very weak. The demographic data existing are not very truthful. This is a problem to be solved, so that there will

[4] http://www.angola.gov.ao/Angola/
[5] http://www.angola-portal.ao/PortalDoGoverno/PerguntasERespostasTodos.aspx?Codigo=27
[6] João Baptista Lukombo Nzatuzola, Population and work market in Angola, pag.44

be a common action to answer the futures expectations of the national planning»[7].

This is, then, to show that we can have some difficulties in identifying the number of children and young people out of the educational system.
In fact, we should praise the advanced numbers, but it can exist another different number from the one presented to us, with the tendency to be superior.

Even if the places where they are schools, sometimes there are the problems of distance that explain why some students can be registered yet don't stay in the schools until the end of the academic year.
There are others students that experience the issue of hunger at school what can explain the renunciation to go to the same. In addition, in the schools where there are snacks, some students go to school just when the distribution of the snacks is done.

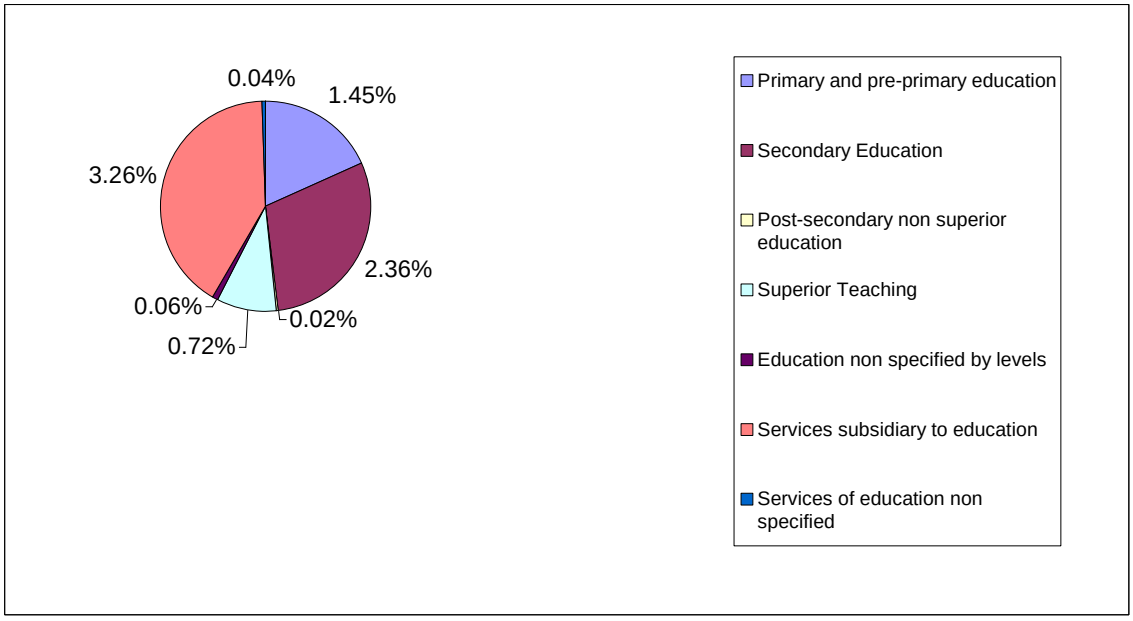
If we only take into account the data presented in the government program in terms of children and young people out of the educational system, we will see that it still is very discouraging the situation lived in Angola in what comes to the right to education, as there still are 2.430.390 children and young people out of the educational system.
It is important to highlight that the Angolan population is essentially young, considering the data that around 47, 5% are under 15 and 2, 7% are above 65. Therefore, taking into account that there are 6.065.535 registered students, we can say that we are very far from reaching the millennium goals to which the Angolan government has subscribed, among which the nº 3 which is to reach the primary teaching to everyone by 2015.
Taking a look to the given values for the educational sector, we find the significant sub- sectors of primary, secondary, post- secondary non superior, superior and subsidiaries services.

From those sub-sectors the one that receive the bigger part of the cake are the subsidiaries services that account for 3, 26% of the total spending or almost the half (41%) of the total distribution for the educational system that is of 7, 91%. From the 3, 26%, 3 % are attributed to the permanent activities.

[7] Ibidem, page 45

The second bigger part of the cake (30% of the sector attribution) goes to the secondary level, with the primary level at the third place with 1, 45 % of the total spending (18% of the funds that go to the education).
As far as the educational policy is concerned, this represents a low priority of the primary level. If we consider the fact that the majority of the poor population has an exclusive access (and not all them) to the primary level this also reflects an attribution that is far beyond the preferential option for the most deprived people, which should be take into account by the government. This doesn't help the government to reach its commitment with the millennium goals above mentioned. Besides the low attribution of 1, 22 %, we also have to say that from the 1, 45 % attributed to the primary level, there is an amount that goes to the permanent activities that we don't know how to explain and, hence, we find the need to define exactly what it is.

Graphic 1- Repartition of the Spending in the Educational Sector/2008



Source: Republic of Angola - SGB/2008

There must be then from the government a bigger concern about the primary teaching, as it is the one with bigger number of students out of educational system.

Still talking about the primary teaching, it must be said that the special teaching for children in Angola, to the eyes of the citizens, is still insufficient as there are

some schools for blind children. As far as the deaf persons are concerned, there is some framing, but yet too insufficient, taking into account the number of classrooms but also the own weakness and insufficiency in the acquisition of the special equipments for the children. When it comes to mental deficient, they found problems in their scholarship because of the lack of specialized schools, as they require not only formal education but also the combination between formal education and rehabilitation and/or physical reeducation that imply many specialized educators and also adequate facilities to the children situation.

As a consequence, the training and/or the rehabilitation of those children don't comply with ambulatory interventions because none of the family is ready to support the work volume and the attention that all that require.
Therefore, investments must be realized and directed to this specific group of children, and they have to involve sectors such as education, health, social reinsertion, professional training and employment.

2. THE RIGHT TO HOUSING

The right to Housing as a fundamental right

The right to housing is a right established constitutionally by the current Constitutional Law in Angola. This is the Mother Law of Angola, which in its title I established, in its Fundamental Principles, the right to Propriety that includes in it the right of housing, being in fact a real right. The right to Housing is one of the fundamental rights for the life of any citizen as, without it, the human existence is almost unjustified.
Even if the Constitutional Law doesn't established directly in its Title II, which deals with the Fundamental Rights and Duties of citizens, the right to housing, we can see however that it is stressed in the fundamental principles in the number 3 of the article 12 of the Constitutional Law that states that :« The land that constitutes an origin propriety of the State, can be transmitted to singular or collective persons, taking into account its rational and integral use, in the terms of the law.»

When we do an extensive interpretation of the legal disposition, we reach the conclusion that the Right to Housing is in truth established in the constitutional law as the people can only exercise the same right if they possess a land where they can construct their house.

That is why, and as it is recognized by any law of housing, it is clearly said that the Right to Housing is a right that assists every citizens in the cadre of the Constitutional Law[8].

The universal Declaration of human rights, in its nº1 of article 17, also deals with the housing issue included in the Property Phenomenon when it quotes: «Every man has the right to Property by himself or in partnership with others». And if as it was not enough, the nº2 of the same article states that: «Nobody will be arbitrarily deprived from its property».
We see in this legal system the need to protect the private property, the housing issue as it is a real right by excellence.

The African System for Human and People's Rights, in its article 14, also established the right to property, being then implicit the right to housing, by stating the following: « the right to property is guaranteed, only being affected by a public need or in the collective interest, according to the dispositions of the appropriate laws».

In the legal system above mentioned, it is clear that anyone has the right to possess properties, independently from its nature, this is, if it is a house, a farm, a manufacture, etc. This right can only be restricted in benefit to the community and in agreement to the law. For instance, the government can appropriate the lands, and if possible, houses that are in those lands in order to do an essential public construction for the overall collectivity, only if it is in accordance with the law and by giving to the legitimate owner the adequate compensation.

In this incursion for the very important legal diplomas, we also refer to the International pact of the Economic, social and cultural rights, which in its article 11 also recognizes the right to housing, especially if we look to the nº1 that states that: « The States members of the present pact recognize the right to every one to a sufficient life standard for them and their families, including food, clothing and sufficient housing, as well as a constant improve of its existence conditions[9].
The states members will take appropriated measures destined to insure the realization of this right recognizing the essential importance of an international cooperation freely agreed».
Hence, when it talks about sufficient housing we link it to the Right to housing.

[8] Introduction of the law nº3/07, of the 3rd of September, Law of basis of Housing increase

[9] Our underligne

If we look at the legal systems, we can say that, without fear of being wrong, the conditions are created for the concretization and effectiveness of the Right to housing. As we know the realization of this wish depends on, in fact, the laws or the others internal legal systems of each State that put into practice such a desideratum.

Even conscious that the Constitutional Law turns to the Right to housing, we will need to look to the internal legislation that give, in a more detailed way, the legal systems of the Constitutional Law. That is why it is important to discuss this point now.

The Government Policies for the housing promotion

The policy of the government in the housing promotion is established in the Resolution nº 60/06, of the 4th of September, and answers the considerations that the government has been done in relation with the massive exodus of people towards the city provoked by the civil war and its consequent pressure on the urban post- colonial habitation context that was never concretized.

It is in that way that, aside the State function to create political, administrative and financial conditions to increase the national economy, the creation of new housing spaces became necessary as an answer of the housing market needs, obliging that this one should be supported by the application of structuring urban principles that promote the ordainment and the territorial sustainability.

However, it is important to say that those principles are considered in another law, which is the law nº3/07, of the 3rd of September, Law of basis for housing promotion, in the nº1, of article 1, where are prescribed the 13 principles that, for obvious reasons, we will from now mentioned at least some of them, such as the first one that consecrates the previous territorial ordainment destined to the edification of the habitations in the terms and for the aims of the present law.

The fifth principle, which deals with the edification of the different types of realties that attend to the acquirers' profits, makes possible the concretization of the social right to housing for every citizen.

The sixth one deals with the debureaucratization in the resolution of the administrative processes of the constructions licensing of the habitations and the concession of the social housing.

The seventh principle deals with the promotion of credit for the acquisition of housing in general, without prejudicing the rules of the market and of the applicable legislation.

The eighth principle deals with the increase of the credit for young people in bonus regime.

Then, there are some of the principles that rule the Law of basis for Housing promotion, without disregarding, however, others laws that deals, in an equal level, with the housing issues.

The housing reality in Angola taking into account the data from the Government General Program for 2007-2008 and the State general budget for 2008.

