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Intervention by Ms. Karin Lokhaug
Deputy Executive Director (Operations) of the United Nations Children's Fund (UNICEF)
to the
Non-Governmental Organizations Committee on Human Rights
Sub-Committee on Southern Africa

Colloquium on "The Children of Southern Africa"

New York
25 May 1989

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منظمة الأمم المتحدة للأطفال 联合国儿童基金会 聯合國兒童基金會

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We at UNICEF are pleased to see the Sub-Committee on Southern Africa focus attention on the particular plight of children of the region, as you are doing through this colloquium on this special day.

The children of Southern Africa continue to face extraordinary suffering and hardships as a result of the vicious combination of war, poverty and the policies of Apartheid and destabilization practiced by the Republic of South Africa. A study commissioned by UNICEF entitled "Children on the Front Line" quantifies in very real terms the increasing deterioration of the situation of children in the region. Countries covered by the report include Namibia and South Africa in addition to the 9 countries of the Southern African Development Cooperation Council (SADCC), namely: Angola, Botswana, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia, and Zimbabwe. A summary of the report is available at this colloquium, and the report itself can be obtained through UNICEF.

Of the estimated three and a half million annual births in the SADCC countries, some 750,000 children die before the age of five. A fifth of this loss is attributed to the impact of externally supported destabilization and conflict. More than 400 children are estimated to die every day because of the direct or indirect effects of war and destabilization. This is equivalent to the crash of a jumbo jet fully laden with young children every 24 hours.

And as was mentioned earlier, since 1980 about 850,000 infants and young children have perished as a direct or indirect result of the war in the SADCC countries. In 1988 alone, 147,000 young children died in Angola and Mozambique, the two countries most affected by war in Southern Africa. Child mortality rates of 325 to 375 per 1,000 live births in Angola and Mozambique are presently estimated to be the highest in the world. While the underlying

cause of the high infant and child mortality rates is underdevelopment, this has been compounded severely by the war and economic destabilization and the resulting setbacks and dislocations. The tragic consequence is that every three and a half minutes a small child in Angola and Mozambique dies that would have lived had these setbacks not occurred.

Other factors undermining the health and welfare of the children of Southern Africa include droughts, floods, lack of access to hard currency, falling terms of trade, increasing costs of debt service, and the legacy of past mistakes in domestic policy. However, the main factor remains war and its accompanying destruction. Apart from direct deaths, the indirect deaths caused by war stem from destruction of health and education facilities, the loss of food production, the displacement of communities and the construction of government health and water budgets. In Mozambique, for example, 822 health posts and centres have been destroyed since 1982 thereby denying access to over two million people by 1985. More than 500,000 primary school children are currently without access to schools as 38 per cent of schools have been destroyed or abandoned as insecure. In addition the war has resulted in over 200,000 children that are in especially difficult circumstances being orphaned, abandoned, handicapped and/or traumatized by seeing their family members killed or mutilated.

Macro-economic effects of war such as the loss of output of export earnings and of government revenues, interact with such effects of war as the destruction of health, education and water facilities, and the violence that prevents distribution of food and medicine. Angola and Mozambique in particular have suffered the destruction of economic and social infrastructure and the sabotage of food and medical transport. The economies of other SADCC countries have also suffered from economic destabilization and from the necessity of maintaining abnormally high levels of expenditure for defence and security purposes. The centre-piece of the conflict in Southern Africa has been South Africa's policies of Apartheid, economic destruction and destabilization.

The situation of children in SADCC countries other than Angola and Mozambique is relatively better, as they face less conflict. The infant mortality rates (IMR) in Botswana, Zambia and Zimbabwe are 69, 82 and 74 respectively.

Let us look for a moment, then, to the other group of children whose suffering is the most severe - the black children in Namibia. Conditions for them are comparable to those in war-damaged Angola, with the IMR for black Namibians in the capital, Windhoek, reaching a shameful 175 per 1,000 and the under-5 mortality rate (U-5MR), 235. By contrast, the IMR for white children in Namibia is estimated to be as low as 21, and the U-5MR only 30. This is a direct consequence of the inequality of health services, with services for whites receiving some 10 times the expenditure as services for blacks.

