

**REPUBLIC OF CONGO**  
**UNITY - LABOUR - PROGRESS**

**FIRST REPORT TO THE COMMITTEE OF EXPERTS**  
**ON THE IMPLEMENTATION OF**  
**THE AFRICAN CHARTER ON THE**  
**RIGHTS AND WELFARE OF THE CHILD**  
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## **ABBREVIATIONS**

ACBEF: Congolese Association for Family Welfare

ACEJ: Congolese Association for Youth Employment

ACOLVF: Congolese Association on violence against women

ACT: Vombination therapy based on artemisinin derivatives

ADF: African Development Fund

ADHUC: Association for Human Rights in the prison environment

EEA: Association espace enfants

EASD: Action Hope for Children in Need

AEMO: Educational measures in open environment

AER: Association Espoir Renait

AJDT: Youth Association Development and Labour

ALTO: Association against Trafficking in West Africa

ANLCP: Ngondo Association against poverty

APEEC: Association of pupils and students' parents in Congo

APTS: Association for Peace Thomas Sankara

ARIPS: Regional News Agency and AIDS prevention

ARV: Anti retroviral

ASI: International Solidarity Actions

ASM: Association Serment Merveil

ASBL: Non-profit association

ASU: Association Serment universel

CLTS: Led Total Sanitation communities

Attack3: Attack against drugs, prostitution and AIDS

ADB: African Development Bank

BCG Vaccine Tuberculosis

Comics: Comics

ILO: International Labour Office

BISOC: Social developments in Congo

Construction: Construction industry

CADASE: anti-AIDS drugs and Club at school

CADFM: Support Committee to the development of mother daughter

CAM: Reception centre for minors Mvoumvou

CAP: Knowledge, attitudes and practices

CAS: welfare District

CCAD: Consultation Committee and action against crime

CRC: Convention on the Rights of the Child

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

CCF French Cultural Centre VCT Voluntary Testing Centre

EC (1 and 2): Basic course first year and second year

CEMIR: Commission support to migrants and refugees

CPCE: Certificate of Elementary Primary Education

CHU: University Hospital

ICRC: International Committee of the Red Cross

CIESPAC: Public Health Interstate Centre of Central Africa

CIREV: Integration Centre and reintegration of vulnerable children

CLD: Local Development Committee Madibou

MTEF: Medium-Term Expenditure Framework

CNAR: National Committee for Refugee

CNLS: National Council against AIDS CNPTTP: National prevention and treatment of psychological trauma Centre

CNSEE: National Centre for Statistics and Economic Studies

CNS: Supplementation Nutrition Centre

CNT: Therapeutic Feeding Centre

CNRPPH: National Vocational Rehabilitation Centre for disabled COMEG: Congolese essential generic medicines

COOPHARCO: Cooperative Pharmacists Congo

COSA: Health Committee

PC (1 or 2): Preparatory Course (first year or second year)

CPN: Prenatal Consultation

CPP: Criminal Procedure Code

CREDES / CNLS: Research Centre for economic and social demographic studies / national council against AIDS

CRN: Nutritional Rehabilitation Centres  
CSI: Integrated Health Centre CSS: District social and health  
CTA: Ambulatory Treatment Centre  
DDASF-PNR: Departmental Directorate of Social Affairs and Family of Pointe-Noire  
DDS: Departmental Directorate of Health  
DGAHS: Directorate General for Humanitarian Action and Solidarity  
DGPD: General Directorate of Planning and Development  
DGASF: Directorate General of Social Action and the Family and Social Affairs Directorate  
DINEC: National Directorate of Civil Status  
DLM: Fight against Disease Management  
DPFL: legal protection of children Direction  
PRSP: DTC Poverty Reduction Strategy Paper 3: Diphtheria Tetanus, Pertussis 3 doses  
ECOM: Congolese Household Survey  
EDS-C: Demographic and Health Surveys in Congo  
EEC: Evangelical Church of Congo  
EMO: Education in open  
ESISC: HIV prevalence survey and AIDS Indicator in Congo  
EFA: Education for All  
EU: European Union  
FAO: United Nations Fund for Food  
EDF: European Development Fund  
FEFCO: Child-Woman Federation of Congo  
RBM: Roll Back Malaria  
UNHCR: High Commissioner for Refugees  
HCREC: High Commissioner for the Reintegration of Ex-Combatants  
LI: High labour intensity  
HR: Referral hospital  
IDA: International Development Association  
IEC: Information, Education and Communication  
IGA: Income generating activity

INRAP: National Institute for research and educational activities

ISIC: Social Intervention collective interest

SIAP: Social Intervention assistance to individuals and families

STI: Sexually transmitted infection

LNSP: National Public Health Laboratory

MASSAHF: Ministry of Social Affairs, Solidarity, Humanitarian Action and Family MATD: Ministry of Territorial Administration and Decentralization

MDA: African Doctors

MDRP: Multi Country Demobilization and Reintegration Program

MEG: Generic Essential Drugs

MEPATI: Ministry of Economy, Planning, Spatial Planning and Integration MEPSA, Ministry of Primary and Secondary Education for Literacy

MPAT: Ministry of Planning and Territorial Development

MPATIE and NEPAD: Ministry of Planning, Spatial Planning, Economic Integration and NEPAD

MRSIT: Ministry of Scientific Research and Technical Innovation

MSASF: Ministry of Health, Welfare and Family

MSF: Doctors without borders

MSP: Ministry of Health and Population

MTSS: Ministry of Labour and Social Security

OCDH: Observatory

OVC: Orphans and Vulnerable Children

ILO: International Labour Organization

MDG: Millennium Development Goals

WHO: World Health Organization

NGO: Non Governmental Organisation

UN: United Nations

UNAIDS: UN Agency for fight against AIDS

CSO: Civil Society Organization

FOEN: Observatory on Violence against Women

PADEPP: Project to support decentralisation and scaling up prevention activities and decision-wide prevention activities



SEAP: Project to support the rule of law

WFP: World Food Programme

PANE: National Action Plan for Children

PAP: Priority Action Plan

PARSEGD: Project to support the socio-economic reintegration of disadvantaged groups

PASCOB: health support program in Congo Brazzaville

IMCI: Integrated Management of Childhood Illness PCR: Polymerase chain reaction  
(Polymerase Chain Reaction)

PDR: demobilization and reintegration Emergency Programme

PDS: Social Development Plan

PDSS: health services development program

PECP: Getting paediatric care

PEIN: Essential Package of nutrition interventions

EPI: Expanded Programme on Immunization

FP: Family Planning

GDP: Gross domestic product

GNP: Gross National Product

PNDDR: National Disarmament, Demobilization and Reintegration

PNDS: National Health Development Plan

NAP: National Programme for the Fight against AIDS PNS National Health Policy

HIPC: Heavily Indebted Poor Country

PRAEBASE: Project to support basic education

Def: child reintegration Street Project

CRP: facilities Program for poverty reduction and growth

PSE: Pack of essential services

SPFS: Special Programme for Food Security

PTA Annual Work Plan

PMTCT: Prevention of Mother to Child Transmission

PLWHA: People living with HIV

QUIBB: Questionnaire basic indicators of well-being

DRC: Democratic Republic of Congo

REIPER: Stakeholder network on the issue of street children

RENAPAC: National Network of Indigenous Peoples of the Congo

RENATO: National Network workshop Oyo

CSR: Status Report for the national education system

RFI: Radio France International

SEP: Société équatoriale pharmaceutique

SEP / CNLS: Permanent Executive Secretariat of the National Action Committee against AIDS

MCH: Maternal and Child Health

SIMCS: International Aid of the Christian movement for solidarity

Minimum wage: guaranteed minimum wage

SNAT: national scheme of regional planning

NHIS: National Health Information System

SNU: UN System

SOUC: Comprehensive Emergency Obstetric Care

SOUB: Midwifery basic emergency

SSME: Week of Maternal and Child

SRH: Sexual Health and Reproductive

TGI: High Court

IPT / SP: Intermittent preventive treatment / Sulfadoxine Pyrimethamine

UDLS: Departmental Unit for fight against AIDS

UERPOD: Study Unit Population and Development Research

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNHACO: National Union of Disabled Congo

UNDAF: United Nations Framework development aid

UNDP: United Nations Development Programme

UNFPA: United Nations Population Fund

UNICEF: United Nations Children's Fund

UNFPA: United Nations Fund for Population

VAA: Vaccine amaril

VAR: Measles Vaccine VAT: Tetanus Vaccine

### **Introduction: economic, social and political context**

At the end of the period of social and political unrest and civil war (1993-1999), the Government has had to face emergencies:

- Return of nearly 800 internally displaced persons in a deplorable state of health, many of them victims of property losses and relatives, with serious or severe malnutrition affecting nearly 50% of them;
- Destruction of public and private property including schools and health centres up to the country side; - Resurgence of diseases including malaria and vaccine-preventable ones (measles, respiratory diseases);
- Drop in school attendance from 126% in 1990 to 78.5% in 1998;
- Multiplication of social breakdown situations in families causing the emergence of several categories of vulnerable children, abandoned children, street children, child beggars, child workers, victims of economic and sexual exploitation;
- Exposure of girls and parents to scenes of extreme violence causing deep trauma for thousands of children:

National and international communities mobilised to alleviate the suffering of any kind, calm the social and political tensions and create both physical reconstruction condition, as well as economic and psychological, to the extent that 2013 was recognised as "the year of the normalisation of people's lives and repositioning of the country on the international stage ". The country has access to poverty reduction facilities; economic growth has stabilised around 4% in 2000 and in 2004, emergency programs of international assistance were replaced with annual and multi annual programmes development.

However, the demographic and Health Survey (DHS) of 2005 revealed even more alarming situations: child mortality rates reaching 117%, maternal deaths was 781 per 100 000 live births; a rate of non-registration of births of around 19% for children under 5 years. The economic household survey fixed poverty rate to 50.7% of the population: Indicators on education, nutrition and child protection remain a concern.

Taking advantage of the oil boom in 2004 (increase of oil prices) which helped boost growth and allow better management of the debt, the Government was able to embark on the process of the HIPC initiative and in a extensive programme of public works, through the municipalisation and increased investment in the National Petroleum Company of Congo and greater attention to social sectors: Health, Education, Social Affairs: the total health budget went from 6.4% in 2006 to 6.9 % in 2007; Education increased from 3.5% to 3.9% of total budget; Social Affairs increased to 0.35% of the total budget. The allocations are very low especially for the latter. This attention has continued in 2008 and 2009 with the presidential decisions of free screening and biological monitoring for AIDS, as well as malaria treatment for children aged 0 to 15 years and pregnant women, all in December 2008. The measures were extended to free caesarean, surgery for ectopic pregnancy and other major procedures related to pregnancy and childbirth, and eventually to the release of civil servants' salaries and the financial effects related to promotions.

On 10 January 2010, the Congo reached the completion point of the HIPC initiative, offering some hope to the social sectors. In the same year (14 June 2010) the Child Protection Act was enacted in Congo; the Act relating to the promotion and protection of the rights of indigenous peoples was adopted in 2011.

With the renewed growth, the better governance that allowed access to the HIPC initiative in January 2010 and the public works move and the rehabilitation of social infrastructure, the government has made significant progress in all social sectors.

1. The gradual improvement of the living conditions of the population through:

a) A decrease in the unemployment rate of 19.4% in 2005 to 7% in 2011 (ECOM 1 and 2), although the situation remains a concern for young people;

b) An effective reduction in the poverty rate for 50.7% of households in 2005 to 46.6% in 2011 (ECOM 1 and 2);

c) Controlling inflation;

d) An increase in civil servants' salaries.

2. Development of a context or environment conducive to significant progress in the areas of Health, Education and Welfare, through:

a) The fall in mortality rates:

- Infant, 75% from in 2005 to 39% o in 2012;

- Infant and child, from 117% in 2005 to 68% in 2012;

- Maternal from 781% per 100 000 live births in 2005 to 426% per 100 000 live births in 2012, not far from the threshold of 396% set by the health development plan.

b) The increase in the enrolment rate and the return to the momentum of the 90s:

- Preschool: From 3% in 2009 to 15, 5% in 2012;

- Primary: From 106, 4% in 2005 to 120.69% in 2012, marking a return to the 1990s levels.

c) The increase of the social affairs sector capacity in policy, instruments or tools development in terms of care and outcomes occurred through:

- The development and validation of the National Social Action Policy (PNAS) and sectoral plans for the disabled, elderly, vulnerable children, indigenous peoples and birth registration and adoption of basic legal texts (law of child protection, law on the status, protection and promotion of disabled persons, legislation on the promotion and protection of the rights of indigenous peoples, ratification of the International Convention against Transnational Organized Crime and the Protocol against trafficking in persons ...);

- The development of standards and management procedures for orphans and vulnerable children, street children, children victims of trafficking;

- Access to positive and encouraging results such as:

- ✓ Declining enrolment of street children from 1900 in 2003 to 910 in 2009;
- ✓ Continued education actions, learning opportunities, training and support school kits for orphans and vulnerable children (OVC), people with disabilities and indigenous people;
- ✓ Continuation of efforts to eliminate child trafficking through the management of agreements, organisation of awareness campaigns, identification, rehabilitation and professional integration and repatriation; organisation and promotion of the fight against violence and abuse.

## **CHAPTER I GENERAL MEASURES OF IMPLEMENTATION**

### **I 1 - African Charter and Congolese legislation**

The Congolese legislation inherited wholly or largely from French laws of 1810 which were made mandatory and applicable in French Equatorial Africa by the Decree of 1 June 1878 organising justice in judicial institutions of Gabon-Congo. This clear option in favour of a Napoleonic approach set aside the local customs. However, for practical implementation necessities, the adaptation of these laws to the local context and to international conventions proved indispensable. Thus, the Family Code is largely inspired by the customs of Congo. Similarly, national legislations such as the Child Protection Act, the Labour Code, the commercial and financial procedure Codes take into account the main international provisions.

In May 2009, the Ministry for Justice and Human Rights launched a vast operation to review and harmonise all Congolese laws. For this purpose, two main committees had been set up:

- The Commission on the reform and modernisation of the institutional framework including subcommittees on: infrastructure, equipment and computerisation, training, access to law, justice and legal aid, special status of judicial personnel, communication and awareness.
- The Commission on the review and drafting of work tools or main codes in the Republic of Congo: Criminal Code, Code of Criminal Procedure, Civil Code, Code of Civil, Commercial, administrative and financial Procedure, Family Code, the Labour and social security Code.

The final product expected for the 3rd quarter of 2011, was not realised due to the following constraints identified at that time: (i) the lack of local high-level skills; (ii) slow pace and delays in the completion of the required tasks; (iii) the necessary use of complementary investigations and participatory consultations (civil society, traditional authorities and population) for texts relating to customs and traditions such as the Family Code; (iv) enhanced support of bilateral and multilateral cooperation.

These constraints are still relevant. In order to work around this blockage, the ministry in charge of justice has, recently, started the development of terms of reference for each fundamental text to be reviewed, as well as the recruitment of consultants. Such was the case for the Criminal Code Revision project awarded recently to a senior ministry official.

This was also the case for the development of the draft law on the protection and assistance to internally displaced persons in the Republic of Congo, drafted following the development of a national policy document on internally displaced persons and a National Action Plan document on the same issue.

Regarding children, the promulgation of the Child Protection Act by the President of the Republic was one of the most significant events of 2010, and two days before the celebration of the International Day of the African Child on June 16.

The initiative for this law came from a Member of Parliament who, with the support of UNICEF and the assistance of national experts had developed the bill which followed the usual long route: Parliament, Government, Parliament, Constitutional Court, Supreme Court, President of the Republic. Throughout this process, the concerned MP and the services of UNICEF and the Ministries of Social Affairs and Justice had initiated an advocacy work to the institutions in order to educate and inform them about the importance of this text. The last stage was reached after two years of review that gave the opportunity to raise awareness among policy makers. A few months before this, an international consultation was used to check the conformity of the Bill with the main provisions of the Convention on the Rights of the Child (CRC) and hence of the African Charter on the Rights and Welfare of children.

In its Chapter 1, Article 2, this law provides for the following objectives of the protection:

- a. To ensure protection to the child who is integrated into his/her environment while taking into account his/her physical and psychological vulnerability
- b. To establish a protection mechanism that guarantees children a better understanding and better respect for human rights;
- c. To raise the child in the sense of national identity and citizenship, fidelity and loyalty to Congo, and with a feeling of belonging to a set of positive civilisation values at national, sub-regional, regional and global levels;
- d. To develop in the child a sense of morality, respect for his/her parents, his/her family environment, society and the country;
- e. To give the child an education inspired by humanist culture in accordance with the requirements of scientific educational goals;
- f. To prepare the child for a participatory life guided by fairness, tolerance, justice and peace;
- g. To place the issue of rights of the child, including the right to protection in the context of major options of national politics;
- h. To disseminate the culture of children's rights, raise awareness on its intrinsic characteristics in order to ensure the harmony and balance of his personality;
- i. To enforce and strengthen children's rights taking into account their best interests.

The general principles of non-discrimination and the best interests of the child are taken into account in Articles 3.4, 5 up to article 12. The scope of children's rights is circumscribed in thirty areas including: birth registration, declaration of death, name and nationality, preservation of identity, life, survival and development, the right to live with his/her parents,

the reunification of the family, the right to maintain contact with his/her parents, the right to maintenance, food, clean water and a healthy environment, to an adequate standard of living, to respect for his/her private life, adoption, health and medical services, education, rest, leisure, sports, recreational and cultural activities; the right to express his/her opinion on all matters affecting the freedom of expression, freedom of thought, of conscience and religion; freedom of association; social security, dignity and honour, welfare, the refusal of pre-wedding or marriage, access to appropriate information, revision of his/her placement, to seek asylum and access to refugee status, to be guided by his/her parents. All these rights are presented in sections 14 to 45.

There are no rights without duties and children are not exempt from reciprocal. According to Article 46, the child must:

- Respect and honour his parents and other family members in all circumstances;
- Help and assist his parents and other family members to the best of his/her abilities;
- Work for the cohesion of the family and for the good of the society by placing his/her physical and intellectual abilities at its disposal;
- Respect the identity, language and national values;
- Treat other children with dignity and respect;
- Contribute to the respect of human rights and children's rights;
- Observe the rules established by the society, the community, the Republic and the international community;
- Participate in the maintenance of public order, health and public morality;
- Obey the public authority;
- Respect the property of others, public property and the environment;
- Contribute to the preservation and strengthening of the independence, national unity and territorial integrity.

Title 3 of the law is devoted to protection against violence, neglect, abuse and exploitation. It prohibits recruitment of children aged below eighteen years in the armed forces. Additionally, it includes the prohibition of the use of corporal punishment and promotes the child's placement or alternative protection solutions by adoption (Articles 49 to 59). The law also addresses trafficking and abuse in Articles 60 and 61 clearly specifying that "trafficking means the recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation, regardless of the means used, through abduction, fraud, deception, abuse of power or of a position of vulnerability or by giving or receiving of payments or benefits to obtain the consent of a person having control over the child, or in the absence of these means and which results in the removal of the child regardless of the purpose of the child's removal. »

The law prohibits female genital mutilation, honour killings and forced marriage (Article 62) and the pregnancy of a child (Article 63). It also prohibits torture and cruel treatment and deprivation of liberties. One chapter is devoted to protection against exploitation, including

sexual exploitation, protection against pornography, paedophilia, child labour and the worst forms of child labour as well as protection against the use of drugs, narcotics and alcohol.

Title 4 is devoted to the protection of particularly vulnerable children, it recalls the special attention to be given to this category, which includes children with disabilities, and abandoned children who may be subject to alternative care.

Finally, Title 5 deals with child protection in the administration of justice, which is subject to special conditions, in view of his/her age and the severity of the offense, in accordance with Articles 73, 74, 75, 76, 77 and others, while based on the following principles:

- a. The decision should always be proportionate not only to the circumstances and gravity of the offense but also to the circumstances and needs of the juvenile as well as the needs of society;
- b. Deprivation of individual liberty is imposed on the child guilty of an offense if there are no other appropriate solutions;
- c. Death penalty is not applicable to offenses committed by children;
- d. The welfare of the child must be the determining factor in the consideration of his/her case;

The child victim has the right to privacy, to humane treatment, health care, and psychosocial support. The child “asylum seeker, refugee or victim of trafficking or sale, has the right to return, within a reasonable time to his home country.”

Are punished and sentenced to fines or imprisonment, the following cases:

- Any registrar guilty of bribery or corruption;
- Anyone who makes false statements in the context of declaration of birth;
- Anyone guilty of kidnapping, defilement, concealment or removal of a child;
- whoever abandoned and / or neglected to care, to accommodate a sick child;
- perpetrators of inhuman or degrading treatment or dehumanizing punishments against children;
- anyone who will engage in the trafficking, sale or other forms of exploitation of children;
- whoever has impregnated a child;
- The perpetrator of negligence, exploitation, abuse, torture or any other form of cruel to the child;
- Anyone who has been convicted of child abandonment because of the child’s disability, etc.

Also in its Article 90, paragraph 2, second sub section, in terms or redress, the Child protection Act states: "The right to seek compensation may also be exercised by:

- The parents, guardian or other person having custody of the child;
- Any qualified association working in the field of child protection "



Regarding the statute of limitations, the law in Section 129 provides: "Except for serious crimes, the statute of limitations applicable to offences recognised by this law is ten years. It starts from the date of the child's majority.

Finally, the various and final provisions announcing the end of the legislation provide, in addition, that "international agreements ratified or to be ratified by the Republic of Congo in the area of children's rights and child protection are integral part of this Act. »

Indeed, after checking, it happens that the Congolese child protection Act takes into consideration all the provisions of the Convention on the Rights of the Child (CRC) and is inspired by the African Charter on the Rights and Welfare of Children.