The GGP for 2007- 2008 is nothing but the continuity of the GGP for 2005-2006 according to what we can read in the General Introduction of that document: *The extension of the Government General Program for 2005-2006 to 2007-2008maintain, in a general way, the objectives and the big reforms contained in the program in course. However, every time that is justified, are introduced some alternations, complements or adaptations, such as, concerning the goals, political and investments measures, for 2006 as well as for 2007-2008*[10].

The Government program recognizes the difficulties that exist in the housing sector, as it is still characterized by levels of satisfaction quite insufficient.

The current housing deficit is estimated around 878 thousand inhabitants (around 60% of the existing context)[11]. In addition to the degradation or destruction of the housing context and deterioration of the supply systems of drinking water and electric energy, the sector is confronted with problems and constraints at the level of the illicit deviation of water and electric energy and also of the distorted prices in opposition to the exploitation costs, and an accentuated lack in qualified human resources.

It is important to highlight that the number of beneficiary families for the years of 2005-2006 was of 4.400 in Luanda[12], among which 1000 families from Luanda and the others were distributed among the 17 others provinces of the country.

[10] Government General Program for 2007-2008 – 2008, page 4
[11] Idem, Page 6
[12] Government General Program for 2007-2008, page 8

Taking into account this reality, the government of Angola for 2007-2008 has committed itself to reach the followings goals:

Construction of social houses: 5.130
Construction of Baurr Type houses type C 497 for 2007 and 800 for 2008
Construction of residencies (Nova Vida Project) 857 for 2007 and 939 for 2008
Construction of houses in Panguila 600 in 2007 and 700 in 2008

Among the 4.400 beneficiary families, 1.000 is from Luanda and the others 3.400 are distributed through the others 17 provinces[13].

As I said above, the political measures alleged for the period of 2007 to 2008 give continuity to the one defined for the current biennium as the prerequisites and the objectives, in their essential, are maintained. Among them, are contrasted the following essential measures:

1. To elaborate plans of intervention in the housing domain throughout the arrangement of the action of the Ministries of Public Affairs, Urban affairs and Environment and Provincial governments.
2. To promote the housing, constructing basic infrastructures and continue the actions in the scope of the re-accommodation of the families to be dislocated from the intervention areas of this project.
3. To promote the financial help to housing construction and the recuperation of the degraded accommodation.
4. To construct and install basic infrastructures and sanitation in the new houses.
5. To promote the construction from the companies, cooperatives and others entities

As we saw, those are the lines of the Government related to the Housing Development that are to be concretized this year, if everything is applied in totality. However it is important to say that the reality is truly different.

The housing reality in Angola according to public and private entities linked to the sector

As we said in the previous point, the current biennium 2007-2008 is the continuity of the biennium 2005-2006 as the goals alleged for this one needed to be continuous. It is maybe then better, at this moment, to remember here

[13] Ibidem, page 79

the proposal done by the government of Angola for the construction of 200 thousand houses in all the provinces of the country, in the 3 posterior years to the announced date.
It is important to say that 120 thousand houses will be constructed in Luanda aiming to provide a house for 4 million persons, which represent ¼ of the Angolan population.

However, all that is reduced to the project of the Cabinet for National Reconstruction (GRN), being then the good participative intentions of the civil society mere hypothesis that, one day, will be restore for electoral interests that were counted as part of the «vote hunting».

As always the question is: will the majority of Angolan have a house to live in, independently if the type of regime is of rent, or housing bought at term, or even propriety? Here we must see to believe…

As we said above, the acquisition of statistics concerning the concrete data of the number of people living without their own house or living in precarious conditions, even if it is their houses, were not provided to us, or, if we want to be realistic it is quite probable that it doesn't exist, as we have experienced a big deficit when it comes to statistics.
To prove it, it is sufficient to know that there is not a number approximately accurate of the Angola population. There are some data that point to 12 or 13 million of inhabitants while others point to 14 or 15 million of inhabitants.

To be realistic, we ought to say that the housing reality in Angola is still preoccupying, not only taking into account the presented data by the Government in the housing plan, but also the bad qualities of the accommodations. In that way, we can say that the number of eviction in Luanda has been very high, being sometimes evicted more than 50 families.
Five years after the end of the civil war, Angola is experiencing a reconstruction boom. However in the way of the new buildings of the capital Luanda are poor residents whose houses are destroyed. They are abandoned, without any time to pick up their belongings, without the right to receive a financial compensation or a house.

The NGO for human rights Human's Right Watch and the Angolan SOS Habitat have been following, since 2002, 18 massive evictions in Luanda, provided by the government of Angola.

Around 20 thousand people stayed in the streets, the security forces destroyed more than a thousand houses and, according to the 105 pages published report, the Government took small cultivated lands.

The Angolan ambassador in the European Union, Toko Dyakenga Serão, denied the accusations saying that the evicted people were re-accommodated in more appropriated and safer locals. However, the UNO had already criticized the government of Angola for « big violations of human rights» and had forced it to end with the « persistent evictions by force». The special speaker of the UN for Housing, Miloon Kothari, said that the eviction by force in big scales of citizens' from their houses occurred in Angola for many years[14].

Thanks to the 30 years of civil war, the majority of the approximate 4 million inhabitants of Luanda have not got formal titles of property of their own houses or lands.

Furthermore, the residencies so called economic, constructed now-a-days in areas such as Panguila, Zango, Kalemba II or others, have poor quality, becoming cracked, even if they are recently constructed or yet implemented in non appropriated areas as in flood propitious land or with bad drainage. The thing to be stress here is that the government should not give the impression that economic residencies are synonymous of poor quality and bad life conditions.

We are maybe forced to analyze some laws that, in our point of view, can be not favorable to the housing right.

First of all, to comment about the law of the land and its regulation that need to be complemented with a common decree between the Ministry for Urban affairs and Environment and the Ministry of Finance, that stipulates the prices to be implemented in the land sales, as what happen now are just speculations. The same occurred in the realties sales.

Then, it would be good if we could revise the Law of Tenancy that exists since the colonial time and that needs to be updated, in order to be more adequate the current conditions of the Angolan reality.

[14] http://www.bbc.co.uk/portugueseafrica/news/story/2007/05/070515_angolaevictionstl.shtml

3. THE RIGHT TO EMPLOYMENT

The right to Employment as a fundamental right

As the others rights above analyzed, the right to employment (right to work) is also an established constitutional right[15]. The nº1 of article 46 of the Constitutional Law says clearly that « the work is a right and a duty of all the citizens». In its turn, the nº 2 of the same legal diploma, adds that: « every worker has the right to a fair remuneration, to rest, to go on holidays, to be protected and to have insurance at work, in the terms of the law». As we can see, the right to work is directly established in the Constitutional Law in force in the Republic of Angola.

On the other hand, the Universal Declaration for Human rights, by being leaned over the social rights, in the nº1 of the article 23 it states that: « Every man has the right to work, to freely choose his work, to fair conditions and propitious to work and to be protected against unemployment».
In the nº2 of the same article, we quote: « Every man without any discrimination has the right to an equal work by equal work».
The nº3 says: « every man that works has the right to a fair remuneration and satisfactory that insures him, as well as his family, an existence proper to a human being and completed, if possible, by others type of social protection».
The nº4 states: « Every man has the right to establish, with others, unions and to subscribe unions for the defense of its interests ».

The African system for human and people's rights, in its article 15 states the following: « *Every people have the right to work in equitable and satisfactory conditions and to receive equal wage for equal work* ».

The international Pact of the economic, social and cultural rights, in its article 7 states the following: The members' states in the present Pact recognize the right for people to enjoy fair and favorable work conditions that insure the following:

a) A remuneration that gives, in minimum, to all the workers:

[15] We will use the term right to work and not the right to employment as it is the constitutional terminology established. However, talking strictly, we know that work and employment are distinct conceipts.

a.1) an equitable wage and remuneration equal to the work value, with no distinction, offering, in particular, to women guarantees of work conditions non inferior to the one that men profit, with remuneration equal to the work.

a.2) a decent existence for them and their families, according to the dispositions of the present Pact.

b) Safety and hygienic conditions of work

c) Equal opportunities for all of being promoted in their workplace to the superior status appropriated, being only considered the seniority in service and the individual aptitude.

d) Repose, hobby and fair limitation of the working hours and periodic paid holidays, and remuneration in public days off.

The article 8 established, among others, the right to all people to form unions and to affiliate in his chosen union; the right to go on strike too.

The article 9 of the same Pact established and recognized the right to every one to social security including social services.

The government policy for the promotion of the right to Employment

The government policy for the promotion of the right to work is established on the Law nº18-B/92, of the 24th of July, the Law of Employment and also the law nº1/06, of the 18th of January, the law of basis of the 1st employment.
It is this last one that in its preamble that talks about the insertion in active life of the unemployment population, especially, the young people that is looking for the 1st job, long-term unemployed persons and citizens that have a deficiency as main preoccupation of the State in the current socio- economic context that the country experiences.

Yet the preamble states that the struggle against the unemployment requires from the government the conception and the implementation of integrated policies to promote employment. Those policies tend to qualify the valorization of the manpower, to insert the active manpower in the work market and to consequently improve the socio-economic growth of the country.

The same legal diploma, in its article 5, shows the Fundamental Actions of the Policy of Employment that says the following: « Consist fundamental dynamic actions of employment policy to follow for the State, among others, the fixed ones on the Article 2 of the Law nº18-B/92, of the 24th of July, pointedly:

a) The promotion of the knowledge and the divulgation of the employment issue in order to contribute to the definition and the adaptation of a global policy of employment, which consubstantiates a national program of progressive improvement of the situation of employment, through the use of integrated productive resources in the growth and in the socio- economic development;

b) The promotion of the organization of the employment market as an essential part of the activity programs, taking into account the search of the full productive employment, remunerator and freely chosen in accordance to the preferences and qualifications, as factor of cultural valorization and technical professional human resources of the country;

c) The promotion of information, the orientation, the training and the professional rehabilitation and the collocation of the workers, with special incidence on young people that come from the teaching educational system and others social groups more deprived, the analysis of the work places, as well as the geographic mobility and professional workers;

d) The promotion of the improvement of productivity in the generality of the companies by means of the realization by itself or in collaboration with others national or foreign entities of professional training actions in the diverse modalities that reveal to be at each moment as the more adequate to the prosecution of that objective;

e) The support to initiatives that lead to the creation of new working posts, in productive unities already existing or to be created in the technical and financial domains;

f) The elaboration of preparatory studies of the ratification of international conventions about employment, as well as the application of the recommendations and analogical instruments emanated from the international organizations competent and the execution of technical necessary works to the accomplishment of these principles;

g) The participation in the activities of technical cooperation developed in the scope of the national and international organizations and foreign countries in the employment, training and professional rehabilitation contexts;

h) The intercommunication, by the competent ways and entities, with employment services from others countries, namely, from those where there are important nucleus of Angolan workers, in order, to the awareness of the problems existing of employment;

i) The direct and indirect concerns of conception, elaboration, definition and political assessment of employment

This policy is intimately linked with the recuperation of the national production and, that is why, it is one of the following points we will discuss about the Government Program.