Children in Namibia have also suffered from war-related deaths as a result of Namibia's continued occupation by the Republic of South Africa. An estimated 50,000 young children have died due to war in Namibia during the

period 1980-1988. In 1988 alone, more than 10,000 young black Namibian children died who would most likely have lived had Namibia achieved its independence in 1978, as planned.

Though in recent years the authorities in Namibia have expanded educational facilities for black Namibian children considerably, the education continues to suffer seriously from a problem of quality. Pupil/teacher ratios remain high and the majority of teachers have limited training and education. Buildings and equipment remain inadequate. However, two serious defects currently facing the education system are, first, the use of South African syllabuses with their distorted view of history and culture and their distorted depiction of the status of the black population. Second is the increasing militarization of the school systems, especially in the North. The fact that 5,000 students fled to Angola in 1988 is indicative of the severity of the repression.

In South Africa itself, the favouring of white children and discrimination against blacks permeates to a life-or-death depth on a large scale. And as mentioned by Ambassador Thorpe, the IMR for white children during the period 1981-1985 was 12 per 1000 live births, compared to 94-124 for children of the African population.

I am pleased to recount, however, that despite the continuation of the difficulties facing children in Southern Africa, some positive trends have emerged. Innovative approaches of dealing with children traumatised by war are being developed in countries such as Mozambique. Successful efforts for the rehabilitation and welfare of children in exile have been developed for Namibians in Angola and Zambia and for Mozambicans in Zimbabwe and Malawi, to name but a few examples and, as you are aware, a combination of military and diplomatic events have led to implementation of the UN resolution 435 to secure the independence of Namibia. Today the international community looks forward to fair elections, under the supervision and control of the UN, and it is of critical importance that this process goes forward as planned. UNICEF has initiated its work in Namibia under the umbrella of the United Nations Transition Assistance Group (UNTAG) in close cooperation with UNHCR and WFP.

There are a number of steps that we, together, can take to help address this situation. First, I urge the Non-Governmental Organization (NGO) community to continue its highly successful efforts to ensure that international attention remains focussed on finding solutions to the broad causes of the difficulties facing Southern Africa. Second, we must urgently address both the immediate and medium term development needs of Southern Africa. While this region has been a priority area for some donors, far more must be done. Parallel efforts to provide support through international trade and debt relief are also called for.

Third, there are a number of measures that the governments themselves can take. As many UNICEF publications point out, there exists today the capacity to achieve many important goals such as universal child immunization by 1990 and, within the same time frame, universal access to the simple and

inexpensive oral rehydration therapy, capable of combatting the lethal effects of dehydration associated with diarrhoea diseases - the number one killer of young children. Furthermore, such goals can be accomplished without unmanageable financial burdens. Much of this requires political will, placing children at the top of the political agenda. Similarly, it will require a social mobilization that draws on all elements of social and communications channels. Many in this audience may be familiar with the several UNICEF publications on this subject, such as the most recent State of the World's Children Report.

However, as I pointed out, accomplishing what we know to be possible will require a mobilization of the entire international community, of which clearly the NGO community is a vital element.

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As you can see, this colloquium has chosen an apt context in which to discuss the grim situation of children in Southern Africa. You place our discussions against the background of the 10th anniversary of the international year of the child (IYC) and against the proposed Convention on the Rights of the Child. Adoption of the draft Convention by the United Nations General Assembly this fall, on the 10th anniversary of the IYC, and its ratification by countries thereafter, will not, in itself, mean that children's rights will be met. It will, however, establish a global standard regarding society's responsibilities toward children. And hopefully, by offering a norm against which to measure the atrocious conditions for children in Southern Africa, it will gather support for the sense of outrage that such conditions could persist, and it will help speed actions to rectify this wrong.

We must ask not only where we have arrived a decade after the IYC and its subsequent years of focussed attention on children - if such a situation as that of Southern Africa can persist in our world. We must also have the courage to ask where we are prepared to go; what we are prepared to do to reverse conditions which continue to snuff-out or distort these innocent lives in such massive numbers, and under such cruel circumstances.

UNICEF's report, "Children on the Front Line" has called it "a crisis in caring". For the means are clearly available to provide a healthy future for the children of Southern Africa. But possibilities for a brighter future will become reality only if the political will is manifest to turn the tide of the region's destruction. We must join in redoubled effort for the children - and the future - of Southern Africa.