For now, the implementing regulations of the law are being adopted by the government. These are:

- Order on the provision of a release on bail following the arrest of a child over the age of 15;
- Decree on the application of Articles 74 and 75 of Law No. 4-2010 of 14 June 2010 on child protection in the Republic of Congo;
- Order establishing responsibilities, organisation, competence and functioning of the juvenile brigade;
- Decree establishing the list and the nature of work and categories of companies, which are prohibited for children and the age limit that applies this prohibition;
- Decree on special conditions for entry to and exit of the territory for foreign children and children of the Republic of Congo.
- Law No. 30-2011 of 03 June 2011 on the fight against HIV / AIDS and the protection of the rights of people living with HIV, in its Article 29 prohibits all discrimination, stigma and all children whose father or mother living with HIV in public or private schools.

Law No. 10-2012 of 4 July 2012 on the establishment of a scheme for the vulnerable family and the child includes the following component:

- Motherhood
- Family Benefits
- Social inclusion
- Any other branch that could be created by law in connection with the scheme

#### I. 2 - Harmful social and cultural practices

Law 04 of July 10 2010, in its Articles 53, 60, 62, 63, 65, 67 and 69 fights against the use of corporal punishment, all forms of violence and negligence, against trafficking and child abuse, against FGM early marriage or forced marriage and honour crimes. Are also prohibited, trafficking, all forms of exploitation of children, including sexual exploitation, sex tourism, exposure to pornography, against any paedophile practice and the worst forms of child labour such as trafficking, debt bondage, all domestic activities endangering the child's physical or mental health. It is also prohibited to encourage the consumption of drugs,

narcotics and alcohol. Hence, all social and cultural practices that affect mental or physical as well as moral dignity are prohibited.

To this end, several NGOs and religious or secular associations, governments and specialised United Nations agencies are mobilised to combat and discourage harmful practices mentioned above. The following can be mentioned:

Among government institutions,

- The Ministry of Justice and Human Rights, which has legislations and powers authorising it to prevent and punish acts of exclusion and ostracism proscribed by law. It is also responsible for ensuring the protection of children at risk and child juvenile offenders;
  - The Ministry of Territorial Administration responsible for granting all citizens the right to an identity, to legal residence and nationality, in accordance with the laws in force;
  - The Ministry of Education whose mission is to enable all citizens minimum learning necessary and required by law (10 years of free and compulsory education);
  - The Ministry of Health places great importance in its health development plan (PNDS) to the health of mother and child through strategies of safe motherhood, the fight against childhood diseases, the fight against HIV AIDS and prevention of mother to child transmission;
- The Ministry for the Promotion of Women, which works to improve the status of women, promote income-generating activities for them, to prevent and fight against all forms of discrimination, abuse and violence against them;
- The Ministry of Social Affairs in its core tasks must support the disadvantaged and marginalised groups such as the elderly, widows, orphans, vulnerable children, children and adults with disabilities, poor families, minorities and indigenous population;
- The Ministry of Communication, which has major advocacy and public education tools and whose full cooperation must be ensured for information campaigns, education and communication on all matters requiring behaviour changes;
- The Ministry of Youth, in charge of civic education that works to develop awareness campaigns and training for a culture of peace and respect for human rights;
- The Ministry for Tourism and Recreation is expected to provide children with healthy recreation opportunities;
- The Monitoring Committee for Peace continues its outreach efforts, general ownership of a culture of peace, tolerance and democracy;
- The National Commission on Human Rights is responsible for the promotion of popularization of human rights.

Among the non-governmental institutions developing specific programmes for the protection and promotion of disadvantaged groups are:

- AFJC: Association of Women Lawyers of Congo;

- OCDH: Congolese Observatory for Human Rights;
- RENAPAC: National Network of Associations for Indigenous Peoples of the Congo;
- ACOLVF: Congolese Association against violence against women;
- REIPER: Stakeholder Network on street children's problematic;
- APTS: Panafrican Association Thomas Sankara;
- APEEC: Association of pupils and students' parents of Congo;
- UNHACO: National Union of Disabled Persons in Congo;
- AEMO: Association on Educational Action in an open environment;
- Children's Parliament;
- ADHUC: Association for Human Rights in prison environment;
- Mibeko Association;
- Junior legal counter;
- Charitable Associations of religious denominations and other organizations of civil society.

The actions and the most prominent intentions are reflected in several strategic framework documents or national action plan including:

1. **The national strategic framework for vulnerable children**, revolves around the following:

- Preventing situations of vulnerability;
- Revitalisation of judicial tools and rehabilitation of children in conflict with the law;
- Support and building acquired capacity such as specialised institutions for children with motor disabilities, visual, auditory and mental as well as shelters and temporary accommodation;
- The extension of the care coverage of vulnerable children including indigenous populations;
- Promoting partnerships and private initiatives;
- Promoting action research and an information system.

2. **The national action plan for improving the quality of life of indigenous populations 2009-2013**, with strategic outcome: "In areas of intervention of the pilot experiment, at least 50% of indigenous children and women have access to basic social services and the proportion of discriminatory practices is reduced. "

The desired effects are spelt out terms as follows:

*Education:*

- Many indigenous children aged 6 to 12 receive a quality primary education and successfully complete the primary cycle;
- Many children and adolescents illiterate and out of school benefit from a functional literacy which is essential to their integration.

*Health:*

- Several children and mothers benefit from quality health services;
- Over 50% of indigenous people have access to quality prevention and care in HIV / AIDS;
- Grassroots indigenous people in intervention areas have 30% of drinking water coverage, sanitation and hygiene.

*Access to citizenship, strengthening legislation and law enforcement:*

- 50% of indigenous children are reported to the civil registrar and parents have civil registration documents;
- National legislation protecting the rights of disabled people is strengthened, and discrimination and impunity are reduced in the intervention areas.

*In cultural identity, access to land and natural resources:*

- 50% of non-indigenous people in the intervention areas have a non-stereotyped perception of indigenous culture;
- 50% of indigenous involved in community activities in forestry and forest management;
- Indigenous people benefit from implementation of income generating activities programmes.

*Capacity building:*

- 50% of indigenous leaders benefit from capacity building in the areas of sustainable development, human rights monitoring and areas of support to informal organisations internal structures;
- Indigenous NGOs that carry out concrete activities for indigenous people receive various forms of support;
- Grassroots indigenous communities in three pilot areas have the capacity to fight against extreme poverty;
- 50% of political and administrative authorities at the local level ensure the implementation of commitments on the rights of indigenous people.

**3. The national action plan for disabled persons is based on:**

- Prevention and early detection through the development of studies and the organisation of an information system in order to improve knowledge on the causes of disabilities and social conditions of disabled people and to promote measures of early response;
- Development and support of specialised agencies, disability organisations and communities that support disabled people in order to increase organisational capacity of institutions and community structures for care;

-Education and literacy of children with disabilities to facilitate access by persons with disabilities to quality education and appropriate education;

-Access to protection, public service, health, sports and recreation, information, culture and communication to meet the integration needs of disabled people within the population and the development of services provided: (i) vocational training to enable people with disabilities to access permanent employment; (ii) the implementation, monitoring and evaluation of the action plan.

**4. Strategic Framework school enrolment and re-enrolment of disabled children with the following components:**

-Redevelopment of the legal framework to ensure enrolment rights and re-schooling of disabled children;

-Improving specific conditions and promoting a communication environment;

-Support towards funding and capacity building of specialised institutions;

-Promotion of partnership and cooperation;

-Promotion of accompanying measures, monitoring and evaluation.

**5- The National Gender Action Plan:**

With respect to girls and women, the advantage is that for the past fifteen years they have benefited from a dynamic institutional framework (Ministry for the Promotion of Women and Integration of Women in Development). This ministry has managed to pass a bill to protect victims of sexual violence. It regularly organises awareness days, information and advocacy on the situation of women and particularly on violence of any kind towards women. It hosts an observatory on violence and remains active in reporting and combating child abuse, mutilation and violence. The results will be presented in the following chapters.

Furthermore, a recent survey (2013) notes the persistence of harmful social and cultural practices such as female genital mutilation, forced marriage, child marriage, breast ironing, children accused of witchcraft, children accused of murder, street children, child sacrifice, preference of a boy.

While expressing some reservations about the methodology and statistical consistency of the data collected, on the development of such practices and the explanations given, the reported facts are real crimes, and deserve to be taken into account to determine the magnitude and take necessary corrective action.

Table no. 1 Children of Brazzaville identified as victims of harmful practices

Age groups	Victims	Not concerned	Total	
	Number	%		
0 - 4 years	2	0.9	0	2
5 - 9 years	10	4.7	20	30
10 - 14 years	84	40.0	122	206
15- 17 years	109	51.9	120	229

NSP	5	3.0	2	7
<b>Total</b>	<b>210</b>	<b>100</b>	<b>264</b>	<b>474</b>

Source: Rapid diagnosis on the harmful social and cultural practices affecting children, DGAS, Brazzaville, 2013

Table No. 2 children victims of harmful practices by type of practice

Harmful practices	0-4 years	5-9 years	10-14 years	15-17 years	NSP	Total
Genital mutilation	0	0	2	7	0	9
Forced Marriage	0	0	3	13	0	16
Child marriage	0	0	4	8	0	12
Use of dowry / Parents	0	0	2	5	0	7
Breasts /Ironing	0	0	3	1	0	4
Children sorcerer	1	4	27	26		60
Children murderers	0	0	4	7	0	11
Street Children	0	3	22	21	2	48
Sacrifice of Children	0	1	10	7	0	18
Boys preference	0	0	7	4	1	12
Others	1	8	45	49	2	105
<b>Total</b>	<b>2</b>	<b>16</b>	<b>109</b>	<b>148</b>	<b>7</b>	<b>302</b>

Source: Rapid diagnosis on the harmful social and cultural practices affecting children, DGAS, Brazzaville, 2013

Table No. 3 cases of abuse and violence recorded in the judiciary police structures, in Brazzaville- September 2013

N	Types of violence	No. of cases	Observations
1	Genital Mutilation	04	
2	Sexual Assault	120	
3	Child abandonment	140	
4	Beaten, tortured	165	
5	Child labour	85	
6	Breast ironing	1	
7	Ironing of the back	1	
8	Children sorcerers	9	
9	Children murderers	3	
10	Child marriage	1	
11	Forced marriage	3	

12	Child Trafficking	8	
13	Child scarification	3	
14	Introduction to sects	12	
15	Religious Indoctrination	106	
16	Incitement to debauchery	362	
17	Withdrawal from school	56	
18	Sodomy	3	
19	Self-medication	32	

Source: Register of social services to the military.

The testimony of the social services within law enforcement structures (Police and Gendarmerie), confirms the existence of these harmful practices, including female genital mutilations which were attributed solely to foreign communities. Sexual perversions rank first amongst the number of registered cases. Several of them fall under the Criminal Procedure Code and are punishable by imprisonment. They reflect the work of prevention and dissuasion that remains to be done, especially around the component 4 (crime prevention) of the Judicial Child Protection Action Plan.

### **I 3 - Coordination and monitoring of the implementation**

It should be noted that the permanent coordination of national and departmental activities in favour of the child has not been provided for over fifteen years (corresponding to the beginning of armed conflict in 1995). Since then, apart from the occasional supervisory commissions for the 2001 World Summit on Children and the Global Movement for Children, nothing has been done to revive and assign dedicated and competent officers.

The National Commission in place since the 70s benefited from legal instruments and an annual budget line. Under the supervision of the Presidency of the Republic, it had enough authority to meet and engage with all relevant national powers (including civil society and leaders of foreign communities) on the implementation of the CRC. The Commission worked on the basis of an annual programme of activities, which was evaluated, reviewed, corrected and re-launched on the occasion of the annual session of its General Assembly. It was, undoubtedly, a privileged space for dialogue, communication, dissemination and popularisation of national and international instruments for child protection and could serve as support and monitoring body for UNICEF Congo's cooperation programmes and a platform for mobilising domestic and international resources. The recommendation to reactivate the Children's Committee is therefore welcome. The ministry in charge of vulnerable children is currently reflecting on the conditions of its resurgence and revitalisation.

It should be noted that there is a second level of coordination, which is rather technical, on the implementation activities of the provisions of the CRC. This is the Inter ministerial Committee of Directors General of monitoring and coordination of UNICEF Congo's cooperation programmes established by presidential decree in view of monitoring the actions of the cooperation programme. It brings together the directors general for Planning, Health, Social Affairs, Youth, Promotion of Women, Territorial Administration (civil government) and the General Secretariat of Justice. It has a budget line, which allows it to ensure, with the support of UNICEF funds, the organisation of consultation meetings. The coordination is considered quite effective, but it is not functional enough because of the lack of a related technical body on monitoring and evaluation and the regular production of statistical data.

This second level of coordination and monitoring of cooperation programmes is not too much. It deserves to be reinforced by a dynamic permanent secretariat and to be provided with technical, human and financial means in order to raise its level of authority and visibility.

Placed within the Ministry in charge of Planning, under the Inter ministerial Committee of Directors General, the Permanent Secretariat should lead the interdepartmental group of central departments of all relevant ministries.

Thus, with the support of UNICEF, programmes and projects managed by branches of Territorial Administration (Directorate of Civil registration), human rights (towards the legal protection of the child), Health (Department of Family Health, Directorate on the fight against disease and Directorate of Studies and Planning), primary and secondary education and technical and vocational education (deans and Planning and specialised departments of children's education), Social Affairs (Directorate of Studies and Planning and directorates and programmes on the protection and promotion of various vulnerable groups of children and indigenous peoples) would benefit from working together periodically to monitor, evaluate and redevelop the action plans for children. Technical services from techniques from other departments such as the Ministry for Culture and the Arts, must be added, one in charge of Recreation and the one in charge of communication on issues of dissemination and popularisation of international instruments, which is responsible for the Promotion of Women for aspects of violence against women and girls as well as in the fight against female genital mutilation, etc.

Under the supervision and coordination of the permanent secretariat and operational planning of public interventions for the child, one might expect a greater willingness to work together and support each other in order to better monitor stakeholders' interventions, better documentation situations for an increased effectiveness. It goes without saying that the participation of NGOs and civil society, very active and on the ground would provide a more complete view of the situation.

#### **I.4 Dissemination and popularisation of the provisions of the Charter**

The African Charter, which does not have structural or institutional framework clearly identified for the implementation and monitoring of progress, like UNICEF to the CRC, does not have, at present, campaigns dissemination and comprehensive popularisation. These are considered in the near future, in the most relevant ministries (Social Affairs, Justice and Human Rights, Territorial Administration and Health).

This intends to, among others, conduct a wide dissemination of the Charter and the initial national report through: (i) awareness-raising sessions with political and administrative authorities, community leaders and with parents and children, in all major cities and districts' main cities, and in major towns of the country; (ii) the establishment of permanent mechanisms for information and education, using, among others, the Children's Parliament.

#### **I-5 Definition of the child in Congo**

According to Article I of Law No. 4-2010 of 14 June 2010 on the protection of the child in the Republic of Congo, "within the meaning of this Act, a child means every human being below the age of eighteen years and who has not yet reached the age of majority by special provision.



## **CHAPTER 2: GENERAL PRINCIPLES (Articles 3 and 26, 4, 5, 7, 4.7 and 12).**

The Committee of Experts is concerned about:

- Non-discrimination;
- The best interests of the child;
- The right to life, survival and development;
- Respect for the views of children;
- Information for children and promoting their participation

### **A. No discrimination**

The principle of non-discrimination is enshrined in the Constitution of 20 January 2002 which states in Article 8 that. "All citizens are equal before the law. Any discrimination based on origin, social or material situation, racial, ethnic or departmental affiliation, gender, education, language, religion, philosophy or place of residence, is prohibited subject to the provisions of Articles 58 and 96 regarding the eligibility requirements for the office of President of the Republic and lawmaker or senator such as age, nationality, length of residence, morality, physical and mental health, etc. ".

The principle is reaffirmed in Law No. 4-2010 of 14 June 2010 on the Protection of the Child, which states in Article 5 that "all children are children living in the country without discrimination on any ground such as sex, race, colour, language, ethnicity, religion, political or other opinion of the child, of his/her the parents or legal representatives, their national, ethnic or social origin, level of wealth, their disability, birth or other status. »

The principle is also reflected in other laws such as the Family Code, the Education Act of 1995. In addition, the law 009/92 of 22 April 1992 on the status, promotion and protection of the disabled and the law for the protection and promotion of indigenous populations of 25 February 2011, and the many specific programmes for disadvantaged and vulnerable children demonstrate the government's commitment to combat discrimination. In addition, the adoption of a national gender policy document proposing a national plan of action and the inclusion of gender concerns, vulnerable children and disadvantaged groups including populations Indigenous in the EGPRSP-II are evidences of the government's adherence to the ideals on equal rights and equal and opportunities, as well as its commitment to respect the principle of non-discrimination.

It is through the effective implementation of the application conditions of that provision (strengthening the institutional framework, mobilisation of human, technical, material and financial resources) throughout the national territory that we can ensure its full implementation. The following developments are indicative of the efforts made.

Communication plans and awareness raising for behaviour change exist for each project to protect disadvantaged groups, indigenous people, street children, HIV positive children, girls and women, persons with disabilities. But, there is no overall strategy to reach the general public. Each project benefits from the skills and experience of the UNICEF communication programme to develop and implement a communication plan without any major coordination with other sectors.

In fact, efforts are visible through the multiplicity of governmental and non-governmental institutions dealing with its elimination and specific programmes for the protection and promotion of social groups threatened or discriminated against.

It must be recalled that, as emphasized by the Committee, the principle is well reflected in the Family Code, the Penal Code and the Child Protection Act, and through all the judgments in favour of the rehabilitation and reintegration of children, even in the most severe cases. This principle also applies to indigenous children.

Equal access to services tailored to the cultural specificity of indigenous people is a difficult goal to achieve, while the national effort has so far consisted only in reducing exclusion, notably through a standardisation process in accessing health care, educational services provision, social benefits, housing, drinking water and sanitation.

An approach that takes into account the cultural specificity of indigenous people can only be considered as part of the implementation of the UN Declaration on Indigenous Issues to which the Republic of Congo is strongly committed through its representation mandate on behalf of the African States Group to the United Nations Permanent Forum on Indigenous Issues.

### ***B-The best interests of the child***

*"The best interests of the child are the primary consideration in all actions and decisions concerning them." Article 4 of the Child Protection Act insists that "in all decisions taken in respect of the child, his/her maintenance within the family unit is important in the interest of his/her harmonious development and in order to consolidate parental responsibility of or that of any other person entrusted with his/her care. However, if it appears that it is contrary to the child's interests to remain in his family unit, the court may decide otherwise. "*

In Title 5, the Child Protection Act clearly states, in Articles 73, 74, 75, 76 and 77 that in the administration of juvenile justice, the judge must take into account the following principles:

a / the decision should always be proportionate not only to the circumstances and severity of the offense but also to the circumstances and needs of the juvenile as well as the needs of society;

b / deprivation of liberty is imposed on the child guilty of an offense if there is no other appropriate solutions;

c / death penalty does not apply to offenses committed by children;

d / the well-being of the child shall be the guiding factor in the consideration of his/her case;

The child victim has the right to confidentiality, dignified treatment. If he/she is an asylum seeker, refugee or a victim of trafficking or sale, he/she is entitled to return, within a reasonable time in his home country.)

In applying this principle, the Congolese judge does not discriminate between children whether they are from Bantu or indigenous origins. The sole condition of being a child is enough to trigger consideration of the best interests of the defendant.

Furthermore, the Family Code, in Articles 168, 178, 184, 185, 194 and 195 places particular emphasis on the special protection that must be reserved for the child born in wedlock, out of wedlock, adopted and even in separation or separated (one might add, and indigenous). Section 328 provides, for example, that "when the health, morals or education of a minor are jeopardized or insufficiently protected because of immorality or inability of the parents or the person vested with rights of custody, they can be deprived of their parental authority, or when the minor, by his/her misconduct or indiscipline gives them very serious reasons for discontent or makes it impossible to execute their right of guidance, the juvenile judge may ex officio or on request of the parents or guardian, decide that the minor be placed under probation. "

Section 329 adds that "the District Court (Juvenile Crimes Division) upon referral of the juvenile judge may decide that the child be placed: (i) with another parent or trustworthy person; (ii) in a school or vocational school; (iii) in child care services; (iv) in a care facility or a medical-educational institute; (v) in a rehabilitation centre. " In light of Article 75 of Law No. 19/99 of 15 August 1999 amending and supplementing certain provisions of Law No. 022- 92 of 20 August 1992 on the organization of the judiciary, in this case, it is the juvenile judge who is qualified to decided on cases in which the health, morals or education and safety of children are at risk.

The State may remove the child from the family environment when it is likely to represent a threat to morality or physical health of the child. Parents can, for the child's interest, be deprived of their authority and thus be withdrawn all or part of the rights attached to it (Articles 331-341).

The law provides that they are placed with: (i) child care services; (ii) duly authorized institutions or associations; (iii) individuals.

In fact, the problem is that of the existence or the appropriate level of functioning of these institutions. As at today we must recognise that they have either disappeared or are in rehabilitation or do not work. These include: the services of educational activities in an open environment, rehabilitation centres and support services to the child. Other state and non-state structures contribute to the rehabilitation of children in conflict with the law: (i) centres of the authorized voluntary sector; (ii) districts social services (Social Affairs).

**1. The educational welfare services in an open environment at juvenile courts** are responsible for:

- Ensuring the reception and information of minors and their families coming to court;
- Providing to the juvenile judge all necessary information, care opportunities and placement in public and private centres;
- Ensuring educational assistance and freedom monitoring measures respectively provided by sections 328 of the Family Code and Article 727 of the Code of Criminal Procedure;
- Advising and providing guidance to parents, guardians and legal representatives of minors;

- Consolidating the social and emotional climate of minors' living environments;
- Ensuring follow up care for minors out of detention centres within a deadline stated by a court;
- Recording the situations of minors in educational assistance;
- Reporting cases of minors in danger to the competent judicial authority;
- Ensuring the prevention of juvenile delinquency in the judicial districts.

There are only four services throughout the country, in Brazzaville, Pointe Noire, Dolisie and Nkayi.

A draft order relating to the functioning and organisation of the service on educational action in an open environment was developed, signed and is awaiting publication.