The reality of employment in Angola taking into account the data from the Government general Program for 2007-2008 and the State General Budget for 2008

The GGP for the biennium 2007-2008 does not forget, as others rights analyzed, to mentioned the question of the problematic of employment. As said above, the civil construction and the construction are, in fact, sectors that generate employment in appreciable volumes, but not in a permanent way. In 2006, this sector was expected to be an important vehicle for the unemployment rate, foreseeing that only the constructions of the Ministry of Public Affairs could create around 24 thousand works[16].
In another hand, it is estimated that 1700 companies registered in the National Commission of Inscription and Classification of the Projectors, Industries of Civil Construction, Public Works and Suppliers of Constructions would employ around 172 thousand workers.

The GGP for the biennium 2007-2008 will proceed, among the many specific objectives, to the increase of the general level of employment and the progressive improvement of the work remuneration.

[16] Government Program 2007-2998, page 11

So, if we look to the work market, the estimations for the job centers presented by the MAPESS project themselves in the following way[17]:

Job demands 32.981 for 2007 and 34.309 for 2008
Job offers 12.001 for 2007 and 140.492 for 2008
Collocation 10.286 for 2007 and 12.885 for 2008

As far as the social security is concerned, it is expected:

Numbers of insurers 559.732 for 2007 and 597.892 for 2008

As for the integrated program of improvement of social services, it is expected the following measures of essential policies for employment and professional training[18]:

- The implementation of the project of expansion and modernization of job centers

- The expansion of the geographic covering and diversification of the specializations of the public centers for professional training

- The promotion of the integration of young people in the active life

- The promotion of the institutional reinforce of the context of the employment system and professional training

- The regulation and implementation, step by step, of the Law of Basis for Social protection

The employment reality in Angola according to public and private entities linked to the sector

If we take into account the presented programs, we can see that some effort is being made in order to reduce each time more the levels of unemployment that still touch our country. Even if the country has made progress in terms of legislation and also, until a certain point, in the GPP for 2007-2008, we still are a little far from the concretization of this very important right to work which is exhibited by everyone, if in the active life, as the unemployment rate in Angola

[17] Ibidem, page 55
[18] Government general program oft he biennium of 2007-2008, page 57

keeps on being very high and varies between 35 and 40 % as declares the general director for employment and professional training Leonel Bernardo[19].

The professor Lukombo adds that one of the consequences of the perturbations of the work markets is the presence of high rates in urban unemployment that are situated around 46%. It is important to say that only Luanda exceeds this value, accounting for an unemployment rate up to 48%. One illustrative indicator of the human capital of manpower is the possession of a profession or occupation by the head of the family. The data of the Inquiry of the families concerning the Expenditures and the Revenues (IDR) revealed that 40 of 100 families' heads don't have any skill.
When we consider all the economic active population, this number is up to 69 among 100[20].

From these studies realized, we can say that there are big and serious distortions of the work market, aggravated even more by the fact that the manpower existing, in its majority, doesn't possess acceptable levels of qualifications, which reduces evidently the opportunity to obtain a quality job.

In addition, we must say that the results of the IDR shows that the others heads of families from poor families work mainly as sole workers or in the private sector (87% in the case of women and 75% for men). The public sector is a less relevant employer of the poor families' heads (25 % of the men from poor families and 13% of the women)[21].

The implications that we can pull out from these observations are that one strategy of pro-poor policy have to be done and will have to pass necessarily through the promotion of activities that create jobs and profits in the private sector and, in particular, in the informal sector of self- employed work, as, as we know, the work market, in Angola, is characterized by two angles: Formal Sector and Informal Sector.

We can then conclude by saying that in Angola we can verify a big sub-utilization of this factor that is so important in the productive structure in order to reach the development that there is needed in the country. This fact, in general terms, can be two-folded: sub-work, which is, workers that work less than their capacities and whose productivity is very low so that his affectation in others activities wouldn't imply a big and significant fall in the production.

[19] http://www.angoladigital.net/index.php?option=com_content&task=view&id=2009&Itemid=1
[20] João Paulo Lukombo Nzatuzola, population and Work Market in Angola, page 86
[21] Ibidem, page 87

In the others hand, we have the fact that the unemployment and that happens when, due to the conditions of the work market, the workers wish to work but they don't find jobs. That is why the right to work, that is actually one fundamental right that doesn't realized itself in a manner that is expected being put many unemployment people.

CHAPTER II: THE RIGHT TO HEALTH AND TO FOOD

Methodology

The elaboration of this report was based on studies and projects developed by Angolan NGOs, whom experience in the international context is being consolidating, being, then, the data and the provided information the result of the synthesis of the accumulative work in the implementation of their programs.
The information was also complemented by punctual inquiries in the Provinces of Luanda, Uíge, Zaire and Malanje and by assessment visits in the provinces of Bengo, Kwanza-Sul and Kuando- Kubango.

As auxiliary sources of information, data were condensed and mixed, obtained from private press articles as well as from the Environment General State Report (REGA), published in 2007 and that counted with the participation of some actors of the civil society.

1. The Right to health

The right to have a healthy life and to Health is established in the Constitutional Law of Angola, constituting then one of the inalienable criteria of Angolans, forcing the state to promote the necessary measures to insure to citizens the right to medical and medicine assistance, as well as assistance in infancy, maternity and invalidity.

1.1 **Health policies**:

The National health System includes the public sub-system (responsibility of the government), the private lucrative sub-system and the private non-lucrative sub-system (NGOs and Churches); existing a more narrow intercommunion between the public and the private non-lucrative sectors than between the public and the private lucrative sectors.
The lack of intercommunion, which would be a strengthen factor of the National Health System , resides fundamentally on the fact that the rendering

of cares has been neglected in favor of the easy profit and the lack f receptivity of many private unities in this relation.

The National health System is regulated by the Law nº21-B/92, of the 28th of August 1992, known as the Law of Basis for National Health Service that guarantees the continuity of the principles of universality and of the equity in care services, being them usually free.

There is no National Health Plan defining a strategy of the sector, being this strategy defined according to the existing National Programs that now count for periods of 3 years. The National Programs operate in a vertical form, with low or none interaction between them, which causes constraints in the interdisciplinary leading of determined diseases.

The inexistence of a country Sanitarian Map and the passage from the model of desconcentration to the current decentralization, without being supported by legislation or measures to define skills, has created a dysfunctional structure that has difficulties in the harmonization between the programs at a national level and in its execution at a provincial level, as well as in the relationship between the primary and tertiary unities affecting then the creation of a network of effective and efficient of reference.

From 2004, the government has proceeded to the rehabilitation and construction of new sanitarian unities, improving substantially the network of health centers and the access of the population to health cares. However, the lack of Sanitarian Map (that should be the strategic base of this governmental investment) explains that hospitals have privileges in detriment to the health centers or posts, also existing a big concentration of services available at the level of the capital (from the 27 central and general hospitals, 10 are situated in Luanda). In the other hand, the lack of human resources and material resources impede the optimalization of the structures already existing, explaining the fact that 40 health centers and 209 health posts are not in functioning and others function with many deficiencies.

The Health Primary Cares (CPS), as defined by the world Health Organization, doesn't deserve a strategy or adequate resources. The primary network doesn't dispose of financial non- wage resources (the good thing is to have access to the essential medicine kits and administrative materials), being considered the most weak link of the system, with a low capability of attendance and the cares rendering having as a consequence the fact that the majority of the citizens turn

to hospitals, creating access problems due to the increase of the search and the arrivals of sick persons in critical stages.

There are many persistent constraints in the education on Health in the community, with the significant distance between the health professionals and the population. At a central level any strategy was delineated, as if this intervention area doesn't constitute a national priority, existing a lack of integration in the lead and in the content of education for health in the community, insufficiency of the agents or activists in the middle of the same and the scarcity in education material for health in national languages. This situation is intimately linked to the lack of participants from the civil society organizations (namely organizations of patients) in the Health thematic in Angola. The organizations of the civil society, except the area of struggle against HIV/AIDS, are missing of the Health sector, being restricted as sick persons organizations only two NGOs, one representing the sick persons with falciform anemia and the other dedicated to children with hydrocephaly.

This lack of participation of civil society is originated by diverse factors: the non understanding by governmental entities that they can be an essential partnership in the implementation of health strategies, the vision that this sector works as a reserve of health professional (and non of the sick persons), the non consciousness of the citizens about the necessity to know its health, the lack of initiative and the incentive of donators for the participation of the Angolan civil society and the lack of incentives and of financial supports that could make possible to the Angolan NGOs to develop projects and programs in the health domain.

1.2 Health expenditures

The National Health Service (NHS) is financed integrally by the State General Budget; there is also a percentage of public participation in unities of private non lucrative sub-system, when those work as a complement to the National Health Service.

Another source of financial support derived from the Decree-Law 36/02 through the co-payment, which introduced the co-participation of the usuaries in the NHS. This practice has been progressively abandoned, not only because of the financial source of the NHS is residual and has not been well controlled (a big part of it was deviated), but mainly due to its impact in families, in a context in which 68% Angolan people live under the poverty threshold. There is also a percentage of the financial support that is insured by the international

donators, in global terms or in specific programs (HIV/AIDS, Tuberculosis, Malaria, Leprosy, Vaccination campaigns).

From 2000, aiming to make easier the use of financial resources, as hospital unities with bigger relief, as well as the Institute of Struggle and Control against the Trypanosomiasis, The Institute of Struggle against HIV/AIDS and the Provincial Health Directions will be considered from now on as autonomous financial unities. This situation ha been weakening the NHS, as there is no standardized criteria for the affectation of resources, creating then uncertainties about the skills at the many levels of decision and the management system of the sector has been fragmented (in 2000 there were 82 rubrics in the State General Budget for the affectation of direct resources, but in 2004 this number was of 234).

Despite the fact that in absolute terms the public expenditure for Health has been increasing, in terms of percentage, the State General budget has stagnated. The percentage of the SGB for Health has been varying between 4 and 5% (4,4% in 2005, 4,42% in 2006 and 3,68 % in 2007), very beyond the average of the SADC countries (that is around 7%), being also low the budgetary tax for execution (in average 70%) for the organisms and sanitarian unities of the Ministry of Health, so every years there are financial resources put at disposal that are not absorbed by the sector. In proportion to the GDP, the government expenditures for Health are still low in the recent years (around 2,7% of the GDP in 2001 and 1,9 % of the GDP in 2007).

The equity, also established in the NHS, doesn't exist in the effectiveness of the public expenditures for health, existing a big geographic disparity in the spending by province.
An analysis done in 2001 shows that the public expenditures for health per capita (for each citizen) was in average of $ 8.8 USD in the coast provinces (Cabinda, Zaire, Bengo, Luanda, Kwanza-Norte, Kwanza-Sul, Benguela, Namibe) – with Luanda and Namibe above the $20 USD and Cabinda, Benguela, Kwanza-Norte and Kwanza-Sul between $10 and $20 USD-; in the east provinces is in average of $5.48 USD (Lunda-Norte, Lunda-Sul, Moxico and Kuando-Kubango) – With Lunda-Sul between $10 and $20 USD -; and of $ 2.16 USD in the interior provinces (Uíge, Malange, Bié, Huambo, Huíla and Cunene) – with Huambo, Bié, Uíge, Malange and Cunene lower than $ 2 USD per capita. In spite of the fact that the government has done efforts to reduce these differences, they are still maintained and they still are an important factor in the equity of the access to the health cares. Taking into account the average of the years 2003 and 2005, we see that the public expenditure for health per

capita was superior to $29 USD in Namibe, Cabinda and Kwanza-Sul; between $15 USD and $23 USD in Bengo, Zaire, Lunda-Sul and Cunene; between $12 USD and $14 USD in Huambo and Kuando-Kubango; between $5 USD and $6 USD in Uíge and Kwanza-Norte.

The donators also contributed to this geographic difference in the access of health cares, deepening the inequity, as in absolute terms the provinces that profit more from the resources of the donators are Huila, Luanda and Benguela, being in the extremist point Cabinda, Lunda-Norte and Cunene.

The corruption also constitutes an important factor in the access and the quality of the cares given to the population. The health sector has been identified by the citizens as the third sector that affected them the most in the scope of corruption, being it indistinctly practiced by Angolan professionals or foreigners. The low wages, the irregularity on the wages payments (in particular in the municipalities out of the capital), the deficient ethical formation and deontology and the policy of co-payment have been pointed out as determining factors for the growth of corruption in the sanitarian unities, which is explained by the deviation of medicines and equipments and by the exigency of the sick people to make informal payments, in the attendance or in the realization of the examinations and chirurgical operations.

Even if it is established that the NHS is usually free, the majority of citizens say that the access to the public health cares in only possible through the informal payment, except the programs of struggle against HIV/AIDS, in which the smashing majority states that they are effectively free.
According to the enquiries and the observations done, there is no difference between the urban and rural environment, or between provinces, or maybe only in terms of asked quantities of money and of the way how the payments are done (cash or goods). The percentage of citizens that refer to pay the access to health cares goes beyond 70% in the urban areas and peri- urban (municipalities of Cacuaco and Soyo or the province of Kwanza.Sul), and only 50% in the rural areas (municipality of Quela and Uíge or the provinces of Bengo and Kuando-Kubango). In every area the average percentage from those who pretend not to be attended if they don't pay is superior to 45%, and sometimes it can reach 90% in the municipalities of the capital. This practice explains the declarations from the social communication concerning died people as they entry to the health unity, because they are refused to be attended, more frequent in the private and lucrative unities, but also in public unities. However, despite the claims, the result of any investigation by the competent entities or of any measures taken in relation to entities or

professionals, involved in these situations, were not published, which reinforce the feeling of impunity from the prevaricators as well as the maintenance of this kind of behaviors.

The other area of expenditure for the citizen in Health is the purchase of medicines that represents more than 51% of the direct costs in health for the families. Despite that the State must guarantee the assistance in medicine, many sick people are obliged to buy the medicine used at the level of the sanitarian unities, in addition to the medicines that are destined to the treatment in the ambulatory. Except from the anti-retrovirus, many of the last medicine are bought by the citizens in the pharmacies or in the informal market. At the rural and urban level, the percentage of people that think that the medicines are expensive is up to 50%, depending on the local of the purchase and if there are or not pharmacies, choosing, when there are not pharmacies or due to high prices, to buy the medicines in the informal market.

Taking into account the anterior premises, it is estimated that each Angolan citizen spend $15-20 USD each month in health cares, being then the National Health Service not only financed by the State General Budget but also directly by the citizen (pocket money).

1.3 Access and Quality of the Health Services

The access to the public health services are not universal, being excluded all those that can not do an informal payment, and added by the fact that the offer from the sanitarian and services unities, even with the effort currently development by the government, still is very deficient in the rural areas and the interior of the country.
The distance of the sanitarian unities and the lack of education about health issues in the communities seem to also be two factors that contribute to the low access.

The quality of services rendered is variable and depends on the human and material resources of the health unities. The low wages of the health professionals, the lack of incentives for the professional in areas that are more remotes, the routine of the services, the corruption and the high afflux of sick people are factors that determine the quality of the service rendered. They also contribute to the poor quality, the lack of maintenance of the existing equipments and the physical conditions of the unities that prejudice directly the health of the citizen. There were identified some cases of HIV- positive that were obliged to interrupted the medication because of the lack of results of the

CD-4; of laboratory analysis with false positives for the typhoid fever and malaria; or non real values of hemoglobin.

There is another problem which is the lack of regularity and quantity in providing or the deviation of essential medicines.
Despite the effort from the government, which allowed to improve substantially the providing in essential medicines to the health unities, there still exist critical areas.
The municipalities of Bula Atumba and Muxaluando (Bengo), Namakunde and Curoca (Cunene), Kwaba Nzoji, Kahombo, Massango and Luquembo (Malanje), Luchazes and Kazombo (Moxico), Mavinga, Dirico and Rivungo (Kuando-Kuabango), Chipindo (Huila) and Mucaba, Damba e Sanza Pombo (Uíge) were identified as areas where persists the lack of essential medicines.
It was observed that, in the municipality of Menongue (Kuando-Kubango),the essential medicines received by the Hospital and the Sanatorium last only 7 to 10 days, being then deviated to the informal market where the sick persons have to buy them.

The program of «safe blood», which have been implemented, improved the security in the blood transfusions and allowed to decrease the high percent represented by this way of infection transmission of HIV, however there are some constraints that need to be approached and , namely the existence of safe blood banks only in the capitals provinces and a poor quality in the examinations done in some areas due to the damage of equipments and the lack of electricity, being not secured the quality of the blood in these unities.

There is not a co participation of the State for the purchase of medicines, turning very expensive or impeding the right treatment of the chronically diseases, in particular the arterial hypertension, Diabetes or Depranocitose (Falciform Anemia), all of them with a relevant prevalence and increasing among the Angolan population, which turn them into a public health issue.

The essential source for health in the communities is the level of vaccination, where it must be stressed the effort by the government in order to maintain high levels of vaccine covering. The vaccination campaigns against measles and poliomyelitis had a remarkable success by reducing drastically the taxes of morbidity and of death of these two diseases. The vaccine covering for the BCG and against the Tetanus has also been increasing, in particular for children.

1.4 Main diseases and Mortality Taxes:

The principal causes of mortality are of malaria, respiratory illnesses and acute diarrhea illnesses, without any geographical, age or sex variations.
The hemorrhages and the eclampsia are important causes of mortality for pregnant women, the tuberculosis is a relevant death cause in some provinces and in the ageing group of 25-40 years old and the Tripanosomiase is the mortality's cause that is important in the provinces of Zaire and Kwanza-Norte.
The sub- nutrition is one relevant mortality cause in children of less than 5 years, reaching a maximum in children of 14-18 months, essentially related to the lack of food complements as many mothers exclusively maintain the breast feeding due to economic difficulties or lack of information.

Despite the indicators referred to the drinking water access and to the sanitation appear to be satisfactory, in reality they don't illustrate the true reality in which live the Angolans.
The cholera epidemic, that is present in 16 of the 18 provinces of the country since 2006, and the non significant reduction of the diarrheic illnesses show that a deficient access to water adequate for consumption and for sanitation, not only in the peri- urban areas but also in the rural areas.

The high tax of children under 5 years old mortality, among the highest of the world, is related to the socio- economic difficulties of the population, namely the poverty, the sanitation deficiency and the food deficiency. In one hand, the poverty affect in unequal way the urban families (57,2%) or rural (94,3%). In the other hand, there are geographic differences related to the life conditions of the populations in the different provinces. The mortality tax of under 5 children, at a national average, is considered to be of 250 (among 1000 alive), but a group of provinces (Luanda, Bengo, Kwanza-Norte and Cabinda) has the same value as the national average, while beyond the national average, with 262, is the group of Malange, Uíge, Zaire, and with 272 the group of Huambo, Bié and Kuando-Kubango, with 315 the group constituted by Benguela and Kwanza-Sul. Below the national average, with 217, there is the group that is compound by Moxico, Lunda-Norte and Lunda-Sul and with 123 the group of Huila, Cunene and Namibe.

The high maternal mortality tax and the infant mortality explain a deficient quality and quantity in services at disposal in the area of assistance of mothers and children. Despite that the percentage of the assisted labors by health professionals is of 70% in the urban areas, it should be stressed that, while in

Luanda this percentage reaches 78%, in others urban areas of the country it is only of 32-34 %, closer to the rural reality where the percentage reaches only 22%. It is also verified that the availability of services affected the geographical variation of the infant mortality tax. Being considered as a national average the infant mortality tax of 154 (per 1000 alive), the following groups are above the national average: with an average of 156, the group of Malanje, Uíge and Zaire, with 162, the group of Huambo, Bié and Kuando-Kubango, and with 181, the group constituted by Benguela and Kwanza-Sul.
Below the national average, with 150, there is the group of Luanda, Bengo, Kwanza-Norte and Cabinda, with 135 the group that is compound by Moxico, Lunda-Norte and Lunda-Sul and with 123, Huila, Cunene and Namibe.

Important for maternal and infant health is the space between the pregnancies and a wanted pregnancy, as also the initial date of the sexual relations and the adolescence pregnancy. The precocity in beginning the sexual activities (in average for the women with 11,5 years old) was observed in municipalities with a high index of workers of sex (province of Luanda and municipalities of Kuango, Xá-Muteba and Nharea) or in municipalities where cultural traditions are relevant in the rural areas (Humpata, Quipungo, Chibia, Curoca, Kwanhama and Namakunde). The pregnancy rate in the adolescence is higher in the rural areas (46,5%) than in the urban areas (18,3%).This difference can not be associated by the availability of the public services for family planning or of the use of contraception methods (naturals or artificial). The existence of services and the access to information and to anti-contraceptives is very deficient, being then at a national level of 6 %, with a percentage of 15% in the capital, 10% in the South- center, 3 % in the North, 2% at east and 5 % at West.