## **2. The observation centre for minors Brazzaville:**

From 1980 to 1997, thanks to Caritas Congo, the observation centre was able to function satisfactorily. Unfortunately this only remaining structure was destroyed during the war from 1997 to 1999. The rehabilitation work is ongoing. A draft decree on the functions and organisation of the centre of observation and rehabilitation of juvenile in Brazzaville, has been developed, signed and is awaiting publication.

## **3. The neighbourhood social services:**

They have no specific framework for collaboration with the services of justice, but can solve problems at the family level and will refer to the juvenile judge in case of necessity.

The area of juvenile justice is facing several problems, which affects its operation. These are: (i) the low visibility of juvenile justice services: lack of district social services and NGOs; (ii) the limited or lack of operating budget; (iii) non-staff development.

The fourth area of protection of children in conflict with the law aims to ensure a proper and dignified justice treatment, followed by an educational support for their reintegration. An additional document for the prevention of juvenile delinquency has been developed in order to establish a hotline mechanism, build emergency shelters, create a brigade for minors and child protection departmental committees. Without funding, these good ideas have remained at the stage of good intentions.

Beyond the possible orientation toward rehabilitation services, the judge will still remain gentle, as evidenced by court decisions recorded in the juvenile courts in recent years.

Both juvenile jurisdictions in Brazzaville and Pointe Noire have had to deal with 137 cases, including 7 girls, within 3 years, according to the following data:

Table 4: Number of cases handled by the children of courts of Brazzaville and Pointe Noire between 2011 and 2012

Years	Brazzaville		Pointe Noire		Total	
	No.	Incl. Girls	No.	Incl. Girls	No.	Incl. Girls
2011	28	2	11	0	0	2

2012	43	2	7	0	0	2
2013	45	1	12	2	2	3
<b>Total</b>	<b>107</b>	<b>5</b>	<b>30</b>	<b>2</b>	<b>2</b>	<b>7</b>

Source: Child Protection Branch, Ministry of Justice and Human Rights; Brazzaville, 2013

The most cited reasons are:

- Theft, complicity of theft;
- Assault and battery;
- Rape and attempted rape, kidnapping;

All these more or less serious reasons often result in: a return to the parents; a temporary custody from 1 to 11 months with visiting rights and subsequent return to parents; temporary placement of the minors on the prison's juvenile quarter or in a care centre of a registered NGO as an extra judicial procedure.

### **C - The right to life, survival and development**

The right to life, survival and development is enshrined in Articles 18, 22, 23, 26, 27, 28 and 29 of the Child Protection Act.

In addition to the confirmation of the primary right to life, the law provides other provisions related to living standards; right to required quality health, to compulsory and free education as well as participation in sporting, cultural and artistic activities. "For his/her development towards an adequate standard of living for his/her physical, mental, spiritual, moral and social development,

"The child has the right to preservation of his/her their health and quality care in all circumstances," to appropriate information on the prevention and treatment of HIV / AIDS, medical records and vaccines.

"No one has the right to deprive a child of medical care, because of religious and cultural considerations.

It is forbidden for subsidized hospitals to deprive a child of health care because of financial considerations. "

In terms of education, "any child living in the territory of the Republic of Congo, is entitled, regardless of origin, nationality, sex, beliefs or wealth, to an education that ensures the full development his/her intellectual, artistic, moral and physical abilities and his/her civic and professional training. " Education is free and the age of first enrolment in primary education is six years old. Negligence or refusal of a child registration is liable to forfeiture.

These rights extend to sporting, cultural and leisure activities. Article 29 stipulates that "the child has the right to participate in non-hazardous sports for physical and mental health, positive cultural and artistic activities and any other leisure activity deemed appropriate. »

On the ground, outside the areas of health and education included in annual or multiannual action plans which are funded and monitored, the promotion of sports, cultural, artistic and leisure activities for children lacks of a sectoral policy document support and of availability of human and financial resources.

#### **D - Respect for the views of children / information and promotion of their participation**

The CAP survey on early childhood care (2004) and the study on the education of girls in Congo (2006) had revealed a local conception of the child that does not promote dialogue and especially the inclusion of his/her opinion. The child is considered to be a small human being or a plant that needs a lot of attention and care for its harmonious growth. It is for him/her to obey and internalise the lessons of life that he/she is taught. Before the age of 10, he/she is entitled to the attentions of all kinds, we can even talk with him/her, entertain him/her, play with him/her, maintain good friendly rapport. One can listen to him/her and discuss with him/her, but he/she must always be obedient listening to the advice and be ready to move to the stage of adolescence. At that stage, the difference is marked between the girl who must confide more to her mother and the boy who must try to imitate his father and learn from him. The lack of open dialogue between father and daughter and frequent strict controls were reported by many girls as an obstacle to their development (in the Study on the education of girls in Congo; UNICEF, 2006). Parents of students and teachers interviewed confirmed this. But there is a long educational work to engage in for a real change within the family. This overall pattern also applies to indigenous people and vulnerable groups who might be suspected of a greater laxity and a tendency to economic and sexual exploitation of children.

The right of the child to be heard is a constant concern of the legislator and the judge who both place a special interest in the principle of the best interests of the child. For instance, in the case of a trial aiming to determining custody of children during divorce proceedings, the judge is required to allow the child to express his/her choice about the parent who would exercise parental authority over him/her. His/her choice is often preferred over parents' procrastination.

In the administrations of justice, the child is taken into account by the judge. During the separation of parents, for example, the child is heard, and his/her view is decisive if he/she is capable of discernment. Moreover, Social Affairs' specialised administrations are ready to intervene on the ground, within families, to protect the child or intercede in cases of serious offenses and in cases of runaway.

Within the family, the question is similar to that of respect for the views of children. Parental education and awareness campaigns that the children's parliament organises at central level and in the departments help parents to understand this principle.

In terms of **proper information of the child**, it is clear that the school provision is still insufficient. To stop early pregnancy at school, a special law was enacted (Law No. 32-65 of 22 June 1966 on the protection of promoted students). Cases of unwanted pregnancies continue due to lack of information and lack of enforcement of the law.

However, information of children about HIV and AIDS, has an important component in the national policy in this area and significant resources have been devoted to it. They led to the establishment of a national network of peer educators and small cells of education and monitoring in schools and in neighbourhoods. They combine appropriate information and stakeholder participation.

### **D-a The child's views**

Article 12 of the Family Code provides that "every child has the opportunity to be heard in all areas that affect him/her, either directly or through a representative." The Law 4-2010 on Child Protection confirms that provision, particularly in Articles 13, 30 and 31. In practice, the majority of children are not consulted by government institutions in decision-making and programme development. In the family, school, institutions and community, the right of children to express themselves is not always respected. Freedom of expression and information is guaranteed by the Constitution in Article 19, but most of the children in Congo do not know their rights.

### **D-b Child participation**

Giving a voice to children is one of the foundations that have always supported the cooperation between Congo and UNICEF. In this context, the first forum of the children of Congo was held on September 25, 2003 in Brazzaville, after which was established the Children's Parliament under the leadership of the Ministry of Social Affairs, Solidarity, Humanitarian Action and Family, in collaboration with UNICEF, in order to allow children to express their views. This parliament, which included 36 children elected by their peers was renewed in 2008. It now has 303 junior members throughout the territory. To date, three sessions were held. Currently all departments are equipped with a departmental parliament with a 4-member office. The national office is headed by a board of five members (two boys and three girls) chaired by a girl. It should be noted that this institution has an annual budget of 20 million CFA francs provided by the government.

Since its inception, the Children's Parliament was involved (as an organiser or participant) in the following activities:

- Participation in all activities related to the celebration of the Day of the African Child and launches of reports on the situation of children in the world;
- Participation in the 8th Parliament session in Mali in December 2003;
- Organisation in Brazzaville of the first meeting of the Children's Parliament in September 2004, developing the annual report and review of the organisational arrangements of the children's parliaments at department level;
- Establishment of departmental parliaments in all departments of Congo;
- Organisation in Brazzaville of the second meeting of the Children's Parliament in September 2005. At this session, the problems of child abuse were put in the agenda and discussed and the office has been renewed;
- Participation in the Global Action Week on Education for All in April 2004;
- A conference debate at the United Nations Information Centre on the feedback of activities in Dolisie as part of the celebration of the 2006 edition of the Day of the African Child, under the theme "Right to Protection: Stop the abuse and violence against children" at continental level, and at national level: "No to violence in schools";
- Participation in the mid-term and youth forum organized by the ECA in Addis Ababa;

- Participation in the African Regional Children's Summit on Environment held in Yaoundé (Cameroon) from 30 July to 2 August 2007 by the United Nations Environment Programme in preparation for the International Children's Conference scheduled in Norway 2008;

- Advocacy on the use of plastic bags for members of the Government have resulted in the signature of a Decree No. 2011-485 of 20 July 2011 regulating the production, import, marketing and use of plastic bags, pouches and films.

In July 2010, the Ministry for Social Affairs organised a recreational day with the Office of the Children's Parliament and members of the Brazzaville children's parliament in a locality situated about 20 km from Brazzaville.

In 2010, the theme of the Day of the African Child was "Planning and budgeting for children: a duty for all." The theme chosen by the African Union aimed to draw the attention of policy makers on the need to reduce the level of child poverty and inequality in the continent.

In Congo, that 20th edition was held along with the celebrations marking the fiftieth anniversary of independence. In this regard, the government wanted to focus on the environment. Hence the national theme on the celebration of the Day of the African Child was: "Environment without plastic bags for child survival in Congo". For, in Congo as in other countries of the world, sanitation problems are acute, especially plastic bags waste management.

During the celebration of the Day of the African Child in 2010, the children respectively met with the Minister of Forest Economy, Environment and Sustainable Development, the deputy mayor of the city of Brazzaville and that of the city of Pointe Noire. The purpose of this meeting was the danger of the proliferation of so-called plastic bags in our country. On June 16, 2010, the President of the Children's Parliament of Congo called on political and administrative authorities to do their utmost for them to live in a healthy environment and without plastic bags. This call led the President of the Republic to issue a decree banning the import, manufacture and marketing of plastic bags in the country.

Therefore, in order to help people change behaviour by using alternative bags, in collaboration with artist-musician Philippe Sita, the Children's Parliament made a video clip, and a song called *Stop Plastic Bags*. This song was broadcast in the national media and aimed to raise public awareness about plastic bags negative effects and the use of alternative bags.

In June 2012, as part of the activities marking the celebration of the 22nd edition of the Day of the African Child on "Right of children with disabilities: duty to protect, respect, promote and realise", advocacy activities were led by junior members towards members of the government involved in the issues of disabled children. These include the Minister of Health and Population, the Minister of Social Affairs, Humanitarian Action and Solidarity, the Minister for Primary, Secondary and Literacy, the Minister of Communication responsible for relations with Parliament, the Government spokesperson and the Minister of Culture and Arts. Together with the authorities, it was decided:

- Revitalisation of health services in schools;
- Increase of the budgets of structures dealing with disabled children;
- Staff training;



- Establishment of mechanisms for inclusion of disabled children into mainstream schools;
- Introduction of the teaching of Braille and sign language in teachers' curricula;
- Building of ramps in schools;
- Taking into account people with hearing impairment when covering major national celebrations or ceremonies and news;
- Consider building ramps on the premises of the Ministry of Culture and the Arts (theatres, museums tailored to the needs of the disabled).

### **E- Other activities 2011-2012**

Apart from this space, the Ministry of Social Affairs, Solidarity and Humanitarian Action, the Ministry of Promotion of Women and Integration of Women in Development and the Ministry of Justice have joined civil society organisations to jointly lead, through legal centres, public awareness campaigns for children explaining the various components of their rights.

However, the parliament has no legal framework that defines its mission to ensure its proper operation and the importance of its rationale; the budget for its operation remains inadequate. Therefore, it is necessary to define the legal framework and increase its budget.

As a promoter of the systematic participation of children in the development, implementation and monitoring and evaluation of all programmes that affect them, the local UNICEF office has strongly supported the establishment of the Children's Parliament; UNICEF supported its first CRC popularisation activities and continues to speed up the process.

Since its creation in 2003, the Children's Parliament is present in all phases of development, implementation and monitoring and evaluation. He attends preparatory programmes meetings, participates in various seminars and workshops on children's issues, participates in international meetings and is always present during semi-annual and annual reviews of all sectoral programmes of the Congo-UNICEF cooperation programme. The principle is now well understood and applied consistently. For now, the Children's Parliament works well, but according to its main actors, problems that still arise are:

At political level and overall, the children's parliament has already acquired a certain authority and a wide audience, which will be strengthened by its forthcoming institutional status and the implementation of its action plans.

With regard to indigenous people, the results obtained under the protection of indigenous children include a stronger partnership with indigenous organisations, NGOs, civil society, bilateral cooperation and UN Agencies. This partnership was reflected at all decision-making levels regarding the actions to be implemented in indigenous communities.

The implementation of the project to improve the conditions of access to basic services of the Pygmy minority in the Republic of Congo (2001-2004) by the Association Espoir Renaît (AER), in partnership with UNICEF, has received participatory consent of the main stakeholders, the indigenous people themselves, who participated significantly and in a practical manner, in its implementation and monitoring. The micro planning and the participatory approach, which were developed, have contributed in some way to this

indigenous commitment. Ten local committees were trained in the management of wells, community plantations, health centres and schools.

Following the recommendation of the monitoring and evaluation mission of February 2006, a workshop on decentralised planning related to the protection of the rights of indigenous people was organised in Ouessou from 27 to 30 June 2006. During this workshop, Indigenous people identified and validated the priority issues. A common understanding of the problematic was reached as well as the adoption of an action plan for the project revitalisation.

In 2007, for several days, a national workshop on indigenous people gathered around the same table all institutional national, regional and local representatives, and international partners working in Congo along with the main persons concerned: delegates from communities and civil society from indigenous associations, not to mention structures, associations or not, working on more general or adjoining themes (human rights, forest preservation,...).

At departmental level, the indigenous people participated fully in the development of decentralised action plans for improving their quality of life, and they approved the works that were carried out.

The National Network of Indigenous People of the Congo, as a platform and umbrella organisation of indigenous organisations participates each year in the phases of the implementation and monitoring of these plans.

### **CHAPTER 3: CIVIL RIGHTS AND FREEDOMS (Article 6, 7, 8, 9, 10 and 16)**

The Committee's request for information concerns 4 areas of concern, namely:

- Name, nationality, identity and registration at birth;
- Freedom of expression;
- Freedom of thought, conscience and religion;
- Freedom of association and peaceful assembly;
- Protection of privacy;
- Protection of children against abuse and maltreatment.

#### **Name, nationality, identity and registration at birth**

According to Articles 16 and 17 of the Child Protection Act, "the child shall be entitled to an identity from his birth. This identity consists of a name and a surname with no derogative connotation, date of birth and nationality. "(Art. 16),

the law adds that" the child has the right to a name and a first name at birth, in accordance with the provisions of the Family Code. A child born in Congo acquires Congolese nationality, in accordance with the provisions of the code of Congolese nationality. He/she

may renounce his/her nationality under the conditions provided by the above-mentioned code. "(Art. 17)

As for the birth registration, which includes several constraints (availability of civil registration services, respect the maximum period of 30 days after birth, availability of register and staff, compliance with the free and legal obligation), its implementation is not fully guaranteed.

Following the declaration of the year 2005 the year of free issuance of birth certificates to unregistered children in the civil registrar, the Directorate General of Social Affairs and Family in partnership with UNICEF carried out an advocacy work that raised awareness on a larger scale, through the identification of non reported children in the civil registrar and completion of pre-registration, in order to facilitate the procedures for obtaining birth certificates for the regularisation of the situation of children without birth registration, further involving local social services, courts and civil registration services.

For their part, since the end of the period of armed conflict (2000) several civil society organisations (AEMO, Doctors of Africa, CADFM, APASU, Emergencies Africa) were committed along with the government, in the promotion of systematic birth registration. They also contribute to the fight against late registration by getting involved in advocacy, resource mobilisation and especially identification and pre-registration of unregistered children. Thus, in different departments affected by the phenomenon of non-reporting of births, these structures are involved in the facilitation of procedures ensuring the identification of unregistered children and conducting pre-registration.

In addition, the following were held: (i) a workshop seminar for training agents in contact with families, on pre-registration of unregistered births in the civil registry. In this regard, a documentary film '*Children without a birth certificate*' was produced with the technical assistance of the Congolese television. This documentary was conceived as a space for dialogue for all stakeholders to advance the cause of the child around the issue of birth registration; (ii) forums and programmes in the domestic and foreign media (RFI, TV5 Afrique, Africa No. 1).

**In terms of birth registration in the civil register**, catastrophic results were recorded in 2001 in Brazzaville (certainly due to the climate of insecurity and displacement caused by the armed conflict in the 90s), have led to a mobilisation of the relevant public services and international cooperation on the issue through: the organisation of joint awareness campaigns, establishment and distribution of birth certificates; the development of a study (analysis of birth registration process in Congo); the development and adoption of a national action plan for systematic birth registration(2009-2013); interventions in all the rural departments and among indigenous populations.

The 2005 DHS has ranked the level of non-registration of children under 10 years to 19% on the entire territory and the general population census of 2007 estimated at 8.2% for children aged below 17 years. This increase seems logical, in relation to the 2003-2005 campaigns. However looking at it more closely, it appears that the rate of non-registration does not decrease quite rapidly: 19.0% in 2005 and 14.0% in 2011 for children under 5 years. At this pace, after the MDGs (2015), Congo will keep a percentage of children under 5 years without a birth certificate in the order of 9% to 10%.

The most worrying fact is the persistence of the non-reporting phenomenon for children aged below 2 years up to a rate of 20% in 2005 and 2011. Surely, the strategies developed in the 2009-2013-action plan should be reviewed or revised.

- The birth registration rates vary little by gender, in 2011. However, from one area of residence to another, the gap that was at 12 points in 2005 between urban areas and rural areas remained higher in 2011 and fell by only 2 points. Rural areas account up to 21.6% of unregistered children against 8.8% for urban children. The phenomenon is not exclusively rural since one can wonder what justifies these 8.8% for urban children who benefit, moreover, from better conditions of geographic access and civil registration provision.
- From one department to another, Pointe Noire is taking the lead with 96.4% of children under 5 years registered. It is followed closely by Niari (94.4%) and Brazzaville with 93.4% almost equal to the rural Likouala (93.2%). Bouenza and Cuvette-Ouest both record a high rate of 92.8%. The Sangha, Plateaux and Likouala are behind with respectively 81.7%, 73.4% and 69.0%.

The degree of household poverty or wealth impacts directly on birth registration, while the free aspect of this administrative act is the rule and is even mandatory. There are certainly some hidden costs that deter the poorest (travel costs, lack of free time or important survival occupations). Among the poorest, one in four (24.0%) does not have a birth certificate while among the richest the rate is 6.7%.

The state is well aware of this problem. To increase awareness on the importance and the issuance of a birth certificate, the government in partnership with UNICEF is pursuing advocacy and sensitisation, and increased knowledge on the importance of the issuance of a birth certificate. Popularisation campaigns on the Law of 4 - 2010 of 14 June 2010 on child protection were also organised.

Considering the results of the Demographic and Health Survey (DHS) conducted in 2005, 19% of children under 10 years are without birth certificates; the analysis report of the birth registration process was published in 2009.

For the Congolese government, every child must have a birth certificate. It is a civic act and a duty.

Law No. 4-2010 of 14 June 2010 on child protection confirms the free character of acts of all civil registration documents in article 14 which states that: *"Every birth of a child must be reported and registered in the civil register in accordance with legal provisions in force. The declaration of birth at the maternity, decisions and court orders on late birth registration, and the original copy of the birth certificate are free. "*

A strategic plan 2009-2013 on birth registration that takes into account all residents (nationals and foreign) was validated. This plan is the approach of the government's framework for improving the quality of service delivery in the registration centres, including the need to reform the process, strengthen the capacity of civil servants and to establish harmonious links between the provision of civil registration and relevant aspects of lifestyles and social relations. It highlights the key actions to be undertaken in partnership with the Ministry of Territorial Administration and Decentralisation with other actors and civil society in order to improve the birth registration system: (i) improving the legal and institutional framework; (ii)

capacity building of services and actors; (iii) advocacy and awareness for the mobilisation of resources, and increase awareness on the importance and the issuance of the birth certificate; (iv) strengthening coordination on birth registration.

In Congo, many factors do not facilitate birth registration and adversely affect the smooth running of the process. Among other factors, the geographic coverage of the provision of civil registration is an illustration of the difficulties that people face in reaching the nearest centre of their residence, especially in rural and remote areas of the country. Field observations also show that in several departments, centres are not always functional for various reasons, mainly due to equipment and staff issues.

Also, during the late registration campaigns that have been organised in 2004-2010, there was multiple staff involvement such as teachers in small remote communities, maternity and courts staff and senior staff of civil registration services.

Following the recommendations of the study on the analysis of the birth registration process in Congo, the government through the Ministry of Territorial Administration and Decentralisation has initiated a draft project joint multisectoral order for the creation of civil registration services in health facilities to simplify the procedure of obtaining birth certificates.

Long considered second-class citizens, and left behind, indigenous people are the most marginalised and the most vulnerable layer of the Congolese population. They are often victims of discrimination and exploitation.

Estimated at 43 378<sup>1</sup> people, indigenous people represent about 1.2% of the Congolese population and are divided into 8912 households. They are the poorest of the society. 64.3%<sup>2</sup> of indigenous people have no birth certificates.

*Since the launch of the operation "total and free registration of unregistered children in the civil register" by the president himself, in 2004, the government through the Directorate General of Social Affairs and Family and the Directorate General of Territorial Administration are pursuing this major issue. Several registration campaigns for civil registration were conducted. Significant results have emerged from 2006 to 2009: Issuance of birth certificates to 48,306 children including 41,107 Bantu children and 7222 indigenous children, out of the 67,149 children identified.*

However, we note some significant improvements in ECOM 2011 with 09% of children under 5 years unregistered, compared to ECOM 2005 data (14%), but there is still a large number of children who, as of today, are not reported to the civil register.

In the analysis report of the General Census of Population and Housing in Congo; theme: vulnerable population, sub theme: pygmies or indigenous people, July 2010

The activity reports from the campaigns on late births reporting that were conducted in different districts in Congo show that indigenous people are a category of people affected by the non-reporting of births.