1.5 Mental health

As far as the mental health is concerned, there are some serious deficiencies in access, availability and quality of the services, being insufficient the offer for the necessities felt and expressed. The public investments in the prevention and treatment of mental illnesses have been reduced and the campaigns against the stigma and the discrimination are inexistent. Angola only has got one specialized hospital in Luanda, that covers all the country, existing in the other side an elevated number of pathologies associated to the dependencies (in particular on alcohol) and the complications brought by the malaria. This lack of services availability is particularly serious at the pediatric scope, as there are no specialized cares for children with problems of congenital deficiency or traumatic deficiency.

Despite the violence due to the conflict in the past decades, there are few studies (there are centered in Luanda and Huila) about the psychological and psychiatric consequences, especially about the prevalence of the Post- traumatic Stress syndrome.

The traditional medicine and the churches have been an alternative for many sick persons, but in some cases they have been reports of practices that endanger the freedom and the dignity of the sick persons, as well as damages in the physical health (patients handcuffed without hygienic conditions, closed in exiguous spaces or exposed to long fasts without medical assistance).

The stigma associated to the discrimination and the exclusion are frequent characteristics and very marked in the middle of communities, not existing in the majority of the cases a social protection for the citizens and support to their families. The participation of the communities and of the civil society in the introduction of this problematic is inexistent, and there is also a lack of sick persons associations and of NGOs directed for this kind of problems.

1.6 HIV/AIDS and STD:

HIV/AIDS is not represented as an imminent threat for Angola, being a preoccupation very important, as there is only one strategy planned and executed in time and with efficiency can allow Angolan citizens to avoid the serious impact of the disease, as the foreigner countries.

The prevalence rate of HIV/AIDS at a national level is estimated (2005) to be of 2,5%, being the prevalence between the pregnant women of 2,8%. However, there are much accentuated geographical differences in the prevalence rates by province. Far beyond the national average, there is the province of Cunene (10,4%). Then, there is a group with a value above the average that accounts for Huila (4,2 %), Namibe (3,7%), Lunda-Sul (3, 6%) and Lunda-Norte (3,4%). There is another group with a value slightly above the national average compounded by Kuando-Kubango (2,9%), Cabinda (2,8%), Benguela and Luanda (2,7%). The last 9 provinces present prevalence rates inferior to the national average. However, the civil society and the many health professionals have showed reservations in relation to this low values, referring to the insufficiency of diagnostics and the lack of existing notification. In addition, there are some contradictions in the official data, as for instance in 2007 the Ministry of Health stated in its speech pronounced in the opening ceremony of

the national campaign about the voluntary counseling and test (November 2007), that the «Angolan government managed to diagnostic in 120 thousands managers that were submitted to the HIV test, 4 thousands and 8 hundreds people HIV-positives, which means that in the totality of the pregnant women tested, 4% HIV-positives» or the provincial director for health of Cunene (interview in Angola Health – August/September of 2007) states that the prevalence rate of HIV in this province is of 12, 5%.

HIV/AIDS in Angola presents a standard similar to the African one, affecting principally women (around 53% of the infected) and ageing from 20 to 39 years old, being the gender and the poverty two factors determining in the infection transmission.

Since 2004, the Angolan government has implemented programs and expanded the services network for HIV/AIDS, covering many of the provinces and increasing significantly the access of the sick people to prevention, diagnostic and treatment. As positive fact, it must be stressed that the access to services is effectively freed (almost inexistent in the informal payment) and the anti-retroviral are not deviated or sold on the informal market. In many services, the quality of attendance is good and the participation of the civil society has been encouraged and it is resented in the majority of the provinces and in the structures of planning and decision.

However, the institutionalization of the services is done at a lower speed comparing to the disease transmission. There are only 116 centers of counseling and of therapy in the 18 provinces (only 53 of the 164 municipalities, with a covering of only 32% of the municipalities), 37 services with the program of Prevention of the Vertical transmission (in 1443 services of pre-natal control), 23 services of attention to people living with HIV and the unities that provide treatment are only established in 35 municipalities (a covering of 21% of the municipalities), being the access to anti-retroviral treatment between 6,6% and the 10% (the total of infected people that need therapy).

On the other hand, despite of the dynamism and the capacity showed by the organizations of the civil society, the government support or from foreigners donators to implemented programs by Angolan NGOs have been quite reduced. For instance, only 5 services of attention to people living with HIV act in partnership with Angolan NGOs, in support cares and adhesion to treatment.

Apart from the programs and services implemented, there are some preoccupations that subsist and that must be approached. The choice of the municipalities and provinces has not been made basing in the prevalence rate of the disease, but geographic and others criteria, existing a concentration of prevention and treatment services in the capitals of the provinces. Consequently, it increases the lack of motivation in the research for cares from the people living with HIV/AIDS due to the factors such as distance, road ways in bad state, bad quality of the services due to the sub- charge of the few health professionals. Another example is the case of Kuando- Kubango, with a rate superior to Cabinda´s or Luanda's, but that doesn't have any sanitarian unity directed to the attendance of people living with HIV/AIDS (it only has a Center of Sheltering and Testing that have a poor adherence), where the material and the information campaigns are almost inexistent, as the infected people have few information about the services that can be provided and in which there is not incentives to the participation of the local civil society. Cabinda presented as the one that have structures in every municipalities, in reality doesn't have any functional structure in the municipality of Buco-Zau because of the lack of installations. In Moxico, the material and the campaign of information are poor, in particular due to the lack of material in national languages, as the infected people have few information about the services that can be given to them, existing episodes as on the municipalities of Luau and Lumbala Nguimbo, in which sick people had to suspend their treatment because of the lack of responsible doctors, as there was not any alternative measure taken.
In Lunda-Norte and Lunda-Sul, the adherence to the centers of Sheltering and Testing, as well as to the programs of Prevention of the vertical transmission, is low, existing few material at disposal for the information campaigns and a weak divulgation of the services near to the targeted sector. Also in lunda- sul is preoccupying the high number of people that leave the treatment anti-retroviral and the increase of the research for solutions in the Traditional Medicine.

The right to citizen to know his serological status for the HIV can not be denied, existing however, the case of Uige, where a significant number of the tested usuaries in the hemotherapy where this possibility is denied to them.

One other question is related to the access to treatment. By analyzing, for instance, the province of Luanda (December 2005), it is verified that from the 4.857 infected people by HIV that are in treatment, 3.252 are women and 1.605 are men, which a proportion in dissonance with the percentages of infection, being important to understand the reason of a lower adherence of men to the

treatment, in particular because they have important factors for the HIV transmission.

In the context of the resources at disposal for the implementation of the programs, a special attention must be given to the providing of material and in the labor kits, which lack was referred in many sanitarian unities, the maintenance of laboratory equipments and the administrative procedures (as there are declarations that they have broke the silent and expose the infected people). In terms of human resources, it is urgent to uniform the incentives to the technicians of the National Institute for the struggle against HIV (INLS), so that the health's professionals in the provinces can profit form the same incentives than their colleagues in Luanda. It is also necessary to define the structure, the supervision and the budgetary environment of the «focal points» at a provincial level that represent the INLS as well as the providing of informative material (not only of preservatives), in particular the national languages for the actualization of technicians and for the information campaigns and prevention and the definition.

As far as the strategies of information and prevention are concerned, there is a big knowledge about the disease in the communities, but a low percentage of citizens that know the different ways of transmission, as well as the diseases that increase the risk to be contaminated, namely the sexually transmitted illnesses (STI). It is then important to evaluate the information and prevention programs and in base on the data gathered to rethink the contexts and the forms of communication in this thematic.
There is no knowledge about the impact that the information and sensitiveness campaigns already implemented in the country have in the stigma and the discrimination. However, there still is a high level of discrimination in relation to the people living with HIV/AIDS mainly in the masculine sex and at the level of some provinces such as Kuando-Kubango, Lunda-Sul and Lunda-Norte. There are in addition some family rupture situations, role frequently played by the men themselves, some rare cases of family abandon of children affected and more frequently adult abandon, and declarations of conscious contamination by HIV-positives not only in relation to their mates but also to others occasional sexual partners, many times as way of vengeance or desperation».
Some attitudes and discriminatory behaviors and the break of the silent by some health professionals were referred, even in unities for the treatment of infected people, being the more serious and frequent situations referred in some unities of the capital and in the provinces Uíge, Lunda-Sul and Moxico, giving then potential to the stigma of the illness in the community. As far as the

affected children are concerned, there is a big preoccupation form the mothers sides to keep secret the status of their children, seeming to have a bigger stigma of the HIV/AIDS at a pediatric level, being from the part of some health professionals or from others families.

Despite that the government had subscribing the Abuja Declaration (Nigeria, 2001), many of the commitments assumed have never been realized, namely the referring to the attribution of 15% of the State General Budget for the Health area. In 2003, Angola has subscribed the Maseru Declaration about the Struggle against the HIV/AIDS in the SADC region (Lesotho, July of 2003), that consecrates the «increase of accessibility to essential medicines such as anti-retroviral and connected technologies», that the government changed its posture, beginning to implement measures that correspond to the commitment assumed, not only in this scope, but also in relation to the consecrated in the Commitment Declaration about HIV/AIDS of the Extraordinary Session of the General Assembly of the United Nations (UNGASS) in 2006.

In the internal juridical environment, the government promulgated the Decree 43/03, «Rules about the HIV/AIDS, Employment and Professional formation», the base for the fight against the discrimination in the work and in the formation, allowing that the Ministry of the Public Administration, employment and Social security (MAPESS) develops a dynamic and opportunist work, in the context of its operational plan. In the legislative scope, the National Assembly approved the Law 8/04, of the1st of November 2004, concerning the Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome, aiming to make it a reference for the struggle against the pandemic and the protection of infected people. However, some objections have been raised by many substantives, namely the relation with the article 14 (that is considered discriminatory and potentially violator of the human rights), with the article 11 (for not consecrate that the entity that employs guarantees the medical assistance and the medicine providing to the infected worker in the workplace), with the article 3 and article 18.

In relation with the participation of the diverse actors of the Angolan society in the struggle against HIV/AIDS, it can be considered that the civil society, the MAPESS and the Ministry for Domestic Affairs, the Army, the government and private social communication and some churches have been played the intervening and dynamic role in this fight, in many sides of the actuation. However, one of the constraints is the fact that the organizations of the society participate actively in the decision level that approve the programs and its implementation. The others Ministries reveal themselves as quite passives,

many of them without any elaborated operational plan, the companies (in contrary from what happen at the SADC level) are reluctant on the introduction of this thematic and many of them adopt discriminatory measures, and some churches are now beginning its adhesion, despite the fact that at the level of the same the disease is still very stigmatic, existing big component of discrimination among their followers.

A problem associated to the HIV/AIDS are the opportunists infections, being observed a deficient training of many health professionals, in some provinces, in the comprehension and treatment of the same and of how they can affect seriously the survival of people living with HIV/AIDS. In the other hand, the medicines for the treatment of the opportunists infections (in contrary of the anti-retroviral) are fewer in many health unities, being the sick people forced to proceed its purchase, which is not always possible.

An issue that can not be dissociated from the struggle against the HIV/AIDS is the issue of the Sexually Transmitted Diseases STD, as they constitute a risk factor and of increase of the transmission of HIV. In the case of the AIDS, the lack of knowledge resides more in the transmission forms, in the case of the STD, in particular between the young people, exists a very big unawareness about the disease and the risk that they represent.
Curiously, the campaigns of information about HIV/AIDS, few or nothing is referring to the STD, despite its prevalence being high in many provinces. For instance, Syphilis and hepatitis B had a respective prevalence of 7,1% and 8,8% in Huila, 4,7% and 10% in Benguela, 5% and 9 % in Malange, 2,5% and 11,5% in Cabinda, 13,2% and 7,5% in Lunda-Sul, 5,4% (34,1% in worker of sex) and 8,8% in Luanda (2001).
The gonorrhea and the infections by Chlamydia present rates much higher, being unknown the real prevalence of genital herpes. By this way, it can not be done an effective struggle against HIV/AIDS without associating the campaigns of information, the prevention and treatment, the leading of the STD.

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1.7 Tuberculosis

The Tuberculosis is a very serious health problem in Angola, in one hand, due to its constant increase experienced since the end of the 90s, with a very big impact in the more productive age -group and, in the other hand, due to the increasing number of the infected people by HIV that also present active forms of tuberculosis, being, then, a co-infection estimated in 19%. In 2007, 42 thousand new cases were diagnosed, having the country a rate of 398 sick

persons among 10.000 inhabitants, representing the extra-pulmonary forms 7% of the diagnosed cases. The most affected provinces are Luanda, Benguela and Huila, followed by Bengo, kwanza-Norte, Zaire, Kuando-Kubango and Bié. The Sanatorium Hospital of Luanda declared, in 2007, the occurrence of 537 deaths, in the majority men aged between 18 and 40 years old, while in Benguela were diagnosed for the same period 10.218 cases among which 228 resulted in death. In Bengo, the bigger increase (5,9%) was registered in 2004, affecting mainly men (53% of the cases) aged between 25-35 years.

The government, in the last past years, has been making some effort in the expansion of sanitarian unities for the detection and the treatment of tuberculosis, a the program passed from 12 to 195 health unities in 115 municipalities of the Provinces of Luanda, Benguela and Huila, or the Sanatorium hospitals established in Caxito (Bengo) and in Menongue (Kuando-Kubango). However, there are important preoccupations and some hurdles that need to be overcome in the efficient struggle against the disease. The resistant forms of Tuberculosis (TB) have been increasing, being isolated to a medicine or to a set of medicines. One of the realized study in 2002 in the province of Benguela, with base in the municipality of Cubal showed that in the new TB cases, 15,8% present a global resistance being 3,36% multi-resistant. In the cases where it had an anterior treatment, the percentage of the global resistance was of 82%, being 56% multi-resistant and 12% resistant to all the medicines of first line. This study has also demonstrated that the gender was a factor of risk, as women are more affected by the resistant forms. The deviation of medicines to the informal market, implying the purchase by the sick people did not only provoke interruptions in the treatment but it has also the perverse effect which is the creation of resistance to the more used medicines, increasing the cases of multi-resistant tuberculosis. The adhesion of the sick persons to the treatment can be improved through an active work of information in the communities and support to sick people, through the partnership with the civil society, participation that is not wanted by the governmental entities. The interaction between the National Control Program of Tuberculosis and the National Institute of Struggle against HIV/AIDS has not been visible, when it should have strategies and common actions, as in the interconnection between the two diseases as for the international recommendations. This fact explains that despite the fact that many national NGOs has participated in the struggle against HIV/AIDS, their action is not felt in the struggle against Tuberculosis. Moreover, the non- notification of many cases and the debilities of the system of primary health cares are a hindrance to the effective capacity for planning and action for the control of the disease.

1.8 Malaria

In general, malaria constitutes the first cause of population death for pregnant women and children under 5, being responsible for 25% of the funerals of pregnant women and 35% of children. Two third of the malaria cases were diagnosed in children under 5, representing 20% of the hospital internments and 10% of the pregnant women internments. In 2003, there were notified more than 3 million malaria cases reaching this year the higher value of mortality during the period of 1996-2006 with 38.600 deaths.

In the last three years there was a reduction in the morbidity and the mortality of the disease, resulting form the implemented action of the National Program for the control of Malaria, namely through the finance of its actions by the global fund and others donators, by the introduction on the country of new medicines and the increase on distribution of anti-mosquito nets to pregnant women and children under 5 (two of the more vulnerable groups). Those interventions will allow the reduction of the number of cases and death as, in 2006, were registered 2,283 million cases from which 7,786 deaths (lethality rate of 0,4%) and, in 2007, respectively 1,831 million cases and 5.850 deaths.

Even if it affects all the provinces, the malaria touches annually by different forms in all the provinces. If in 2005, the most affected provinces were Luanda, Huambo and Uíge (where were registered the higher mortality rates), in 2006, it had a bigger impact in Luanda and in Bié, while in 2007, the most risky provinces were Luanda, Cunene, Huila, Kuando-Kubango (accounting for 75% of all the diseases) and Namibe.

Despite of the social and economic impact of malaria, the organizations of the Angolan civil society are apart of this problematic, as there is not incentives from the governmental entities or from the donators for an active participation, most probably resulting from the lack of a national strategy in education for health in the communities. Others constraints in the realization of programs are the poor financial supports of the Ministry of Health for the acquisition of the mosquito's nettings, the poor political and technical commitment of the provinces, the conditions of sanitation and the housing (with the accumulation of stagnated waters in the gardens, garbage and public ways), the lack of health municipal systems organized and a deficient information system, resulting from the debilities of the system of health primary cares.

1.9 African Human Tripanosomiase (Sleeping Disease):

The sleeping disease is a re-emergent disease, having Angola the second worst indicators for this disease in Africa, right after Uganda, representing the number of 1.000 sick people (when at an international level it is considered to be preoccupying numbers when they are above 150). The disease is endemic in 7 provinces (Luanda, Bengo, Zaire, Uíge, Kwanza-Norte, Kwanza-Sul and Malange), being estimated around 4 million of Angolan risking to contract the disease, and in 80 to 120 thousand the number of infected people, from which only 10% is under surveillance and have access to the treatment. The rural population, hunters and drivers are the most vulnerable groups to be infected by the Tsetse fly. The disease has been spreading geographically throughout the country, and it is known that in the provinces of Lunda-Norte, Lunda-Sul, Bié, Moxico, Kuando-Kubango, Benguela and Cabinda there are vectors for the disease transmission, so there are potential areas for the expansion of the disease. In the provinces of Kwanza-Norte, where there are around 50% of registered sick persons, and the Zaire, the sleeping disease also constitutes an important cause of mortality.

Despite of the existence of a public organism for this disease, the Institute of Fight and Control of the Tripanosomiase (ICCT) does not have financial and human adequate resources. Moreover, despite of some investments done by the government in this sector that allowed improving the realized programs, the resources are not sufficient for the geographical expansion and impact of the disease.
The creation of sanitarian unities for the control and treatment is meager and the insufficiencies of the system of health primary cares don't allow complementing or supporting the work of the ICCT.

1.10 Leprosy

The leprosy constitutes an important problem in public health as Angola hasn't reach yet the elimination of the disease (less than 1 case among 10.000 inhabitants). Despite the fact that, officially, the prevalence rate is of 0.93, this value is not a truthful illustration of the real disease situation. Many lack of notification and register of cases were referred and, on one hand, related to the deficient information system but, on the other hand, due to the disease stigma as the cases notifications in a determined region can be seen in a discriminatory point of view and that is why the health professionals refuse to proceed to the registering, with the finality of maintaining low prevalence's rates as observed in the provinces of Bié, Kwanza-Sul, Moxico and Kuando-Kubango. Among

the new diagnosed cases, there is a percentage of 9, 7% that already present physical deficiency which translates a deficient detection of the cases in useful time and a bigger negative impact of the disease in the community.

The vulnerable groups are the poorest, especially the rural populations and the excluded in the peri-urban areas (unemployed, alcoholic and homeless people). The provinces more affected by the disease are Luanda, Zaire, Kwanza-Norte, Kwanza-Sul, Malange, Bié, Huambo, Huila, Moxico and Kuando-Kubango, existing an unequal distribution between the many municipalities. For instance, in Kwanza-Sul, the areas of bigger prevalence are in the municipalities of Wako-Kungo, with a high number of registered infected people, followed by Mussende, while in Kuando-Kubango the bigger numbers are found in the municipalities of Mavinga and Rivungo. In 2007, there was an increase of new cases in the provinces of Huila, Kwanza-Sul, Bié and Moxico.

The stigma and the discrimination of the infected people keep on being very important, resulting many times in the exclusion from the communities and inducting the fact that many infected people maintain the secret of their health situation until really advanced phases of the disease. This situation, associated to the lack of adhesion or the abandon of the treatment, results in a deficient control of the disease and of its transmission.

The lack of informative material, especially in national languages, and the lack of education for health in the communities constitute important constraints for the implementation of an effective strategy of the struggle against leprosy.
Moreover, the lack of participation of the national NGOs, as partners, in the definition of strategies and in the execution of programs in the middle of the docents and of the communities, is a hindrance in the elimination of the disease and for the efficient fight against the fear and the discrimination.

1.11Cholera

Cholera is one of the best indicators about the situation of access of the populations to drinking water and to sanitation, illustrating that in Angola there can exist a disparity between the presented values and the lived reality by the citizens. The cholera epidemic started on the 13 rd of February of 2006 in one of the neighborhood of the Sambizanga municipality in Luanda, and it is still active now-a-days.
Occurred in Luanda, the epidemic has quickly spread throughout the country, affecting 16 of the 18 provinces (the exceptions are Lunda-Sul and Moxico), as its impact depends on the climatic conditions (less number of cases in dry weather). Only between February 2006 and March 2007, were registered more

than 77 thousand cases and around 3 thousand deaths which allowed assessing the gravity of the situation.

Besides that the fact that the province of Luanda possesses a bigger percentage in registered cases in 2006 and 2007, the incidence rate of cholera in 2006 and 2007 was higher in the provinces of Bengo, Kwanza-Norte and Benguela. In 2008, the more critical situations were found in Huila, Cunene, benguela, kwanza-Sul and Luanda. An important aspect was the change verified in the origin of the registered cases. If in 2006/7 the cases were predominantly from poor urban and peri-urban zones, in 2008 many of the cases were registered in rural zones, as in the commune of Funda, in villages of the surroundings of the Lagoon of Quilunda (Luanda) or in the communes of Evale, Ondjiva, Nehone and Kalonga (Cunene), where high death rates were registered (33 deaths in 608 cases were registered).