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<sup>1</sup> In the analysis report of the General Census of Population and Housing in Congo; theme: vulnerable population, sub theme: pygmies or indigenous people, July 2010

<sup>2</sup> Ibid.

Several factors related to the provision and other endogenous factors help to understand the problem. Indeed, indigenous people generally live in the forest. Therefore, their living environment has not facilitated a quantitative and qualitative improvement of the services involved in birth registration: health services, civil services and courts. To this low use of health services due to the scarcity of services, we can add the insufficient number of registration centres. All camps are equipped with secondary centres. Courts are based in the Department administrative centres. The distances to be travelled are also considerable in the case of late reporting. Therefore, adults without birth certificates are in large numbers in these communities.

In general, the cultural context is favourable to late registration. Beyond the costs of delivery, the problem is that the registration centres require additional fees. The issue of covering travel-related expenses is an additional barrier to the birth registration.

In addition to the difficulties of geographical accessibility, the problem of utilisation of health services and civil registration is explained by the costs of the services. Although registration is free, poor families are forced to pay for some services (antenatal, fact sheets, regional taxes, requisition, etc.) before receiving the birth certificate. The importance of access issues is justified by the very low level of life of these populations.

Similarly, the use of health facilities for childbirth is not a common practice among indigenous women. Traditional medicine has been developed to meet the delivery requirements and TBAs play an important role in these communities.

According to the 2008 study by the Ministry of Territorial Administration and Decentralisation (Directorate General of Territorial Administration) with the support of UNICEF, indigenous women say that they are not encouraged to do antenatal and childbirth in modern health centres because the staff there abuses them. This kind of attitude is not likely to generate better use of health services, and those of birth registration in particular. Hence the importance of the practice of home deliveries which limits the systematic reporting of births since the heads of villages and households are often unaware that they also have the obligation to report the birth to the civil registrar.

This is also the case for the social relations of the Bantu towards indigenous groups, which are often tainted with ethnocentrism and discriminatory behaviour.

To date, there are no statistics available on the number of refugee children who received birth certificates. However, the 04-2010 Act of 14 June 2010 in particular articles 13, 14, 16, 17 confers the same rights of birth registration to refugee children.

Faced with this situation, the government will: (i) ensure the improvement of indigenous people's access to basic social services through the National Action Plan on improving indigenous people's quality of life; (ii) implement the strategic framework on the registration of births from 2009 to 2013. The implementation of this strategy requires adequate resources. Also, the support of development partners including the European Union and United Nations agencies (UNICEF and UNFPA) is requested.

## **B - Access to rights, freedom of expression, freedom of thought, conscience and religion / freedom of association and peaceful assembly**

Freedom of expression, of thought, conscience and religion, and freedom of association and peaceful assembly is guaranteed by the child protection Act, in Articles 31, 32 and 33 which state the following:

"The child has the right to speak freely. This freedom of expression includes the freedom of seeking, receiving and spreading ideas of all kinds regardless of frontiers, either orally, in writing or in print, or in any other media of his/her choice. "(Art. 31)

"The child has the right to freedom of thought, conscience and religion in accordance with the guiding role played by parents, guardians or any other person in charge of his/her care. "(Art. 32)

"The child has the right to freedom of association and peaceful assembly, subject to the rules prescribed in the interests of national security, public safety or public order or for the protection of health or public morals or the fundamental rights and freedoms of others. "(Art. 33)

These recent restrictions also apply to previous articles concerning freedoms. This applies to all the freedoms granted to adults, women and children. However, these freedoms are a real step forward for the children of today.

## **C - Protection of Privacy**

Under section 24 of the Child Protection Act, "the child has the right to respect for private life, subject to the rights and responsibilities held by parents or persons in charge of his/her education." As stated previously on individual freedoms, this right is subject to some restrictions. This commendable provision is difficult to implement within the family, except in cases of non-compliance with these rights, especially in situations of: abuse, sexual exploitation, use, recruitment or offering of a child for prostitution purpose, for the production of materials or for pornographic shows. Because of the lack of clear and precise delimitation of the scope of the privacy, which is not specified by the legislature, we will limit ourselves for the time being, to the acts affecting the child morality, dignity and honour.

Severe penalties are prescribed for any infringement of the privacy of the child (art. 100 to 107) in particular Articles 65 (against pimping), 66 (against the production, dissemination, import, supply or sale of any material depicting a child engaged in sexual activity) and 67 (against paedophilia).

## **D - Protection of children against abuse and mistreatment**

As a set of rules to be observed by all members of the community, pending sanctions, discipline comes along with any learning process in life. The interface of discipline is the positive or negative sanctions, which are practiced, willingly, with or without violence. The international and national communities prohibit violence against children and recommend softer approaches, through dialogue and persuasion.

According to the parents interviewed in the CAP survey on the care of small children (UNICEF 2002) corporal punishment is " bad " for 54% of opinions expressed. They advocate for dialogue, purely verbal reprimand and admonition, but no physical or verbal abuse. However, 41% of parents surveyed believed that physical punishment was " necessary

" but must remain within reasonable and supportable limits for the child. All this suggests that the beatings administered by parents and which children lived through and suffered from should not be severe.

The DHS 2011 confirms that children experienced non-violent sanctions of up to 86.8% , against smaller verbal psychological aggressions (77.3%). The concerned population decreases when it comes to corporal punishment (71.5%) and it drops to 25% that is only 1 in 4 children in terms of very violent corporal punishment. However, there is still a strong penchant to wards the use of violence (86.0%).

Regarding non-violent sanctions and aggressive verbal sanctions (insults which may shock and leave psychological traces), crossings by sex, place of strength, department, age, level of education of the mother and the level of well-being, there does not seem to be a major gap or significant differences even in the richest households and with mothers of higher education, the use of non-violent punishment and psychological aggression is moderate. However, the overall rates of the use of nonviolent sanctions and psychological violence remain high (between 87.0% for non-violent sanctions and 77.3% for psychological aggression) or approximately 3 / 4 and a bit more parents regardless of their economic or socio-cultural status who adopt sanctions with lasting and negative psychological effects.

Corporal punishment, which marks a higher level of violence, involves 2 / 3 of children (71.5%). It is administered against as many girls as boys but much more in rural areas (74.2%) than in urban areas (69.8). Kouilou takes the lead in terms of administration of corporal punishment with 82.5% of children affected. It is closely followed by Likouala which records (80.6%) and by the Niari 79.5%. In the intermediate group are the Pool, Plateaux and Cuvette with respectively 78.8%, 77.3% and 73.2%. Brazzaville is placed at the end of the race behind the Cuvette-Ouest, Sangha and Pointe Noire. The differences are small in the different groups, but significant between the first and the last.

The most significant differences, which lead to further reflection, concern the sanctions by age group. It seems that children aged 5-11 years are more difficult than those of 12-14 years (73.9% of children aged 5-11 years are punished against 59.3% among 12-14 years). The trend is downward when taking into account the higher level of education of the mother, although the trend is not consistent (72.9% for uneducated mothers to 66.4% for senior secondary school graduated mothers). The same trend is observed with children classified according to the level of the child's well-being in the household; rates fall to 75.6% among the poorest, and to 67.1% for the richest.

Between common corporal punishment (slaps, caning) to very severe punishment there is only one step. Parents do not dare cross it certainly for fear of consequences. The rate of children victims falls to 25.0%. However, 1 in 4 children experience acts of great violence. The proportion is still too high, although there are differences by gender or area of residence. The Kouilou department holds the record of very violent corporal punishment with 35.5% of children involved. It is closely followed by Likouala with 33.3% and a little further (28.6%) by the Cuvette. Perhaps they develop cultural educational traditions through violence 'as the highest level of income or education does not influence the practice much. Indeed, even in households with mothers highly educated, the differences between them and those who are not educated is 2 points (23.7% and 22.0%). Violent abuses are practiced almost at equivalent levels. Perhaps we should seek some explanation in cultural traditions.



Table 5: Corporal punishment and other forms of violence

No.	Type of violence	Number
1	Ill treatment	306
2	Nutritional taboos	62
3	Abuse/step mother	45
4	Driven out from home	26
5	Death threat	5
6	Stabbing threat	2
7	Boy preference	4
8	Rejection by the father	3
9	Attempted Rape	12
10	Forced labour	16
11	Rape by family member	4
12	Victim of tribalism	8

Source: DGAS situations of abuse recorded in CAS Brazzaville.

There is still a (cultural) environment quite deeply rooted in favour of the use of violence in punishing any act of indiscipline, at a high level (86.0% of children involved) and this concerns all backgrounds, education levels and income. This fundamental violence is more pronounced in rural areas (89.9% against 83.8% in urban areas). It is confirmed for the departments of Kouilou, Likouala and Cuvette (respectively 94.1% , 93.1% and 92.8%), it is even extended to other departments such as the Pool, Plateaux and Cuvette-Ouest (all around and above 90.0%). The age group of 5-11 years experience more violence (87.2%) than that of 12-14 years (79.9%). The education level of the mother impacts downward the level of violence (88.9% to 79, 7%), but to a lesser extent than in the well - being levels. Between the poorest and richest the difference is almost 10 points. Overall the level of violence is still too high: 4 out of 5 children suffer the adverse consequences. Outreach social services should incorporate an IEC component on violence against the child in their annual programmes of activities.

Until the enactment of Law No. 4-2010 of 14 June 2010 on the protection of the child, the prohibition of corporal punishment was effective only in schools, especially at primary level. Within families, no legal or regulatory provision regulated and prohibited the administration of corporal punishment of children, but it was instead considered as a conventional method of correcting the social deviance of the child.

Corporal punishment could, in case of injury for instance, constitute evidence of the flagrant violation of human rights on the basis of the Convention against Torture and Other Cruel, Inhuman or degrading that Congo had ratified on August 29, 2003.

It may therefore be noted that a breakthrough has been achieved with the adoption of the aforementioned law, in that the legislature inserted in the Congolese legal corpus, a provision expressly sanctioning the administration of any form of corporal punishment. Indeed, Article 53 of the Act states "*It is forbidden to use corporal punishment to discipline or correct the child.*"

If the prohibition of corporal punishment is now provided by law, it is necessary to examine its effectiveness in the absence of punishment even a civil one, and it is still necessary that the law be widely popularized for the attention of parents, guardians and professionals

working with children. In other words, a process of awareness and education must be considered in order to ensure compliance with the statutory provision.

#### **CHAPTER 4: FAMILY ENVIRONMENT AND ALTERNATIVE CARE (articles 20, 20.1, 19.2 and 3.25.25.2, 18.3, 24.16 and 27).**

The Committee's observations on the family environment and alternative care cover four areas of concern, namely:

- The family environment;
- Alternative care;
- Adoption
- Child victims of abuse and neglect;

##### **Family environment**

Every child needs and has the right to live in an undisturbed or non-disruptive family environment, which is protecting and fulfilling for proper a socialisation and psychological and intellectual harmonious development. The loss of one or both biological parents and living with one of the parents or with other non-biological parents (especially at a young age - less than 5 years-) offers no guarantee of development in a supportive environment. The status of total orphan at a very young age weakens the more. All approaches (traditional or purely legal) take this onto account. The first strategy develops, automatically redress mechanisms for internal solutions of substitution or replacement. The second expects complaint before the Children's Court to decide. The two are complementary and have the same understanding of parental responsibility, as stated in Article 47, namely "the parents have an obligation to maintain and raise their children. The child is under their authority and that authority is required to ensure his/her protection, guardianship, especially to determine his/her residence, to provide for his/her learning process, his/her maintenance, his/her education and his/her health. Parents must ensure that during their temporary absence, someone they trust takes the child into care. »

The DHS II 2011/12 confirms a social reality made of united families and separation, through the review of the child's situation and his/her home with his/her parents.

According to the results of the EDS II 2011/12, 57.7% of children under 15 years and a little less (54.7%) for children below 18 years, live with both biological parents. Even toddlers of 0-2 years old recorded a rate of 72.6%. The more we advance in age, the less children are likely to live with their biological parents, 64.8% for children aged 2 to 4 years; 56.9% for those of 5 to 9 years and 43.4% for those of 10 to 14 years.

The phenomenon is not unique to one sex 55.3% in boys and 54.2% girls, neither it is for the place of residence, but the tendency to keep the children with both parents is higher in rural areas (57.8% against 52, 8% in urban areas).

All departments are around the national average except for Lékoumou, Brazzaville and Sangha whose rates are the lowest (50.0% to 50.4%). However the Plateaux Department keeps more children with both parents (64.6%). The level of household wealth has little effect on the social behaviour: the richest record rates below those of the poorest (55.4 and 55.7 in the fourth and fifth quintile against 59.9% for the poorest quintile).

In any case, it is established that Congolese families are unable to ensure a living environment in a matrimonial home to all their children (even the small ones). Yet the impact of the partial or total orphan status is only 5.3% for children aged 15 years and 6.7% for children under 18 years. The high percentages of children under 15 years (12.6%) and children under 18 (15.0%) who do not live with any biological parent certainly, confirm this laudable social behaviour, but may involve inadequate care or attention for emotional or psychological development of toddlers.

Children aged below 18 years living with non- biological parents is a common phenomenon in Congolese society, which certainly constitutes a positive social value but entails risks. It should be noted that 4 out of 10 children live outside of a small family environment organised around the two biological parents: 42.3% for children aged below 15 and 45.3% for children aged below 18 years. This category of children living outside a family setting of both biological parents includes:

- Children living only with their mother: 22.6% of children under 15 of which 2.2 are orphans and 22.5% of children aged below 18 years of which 2.6% are orphans;
- Children living only with their father 6.9% aged below 15 years of which 0.8% are orphans; 7.3% aged below 18 years of which 0.8% are orphans;
- Children living with neither parent: 12.5% of children aged below of 15 which 2.2% are orphans; 15.1% aged below 18 years of which 3.3% are orphans.

Congolese custom is very favourable to the care of the child by a large number of people. In law, sections 320 and 321 of the Family Code place an obligation on the parents to care and raise their children until their majority or emancipation through marriage. The child is under their authority and that authority requires ensuring the custody of the child, especially to provide for his/her housing, provide for his/her education and upbringing.

The economic situation of many Congolese households characterised by an advanced state of destitution and poverty forces parents to practice mutual assistance by the redistribution of the family burden care or by fostering one or two children to more affluent relatives. This well established social practice explains this high rate phenomenon of children living without their two biological parents. Separation from the parent is seen as a normal that lawyers liken to alternative care.

## ***B -Alternative care***

### ***B - 1 - Separation from parents (Article 9).***

The Congolese law provides for the maintenance of the relationship between the child and his/her parents for the wellbeing of the child and harmonious development. It does allow separation from them or one of them only in specific cases and when his/her interests require it. That is when the child is abandoned, abused under section 328 of the Family Code, or when parents are separated, divorced, dead, in case of adoption or withdrawal of parental authority.

The decision of the judge in these cases will take into account the best interests of the child. Visiting rights are prescribed in cases of divorce or separation of parents. Article 325 of the Family Code states: "The judgment ordering or establishing divorce or separation rules on the custody of each child who to his/her greatest advantage, will be entrusted to one or the other parents or if necessary, to a third party. The parent ensuring the custody exercises the different rights attached to parental authority over the person and the child's property. The Tribunal sets the conditions under which the non-custodial parent may exercise a right. Regardless of the person to whom the children are entrusted, the father and mother contribute to the maintenance and education of the child within the limits of their means. "

In case of death of both parents, it is the guardian who exercises parental authority over the child. He assures his/her care, education and maintenance (art 324 of the Family Code).

For children born out of wedlock, authority is exerted on them by the father and mother, but custody belongs to the mother. The juvenile court may take educational assistance measures such as regular visits from a social worker or placement under probation (article 328 of the Family Code); or placement for a period not exceeding the time of his/her majority:

- 1 with another parent or a trusted person;
- 2 in a school or vocational school;
  - 1 In a child care service;
  - 2 in a care facility or a medical-educational institute;
  - 3 in a rehabilitation institution (article 329 of the Family Code).

These measures may be revoked or modified (art 330 of the same code).

According to the provisions of Articles 331 and 332 of the Family Code, in case of forfeiture of the authority of the father and mother due to child abuse and in case of withdrawal of all or part of the rights attached to it, the court of instance or district serving as a criminal court or the juvenile judge decides on the child guardianship which will then be given to anyone who requests it through a petition to the court. Otherwise, the authority can be exercised by giving the child to other institutions and even individuals who, after 3 years, can ask the Court by petition, to be appointed as guardians of the child.

There is no guardianship in case of partial withdrawal of the mother and father's rights with respect to any or some of their children.

The rights for which the withdrawal was ordered are transferred to the minor's parents, to accredited charities with public utility or appointed by order of the head of department, or to the child care service.

But these measures may be modified by the court that ordered them, either automatically or at the request of the public prosecutor or at the request of the child himself, the tutor, the guardian or persons or institutions with which the child has been placed.

When the parents or one of them are in custody or serving a prison sentence, the child has a visiting right. For this purpose, a permit to communicate is issued to him/her either by the prosecutor or by the judge who is in charge of investigating the case, or by the President of the Indictment Division.

The law 4 -2010 on child protection in the Republic of Congo, in particular Article 21 recognises the right of the child to keep regularly contact with both parents in case of separation of the child from both parents or one of them.

### ***B - 2 Children deprived of family environment (Article 20)***

Special protection measures for street children, abandoned children and children at risk relate to legislative, legal and administrative matters.

#### **Legislative measures**

The legislation on the protection of this category of children includes:

1. In its Article 33 the Congolese Constitution states, "any child without discrimination in any form whatsoever, is entitled, on the part of his family, the society and the state, to the safety measures required by his/her condition. "
2. Law No. 073/84 of 17 October 1984 of the Family Code, which, in Title IX includes provisions relating to the food obligation and Title X, deals with the scope and exercise of authority of fathers and mothers as well as educational assistance.
3. The Criminal Code considers as crimes or misdemeanors, depending on the severity, any act intended to prevent or destroy the civil registration of a child, or jeopardise his/her existence.
4. Law No. 009/88 of 23 May 1988 establishing a code of ethics of the professions of Health and Social Affairs, in its Chapter IX on Social Affairs staff, defines the roles of the social worker and the educator and their respective areas of action.
5. Law No. 4-2010 of 14 June 2010 on child protection in its Article 44 states, "In addition to the rights of the child, abandoned orphans, children found, moved from the street, refugees, asylum seekers, indigenous and albinos have the right to education, training and skills that strengthen their autonomy and facilitate their integration, their participation in social life. "

#### **Administrative measures**

The government encourages individuals or legal entities to invest in the field of social protection of children without family ties (street children, abandoned children) and children at risk, in strict compliance with established rules. Retention or return to the family

(biological or adoptive) remains the rule; institutionalisation should be the exception and considered in a temporary perspective.

Number of public structures including the social action districts, judicial social services, the police, the gendarmerie, district offices are ideal places to serve as first points of meeting and listening to children in need of special protection measures. The cases referred to them are:

- Abandoned children;
- Denial of pregnancy;
- Child abuse;
- Child support;
- Childcare;
- Child runaway;
- Theft;
- Inheritance.

Only one public structure provides support for street children. It is the centre of integration and reintegration of vulnerable children (CIREV), which accommodates the children on temporary basis before their reintegration into family. This centre offers seven services to residents children: temporary accommodation (counselling and security), school enrolment / re-schooling, health care, food, psychological support, vocational training, support for income-generating activities. With the support of UNESCO and on experimental basis for the period 2004- 2005, twelve children were reintegrated into their families through resocialisation action using apprenticeship (sewing, hairdressing, leather goods, pastry, fine arts) .

### **Judicial measures**

Legal action intervenes in case of failure of administrative measures or in case of reporting, referral or to self-referral of the juvenile judge. The judge may order the following judicial measures:

- 1 Social investigation;
- 2 Educational action in an open environment;
- 1 Placement in foster family;
- 2 Placement in a public or private alternative care setting (orphanage, centre);
- 3 The legal custody of the child entrusted to one of the parents;
- 4 Withholding of wage for child support purposes.

Furthermore, legal action may be taken against the perpetrators of neglect, abandonment, violence, child abuse. The penalties range from a mere fine to imprisonment.

### **Partners' action**

Beside the existing crèches, nurseries and public day care centres (2 in Brazzaville and 1 in Pointe Noire), orphans and other abandoned children are accommodated by private orphanages, most of them run by members of religious denominations.

The Ministry for Social Affairs has entrusted the NGO Doctors of Africa the implementation of the " Project for care of orphans and other vulnerable children" with the support of the World Bank. All children receiving support through that project benefit from care in psychological terms, school, food and vocational training.

The children supported by the project are maintained in their respective families.

In the context of social mediation and legal support, orphans and other vulnerable children, benefit from legal aid services established in Brazzaville and Pointe Noire. These services develop a legal aid programme approved by the Ministry of Justice and Human Rights.

They help conflicting parties to find an amicable solution, without the need to appear before an established jurisdiction.

### ***C - Adoption***

• The Law 4-2010 of 14 June 2010 on child protection in the Republic of Congo, Article 59, paragraph 2, provides that international adoption can take place only if the competent authority has established that

- The child is adoptable;
- The adoption is in the best interests of the child;
- Persons, institutions and authorities whose consent is required for adoption, have been given necessary advice and appropriately informed about the consequences of their consent, in particular on the maintenance or breach of the legal relationship between the child and his family of origin;
- They have freely given their consent in the required legal form;
- Consent has not been induced by payment or compensation of any kind;
- The consent of the mother, where required, has been given only after the birth of the child;
- The child's wishes and opinions were been taken into consideration with regard to his/her age and maturity;
- The child was provided with counselling and duly informed of the consequences of the adoption and consent to adoption;
- The consent of the child for adoption, where required, was given freely, in the required legal form and has not been induced by payment or compensation of any kind.

In light of this provision, there is only the establishment of the competent administrative authority to regulate, monitor, advise and ensure compliance with the implementation of the above-mentioned conditions. The Congolese government in light of Article 59 of the above-mentioned law has a significant legislative framework that should lead to an adoption policy. This policy should entail the establishment of an identifiable central administrative authority, independent and equipped with human, material and financial resources.

In case of foreign adoption, the child must have the same guarantees and measures than those existing in the case of national adoption.

The state must ensure that the child's placement abroad does not result in improper financial gain for those involved in it. The Congolese Family Code regulates adoption in Articles 276 to 276 298. The article states: "Adoption may take place only if there is good cause and if it has advantages for the adoptee ". Article 283 includes an obligation for children aged above 15 years to personally consent to the adoption and article 284 provides for the consent of the family of origin. The court may decide only after investigation and possibly after checking that all the legal requirements have been met.

The Law 4 -2010 of 14 June 2010 in its Article 59 refers not only to the provisions of the Family Code but especially strengthens the mechanism of inter country adoption.

The measures taken by the Congolese legislator in adoption of the child were only in his/her interest.

The Congolese people have yet a culture of adoption because of the survival of the spirit of family solidarity, which in practice, and according to the Family Code, extends to the 8th grade. Which means that because of insecurity or poverty, some parents with brothers, sisters, cousins, uncles and children in Europe, in the interest of their children, engage increasingly in intra family adoption. This is understood as the "fostering" of the child to a family member. Extra family adoption is not significant. The most frequent cases of international adoption, considering the number of pending cases and judgments, concern children abandoned, dumped or found.

Due to the leniency that occurs in the courts for holding regular records in general, and those for adoptions in particular, it is impossible to provide reliable data even in Brazzaville. It should be noted that in statistical terms, Congo is not a country great purveyor of children for international adoption. We can estimate an average of 30 children. As an indication, in Brazzaville, in 2006 and 2007, European families adopted about twenty children, including Spanish families. In 2010, 19 children were involved; most of them abandoned children coming from the private and public centres. Applicants are mostly French families.

From 2011 to 2013 statistics from adoption services have established the movement as follows:

Year	2011			2012		
	National	Internat.	Total	National	Internat.	Total
Brazzaville	35	2	37	33	5	38
Pointe Noire	35	7	42	22	3	25
Total	70	9	79	55	8	63

Source: Statistics DGAS, Brazzaville, 2013

### ***Transfer and non-return (Art. 11)***

In case of travelling out and not returning, Law No. 18/64 of 13 July 1964 punishes the unlawful removal from Congo of a child born to a Congolese mother and a foreign father.



This law applies less and less while cases of children transferred to other countries, particularly in West Africa against the consent of their mothers are reported here and there. Also, due to the existence of large numbers of children of Congolese fathers and foreign mothers, it is necessary to review and adapt this legislation.

The provisions for alternative care are enshrined in the Law 04-2010 Act of 14 June 2010 on child protection in the Republic of Congo, particularly in Articles 56 and 59.

For the government, a child in need of alternative care is a vulnerable child. This means a child who, because of his physical or mental state, psychological, its adverse social and economic status, is subject to all forms of discrimination and / or abuse.

According to the 2006 study of the Ministry of Social Affairs, Solidarity, Humanitarian Action and Family, 11 structures were declared orphanages and 10 shelters. All these structures, which are located in the two large cities (Brazzaville and Pointe Noire), acknowledge accommodating full or partial orphans. It appears that the majority of these structures are not officially registered (17%). The law of 1901 that these structures claim to comply with is obsolete and is limited to the requirements for the establishment and operation of associations<sup>3</sup>.

They are usually the work of local and international civil society, religious groups and associations that play an important supportive role and provide protection to orphans and vulnerable children.

For their operations, these structures are experiencing huge financial problems. In general, their monthly expenses are between 100,000 and 750,000 FCFA. The material resources available can be summarised in buildings, dormitories with beds with mosquito nets, recreational facilities, health posts. The staff operating in these structures has a school or academic profile that is more general than technical.

In view of the above-mentioned difficulties and in order to improve the quality of protection and prevent abuse, the study proposed three priority intervention areas that are:

- Strengthening the institutional and legal framework. The focus will be to ensure the publication of the Decree on the terms of creating and opening of private structures for care and accommodation of children,
- Improving social, family and professional rehabilitation through strengthening human capacity and strengthening financial and material capacities;
- Support to orphanages and shelters. The competent services should follow the appropriate steps towards family reintegration instead of engaging in orphanages and shelters. Similarly, there is an urgent need to develop a programme of professional rehabilitation for children of working age.

In order to ensure that children receive proper care, the Ministry for Social Affairs issued a Decree establishing the conditions and methods of creating and opening private care and accommodation settings of children and a Decree that sets standards of organisation and functioning of these structures.

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<sup>3</sup> Tribunal de Grande Instance of Brazzaville

Similarly, the government declared the implementation of specific actions of the national strategic framework for vulnerable children including: (i) preventing situations of vulnerability; (ii) the reactivation of legal tools (texts and protecting laws) and rehabilitation of children in conflict with the law; (iii) support and strengthening of acquired assets such as shelters for orphans and vulnerable children; (iv) the promotion of partnerships and private initiatives.

The draft law authorising accession to the Convention on the Protection of Children and Cooperation in Respect of Inter country Adoption initiated by the Ministry of Foreign Affairs in 2007, after a temporary halt, has been put back in the administrative circuit for its adoption and imminent promulgation.

Technical assistance of the Committee or UNICEF to conduct an evaluation of the practice of the so-called informal adoption is sought, an evaluation that is expected to enable to grasp the ins and outs of the issue and develop some proposed solutions.

#### **D - Children victims of abuse and neglect**

In the criminal Congolese legal system, abuse and neglect of children are vaguely defined and punishable in the case of offences perpetrated against an individual or when considered as violence or assault and battery, as appropriate, or in the form of child abandonment. These offenses which are punishable by light criminal sentences, are merely, if at all, deterrent, to the point that the abuse and neglect are unfortunately leading to the phenomenon of street children.

Outside the court, there is not, strictly speaking any mechanism to collect, process and investigate complaints regarding cases of child abuse. However, as it has been previously reported, the perpetrators of abuse are brought to justice under the various conventional offences.

This form of violation of children's rights could be countered through parental education such as the rights of their children. In addition, the definition and determination of the elements of these offenses, as well as the increase of the relevant penalties ceiling could ensure more wisely, the rights of children victims of abuse and / or moral and physical neglect.

Strengthening the system of the protection of children's rights requires that UNICEF provides technical assistance, including through the proposal of a mechanism model for the State Party to take ownership. This approach can be seen in the context of a Decree to be taken pursuant to Law No. 4-2010 of 14 June 2010 on child protection.

The application of the principles of preservation of the sensitivity of children and respect for their privacy does not give entire satisfaction considering the level of the judges' sentencing and that other personnel dealing with disputes concerning children. It is essential to note the lack, in the entire judicial system of Congo, of adequate management structures for children litigation in accordance with the requirements of the CRC, as well as the lack of judges (from both the bench and prosecution) working in juvenile courts, which could have benefited from the slightest opportunity for capacity building in this area.

The government plans to negotiate a training programme with United Nations agencies in the implementation of its five-year legal programme 2011-2016, the subject of the draft law that was submitted to the Supreme Court for review on its constitutionality.

In accordance with the commitments made through the ratification of the CRC, Congo in 1993 adopted the National Action Plan for Children (PANE). The ongoing political tensions and armed conflict that repeatedly marked the decade did not allow the implementation of this plan. Nevertheless, the national strategic framework for vulnerable children adopted in September 2003, is based on three main principles: (i) the best interests of the child and participation in decision-making; (ii) the right based approach as basis for programme management, projects and services; (iii) the family as the privileged place for child development.

The priority actions are:

- The fight against physical, sexual, psychological and abuse in the family, at school, in society or in institutions;
- The fight against neglect, exploitation, including forced labour, trafficking of all kinds, enlistment in the armed forces, prostitution;
- The fight against discrimination in all forms;
- Elimination of the worst forms of exploitation of children;
- Ensuring that all children receive attention in a family environment.

This plan focuses on nine strategic areas, including the promotion of partnership that deserves more attention. In this case, it is to establish a legal framework for cooperation, that is both consensual and flexible, to be strengthened, to strengthen the operational capacities of key stakeholders (NGOs, children, families, social workers, communities) and harmonise working methods, language, field operations. The full participation of children must be acquired, too.

The Government through the Ministry for Social Affairs is developing, with the support of UNICEF and in conjunction with civil society organisations, the World Bank and the Global Fund, management strategies for OVCs and rehabilitation of street children. The implementation of these strategies has led to the care in late 2008 of 18,842 orphans and other vulnerable children in all the chief towns and villages of the country (Brazzaville, Pointe Noire, Dolisie and Mossendjo, Sibiti Madingou, Nkayi, Kinkala, Mindouli, Djambala Ewo, Owando, Ouesso, Impfondo), including: medical assistance (5886 OVC) school attendance (3901 OVC), a professional learning support (485 OVC), supporting the development or strengthening of an income-generating activity (429 families).

For the period 2004-2008 the allocated budget was: Government: 5,000,000 FCFA / year, UNICEF: 103,800 US dollars, the World Bank US \$ 350 million.

In 2009, the project was reoriented, interventions focused solely on the care of children infected and affected by HIV / AIDS. The following activities were implemented for this purpose: supporting the development or strengthening of an income-generating activity: 374 families; Vocational training: 374 OVC psychological support: 3140 OVC; Health Care: 4513 OVC; academic support: 5538 OVC. The distribution of the supported OVC by age is as follows: 0-4 years: 12%; 5-9 years: 26%; 10-14 years: 34%; 15-18: 28%, the proportion of girls is 50.2%.

Regarding family reintegration of street children, the activities are developed in Brazzaville and Pointe Noire since 2005 with a budget of 73,035,000 FCFA. To date, 147 children have been supported including 60 in Brazzaville and 87 in Pointe Noire. The activities have supported 90 families, placing in learning workshop 50 children and 97 children into school. Likewise 89 children were included in families.

In a completely different note, since 2002 the operationalisation of the integration and reintegration centre of vulnerable children (CIREV) helped to reintegrate sustainably for the period 2002 to August 2010, 68 children supported by the centre in their families of which 64 boys and 4 girls, with the placement of 42 children in apprenticeship (leather goods, sewing, hairdressing, baking, art plastic, carpentry, mechanics, welding, driving school), and school placement of 130 children of which 100 boys and 30 girls.

The girls are supported on external basis because the facility does not meet the requirements to accommodate them.

Between 2004 and 2005, this centre has developed, with the support of UNESCO and UNICEF, a project entitled "Social reintegration of street children through apprenticeship" (PRER1) which helped reintegrate for the period 2004-2005 and as an experiment, 12 children into their families through resocialisation action by apprenticeship (sewing, hairdressing, leather goods, pastry, plastic art). The second phase (PRER2) covering the period 2005-2006 was fully funded by the government and facilitated the reintegration of 4 children. The centre received budgetary allocations of 3.750 million FCFA in 2002 and 2003, 10 million FCFA in 2004; 25 million FCFA in 2005; and 42,984,000 FCFA in 2006, 2007 and 2008; 92,984,000 FCFA in 2009 and 2010. The centre has also developed a partnership with the Evangelical Church of Congo (CES) which resulted in the rehabilitation of three children in their families.

The difficulties of this centre are two-fold: (i); staff placed in the centre deserves to be better qualified to carry out a social quality field work and provide social and educational support; (ii) the structure is not protected by a fence that can ensure the safety of children and assets.

At private level, many NGOs work on the issue of street children. These include: Association Ndako Ya Bandeko, Space Jarrot, Actions Espoir Enfance en Détresse (AEED), Association Youth Development and Labour (AJDT), Actions de Solidarité Internationale (ASI Congo), Association Serment Universel (ASU), Education en milieu ouvert (EMO), Don Bosco for Brazzaville; Association Espace Enfants (AEE), Centre d'Accueil pour Mineurs de Mvoumvou(CAM), International Relief Christian Movement for Solidarity (SIMCS), Centre Madre Moreno in Pointe Noire. It should be noted that in this city, the municipality has been developing since 2006, an experience called "Samu Social-Pointe Noire," with the assistance of Samu International.

In order to coordinate all these interventions, the Speakers Network on the phenomenon of street children (REIPER) was set up in 2004,

In the absence of data from other alternative care settings, every year Espace Jarrot hosted from 2005 to 2009 40 children per year, it placed 15 children with apprenticeship workshops and sustainably inserted 50 children. This structure educates 80 children and receives between 350 and 400 children applying for support at its counselling centre.

Most of these structures have staff with little training in social service work (social workers or educators), which sometimes impede the functioning of child reintegration mechanisms that need proper monitoring. At material level, the premises where these centres are located are old with low water storage capacity. Besides CIREV, which receives state funding, structures emanate from CSOs and some of them receive funding from international donors and others generate their own financing through their congregations.

Another difficulty that is highlighted is the lack of coordination in the different actors' areas of intervention. On one hand, these actors confer little, each working in their area of intervention with their tools and secondly, they do not understand the legislation on children's rights.

Regarding abandoned children, the state has three sites: crèches - Nurseries - daycare (2 in Brazzaville and Pointe Noire 1), with a constant budget of 32,500,000 FCFA per year since 2003 for all of these structures.

The private sector for its part, has thirty care and accommodation centres, of which the following can be mentioned: the care centre "La semence " the home "Marie Misericorde", the home "Soeur Clotilde ", the orphanage " Joseph Gaston Céleste ", the home " Lumiere pour enfants ", the home " Esperance Soeur Dorcas ", the orphanage " Notre Dame de Nazareth ", the orphanage " Les Cataractes ", the care centre Bethany, the orphanage "Sainte Face de Jesus".

Several constraints are remaining in the implementation of these projects. For the OVC project constraints are: (i) low operational level of partnership to reduce costs of care, (ii) weak ownership of programmes by communities, (iii) issue of employment of children after training, (iv) fragility of revenue generated by IGA, (v) high cost / childrearing: US \$ 229 / child per year due to the AESO management fees, (vi) quasi unavailable state financial contribution which limits the ability to fund some vital topics not included in the project document (PLVSS, PADEPP) (vii) weak supervision of DGASF and low involvement of CAS.

Taking into account the lessons of the past period, the Government intends to develop with all the institutional players a strategy including: (i) prevention, management and rehabilitation of street children, (ii) increase social mobilisation against violence against women and children; (iii) strengthening national capacity for risk management and emergency response; (iv) documentation of evidence, (v) capacity building of social welfare services to coordinate the expansion of care quality services for OVC; (vi) support to community networks to reduce stigma and community care for children affected by HIV; (vii) mobilising resources for the care of street children and OVC; (viii) training / retraining of implementing agencies on the care of orphans and other vulnerable children by reframing the new procedures manual; (ix) strengthening the monitoring capacity of the DGASF and CAS.

## **CHAPTER 5. BASIC HEALTH AND WELFARE**

The Experts Committee's concerns on the health and well being of children are divided in 5 areas:

a) Survival and development of the child (Article 5);

- b) Disabled children (Article 13);
- c) Health and health services (Article 14);
- d) Social security, services and facilities of child's development (Article 20.2 ac)
- e) Orphan care (Article 26)

## 5.1. Survival and Development

This component was developed in Chapter 3 on civil rights and freedoms

## 5.2. Les disabled children

### 5.2.1. Context

According to the 2007 census, 1.4% of the population (just over 50 000) has a disability, which seems very little if one refers to the estimated proportion of persons with disabilities in Sub Saharan Africa (between 7% and 10% of the population). The breakdown by age group shows a relative under-representation of children and young people: as you can see from the chart below people aged below of 20 account for only 22% of disabled people while they represent nearly 50% of the total population. This is not necessarily abnormal in that the increase in age increases the risk of acquiring a disability due to accident or illness.

Table 6: Distribution of the disabled population by age group

Age in month	0 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 +	All
Proportion	3	5	7	7	8	9	9	9	7	6	5	5	4	16	100

Source: Situation of disabled people in Congo - RGPH, CNSEE, Ministry of Planning, sd

The distribution of people with disabilities by type of major disability reveals a dominant representation of persons with lower limb (s) disabilities (37.2%) and people with upper limb (s) disabilities (18, 0%): These two types of disability gather more than half of disabled people (about 55.2%). A considerable share is made by blind or visually impaired (13.1%), followed by deaf and dumb (8.8%); hearing impaired (7.2%) represent the less represented type of disability.

Indeed, the prevalence of disabilities of upper and lower limb(s) certainly translates a preponderance of disabilities caused by diseases such as polio, leprosy, etc. However, these two types of disabilities can also come from war-victims or traffic accidents.

Graph 1: Distribution of persons with disabilities by type of major disability (%)

Source: Situation of disabled people in Congo - RGPH, CNSEE, Ministry of Planning, sd

If the gender distribution of the types of major handicap shows no significant differences between men and women, distribution by age group reveals however quite significant differences between young and elderly people. In fact for the very young, which means, between 0 and 4 years the most common types of disability are: disability of upper limb(s), disability of lower limb (s) and deafness / muteness. While among children and youth aged between 5 and 19 years, although the aforementioned three types of disabilities are always represented, a significant increase of intellectual disability is observed. Between 20 and 44

years the predominance of the disabilities of the limbs (lower and / or upper) is much more significant, the remaining types of disabilities are substantially in the same proportions. Finally in mature ages, that is to say 45 and over, there is a substantial increase in blindness or reduction in visual acuity (with 34.1% at 65 years), and significant proportions of brain paralysis and hearing loss.

If a significant number of limbs disabilities (lower or upper) for the very young can be attributed to the failure of the vaccination system, for the most active age (20-44 years) traffic or work accidents, risk behaviours (smoking, alcoholism, etc.) certainly help explain the predominance of limbs disability at these ages. Finally, the increase of the blind or visually impaired, cerebral palsy and hearing loss in older ages would certainly due to the onset of certain age-related diseases.

Table 7: Breakdown of the disabled population by age groups according to the type of major disability

Age group	Major types of disabilities							
	Upper limb(s) disability	Lower limb(s) disability	Brain paralysis	Hearing impairment	Deaf - mute	Blind-visual impairment	Intellectual disability	Total
<1	32.8	23.2	10.0	6.8	17.6	4.4	5.2	100.0
1 to 4	28.4	27.5	8.6	4.9	18.7	4.4	7.5	100.0
5 to 9	23.9	24.1	7.7	9.0	19.7	5.1	10.3	100.0
10 to 14	21.1	26.2	8.8	8.6	16.3	5.8	13.2	100.0
15 to 19	19.9	30.9	9.2	7.7	13.7	5.8	12.9	100.0
20 to 24	19.2	36.7	8.5	6.9	13.3	5.8	9.8	100.0
25 to 29	18.8	45.8	6.7	5.2	9.7	5.6	8.4	100.0
30 to 34	17.4	47.7	6.2	5.5	8.2	7.0	7.9	100.0
35 to 39	16.4	50.4	6.3	5.5	6.6	7.0	7.8	100.0
40 to 44	17.0	45.4	8.2	6.0	6.0	9.5	7.9	100.0
45 to 49	18.1	40.2	7.7	6.9	6.0	14.1	6.9	100.0
50 to 54	18.1	39.7	8.4	6.9	4.6	16.9	5.5	100.0
55 to 59	16.4	35.9	10.1	7.7	3.6	20.8	5.5	100.0
60 to 64	17.6	33.3	9.2	9.8	2.6	22.4	5.1	100.0
65 years	12.7	29.0	8.2	9.6	2.9	34.1	3.3	100.0

+								
<b>Total</b>	<b>18.0</b>	<b>37.2</b>	<b>8.0</b>	<b>7.2</b>	<b>8.8</b>	<b>13.1</b>	<b>7.8</b>	<b>100.0</b>

Source: Situation of disabled people in Congo - RGPH, CNSEE, Ministry of Planning, sd

### 5.2.2 Care of people with disabilities

It is at the beginning of the 1990s that Law No. 009/92 of 22 April 1992 on the status, protection and promotion of the disabled person was promulgated. The care of the disabled is entrusted to the Ministry of Social Affairs, Humanitarian Action and Solidarity, through its Directorate General for Disabled.

During that same year, the National Union of Associations of Disabled Persons (UNHACO.) was born, Governed by declaration of association No. 120/92 02 September 1992, it has set the following objectives: (i) defend the rights and interests of disabled people of Congo; (ii) contribute to the creation and development of specialised structures for people with disabilities; (iii) encourage public authorities to create and implement legislation on the protection, training and employment of disabled people.

Institutional responses for the care of people with disabilities reflect the efforts of all social actors (government, religious groups, local and international NGOs, bilateral and multilateral cooperation, associations for the disabled and families). After a long period of state management and nationalisation, the decision to reassign old private structures and the promotion of freedom of association and company have allowed the private sector to recover its specialised institutions for the disabled (Institute of the Blind, institute of deaf children, rehabilitation centre) such as orphanages (30 institutions in a few years), kindergartens and childcare (25 in total) and social welfare centres. The private sector expanded its operations to new situations such as: street children (10 structures), children out of school (3 schools for nearly 8,300 children enrolled in 1999), teenage mothers (4 initiatives) and Pygmy children in religious care centres in Impfondo.

However, the provision of public and private support structures remains weak and spatially unbalanced. This can be seen through the over-representation in urban areas, especially Brazzaville: the capital is indeed the only place that provides a technical platform covering most types of disabilities (motor, auditory, visual, mental) as it is home to the only orthopaedic centre of the country. Orthopaedic centres are the only types of decentralised structures. Unfortunately, most (public centres) are no longer functional due to the armed conflicts of the 1990s.