1.12 Physical Deficiency

The number of physical deficient is very high in Angola, estimated between 70 and 80 thousand citizens affected, particularly as a consequence of the war and the mines. Accounted in this number must be included the physical deficiency resulting of Poliomyelitis (acute flaccid paralysis), road accidents and Cerebral Vascular Accidents (CVA).

In the last years, there has been a narrow collaboration between the governmental entities, the Army and the associations of the deficient people, which allowed a bigger access of deficient people to health mechanisms, social protection and housing. The social and professional reinsertion has been more problematic, being agriculture and the informal market those where the deficient people reach a better integration, because, despite some avulse measures, the professional reinsertion in the public and private sector has been complex, as a consequence of the lack of the state incentives in the creation of those employment policies and the resistance of the private sector in admitting deficient people by considering them as less productive.

The discrimination in relation to the physical deficient is very low in the communities, but it accentuated at the higher socio-economic stage. There is also discrimination between the physical deficient people resulting from the war and others causes, in their detriment, by giving them fewer opportunities in accessing cares, social protection and reinsertion.
Apart from the fact that associations of physical deficient people are quite active and that they define objectively their priorities, they have been ignored

by the planners of the policies at the governmental level and by the legislative decisions makers at the National Assembly. For instance, in a country with such a high number of deficient people, measures are not defined to eliminate the architectonic barriers, which would made easier the access to deficient persons. The public institutions, including those of the health sector, possess innumerous barriers that make difficult the access, resulting many times in falls and traumatic accidents for those citizens. There is not a legislation that obliges the new works (infrastructures and buildings) to eliminate the barriers or that local access for less capable citizens are created. The free access to medicines and equipments (for example prosthesis) is not a reality to every deficient, explaining that many of them don't have quality life and have a reduced survival, due to the complications of the diverse pathologies.

2. THE RIGHT TO FOOD

The right to food is a fundamental right for every Angolan as it is indissociable of the physical, psychological and social well being that define the health of any human being. So, a healthy alimentation leads to a good nutritional status, fundamental for a good health which is an important condition for the exercise of their capacities in the society.

2.1 Overall Situation

After the end of the war in 2002, Angola has experiencing a hard period in the food chapter, characterized by the innumerous emergency situation and food insecurity, consequence of zones that were already problematic throughout the conflict period, of the afflux to origin areas of billion of military dislocated and their families, of internal dislocated people and of the return of refugees from foreigners countries.
The already deficient food production turned to be more insignificant during the increase of search, being added new zones of food insecurity to the already existing. In the last 3 years, governmental initiatives and programs implemented by diverse donators and NGOs allow to stabilize the food situation in the major part of the country, reducing drastically the areas of hunger, food insecurity and the vulnerable groups.

Despite the low investment from the government in agriculture and the difficulty in the acquisition of seeds and agricultural tools, there is a progressive increase of the cultivated area and a diversification of the produced products. In many areas, the production has been allowing some surpluses that the families use for the sale, allowing them to acquire by this way other goods in

the local market. However, the national production is still reduced for the national market, as Angola imports around 70% of the food goods for its consumption. The rehabilitation of the roads infrastructures, conducted by the government, contributed in a participative form for the transit of food goods between the many provinces, giving more diversity in the local markets. However, there are geographic differences at the level of the product commercialization. For instance, in Kuando-Kubango, the national agricultural products represent 70% of the current foods in the market of the municipalities of Menongue and Mavinga, but this percentage is inverted in the municipalities of Calai and Dirico. In Bengo, the majority of the national products are taken to the market in Luanda, as the province consumes a high percentage of imported goods. In Kwanza-Sul, around 60% of the consumed products are national, in particular, in the municipalities of Wako-Kungo, Gabela, Seles and Quibala.

In terms of food, the big majority of the Angolan population consumes cereals and tubercles as basic food. In terms of percentage, the consumption of cereal represent 87%, of tubercles 76%, of vegetable products 55%, of fish 30%, of meat (usually capoeira birds) 12% and the lacteal products 2%, existing some local specificities. The consumption of fish is higher in the coast zones of the provinces of Cabinda, Zaire, Bengo, Luanda, Kwanza-Sul, Benguela and Namibe or in the zones of fluvial artesian fishing in Bengo (the municipalities of Dande and Icolo and Bengo), Kwanza-Norte (Cambambe), Malange and Moxico.
The consumption of lacteal products is restricted in majority to the province of Cunene. In Moxico, Lunda-Sul and Kuando-Kubango, the hunting and honey collected are also resources for the food diet.
More than 60% of Angolan citizens take only 2 meals per day and around 7% only one. Despite that the majority of the families spend around 80% of their familiar profit in food; around 45% states that their wages don't cover the food expenditures of the family.

2.2 Access to Water

Despite the indication that states that 68, 5 % of Angolans have access to a source of drinking water, the reality seems to be very different.
At a urban level, 35 % of the citizens have access to water from water tanks or fountains, being the same put in buckets or basins non disinfected, allowing then its permanent contamination. Around 45 % of the population of the peri-urban areas pays to have water from tanks, being a financial weight for the families.

The canalized water can also be not drinking (in Menongue, 1, 5% of the population has canalized water, but this one is not treated). In the rural level, around 42% consumes water from rivers and lagoons (50% in Huambo and Bié and more than 70% in Moxico and Kuando-Kubango) and 14% from «cacimbas» (more frequent in the central and southern regions of the country). However, in many urban areas of the interior the population resorted to the rivers or «cacimbas» to have access to water, depending in the families between 10 minutes and 3 hours per day to obtain it. In this way, the cost and the difficulty of transport explain the fact that the average daily consumption is very low, between 3 and 5 liters.

There are some zones of the country where the access to water is becoming particularly difficult, especially during winter (from June to September), as in the municipalities of Namakunde, Curoca and Kwanhama (Cunene), Namibe, Tombwa and Kamukuio (Namibe) and Mavinga and Rivungo (Kuando-Kubango).

2.3 Nutrition, Insecurity areas and vulnerable groups:

Despite the significant improve of the food situation, the sub-nutrition constitutes a serious problem, particularly for the children under 5 years, which should deserve a specific approach in programs of infant health. The chronic sub-nutrition is estimated in 45% at the national level, but reaches value higher in the rural areas of the Central Plateau, with percentages between 50% and 55% in the villages of the municipalities of the Kachiungo, Mungo, Ukuma and Tchinjenje (Huambo), Balombo and Ganda (Benguela) and Katabola, Chitembo and Kuhemba (Bié). In the province of Luanda, the sub-nutrition affected especially the children of the peri-urban zones and the children affected by HIV (in 2004, 17% of the HIV infected children presented in the pediatric hospital present serious sub-nutrition). At a national level, there are registered cases of serious food deficiencies or even hunger that affect mainly the children living in the streets, the elder people and the deficient people without family, the farmers of the municipalities with high food insecurity, the unemployment and the people living with HIV/AIDS in the peri-urban zones and ethical groups of minorities excluded socially, with the case of the Muhumbi (mountain area of the municipality of Namibe, registering death by hunger), of the Kwisses (municipality of Kamukuio) and of the Khoi-San (Huila, Cunene and Kuando-Kubango).

The effort of the government in the administration of the supplement in Vitamin A to children has had much success being reached a covering rate very

high (79%). On the other way, the access of the populations to iodine salt is very low (35%), being less the regions of the interior and of east, having as consequences a high number of cases of endemic goiter in the provinces of Bié and Moxico.

Despite of not having at a national level the existence of emergency food areas, can be concretized many communes and villages from determined municipalities as areas of moderated or elevated food insecurity that need attention from the governmental entities and NGOs. In this category can be included the municipalities of Kuimba (Zaire), Ambuila, Mucaba, Bembe, Damba, Sanza Pombo and Kangola (Uíge), Banga (Kwanza-Norte), the northe of the municipality of Dande (Bengo),Kahombo, Marimba, Kiwaba Nzoji Quirima, Kambundi-Katembo and Luquembo (Malange), Caungula and Lubalo (Lunda-Norte), Mukonda (Lunda-Sul), Balombo and Ganda (Benguela), Tchinjenje, Ukuma, Kachiungo and Mungo (Huambo), Nharea, Kuhemba and Chitembo (Bié), Chipindo, Chikomba and Kuvango (Huila), Luchazes, Luacano, Kazombo and Lumbala Nguimbo (Moxico) and Mavinga, Dirico, Rivungo and Nankova (Kuando-Kubango).

It is also important to stress that it must be monitored the situation relative to the period of 2007/08, in which the dry spells, followed right after by the floods, affected gravely the provinces of Cunene, Huila and Kuando-Kubango, as well as the municipalities of Kazombo (Moxico) and of Cubal and Ganda (Benguela), as these communities lost their food stocks and cattle that can force them to face quick increases in cases of sub-nutrition and hunger.

2.4 The quality of the aliments

A major part of the food products consumed by the population is commercialized in the informal markets, existing in many of them bad conditions of conservation and hygiene. The policy of closing by force this markets has only resulted in a transference of the same ones to others locals, and not in an improvement of the products conditions. The inauguration of new markets, constructed by the government, can be one of the solutions if it will be included in an education strategy for the sellers health, by separating by areas the products and by making available services for conservation and hygiene because, despite better installations, there will not exist an increase in quality of the food products for sale.

It is also important to stress that the majority of the food products sold, in the formal and informal market, are imported. The verification of the quality of

those products is very poor, many times influenced by corruption, in bad state of conservation, with changed expiring dates, a situation that is recognized by the government. However, The organisms responsible for the fiscal supervision have fez means of actions, with few or none equipment for the analysis of the products, and many times the technicians more qualified are not the one that are in the management of the services as the choice of these cargos obey more political criteria than the observance of Law or the technical capacity. The national Institute of Defense for the Consumer, a state organism without any active participation form the Angolan civil society, has a very passive and few intervenient actuations in the defense of the national consumers.

The cases of food intoxication are very depreciated and not notified, many times confounded with others pathologies, in spite of being a general awareness for the citizens the existence of an elevated percentage of cases of food intoxication, in particular in the urban and peri-urban zones, and of mortal cases. The fishing communities of Cabinda and Soyo also have stated the contamination of the fish and periods when they can not exercise their activity due to the oil spills of oil companies, but the majority of the cases have not had any supervision, through the division of the responsibilities or for the compensation of the affected citizens.

The most mediated case, because of its gravity, was an epidemic in Cacuaco, occurred from the 18th of October to the 14th of December 2007, characterized by the acute neurological syndrome that affected 414 persons in the municipality of Cacuaco (Luanda) and more 18 in the province of Bengo, caused by the existence of sodium bromide in the salt for cooking consumed by the population.