Table 8: Key public and private care structures for disabled people

No.	Structures	Numbers	Location	Status	Services
1	National Institute for the Blind		Brazzaville	Mixed	Social promotion, education, school and professional integration
2	Institute for Young Deaf		Brazzaville	Mixed	Rehabilitation, school and professional insertion



3	Psycho pedagogic Institute		Brazzaville	Public	Rehabilitation and social reinsertion of children with mental disabilities
4	National Centre for Vocational Rehabilitation of Disabled Persons		Brazzaville	Public	Vocational training and social professional reinsertion
5	Medico-psycho pedagogic Centre		Brazzaville	Public	Care of children with disabilities
6	Platform for the promotion of disabled persons		Brazzaville	Private	Social reintegration and professional integration
7	Specialist school		Brazzaville	Private	School reintegration of children with learning difficulties and mentally disabled
8	Rehabilitation Centre Jane Vialle		Brazzaville	Public	Functional rehabilitation
9	Polio Centre of Mougali		Brazzaville	Private	Malformations Treatment , paralysis, sciatica
10	Polio Centre of Bacongo		Brazzaville	Private	Like Mougali Centre
11	Centre for Orthopaedic Equipment of Mougali		Brazzaville	Private	Orthopaedic devices
12	National Centre for Orthopaedic Equipment		Brazzaville	Public	Manufacturing of orthopaedic devices, manufacturing tricycles
13	Institute for hearing impaired of	Variable	Pointe - Noire	Public	School and professional learning;

	Tie- Tie				parental guidance
14	Polio Centre of Foucks	Variable	Pointe - Noire	Private	Like any rehabilitation centre
15	Polio Centre	Variable	Owando	Private	Like any rehabilitation centre
16	Specialised Centre for speech therapy rehabilitation and audio acoustic	80	Pointe - Noire	Public	Reintegration
17	Ephata centre	29	Brazzaville	Private	Social promotion, education, school and professional integration
18	Institute for young deaf		Ouessou	Private	Social promotion, education, school and professional integration

In order to put an end to scattered and isolated initiatives and to better coordinate them, the government had started trying a few years ago to structure them. This is how was developed in 2009 with the support of UNICEF, a *National Action Plan for disabled people* which revolves around the large following axes:

- Prevention and early detection through studies and the organisation of an information system in order to improve knowledge on the causes of disabilities and social conditions of persons with disabilities and promote early Intervention measures;
- Development and support to specialised agencies, disability organisations and communities that support disabled people in order to increase organisational capacity of institutions and community support structures;
- Education and literacy of children with disabilities to facilitate access by persons with disabilities to quality education and appropriate education.

The implementation of this action plan has achieved some results, the main ones are listed below:

1. Prevention, detection, studies and information systems

- Support to 57 children with cerebral palsy, 30 orthopaedic devices and to 197 polio victims;
- Provision of 259 mobility aids (130 tricycles, 26 pairs of crutches, 39 crutches, 14 wheelchairs and 50 white canes);
- Implementation and validation of the survey on people without melanin (albino) protection kit delivered to children without melanin;
- Surgery campaign, 42 children operated without cost in 2012 and 72 in 2013 and 48 children operated of cleft lip or hare lip;
- Training seminar on the care of children with motor disability, i.e. 60 children;

## 2. Development and support to institutions and OPH

- Support for the organisation of the extraordinary general assembly of OPH (26 November 2011);
- Financial and material support of OPH

## 3. Education and literacy

- Support teaching materials to 3 specialised agencies plus a Braille printer and 299 school kits;
- Monitoring and support to 8-blind students and a deaf girl with severely motor disability;
- Construction of 5 ramps in two schools in Cuvette Ouest (Ewo and Kelle).

## 4. Training and employment

- Support to apprenticeship and insertion of 61 disabled persons

## 5. Monitoring and evaluation

- Preparation of the inaugural session of the National Coordination Committee, monitoring and evaluation of the *National Action Plan for disabled people*.

It should also be noted the commendable contribution of external partners such as the Dutch project *On equal footing* which supported nearly seventy-five Congolese children aged 0 to 16 years, with birth or acquired defects affecting the musculoskeletal system. This project proposes to operate, rehabilitate and / or provide previously identified children with devices at no cost for their parents, it has organised every year, in February and September, two surgeries campaigns for five years, at the General Hospital of Dolisie. Thus, 42 children from several departments of the country and Brazzaville have successfully undergone surgery for clubfoot. Fifty of them have received for orthopaedic devices for their motor rehabilitation.

The NGO Handicap Afrique manages the medical psychology centre which now hosts 127 children and youth in Brazzaville. Previously the children used to return to their families at 16 years, now they can pursue their apprenticeship by engaging in activities such as carpentry, bookbinding, leather goods, garment bags and shopping bags made from recycled materials. This space offers them the opportunity to learn a trade. The centre is a specialised school now combined with this vocational training space for young people. Handicap Afrique

is also developing a therapeutic village for the psychological and social rehabilitation of young war veteran experiencing multiple addictions.

Concerning education more specifically, in 2007, with the support of UNESCO, a *Strategic Framework on school enrolment and re-enrolment of disabled children* was developed around six priority axes:

- i. Redevelopment of the legal framework to guarantee the rights to education of children with disabilities;
- ii. Improvement of specific conditions for access to learning and promotion of a communication environment;
- iii. Funding and capacity building for specialised agencies;
- iv. Support for informal education;
- v. Promotion of partnership and cooperation;
- vi. Promotion of accompanying measures: coordination, research, monitoring and evaluation.

There are eight institutions in Pointe-Noire, thus excluding children living in secondary cities and in rural areas of special education, which are mainly concentrated in Brazzaville. We welcome around 3,000 per year, while the estimated needs amount to more than 20 000 children. However, there is a reflexion on inclusive education.

In conclusion, it must be recognised that the efforts achieved are far from covering all needs as evidenced by the few situations described below:

- About thirty blind and visually impaired children are hosted every year in the single nationwide structure, the National Institute of the Blind of Congo: it accounted for 43 students in 2008;
- There are nearly 444 hearing impaired including 301 at the Institute for Young Deaf in Brazzaville and 143 at the Institute for hearing impaired in Pointe-Noire, while the concerned population accounts for thousands more;
- Only a hundred people with disabilities can benefit each year from training and vocational rehabilitation at the National Vocational Rehabilitation Centre for Disabled Persons in Brazzaville;
- 300 to 400 cases of disabilities are treated at the Brazzaville orthopaedic centre against thousands of cases to be processed (because of the lack of information and very low financial and geographical accessibility), and almost as much at the Orthopaedic Rehabilitation Centre in Brazzaville, for a much larger target population;
- For the intellectually disabled, a hundred young people are supported at the medico-psycho-educational centre, 70 at the psycho learning Institute (PPI) and thirty at the Rehabilitation Centre for hearing, speech and language (CROPAL).
- The Specialist School for intellectually disabled school children and is able to manage more than a thousand cases each year. But this is also a small minority, given the tens of thousands of school leavers or under performing due to mental disability, maladjustment to school and various traumas.

### **5.3. Health and health services**

#### **5.3.1. Health policies and action plans**

The right to life (art. 7) and the responsibility of the state as a "guarantor of public health" (Article 30) are recognised by the Constitution.

As headquarters of the WHO Regional Office for Africa, Congo is at the forefront of subscribing to major international declarations and actions relating to health in Africa. Law No. 014-92 of 29 April 1992 on the institutionalisation of the National Health Development Programme (NHDP) evidences the interest of the Congolese authorities in this vital sector. The application of this law was first illustrated through the implementation of a first PNDS 1992-1996, which allowed a number of achievements that have significantly changed the health landscape of Congo.

These are essentially: (i) cutting the country in health and social divisions; (ii) the establishment, by Decree No. 95-3 of 4 January 1995, of a PNDS Monitoring Technical Committee (STC / PNDS), developing a participatory and inter sectoral approach in the analysis of health issues, the definition of strategies and monitoring of the implementation; (iii) the rationalisation of the organisation and operation of integrated health centres; (iv) the involvement of communities in the planning and implementation of health zone activities; (v) the training of staff, including doctors.

These achievements have led to the adoption in May 2000 of a National Health Policy with the overall objective of improving the health status of populations to promote their participation in socio-economic development of the country through the promotion and protection of the health of individuals and communities throughout the country; improving the population's access to services and quality of health care; and strengthening national management capacity of the health system.

The second National Health Development Program, which was implemented between 2005 and 2009, was an outcome of the National Health Policy. It was based on four cardinal foundations namely: (i) the right to health of all Congolese; (ii) equity in access to health care provision and quality of services; (iii) the solidarity of the entire Congolese nation in the face of illness and health; (iv) the democratic exercise of the right to health: the individual has to be an actor and recipient of health development.

The PNDS 2005-2009 priority actions were essentially:

- The division into health district;
- Decentralisation of the health system and strengthening of health and social constituencies (CSS);
- Strengthening programmes against diseases and health promotion;
- The development of human resources through initial and ongoing staff training;
- Reform of the drug policy by establishing an efficient instrument for the supply and distribution of essential generic drugs as well as for the promotion and rational use of medicines;

- The development of national health information system for the production of a directory of national health statistics, the development of the national health map and the establishment of a health observatory;
- Enhancing the quality of care and services in health facilities;
- Reform of the health financing system.

In order to improve the health of the Congolese population, the Ministry for Health runs some 11 specific programmes, such as reproductive health, immunisation, fighting against malaria and diarrheal diseases, are integrated into the daily activities of the CSI, while others, such as the National Programme on AIDS Control (PNLS), develop structures and specific actions increasingly decentralised.

At the end of 2012, all 36 health and social constituencies (CSS) were rationalised, which means that they had started the process of rationalisation based on the use of strategies "diagnostic treatment," the integration of care and the development of the standard package of activities on a programmatic approach and community participation in the management of integrated health centres (CSI). They implement the following components: organisation of the minimum package of activities; cost recovery; the use of essential drugs; relations with the community through participation bodies.

The results of curative care, prenatal care, monitoring of growth and the Expanded Programme on Immunisation (EPI) show that the routine use of the CSI remains low due to, (i) frequent shortages of generic essential drugs (MEG); (ii) lack of information of communities on health actions; (iii) weaknesses in the supervision and monitoring of activities; (iv) the socio-economic situation of households and (v) a non-contextualised training.

This led the government to develop, with the assistance of the World Bank, a programme of development of health services (PDSS) 2008-2012 which serves as a support framework to the PNDS and also includes equipment in terms of transport of various medicines and equipment. The programme benefits from institutional, financial and material support from the World Bank, through its subsidiary, the International Development Agency (IDA).

This programme aims to ensure the strengthening of the health system in order to improve the health status of the population in general and women and children particularly through:

- Strengthening leadership skills, management and operation of a decentralised health system;
- The establishment of an effective and efficient system of human resources management;
- Rehabilitation and re-equipment of health facilities;
- Improving access to care package and quality essential services through (i) the definition of care packages and essential services; (ii) the national coverage of essential care and service packages; (iii) strengthening the supply system and reliable and sustainable management of medicines, equipment and medical consumables; (iv) promoting the commitment and community participation; (v) the promotion of equitable access to health services for vulnerable population.

The supply of health centres with drinking water is included in this commitment. The following achievements can be cited:

- The formation in 2007 of the 12 departmental health directors (DDS) and two of their employees from the management teams as part of the health support programme in Congo Brazzaville (PASCOP) since then the DDS meet in annual conference to take stock of the progress of their respective CSS;
- Training for all managers of projects and health facilities;
- The establishment of an initial and ongoing training programme for health workers;
- The completion of a feasibility study on the transformation of the Oyo hospital (department of Cuvette) into a centre for further education of health personnel;
- The next reopening in Brazzaville, Interstate Centre of public health of Central Africa (CIESPAC)
- The organisation of a round table on hospitals;
- The development and updating of the institutional framework of the department with the support of an expert commission;
- The equipment of the PDSS Coordinating Committee;
- Needs assessment of the central and departmental offices in terms of furniture and other equipment;
- Identification of staff;
- Updating the norms and standards of infrastructure and equipment;
- Updating of the running of the Directorate of the family health.

As part of the Memorandum of Understanding signed with the World Bank, a pool of departmental trainers was formed and provides training in order to remedy the low quality of care especially in CSI and referral hospitals (RH). These courses focus on the immunisation schedule (vaccinations and nutritional care), emergency management, curative care for children aged 0 to 5 years and the development of flow charts and standardised treatment regimens. For midwives, the focus is on the prevention of early and frequent pregnancies, and follow up during pregnancy (refocused antenatal consultation) during birth (partogram) and after birth (postnatal consultation).

### **5.3.2 Provision of Health Services**

The network of health facilities in the public sub-sector consists of:

- 486 first-contact structures, consisting of health centres, health posts and clinics. These structures provide screening and referral of obstetric and neonatal emergency care (SONU) during ANC (antenatal care);
- 171 integrated health centres with the minimum package of standard activities (CSI / SIPI) that provide screening and SONU referral according to the ANC standards and childbirth;

- and 73 integrated health centres with a minimum package of activities expanded (CSI GAWR) which constitute the basic structures of the health system and perform the SONU. All CSI to PMAE offer obstetric and neonatal basic emergency (SONUB)
- 36 basic hospitals (HB) and a regional military hospital providing the first reference level of the health system. All HB provide obstetric and neonatal care comprehensive emergency (SONUC)
- 6 general hospitals including one university hospital (Brazzaville) and a central army hospital, these hospitals are the third reference level of the health system. They all perform SONUC;
- 9 specialised institutions: the National Public Health Laboratory (LNSP) the National Blood Transfusion Centre (CNTS), the Congolese essential generic medicines (COMEG), two centres of specialised outpatient treatment (2 AIDS outpatient treatment centres, two TB centres); and two lepers treatment centres;
- and health facilities of the Congolese Armed Forces, which include: 1 General Hospital (Central Hospital of the Armed Pierre Mobengo in Brazzaville), two district hospitals in Pointe-Noire and Dolisie, a surgical clinic in Pointe Noire (Ocean clinic), and 10 infirmaries with an overall capacity of 540 beds, including 300 for the Central Army Hospital. All these health facilities also receive sick civilians.

The network of health facilities in the private subsector is composed of health care facilities, laboratories, imaging, and pharmaceutical structures. The table below summarises the situation of the network of private provision according to data from the health card in 2005.

Table 9: Location of the provision in the private sub-sector in 2005:

Type of structure	Location			Total
	Urban	Semi urban	Rural	
Polyclinic	3	0	0	<b>3</b>
Clinic	33	2	1	<b>36</b>
Doctor's surgery	143	5	1	<b>149</b>
Nurse's surgery	221	33	47	<b>301</b>
Socio Health Centre	43	5	14	<b>62</b>
Pharmacy	183	8	1	<b>192</b>
Pharmaceutical depot	22	105	28	<b>155</b>
Biomedical laboratory	17	3	0	<b>20</b>
Physiotherapy centre	3	1	0	<b>4</b>
Radiology Centre	1	0	0	<b>1</b>
<b>Total</b>	<b>669</b>	<b>162</b>	<b>92</b>	<b>923</b>

Source: Health Card 2005



### 5.3.3. The Child Health

#### 5.3.3.1. Reduction of child mortality and maternal mortality

According to the results of the demographic and health survey conducted from September 2011 to March 2012 (DCAT II 2011-2012), infant mortality rate (IMR) is 39 per 1,000 live births and infant and child- juvenile mortality rates (CMR) is 68 to 1000. Compared to figures from the 2005 DHS, these rates show a clear improvement of the situation of these two indicators, which then amounted respectively to 75 % and 117 %. Regarding the maternal mortality rate (MMR), it experienced a similar downward trend: 1100 deaths per 100,000 live births in 2002, 781 in 2005 and 426 in 2012.

Table 10: Trend of the infant, infant, child and maternal mortality rate between 2005 and 2012

Indicator	IMR (1000)	CMR (1000)	MMR (100 000)
DHS 2005	75	117	781
DHS 2011- 2012	39	68	426

Source EDS 2005 DCAT 2012

This trend is quite consistent with the recommendations of the National Roadmap aiming at reducing, for 2015, the IMR to 38 ‰ and the MMR to 390 per 100 000 live births.

While it is not sufficient to reach the target of 223 ‰ in 2015, established as part of the MDGs, the pace of decline in maternal mortality exceeds the forecasts of UN organisations, which expected a rate of 560 ‰ in 2010.

Regarding child mortality (children under five years), the magnitude of the progress achieved exceeded UN organisations' expectations, which expected for 2011 a rate between 84 ‰ and 107 ‰. However, Congo is relatively unlikely to achieve the MDG 4 by 2015 (35 ‰), unless exceptional efforts are made in the coming two years.

Among the main factors behind the decline in mortality rates include the improvement of maternal health care, better management of children diseases and especially improving malaria prevention measures, in particular the significant increase of children sleeping under a mosquito net.

#### 5.3.3.2. Reproductive Health

##### *Antenatal care*

According to the results of the DCAT 2011-2012, almost all women received antenatal care from a trained staff (93%), mostly a midwife (71%). In addition, for 9% of women, it is a nurse who provided antenatal care, and in almost a similar proportion (10%), it is a doctor who examined the women's condition.

Comparing the results with those of the previous survey show a clear trend of improvement in the ANC coverage. Since 2005, the proportion of women who received antenatal care by a trained staff increased from 88% to 93% in 2011-2012.

##### *Tetanus immunisation*

The same results indicate that 61% of women received at least two doses of tetanus vaccine during their last pregnancy. In 74% of cases, the last birth was protected against neonatal tetanus either because vaccinations were given during that pregnancy, or because vaccinations were given before that pregnancy.

### ***Childbirth***

Almost all births (92%) occur in health care institutions, mainly in public hospitals (57%); in 18% of cases, women gave birth in an integrated public health centre and only 3% in a public health post. With a proportion of 14%, the private sector plays a much smaller role than the public sector. In contrast, only 8% of women gave birth at home. Compared to 2015, the proportion of women who gave birth at home has decreased significantly, from 16% in 2005 to 8% in 2012. During the same period, the proportion of women who gave birth in a health centre has increased from 82% to 92%.

### ***Childbirth assistance***

Almost all births (94%) occurred with the assistance of a trained health care provider: in most cases, it was midwives (67%) and, to a lesser extent, doctors (14%) provided assistance. Nearly one in ten (9%) gave birth with the assistance of a nurse. The role of other healthcare providers in the childbirth assistance is much smaller: 3% to 2% for workers and traditional birth attendants. Comparison of the results of the previous survey with those of the current survey shows that the proportion of women who gave birth with the assistance of trained staff has increased from 86% in 2005 to 94% in 2011-2012.

### ***Post natal care***

Just over a third of women (36%) received postnatal care within 24 hours after delivery and 28% between 1 and 2 days after delivery: in total, 64% of women have therefore received postnatal care within 48 hours of birth, as recommended. In contrast, in 10% of cases, the examination was late, that is to say between 3 and 41 days.

#### ***5.3.3.3. Target diseases of the Expanded Programme on Immunization***

In terms of immunisation, the Expanded Programme on Immunization (EPI), is accompanied by a National Strategy for communication and a comprehensive multi-year plan.

According to the EPI, all children should receive, before their first birthday, one dose of BCG vaccine, three doses of polio vaccine, three doses of pentavalent vaccine (against diphtheria, tetanus, pertussis, hepatitis and Haemophilus influenza B), one dose of measles vaccine and one dose of yellow fever vaccine. Vaccination is completely free and the authorities are making great efforts to reduce indirect costs through mobile strategy and development of the CSI network across the country.

With the assistance of development partners, including WHO and UNICEF, Congo organises regular national immunisation days which record a significant success. In addition, since 2008 the "Mother and child health weeks" (SSME) take place, during which the CSI mobilise everything to ensure the distribution of insecticide-treated nets in addition to vaccination of children. The SSME thus has become a flagship activity of the Ministry of Health, particularly because of the essential package of services (PES) that they offer. This

PES, for children under 5 years old, includes measles vaccination, vitamin A supplementation, intestinal de-worming and distribution of mosquito nets.

According to the results of the DCAT II, 97% of children aged between 12-23 months were vaccinated in 2012: 46% were completely vaccinated and 51% partially. The proportion of children who did not receive any of the EPI vaccines is 4%. The proportion of those who have been partially vaccinated is 51%. In 42% of cases, children were fully vaccinated according to the recommended schedule, that is to say, before the age of 12 months. Compared to 2005, we note that immunisation coverage has decreased slightly, the proportion of fully immunised children dropping from 52% to 46%

Overall, 94% of children are vaccinated against BCG (normally given at birth) and almost the same proportion had received the vaccine before the age of 12 months. Nearly nine out of ten children received the first dose of Pentavalent (89%). It is the same for the vaccine against poliomyelitis (87%). However, the proportions decrease with the number of doses and the attrition rate between the first and third doses, which are not negligible, especially for polio (34% against 19% for Pentavalent).

In addition, 75% of children aged 12 to 23 months are vaccinated against measles, but only 68% of children are vaccinated against measles below the age of 12 months.

According to the EPI vaccination coverage achieved in 2012 are as follows:

Table 11: Cumulative Immunisation coverage by department and antigen from January to October 2012

<b>Depart ment</b>	<b>BCG</b>	<b>PENTA 1</b>	<b>PENTA 3</b>	<b>OPV 3</b>	<b>VAR</b>	<b>VAA</b>	<b>VIT A</b>	<b>VAT 2+</b>
Brazzaville	87	79	73	73	65	65	65	71
Bouenza	79	81	74	74	70	71	71	68
Cuvette	88	95	91	91	93	93	93	88
Cuvette- West	88	92	90	90	86	86	86	89
Kouilou	67	91	90	89	64	63	63	79
Lékoumou	83	88	84	84	79	79	79	72
Likouala	104	112	75	75	88	86		
Niari	86	89	87	87	79	101	75	97
Plateaux	81	88	82	82	86	70	85	82
Pointe Noire	117	122	110	109	102	86	97	109
Pool	70	76	71	70	70	70	71	68
Sangha	88	89	87	88	86	86	74	88
<b>National</b>	<b>91</b>	<b>91</b>	<b>84</b>	<b>83</b>	<b>78</b>	<b>77</b>	<b>77</b>	<b>83</b>

**Description:** BCG (tuberculosis); PENTA (diphtheria, tetanus, pertussis, hepatitis B, meningitis); OPV (polio); VAR (measles); VAA (yellow fever); VIT A (vitamin A); VAT 2+ (2nd boost tetanus pregnant woman. Shaded cell. Coverage > 80%)

#### **5.3.3.4. Childhood diseases**

The features mentioned here are childhood diseases that are low birth weight, acute respiratory infections (ARI), fever and

### ***Low birth weight***

This is one of the major causes of mortality and morbidity in childhood. According DCAT-II, 10% of children had low birth weight (less than 2.5 kg). Conversely, in 90% of cases, children weighed at least 2.5 kg. This result is identical to that recorded during the DCAT-I (2005). The proportion of low birth weight is higher when the mother is under 20 years of age at the birth of the child than when she is older (12% against 10% at 20-34 years and 8% to 35-49 years) and when there is a birth of rank 1 (12% against 8-10% for other ranks). At departments level, the proportion of children weighing less than 2.5 kg ranged from a minimum of 7% in the Likouala to a maximum of 13% in the Lékoumou.

### ***Acute respiratory infections***

Table 12: Prevalence of diarrhoea, fever and IRA by age (%)

Age	<6	6 to 11	12 to 23	24 to 35	36 to 47	48 to 59	All
Diarrhoea	9	25	34	20	13	9	19
Fever	19	33	30	26	23	18	25
IRA	5	6	6	6	5	2	5

Source: DCAT 2012

The results of the DCAT II show that the prevalence of acute respiratory infections (ARI) is not very high in Congo: only 5% of children presented symptoms characteristic of this type of disease in the two weeks preceding the interview.

It should be noted that the results on the prevalence of IRA are not strictly comparable with those of DCAT-I, because the prevalence of ARI varies with the season and the information collected by DHS are only representative of the period reference, that is to say the two weeks preceding the survey.

### ***Fever***

Nationally, a quarter of children below 5 years of age (25%) had fever in the two weeks preceding the interview. However, in some age groups, the prevalence was higher. Indeed, estimated at 19% among children aged less than 6 months, it increased significantly to 33% for children aged 6-11 months and 30% for 12-23 months. Beyond that, it starts to decline progressively to its lowest level in 48-59 months (18%).

In 47% of cases, treatment or advice was sought in a health facility or from a health care provider. In addition, when they had fever, 25% of children were treated with anti malarial and 69% were treated with antibiotics.

### ***Diarrhoea***

Nearly one in 5 children (19%) had at least one episode of diarrhoea in the two weeks preceding the survey and, in addition, in 2% of cases, there was blood in the stool. In only 37% of cases, treatment or advice was sought for the sick child. However when diarrhoea was accompanied by blood, the proportion reached 54%.

To treat diarrhoea, the results show that in only 28% of cases ORS sachets were given to sick children or pre packaged liquids. In addition, 18% of children received recommended home solution, and overall 37% received one and / or another form ORT. Furthermore, in 36% of

cases, the sick children received more fluids. Overall, in case of diarrhoea episode, 59% of children received ORT and / or received more fluids. In addition, other treatments were given to cure the child: it is in 55% of cases, tablets or syrup and in 11% of cases, intravenous solutions. It should be noted that 14% of children received no treatment.

The investigation has finally shown that nearly seven out of ten women (69%) knew about the SRO as a treatment against diarrhoea, however, this proportion varies significantly depending on the age or the mother's level of education and the departments.

#### ***5.3.3.5 Improvement of nutritional status***

##### ***Background***

Regarding general nutrition, armed conflicts which affected Congo in the 1990s had led partners involved in emergency situations to implement a particular support mechanism for malnourished through:

- The opening of therapeutic feeding centres (CNT) and supplementation centres (CNS);
- The introduction of a nutritional surveillance system operating at two levels: (i) an emergency level consisting of nutritional rehabilitation centres (CNS) for the management of moderate malnutrition; (ii) a more general level for the treatment of all persons having a weight / size index between 70% and 79%, considered moderately malnourished and supported by recovery centres.

With the return of peace, the government has established an alternative system of CNT and CNS by delegating the care of severely malnourished in phase I to basic hospitals, while the CSI were involved in phase II, for severe and moderate malnutrition. It should be noted after identification and triage, the CSI teams benefited from, the support of volunteer community health workers, who worked in the CNT and CNS. The implementation of this system has allowed updating of health workers' knowledge in the field of nutrition and timely detection of cases of acute, severe and moderate malnutrition, to be referred to more appropriate facilities.

Improving the nutritional status can only be achieved by specific and general actions targeted in the economic, cultural, social and environmental areas. Thus, among the specific activities to be undertaken, the following can be highlighted:

- Intense nutrition education and transfer of high energy density fortified complementary foods, cooked at the household level;
- Introduction to energy meals for families at risk and for adolescents;
- Nutritional education for adults and children from privileged backgrounds, in order to reduce the high rate of obesity;
- Developing food guides for people with specific diseases (PVVIH);
- Exclusive breastfeeding for at least 6 months;
- Appropriate complementary feeding over breastfeeding from 6 months to 24 months;
- Adequate vitamin A for women, infants and young children;

- Iron and folic acid tablets taken by all pregnant women;
- Regular consumption of iodized salt in all families.

To achieve this, three (3) strategies, the following are planned: (i) nutritional surveillance, to identify and provide appropriate solutions, (ii) social communication at the local level for the development of an acceptable growth of young children: it will put families at the heart of the process of information / decision on the nutritional status of their children, in conjunction with stakeholders; (iii) the overall approach to growth and development of children: promoting healthy growth through the media and enhance the quality and efficiency of health care services.

Finally, after achieving a national consensus with the adoption of the Essential Package of nutrition interventions, Congo carried out in 2009, the adoption of the *National Nutrition Policy* and the *National Protocol for tackling malnutrition*. These have made it possible to organise in 2009, the community management of malnutrition at the 5 CSS level. These progresses have been accompanied by the promotion of good nutrition and health practices on the basis of a national strategy to empower households and communities by involving religious groups, NGOs, communities and the media.

### ***Nutritional status***

The nutritional status of children has been reviewed by DCAT-2012 through three indicators:

- Ration Size for Age that provides information on chronic malnutrition;
- Ration for Age for Weight for acute malnutrition;
- Ration weight for size that can identify cases of underweight.

Table 1 3: Percentage of children under 5 years considered malnourished by the 3 anthropometric indices measure of nutritional status.

Anthropometric index	All	Urban	Rural		
Height for Age	Percentage below -3 SD	8.0	5.9	11.0	
	Percentage below -2 SD	24.4	20.3	30.4	
Weight for Height	Percentage below -3 SD	1.5	1.5	1.6	
	Percentage below -2 SD	5.9	6.0	5.8	
	Percentage below +2 SD	3.3	3.6	2.9	
Weight for Age	Percentage below -3 SD	2.4	1.7	3.4	
	Percentage above - 2 SD	11.6	8.9	15.5	
	Percentage above + 2 SD	1.2	1.4	1.0	

Source: DCAT 2012

Regarding the ration **Height for Age**, the results show that almost a quarter (24%) of children under five years show growth retardation: 16% in the moderate form and 8% in the severe form. These proportions are much higher than what we would expect to find in a healthy and well fed population.

The ration **Weight for Age** indicates that 12% of children under five are underweight, 9% in the moderate form and 2% in the severe form. Once again, the situation remains worrying,

since these proportions are significantly higher than those that are expected in a healthy well-nourished population (2.27% and 0.14% respectively). Excess weight affects, on average, 1% of children under five. The highest rate recorded in babies under 6 months is 3%.

For the ration **weight for height**, 6% of children under five are wasted or suffering from acute malnutrition: 4% in the moderate form and 2% in the severe form. This proportion of wasted children, which can be described as moderate, is nevertheless significantly higher than what one expects to find in the reference population (2.27% less than two standard deviations and 0.13% to less than three standard deviations).

The comparison with the results of the DCAT-2005 (which were 26% for stunting, 6.5% for wasting and 14.4% for underweight) seems to show an improvement in the situation. This should be examined with some reservation because the data were analyzed with different methods (American standard for DCAT-I and WHO standard for DCAT-II).

### 5.3.3.6. *Breastfeeding and complementary feeding*

The guidelines of the national nutrition policy advocate for exclusive breastfeeding during the baby's first six months. Education and awareness campaigns are undertaken to this end in the CSI and hospitals. The planned increase of the centres and sensitisation of mothers, which will take place through the PDSS, are intended to contribute to the expansion of this practice.

Table 14: Profile of the initial breastfeeding

Newborns	All	Urban	Rural
Breastfed percentage including those who were fed before breastfeeding	94,9 36,1	92,4 31,5	98,8 42,8
Breastfeeding percentage for the hour after birth	23,8	23,4	24,6
Breastfeeding percentage for the day after birth	69,8	65,8	76,3
Percentage of those who were fed with colostrums	74,7	73,4	76,9

Source: 2011-2012 DCAT

According to the DCAT-II, almost all (95%) last-born children in the last two years have been breastfed. The majority of children were breastfed shortly after birth: 70% within 24 hours after birth and 24% within one hour after birth. However, although breastfeeding is a widespread practice, we find that in 36% of cases, breastfed children received food before breastfeeding

The practice of exclusive breastfeeding remains low: only one child less than six months in five (21% against 19% in 2005) is exclusively breastfed, as recommended by international guidelines.

From the age of six months, breastfeeding alone is not enough and it is recommended to provide the young child with adequate complementary foods rich in nutrients while continuing to breastfeed until the age two years or more. However if, from the age of six months, 86% of children receive complementary foods while continuing to breastfeed, 14% of children are not fed according to the recommendations: either they are not breastfed (5 %)

or they are only breastfed (1%) or, in addition to breast milk, they only receive water, other milk or other liquid (8%).

Table 15: Type of breastfeeding by child's age

Child's age (in months)	0 to 3	0 to 5	6 to 9	12 to 15	12 to 23	20 to 23
Not breastfed	3.4	5.2	6.8	24.4	56.7	83.0
Exclusively breastfed	27.4	20.5	1.0	0.1	0.0	0.0
Breastfed and water only	45.8	34.4	5.6	1.3	0.6	0.1
Breastfed and non-milk liquids	0.5	0.7	0.3	0.4	0.2	0.0
Breastfed and other milk	10.0	10.1	1.4	0.1	0.0	0.0
Breastfed and complementary foods	12.9	29.1	85.0	73.8	42.5	16.9
Total	100	100	100	100	100	100

Source: 2011-2012 DCAT

The use of baby bottle is not recommended for young children because it is associated with an increased risk of diseases, particularly diarrheal diseases. At 0-1 months, 12% of children were bottle-fed.

The average duration of breastfeeding is estimated at 15.7 months. Regarding exclusive breastfeeding, the average duration is estimated at only 1.9 months, three times less than the recommended 6 months.

### ***Prevalence of anaemia in children***

Although anaemia can be caused by bleeding, infections, genetic problems or chronic disease, it is usually due to inadequate intake of iron in the diet. It is for this reason that iron supplementation is recommended in the EPI activities.

Table 16: Prevalence of anaemia

	Anaemia according to haemoglobin level			
	Anaemia < 110 g/dl	Mild 10,0 to 10,9 g/dl	Moderate 7,0 to 9,9 g/dl	Severe < 110 g/dl
All	66.7	32.3	33.5	1.0
Urban	67.9	32.4	35.0	0.5
Rural	65.1	32.1	31.3	1.7

Source: 2011-2012 DCAT

According to the classification of the EDS-II, 66.7% of children aged 6-59 months are anaemic: 32.3% are in the mild form, 33.5% in the moderate form and 1% in the severe form. Although the proportions of anaemic children are high regardless of the socio-demographic and economic characteristic, there are variations according to the age (from 87% to 9-11 months to 54% among children aged 48-59 months), the place of residence (up to 75% at Pointe Noire to a minimum of 59% in Lékoumou and the Pool) and the level of welfare of



households (74% of households in the second quintile to 54 % of those in the richest quintile).

Compared to 2005, we do not find significant changes in the prevalence of anaemia in children, the latter being increased from 65% to 67%.

### ***Micronutrient intake by children***

The results of the DCAT-II show that the WHO recommendations for universal iodization of table salt are followed: in all households surveyed, 10% did not have salt during the surveyors' visit; among the 90% of households whose salt was tested, almost all (99%) had iodized salt, and this proportion is very high regardless of the environment or the department of residence.

For other essential nutrients, the results are:

- More than three quarters of younger children 6-23 months (77%) had consumed foods rich in vitamin A in the 24 hours that preceded the day of the interview;
- Nearly two-thirds of children 6-23 months (65%) had consumed iron-rich foods in the last 24 hours;
- Among all children aged 6-59 months, 65% had received supplements of vitamin A during the six months preceding the interview;
- Just over three quarters of children aged 6-59 months were treated with deworming (77%).

### **5.3.3.7. Situation and strategy against malaria**

Malaria is a major public health problem because it remains, according to hospital statistics available, the first cause of consultation (37.7% PNDS 2013- 2016), of hospitalisation and mortality (24% in for children aged below 5 years PNDS 2013-2016).

To address this situation, Congo has primarily opted for:

- A change in the malaria treatment protocol, from 2006;
- The distribution of insecticide-treated nets;
- A treatment combining drugs based on artemisinin, since February 2006.

As part of the *Roll Back Malaria* (RBM) Initiative, Congo has developed a strategic plan against malaria from 2002 to 2006, with the overall objective of reducing morbidity and mortality due to malaria in the general population, especially among pregnant women and children aged under 5 years.

Among the progresses of the implementation, the following can be noted, among others: (i) free malaria treatment for children aged 0 to 15 years and pregnant women, effective since 2009, (ii) the distribution of insecticide-treated nets (700,000 in 2012 as part of the PDSS) for pregnant women and women with babies under six months, (iii) training of staff in malaria treatment with first-line drugs, (iv) the adoption of a new malaria treatment policy based on

the use of ACTs for the treatment of simple malaria and intermittent preventive treatment (IPT) with sulfadoxine-pyrimethamine (SP) for pregnant women, replacing the chemo - chloroquine prophylaxis, (v) community awareness.

Furthermore, the national policy against malaria has been translated into a *strategic plan against malaria (2008-2012)* with the objective to allow by late 2012, at least 80% of pregnant women and children under 5 years to sleep under a mosquito net impregnated with insecticide.

In addition, it was expected to provide access to TPI by the end of 2012 at least 80% of pregnant women. At least 60% of people with malaria, particularly children under aged 5 and pregnant women should have in 2012, quick access (within 24 hours after onset of symptoms) to the effective treatment of malaria.

Admittedly, some constraints are noted, these include the following: (i) poor management of the programme, (ii) lack of resources, especially human and financial, (iii) low access to prevention services and treatment, (iv) low community involvement, (v) the failure of the information system, (vi) the low purchasing power of the population, especially vulnerable groups, (vii) lack of budget at the CSS.

Chart 2: Percentage of population with ITN in the household

Source: 2011-2012 DCAT

Since the government has specific documents to guide the actions (PNDS / PDSS) of budget allocations (MTEF), of a COMEG firmly committed to supply CSS, according to its mission, in addition to the support of development partners, achieving this objective can be considered as possible. And malaria control will be given special attention in the context of the MDGs 4, 5 and 6.

### ***Use of mosquito nets by children***

According to the DCAT-II, more than four in five children (81%) had slept under a mosquito net the night before the interview, but only 26% of children under five slept under an ITN. Therefore, in only about a third (32%), the net was insecticide-treated. Compared to the results of the previous survey in 2005, the proportion of children under five who slept under a mosquito net impregnated or not with insecticide has increased, ranging from 68% to 81

In households with an ITN, 75% of children slept under such a net. A little more than three quarters of pregnant women slept under a net the night before the interview (78%) and 21% slept under an ITN. In addition, the results show that in households with an ITN, 71% of pregnant women slept under this type of net the night before the interview.

Comparing the results with those of the previous survey show that the proportion of pregnant women who protected themselves from malaria by sleeping under a mosquito net of any type increased from 67% to 78%.

### ***Haemoglobin level***

A haemoglobin level below 8.0 g / dl is seen as an indirect indicator of malaria. At the national level, 4% of children aged 6-59 months have a haemoglobin less than 8.0 g / dl. This is slightly higher among children aged 9-23 months than in other age groups. There is a

particularly high level in the Western Cuvette- (12%). One must also note that the proportion of children with haemoglobin level less than 8.0 g / dl decreases from the poorest to the richest households, ranging from 6% to 2%.

#### ***5.3.3.8 Water sanitation and access to safe drinking water***

In terms of water, sanitation and hygiene, several strategic documents constitute the framework of the government and its partners: the National Water Policy and the Water Code, the National Strategy for Access to sanitation in rural and urban areas, the hygiene promotion strategy in schools, health centres and community. To better coordinate policies and programs in the areas of water and sanitation, two decrees were adopted: Decree No. 2010-123 of 19 February 2010, which entrusts the sanitation policy to the Minister responsible for water and Decree No. 2010-24 of 16 March 2010 on the organisation of the Ministry of Energy and Water and which creates the General Directorate of Sanitation within that Ministry. It should be noted that the implementation of this new institutional framework is not yet effective.

The effort of the government is currently geared towards the implementation of the projects of provision of drinking water system through: (i) rehabilitation, in Brazzaville, of the drinking water plant in Djiri and the construction of a second plant on the same site, (ii) improving the production of drinking water in Brazzaville by installing potablocs, (iii) the continuation of the construction of systems of drinking water in the towns of the Niari department districts.

Furthermore, in the context of the fight against the use of traditional latrines, the technical services of the Ministry of Health offer two (2) types of structures to the population: (i) ventilated pit latrines (ii ) or latrines with septic tanks. Visits are organized at hygiene centres for the popularisation of both types of structures.

Moreover, water activities, hygiene and sanitation launched in 2009 with UNICEF support, focused mainly on promoting new strategies, including improving access to safe water and sanitation in rural and suburban areas, including hand washing with soap and total sanitation led by communities (ATPC).

Furthermore the strategy document on access to safe water and sanitation in rural and suburban areas that includes water treatment at home was developed and validated by the Government and key actors from the water and sanitation sector.

The constraints can be summarised as follows: (i) lack of sanitation code and hygiene, (ii) outdated equipment and water systems, (iii) lack of drainage and treatment plants for waste water, (iv) lack of investment, (v) insufficient trained staff on issues of sanitation and management, (vi) lack of appropriate management structures and logistic support in terms of operation and maintenance of the structures.

Finally, water sanitation issues and access to clean water occupy a prominent place in the regional planning programme, the government's desire is to be in harmony with the provisions of the law on the Protection of the Child, including Article 22, which states: "The child is entitled to maintenance, healthy food, clean water and a healthy environment."

#### ***Source of the drinking water***

The World Summit for Children adopted a standardised definition of clean water that has been included in the DCAT-II. The water is considered safe when it comes from an improved source of supply such as:

- Taps installed inside or outside the housing;
- Standpipes or public taps;
- Wells and boreholes with pumps;
- Covered or protected wells; and
- Bottled water.

According to this definition, we see that overall for drinking, 76% of households use water from an improved source, mainly public taps / fountains (27%) and taps in the yard / compound (22%) . The proportion of households whose consumption of water from an improved source shows marked differences according to the place of residence: in rural areas, only 41% from public taps / fountains (40%) than urban households obtain their drinking water, while in rural areas in 22% of cases, the water consumed is from water surface.

Table 17: Distribution (%) of households by department according to the drinking water supply source

Drinking water sources	Tap water at either from home	Tap water from neighbours	From elsewhere	Fountain /public tap	Wells and boreholes with pumps	Protected wells	Reservoir	Bottled water	Total improved sources	Non protected wells	Rivers, streams	Rain water	Water seller	Total others
<b>All</b>	<b>27</b>	<b>21.5</b>	<b>2.4</b>	<b>1.3</b>	<b>8.4</b>	<b>13.3</b>	<b>1.2</b>	<b>1.6</b>	<b>76.7</b>	<b>3.3</b>	<b>17.1</b>	<b>2.3</b>	<b>0.5</b>	<b>23.2</b>
Kouilou	0.1	0	0.3	1.8	17.3	21.1	7.9	0	<b>48.5</b>	3.9	47.4	0.1	0	51.4
Niari	12.9	19.5	0.5	1.1	9.4	20.5	0.8	0	<b>64.7</b>	7.4	27.6	0.2	0	35.2
Lekoumou	2.8	6.4	0.1	0.1	8.8	15.6	0.1	0.1	<b>34</b>	3	62.3	0.6	0	66.1
Bouenza	8.2	15.9	1.2	2.5	6.8	33.8	0.3	0.2	<b>68.9</b>	4.5	25.9	0.4	0.2	31.0
Pool	0.2	0.6	0.1	6.4	11.6	27.3	33.8	0	<b>47.4</b>	11.1	34.6	6.8	0	52.5
Plateaux	1.7	5.8	0.3	0	7.1	6.6	3.7	0.2	<b>25.4</b>	6.6	34.5	33.6	0	74.7
Cuvette	6.2	10.4	1.1	0.6	23.3	8.7	0.4	0	<b>50.8</b>	3.3	45.2	0.7	0	49.2

Cuve tte Oues t	4. 7	4.1	0.4	0	5.3	23.5	4.9	0. 2	<b>42.9</b>	19.9	36. 6	0. 4	0. 3	57. 2
Sang ha	3. 7	5	0.3	11	12.7	30.7	3.3	0. 1	<b>66.7</b>	1.5	31. 6	0. 3	0	33. 4
Liko uala	0	0	0	0.5	9.6	38.5	0.7	0	<b>49.3</b>	7.6	43	0. 2	0	50. 8
Braz zavill e	48 .1	26.7	4.4	0.2	8.05	3.5	0.3	3. 5	<b>95.2</b>	0.5	3.5	0. 1	0. 6	4.7
Point e- Noir e	37 .8	41.6	3	0.7	2.9	9.2	1.4	9. 2	<b>98.1</b>	0.7	0	0. 1	1. 1	1.9

Source: DCAT-II

In almost all cases (90%), households do not use any water treatment means. Only 7% use an appropriate method of water treatment, largely adding bleach / chlorine water (5%): this varies from 6% in rural areas to 4% in urban areas.

### *Types of toilets*

Improper disposal of human feces is associated with an increased risk of contracting diseases including diarrheal diseases and polio. The sanitary facilities that are considered adequate are toilets with flush connected to a sewage system or septic tank, improved ventilated pit latrines, privy pits with slab and composting toilets. To be considered as improved, only members of the household should use these types of toilets.