Despite the fact that any death was not registered officially in the community was referred the existence of more than ten or so deaths, in particular of children.

Not any investigation was concluded by the competent organisms to be clarified the responsibilities and there was none juridical procedures activated.

2.5 Legislative Alterations:

The most significant and recent change that has been affecting the way of life of many rural communities, was the approval by the National Assembly in 2004 of the Law of Land. One of the most criticized aspects of the law was the fact that it has not been debated among the farmers and with the traditional authorities and that it was not translated into national languages, due to the importance of this law for these communities. Among the most controversial spaces, there is the fact that the law established the State as the owner of all the

lands, colliding in many cases with the ancestral traditions of the rural communities, in which the family occupation and the traditional authority play an important role in the determination of the right to propriety. In the other hand, this law has been seen as a legal mean to allow, to a reduces number of Angolan citizens or to determined foreign companies, to occupy big areas of Land, expulsing from the same the communities living there, and using as a pretext the fact that they were not legalized. If in the diamond areas the rural communities have limited rights, because they are part of an area attributed to a company and can be dislocated or impeded to exercise activities according to the project priorities, in others rural areas, there are small conflicts of land (Huambo, Huila, Kwanza-Norte and Benguela), with some communities being dislocated. In the south of the country (Huila, Namibe and Cunene), traditionally directed for the creation de cattle, the communities start conflicts with the detectors of big agricultural areas, as its physical demarcation impede the movement of the cattle, a traditional way of life in the region.

Besides the fact that the civil society will play a very important role in the debate and clarification of the rural communities, their suggestions and recommendations were not accepted while the final elaboration of the law. Then, there will have to be a bigger persistence and organization from the organizations of the civil society so that, in partnership with the rural communities, they can propose alterations and articulate them in the law that best serves the Angolan farmers.

RECOMMENDATIONS

Using as base the diagnostic of the situation of Angola summarized in this report, the Angolan Civil Society, represented by the subscribed organizations, present the following recommendations.

1. **To the Government of the Republic of Angola:**

- The government should publish the necessary information so that the Civil Society could be armed with means in order to realize their analyses and, consequently, manifest the way that the civil society considers to be the ideal way for all the citizens.

- The government should be more open so that the civil society would be able to occupy its place that has been denied to for a long time

- The auditions requested to the entities representing the government were not seen as a favor done to the citizens but as a work duty from who exercise them.

- The government should make a population census in the next years by taking into account the number of inhabitants existing and, from there, to have clear ideas of the number of students out of the educational system, making it easier the preparation and the planning of the development programs.

- The educative reform is good, if truly and rigorously accomplished, and if the necessary needs for its implementation are created. After the phase of implementation of the educative reform, it could be analyzed the viability of the compulsory aspect of the professional teaching, especially the one after the 6th grade.

- As far as the housing and, more concretely, the law of land is concerned, it is necessary to immediately do a common publication between the Ministry of Finance and the Ministry of urban affairs and Environment in order to stipulate the prices of the land so that it could be clarified and it could end with the speculation that is registered in this sector.

- There should be established rules and, if possible, some standards housing price, insofar as, because of the deficiency, the prices of houses in the Angolan market have been speculated, especially in the city of Luanda.

- Should be amplify, reinforce and improve the process of professional training for young people that had not the opportunities to continue their studies.

- Should be done massive campaigns to clarify the importance of the professional training for young people

- Should be stimulated the private initiatives in the creation of jobs for the absorption of manpower recently graduated.

- Should be debated and approved the National Health Plan, as a strategic instrument that would reflect the points of view of the diverse sectors of the Angolan society, in which the civil society could intervene in a participative way, being a core instrument for the implementation of policies in the sector of Health in Angola

- To incentive and collaborate with the organizations of the civil society in the diverse areas of Health, especially in the education for health in the community, in programs of struggle against HIV/AIDS, STD, Malaria, Tuberculosis, Leprosy and others considered relevant, so that, as partners, they will be able to collaborate with the government to reach the goals defined by the Millennium Goals

- The government, through the different governmental organisms, should increase its participation and financial support in more programs to be implemented by the organizations of the Civil Society and the associations of sick people.

- The Ministry of Health should increase the quality of the epidemiological data so that they could be publicly disclosed in time, so as to have a better awareness of the real situation of the Health in Angola and its socio-economic impact in the society.

- The National Institute of Struggle against HIV/AIDS (INLS) and the provincial governments define clearly the budget competencies and allocations of the Focus Points (representative structures of the INLS at the local level).

- The organizations of the civil society should not only participate at the debate and of strategies elaboration level but they should also be represented at the decision level of the INLS and the Comity of Ethics.

- The criteria in the implementation of the programs and the health services should be based in prevalence rates or mortality rates in the diverse provinces or municipalities and not in other uncertain criteria, as well as the incentive programs of monitoring to the services offered.

- Measures should be adopted by the Ministry of Health so that the citizens with hypertension, diabetes, falciform anemia and deficientpeople could have access to free medicines, putting them as essential medicines

- Every campaigns of information, prevention and communication realized by the different National Programs of the Ministry of Health should be monitoring and assessed so that from them should be take the knowledge necessary for the bigger efficiency in the action to be implemented

- Material of information should be made and distributed, as well as the Rules of HIV/AIDS in the workplace and the Law about HIV, in particular in national languages, and with defined thematic areas, in the scope of the information and prevention campaigns of HIV/AIDS, STD, Tuberculosis, cholera, Leprosy and others priority diseases.

- Should be reinforced the partnership with the organizations of the civil society in the implemented programs for HIV/AIDS and the interaction between the National Program to Control the Tuberculosis and the National Institute of Struggle against AIDS.

- Basing in the socio-cultural tradition of the Angolan communities, the designation of Program to Cut the Vertical Transmission should be changed for Program of Prevention of the Vertical transmission.

- Campaigns should be done in partnership with the donators and the civil society to struggle against the stigma and the discrimination in relation to HIV/AIDS, mental diseases and leprosy.

- In the integrated and multi-disciplinary answer to the struggle against HIV/AIDS, should be guaranteed the free medicine assistance to the PVVS in the case of opportunist's infections and the STD.

- Respecting the assumed commitment in the Article 28 of the Declaration of UNGASS in 2006 that refers to the food access as part of the comprehensible answer to HIV/AIDS, the government should provide the

creation and distribution of a basic food basket for the more deprived people living with HIV/AIDS.

- To guarantee the accomplishment of the norms in bio-security by saving the health of the health professionals and the PVVS, it should be guaranteed the regularity and quantity of useful material, means of protection and Kits for labor, as well as the improvement of the conditions of work and security of the banks of Safe blood.

- The ministry of health should improve the labor capacity in the context of the HIV/AIDS, namely through the equipments for the assessment of the viral charge and of the genotyping.

- The human and financial means for the struggle against the sleeping Disease should be reinforced and put at disposal.

- Measures should be taken in order to uniform the incentives to the health professionals' included in the programs of HIV/AIDS and measure should be taken against the break of silent and discriminatory acts from health professionals.

- The government, in the scope of the national reconstruction, should put as a priority the improvement of the water and sanitation networks in the peri urban and urban environments.

- The fiscal supervision of the food products and medicines should be stimulated, by turning active through the increase of the technical capacity and the human and financial resources, being accomplished the law in its integrity, to be able to react for the best interest of the National Health.

- A National Institute of Medicine should be created, with the aim to regulate, verify the quality and supervise the imported medicines sold in the country, preserving then the health of the citizens

- The government should increase the investment in agriculture and develop programs of vigilance and intervention in areas of food insecurity or subjected in unusual climatic conditions.

2. To the National Assembly:

- The national assembly should produce legislation in the scope of the elimination of the architectonic barriers, with the creation of the accesses for the people with physical deficiency, and proceed to the necessary improvements in the laws approved in the scope of health and of food.

- The contributions from the diverse sectors of the Angolan society should be considered, aiming to be improved the Law 8/04, of the 1st of November 2004, concerning the HIV and the Acquired Immunodeficiency Syndrome and the Law of Land.

3. To International Organisms and to the donators:

- The donators should participate and increase the financial support of the programs to be implemented by the organizations of the Angolan civil organizations.

- The International organisms and the donators should give more attention and demonstrate a bigger availability for the preoccupations and the problems created by the organizations of the Angolan civil society.

- The donators, at a local level, should promote the effective participation of the local organizations, so that they could optimize the help and consolidate the participation of the communities.

4. To private and public companies of the oil and diamond sector:

- In the context of their social corporative responsibility, should promote the diversification of the financial support of the programs to be implemented and the real participation in these programs of the organizations of the Angolan civil society.

5. To the Civil society Organizations:

- That the civil society becomes more participative in the questions that are part of their concerns, above all when it comes to give their point of view in those aspects that if they want or not, direct or indirectly affect their fundamental rights such as the ones just mentioned above, the right to education, to housing and to employment, for being extremely fundamental for the live of the people.

- That the Civil society turn to be more and more cohesive and to act in order to not throw away the financial and human resources for the concretization of its objectives.

- That the organized the Civil Society assumes the social responsibility they have toward the non organized citizens, defending for them their fundamental rights; So, the Civil society must make clear these same rights to others;

- That the Civil Society conquers its space lost few years ago because of the conflicts, as this position will not be given easily but will have to be conquered again.

- That the civil society organizations participate actively in the diverse health and food areas, namely in the education for health and nutrition of the community, in the programs of struggle against HIV/AIDS, STD, Malaria, Tuberculosis, Leprosy and others considered relevant, so that, as partners, they assist the government in order to reach the defined goals in the Millennium Goals.

- That the civil society monitors the financial attributed resources and used by the Health sector so that, in partnership with the government, they can contribute in the reduction of the unnecessary expenditures and in the control of corruption.

- That the civil society monitors the programs and the services put at disposal by the government, by verifying if are respected the principles of universality and equity, as well as the right use of the financial resources attributed to the health sector.

- That should be elaborated and distributed more informative material, as well as the Rule of HIV/AIDS in the workplace and the Law about HIV, in particular in national languages, and with defined thematic areas, in the scope of the campaigns of information and prevention of HIV/AIDS, STD, Tuberculosis, Cholera, Leprosy or others priority diseases.

- That is reinforced and democratized the National Network of People living with HIV (PVVS), being its action and its services spread throughout the 18 provinces.

- That, in the scope of the technical capacity of the Angolan NGOs, the programs of training of the members of the civil society involved in health programs should be increased and improved, namely with directed programs to specific areas of actuation (information and prevention, counseling, support, adhesion to the treatment, reinsertion in the community, struggle against stigma and discrimination, management of human and material resources).

- That every civil society organizations, at a national level, have access to punctual and opportunist information, relative to programs and financial support announced by the international organisms, national entities and donators.

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