Table 18: Types of toilets used (percentage)

Types	Urban	Rural	All
Unshared improved Toilets	15.2	4.7	11.3
Shared Toilet improved	43.5	7.6	30.3
Unimproved Toilets	41.3	87.7	58.4
Total	100	100	100

Source: 2011-2012 DCAT

The results of the DCAT-II show that 11.3% of Congolese households use unshared improved toilets. The use of this type of toilet is three times higher in urban areas (15.2%) than in rural areas (4.7%). Furthermore, in 30.3% of cases, households use toilets that would be considered improved if they were not shared. This proportion varies from 43.5% in urban areas to 7.6% in rural areas. Concerning unimproved toilet, we see that they are used by 58.4% of households, mainly rural households (87.7%), which increases the risk of diarrheal disease and does not lead to the decrease of the prevalence, especially among children under five.

Compared to the previous 2005 survey, there is practically no change seen the proportion of households using a flush toilet has not changed (5% in both surveys) and households that have no type of toilet remained almost stable from 10% in 2005 to 9% in 2011-2012.

### **5.3.3.9. HIV / AIDS**

Congo is marked by an epidemic of HIV / AIDS generalised type. The overall prevalence in the population aged 15-49 years decreased from 4.2% in 2003 to 3.2% in 2009. In general, if in 2003 the highest level of HIV prevalence was 9% in some localities, the situation has changed significantly in 2009: indeed, with the efforts accomplished since then, no locality has an HIV prevalence exceeding 5% in 2009.

HIV prevalence is higher with women than with men: 4.1% against 2.1%. Also women are more affected in urban areas (4.6%) than in rural areas (3.3%). The prevalence increases rapidly with age in women, with a minimum of 1.9% at age 15-19, the rate exceeds 5% from 25-29 years and remains above this level for almost all ages up to 45-49 years; With men, at all ages up to 40-44, the prevalence rates are lower than those of women: for the 15-19 years, 0.8% of men are HIV positive, then the rate increases but much more slowly than for women, peaking at 40-44 years (5.7%).

The HIV prevalence survey by the Ministry of Health in 2011 found an HIV prevalence rate among pregnant women of 3.6%.

According to the 2010 report by UNAIDS, the number of people living with HIV was estimated at 77,000 in 2009, 40,000 women over 15 years and 7,900 children under 15 years. According to the same report, the number of HIV-positive pregnant women is estimated at 1630. The number of deaths attributed to HIV was in the order of 5100.

HIV transmission is primarily sexual in adults and vertically for children, in relation to the progress made by the country in transfusion safety. The condom utilisation rate in the last casual sex is low: 29% of women and 28% men. In the age group 15-24, the rate is 40% for men and 26% among women. In the age group 25-29 years, the rate is 41% in women and 26% men.

### ***National response to HIV / AIDS***

Congo was one of the first countries to officially recognise the AIDS epidemic and organise a response at institutional level. The identification of the first cases in 1984 resulted in 1985, in the establishment of a Committee on diagnostic and AIDS Control, replaced in 1987 by the national Programme on AIDS Control (PNLS). Since its creation, the PNLS has established a short-term emergency plan followed by two phases of medium-term plans (1989-1991 and 1996-1998). In 1994, the first outpatient AIDS treatment centre (CTA) in Africa was established in Brazzaville. A second CTA was opened in Pointe-Noire in 1999, after the period of social and political unrest.

The introduction in 2002 of a strategic planning process has resulted in the development of the first National Strategic Framework to combat AIDS (CSN) for 2003-2007. In 2008, Congo initiated the 2nd CSN from 2009 to 2013 with the aim of reducing the incidence of HIV infection in the population and reducing the morbidity and mortality from HIV and AIDS. It revolves around the following strategic areas: (i) strengthening prevention services for HIV infection and STIs; (ii) strengthening of services for medical and psychosocial care of people living with HIV; (iii) reducing the impact of AIDS and promotion of human rights; (iv) improving the monitoring and evaluation system, research, epidemiological surveillance and strategic information management; (v) strengthening coordination, partnership and governance.

To enable universal access to prevention and care, Congo decreed in 2007 that, screening, laboratory tests and ARV treatment are free. But this life-saving measure, which significantly improved the survival of infected people, is affected by the non-inclusion of prescribed drugs to treat opportunistic infections.

### ***Prevention of mother to child transmission***

In order to reduce the incidence of mother to child transmission, Congo has established by Presidential Decree, the Project on the Prevention of the transmission of HIV from mother to child (PMTCT). To date, the activities of the PMTCT are still evolving in projects form despite efforts by the government to incorporate screening for pregnant women in all departments.

According to data from the PNLIS, as at September 30, 2012, nearly 50% of facilities providing ANC have staff trained to offer screening to pregnant women. The proportion of pregnant women receiving ANC who knew their HIV status varies from less than 50% (Brazzaville, Pointe Noire, Niari and Plateaux) to over 70% in the Cuvette-Ouest (84%), the Pool (78%) and the Cuvette (74%). In facilities that offer screening and care for HIV-positive pregnant women, the rate of transmission of HIV from mother to child is less than 2%.

With this, Congo has just approved the elimination of *Elimination of mother to child transmission Plan* for 2013-2017 period. The plan, which aims to reduce disparities, is a significant contribution to improving the health of mother and child. Its objectives are as follows: i) reducing less than 50% the number of new infections among young people aged 15 to 24; ii) cover at least 85% of the needs not covered by family planning for women with HIV; iii) reducing to less than 5% the rate of mother to child transmission of HIV; iv) increase to over 30% the proportion of HIV-positive pregnant women taking ARVs for their own health and v) increasing to 85% the proportion of HIV-positive children receiving ARVs.

### ***Paediatric care***

Paediatric care is considered since 2009 as a national priority to combat HIV / AIDS. Thus Congo has bid for and received a grant from the Global Fund under Round 9 for upgrading to the paediatric care level. Thus the number of HIV-infected children treated increased from 632 in 2008 to 1225 by 30 September 2012.

### ***Youth Prevention***

In general, youth engaging in sex life, especially girls, are not equipped to protect themselves against HIV. According to the ESIS, only 8% of girls have a complete knowledge of HIV / AIDS, against 22% of boys. To reduce the spread of HIV among young people, Congo launched a condom social marketing programme, which proposed to set up about 3,000 condom distribution points to cover the entire national territory. To date, approximately 540 distribution points have been created, mostly in large cities.

Two complementary approaches to combat AIDS are rolled out in the school setting: the curriculum approach (integration of HIV education in school curricula since 2008) and extracurricular approach through peer education and Social animation. A tutorial for teacher training was developed (number of trained teachers?).

For the extracurricular setting, Congo receives funding from the Global Fund for HIV prevention among young people most at risk. In the absence of a formal HIV prevention strategy among young people, HIV interventions are focused on education sessions in youth centres, risk mapping exercises, coupled with educational activities by peers and at fairs held during the holidays in order to offer adolescents and young people a comprehensive package of prevention and management of HIV, through fun and recreational activities.

#### **5.3.3.10. Family planning**

Given the importance of family planning (FP) in the achievement of MDGs 4, 5 and 6, Congo has developed the 2012 strategic plan for the repositioning of FP. This will enable, on the one hand, to meet the target set by the National Roadmap (FRN) of "reducing the number of maternal deaths from 781 to 390 deaths by 2015" and, on the other hand, achieve the MDGs (5A and 5B). The will of the government, resulting in the increase of service provision through the PNDS, also quality and accessibility of healthcare for the mother, the newborn and the child, including family planning, is also a concern for the Congolese lawmakers. Indeed, they proceeded in 2010 to the partial revision of the 1920 French law prohibiting propaganda for contraception. Thanks to the new law (No. 17-2010 of 17 November 2010), all interventions in the area of FP are now allowed, with the exception of the right to abortion, which remains strictly prohibited, except in the case of a pregnancy that is threatening the life of the mother. Thus, the promotion of actions initiated by the government and supported firstly by development partners such as WHO, UNFPA and UNICEF, and secondly, by NGOs like the Congolese Association for Family Welfare (ACBEF) should help improve contraceptive prevalence in Congo.

According to the results of the DCAT 2011-2012, almost all women were aware of contraceptive methods, 99% of those had heard of at least one method. This proportion is very high regardless of their background, whether modern methods, including female sterilisation and male sterilisation, the pill, the intrauterine device (IUD), injections, implants, male condoms, female condoms and the morning after pill; or traditional methods called natural, including the rhythm method (based on the calculation of the menstrual cycle), withdrawal (coitus interruptus) and others.

Regarding the level of contraceptive use, the results show that 44% of women used at the time of the survey, any method: 22% a modern contraceptive method and 22% traditional method. Among modern contraceptive methods, the male condom is the most frequently used (16%) followed by far by the pill in 3% of cases and injections in 2% of cases. Women who used a traditional method used, mostly, the rhythm method (16%).

Comparison of the results of the DCAT-I 2005 and the current survey shows a significant increase in the modern contraceptive prevalence. Indeed, the rate of contraceptive use among married women increased from 13% in 2005 to 20% in 2011-2012, an increase of 7 percentage points. However, with respect to traditional methods, the results show that the proportion of users fell from 32% to 25%.

#### **5.3.4. Funding of the health sector**

The health sector budget allocations have averaged 8.4% of the total state budget in 2008-2011, i.e. well below the target rate of 15% prescribed by the African Union in the Abuja Declaration. In total, the share of health expenditures has even decreased between 2008 and 2011, from 9.33% to 7.34%.



Table 19: Percentage of health sector budget from total expenditure excluding debt

Year	2008	2009	2010	2011	Average 2008- 2011
Budget	9.33	8.90	7.97	7.34	8.36

Source: CPCMB

Table 20: Trend of the health sector expenditure compared to the GDP

Year	2008	2009	2010	2011	Average 2008- 2011
Budget	2.18	1.42	1.43	1.49	1.63

Source: CPCMB

However, one should note a recovery in investment spending in Health in 2011 after the decline observed in 2009 and 2010. As a percentage of the GDP, the share of health was limited to 1.6% on average between 2008 and 2011. The largest share of spending is devoted to the operations, including the "wages and salaries" component. During the 2008-2011 period, the share of the operation has averaged 67% for the health sector.

Moreover, issues of distribution of funds are significant. Budget allocation to different services shows that only (6) general hospitals and administration of the central level alone have consumed over 70% of the budget allocated to the health sector. The decentralised health services through which the MDGs are expected to be reached, only work with the cost recovery system (no budget line for CSS and CSI). Besides the allocation issue, there is also the issue of disbursement. The medium-term expenditure framework (MTEF), which should allow a bottom-up planning is still not functional.

Table 21: Distribution of grants to health care providers

<b>Providers</b>	<b>2009</b>	<b>2010</b>
Public Health Programmes	14	24
Health Administration	0	5
General Hospitals	75	50
Other Hospitals	3	6
Health Centres	4	3
Other providers	4	10

Source: National Health Accounts 2012

### ***Financial accessibility***

Despite the policies of free services implemented in recent years, affordability remains a significant barrier in accessing health services. According to data from the ECOM in 2011, the cost of services is the main factor of dissatisfaction among the population with regard to health services: 38% of users find them too expensive and the rate reached 49% in rural areas (against 26% in urban areas). The price of services is one of the main reasons given by families who do not go to a health service.

The National Assessment of essential inputs conducted in 2010 also highlighted the importance of the financial barrier in the area of access to basic health care. According to this document, 92% of Congolese believe that financial constraints prevent them from accessing health facilities. In fact, in 1996, the Cost recovery system was established by decree in Congo as a primary strategy for financing care in the context of the implementation of the Integrated Health System. This system consists in charging the population for the consumed services and care (consultation, purchase of medicines, hospitalisation). The assessment of the National Health Accounts 2009-2010 showed that in 2010, households covered health expenditures for up to 39%, against 58% for the central government, 1% for companies and 2% for international cooperation.

In order to reduce the financial barrier for accessing services, the Congolese government has initiated policies of free services. Interventions affected by this measure are the management of malaria in women and children up to 15 years, screening and care of HIV and tuberculosis as well as caesarean sections and other major obstetric interventions. These measures have not yet been the subject of an overall assessment. However, the actors of the health system already find that shortages of drugs and the lack of financial transfers from the central level to compensate for the shortfall of health structures, especially at the CSI could limit the beneficial impact of these measures.

#### **5.4. Social security and services and facilities for the development of the child**

##### **5.4.1. Social Security**

Congo has taken many measures for the best interests of the child in terms of legislation, basic social services, protection. These measures and the results achieved are presented in the sections relating to these different sectors: jurisdiction, health, education, protection of vulnerable groups, etc. However, it appears that, despite numerous government initiatives- especially those relating to the introduction of cost exemption for the provision of certain services - significant sections of the population are excluded from the full enjoyment of their fundamental rights. According to most analysts, the explanatory factor for this is poverty.

Poverty is indeed regularly cited as one of the main barriers for accessing basic social services. However this poverty is not offset by the introduction of a non-contributory social protection system that could help poor households to cope with health costs. Congo has not yet established a regular social transfer programme on a large scale, as social old-age pensions, family allowances and / or transfers to the poorest households, on a non-contributory basis, funded by the state. Family allowances and existing pensions are limited to those provided by the two social security funds, which cover only the small minority of employees and retirees of the formal sector and their beneficiaries. The absence of a national social protection policy for non-employees, who represent the vast majority of the population, does not help in the education of children from vulnerable and disadvantaged families.

The vision of the *Way to the future* of the President of the Republic includes a commitment to "restructure social protection in order to extend in its basic aspects, to the entire population." This commitment was reaffirmed in December 2011 in the *Letter of national social action*

*policy*, which considers measures to be taken in order to build a system of non-contributory social protection on a large scale and to replace the current system "that protects in a limited and timely manner a very small number of beneficiaries. " This implies a strong increase in the allocation of social protection in public spending, without which the project is likely to remain at the stage of a good intention.

#### **5.4.2. Domestic discipline**

While law 04 of 10 July 2010 prohibits the use of corporal punishment, it remains very common in Congo, both within the family and at school. We know that corporal punishment has a detrimental effect on the development of the child. When they do not cause physical injury, they may cause serious psychological damage, behavioural disorders and school dropout if it is inflicted at school.

According to the 2011-2012 DCAT, 70% of children suffer physical punishment in their families and 25% of children suffer very severe punishment.

Table 22: Percentage of children 5-14 years who have had disciplinary action, according to place of residence, the child's age group and sex

Home	Age (years)	Gender						
		Urban	Rural	All	5 to 11	12 to 14	M	F
Type of violence								
Any form of corporal punishment		69.8	74.2	71.5	73.9	59.3	71.9	71
Severe corporal punishment		24.9	25.1	25	25.9	20.4	25.2	24.8
Any form of violence		93.8	86	86	87.2	79.9	85.9	86.2

Source: DCAT-2011-2012

In schools, corporal punishment is widespread as a disciplinary method. It is found in all types of schools, whether public or private. The most common forms of physical abuse are: pulling hair or ears, hitting the child with a stick or another object, kneeling, slapping him/her or force him/her to perform a hard labour. It is not uncommon for teachers to ask children to perform domestic duties for them, such as fetching water. Sexual violence, blackmail to obtain marks to pass exams, is also reported by existing studies (Study on violence in schools, UNICEF / Republic of Congo, July 2008).

### **5.5 Care of orphans**

#### **5.5.1 Children without family environment**

The Charter recognises the right of every child to a family. Given the key role of the family as a social development framework and child protection, it is important to highlight the situation of vulnerability of children living outside a family environment or without healthy and protective family setting. These principles are endorsed by the Child Protection Act and other legislation such as the Family Code and the Penal Code.

According to the results of the DCAT 2011-2012, only 55% of children (under 18) live with both biological parents. Furthermore, 23% of children live only with their biological mother and only 7% with their biological father. In most cases (over 85%), the other biological

parent is alive but not living with the child, which shows the frequency of family breakdown and single parent families.

### ***Orphan children***

According to the DCAT, nearly 7% of children under 18 are orphans of at least one of their parents in 2011-2012, a stable proportion compared to 2005. The proportion of AIDS orphans is not known.

### ***Placed children***

The DCAT results 2011-2012 indicate that 15% of Congolese children live with neither of their biological parents, while in four cases out of five, they are alive. Nationally, the proportion of children not living with any of their biological parents even when they are alive is 12%. Although the practice of fostering has traditionally aimed to improve the living conditions of children, children without their parents while they are alive are poor and vulnerable, particularly with regard to access to education.

### ***Child-headed households***

Children sometimes become heads of households or mothers of children who are abandoned by their spouses. In 2007, according to the general census of population and housing, 0.6% of households were headed by children. Their situation is still very little known.

### ***Street children***

In Congo like elsewhere, street children are exposed to all kinds of risks: violence of all types, lack of affection, no education, disease and neglect, drug abuse, etc. Their number is not known but according to NGOs' estimates, it has decreased since the end of the civil war. Much of the children in the street are from Congo DRC.

### ***Services for orphans, abandoned children and street children***

There is no comprehensive mapping of services for children deprived of a family environment. Most are civil society initiatives that operate without adequate regulation, accreditation or regular inspection. According to a report by the Ministry of Social Affairs conducted in 2010, there might be 136 structures for vulnerable children. A draft decree on the establishment and opening conditions of care and accommodation structures was developed in 2010 but it is yet to be promulgated.

Only a small proportion of these structures are managed by the State, the Centre for insertion and reinsertion of vulnerable children (CIREV) established in 2003 in Brazzaville. The capacities of this centre are small (forty boarding places and as much for half-board in 2010). In principle, the centre provides listening services, family reintegration and support for education. But its operation is often disrupted by delays in disbursement of its budget allocations.

Apart from the CIREV, few nurseries, crèches for abandoned children (or children whose parents cannot look after) are managed by the state in Brazzaville and Pointe-Noire. The capacity of these centres is small (635 seats in kindergarten and nursery, 40 in nurseries in

2010) while they are facing severe constraints: poor quality of infrastructure and poor connection to drinking water, lack of developmental equipment and educational tools, irregular subsidies.

With regard to street children, the provision of services is slightly better known following the completion in 2009 of a "mapping of actors working in the area of care of street children". To date, 14 centres dedicated to these children had been identified, mostly located in Brazzaville and Pointe-Noire. The two most active structures are Espace Jarrot, managed by the Congregation of the Holy Ghost Fathers in Brazzaville and the Samu Social of Pointe Noire (SSPN). The International Solidarity Association (ASI) in Brazzaville and Pointe-Noire, as well as the Centre Madre Morano of Salesian Sisters of Pointe-Noire that only supports vulnerable girls.

As part of a project launched by UNICEF in 2005, the capacity of government and nongovernmental actors involved in the care of street children have been strengthened, including through the establishment of an appropriate package of services, of care standards and training. Despite encouraging results, particularly in terms of family and social reintegration of children, the state has not sufficiently taken ownership of the project for it to become fully effective.

Today, the impact and quality of services remain low due to many shortcomings: lack of formalised partnership (agreement, grant) between non-governmental stakeholders and the Ministry of Social Affairs, lack of specialised staff (psychologists, social workers, outreach workers, addiction and dependence specialists), lack of a detoxification centre, weak stakeholder network activities on the phenomenon of street children (REIPER).

## **6. Education, leisure and cultural activities**

The Committee of Experts' concerns on the health and well being of children revolve around 5 areas:

- a) Education, including vocational training and guidance (Article 11);
- b) Leisure, recreation and cultural activities (Article 12)

### **6.1. Education**

#### **6.1.1. Background and sectoral policy**

The last two decades have been marked by a willingness to rethink the development of the education sector in accordance with the objectives to which the country subscribed at international level (Education for All- EFA, Millennium Development Goals, MDGs) and at National level (Poverty Reduction Strategy Paper- PRSP, National Development Plan-SNAT and Social Project of the Head of State (*The Way to the future*)).

Thus, with the support of the World Bank and UNESCO, the government conducted a comprehensive diagnosis of the entire education sector, which resulted in the production in January 2007 of a *Situation Report on the national education system (RESEN)*. This document, which calls for a renewed reflection towards adjustments in educational policy, analysis, in the context of the economic and demographic conditions of the country, the coverage and efficiency of the education system, the financial, internal efficiency and the quality of services provided, the external efficiency, equity and distribution aspects, administrative and educational management.

The RESEN also produced different scenarios for the development of the education sector which were the basis for the development in 2010 of a Paper Strategy on the Education Sector (DSSE) that has identified the following strategic areas:

- Improvement to access to the system and retention at all levels;
- Enhancement of the quality of training and learning;
- Improvement of governance and management of the education sector.

This document, which sets the overall framework for interventions in the sector in 2020, resulted in a medium term priority action plan (PAP) with a medium-term expenditure framework (MTEF) as guiding tool.

In organisational terms, the Congolese education system is structured as follows:

- A pre-school level for three years;
- A six-year primary cycle, leading to the certificate of elementary studies;
- A junior high school in four years of general college (CEG) broken down into a cycle of observation and orientation of two years each, leading to the certificate of junior secondary studies (BEPC);
- A second cycle of general secondary education leading to the baccalaureate after three years in high schools;
- Apprenticeship centres educating for two years students coming from the sixth grade and students who could not access general college;
- Technical and vocational secondary education starting in technical colleges (CET), educating students for two years after the observation a college cycle general or apprenticeship centres; it leads to obtaining a certificate of technical studies (BET). This teaching can be extended by either a three-year cycle in technical schools or by admission to professional schools (health, training schools...)
- Higher education of first, second and third cycle that includes faculties, schools and institutes.

Figure 1: Organisation of the Congolese formal education system

### **6.1.2 Resources**

The level of resources (financial, human and material) allocated to education helps to get an idea of the importance that the state attaches to the sector

#### ***Financial resources***

According to the 2011-2012 MEPSA Statistical Yearbook, planned public expenditure on education amounted to 109 billion CFA francs, or 11.22% of the total expenditure of the state. In comparison with the GDP, which the DCAT-II estimated at 6 982, 5 billion, this represents 1.56%. This allocation steadily increased over the period 2000-2005 where spending averaged 67.55 billion CFA francs (72.75 billion in 2007), but we are still far from

the reference at 6% of GDP proposed by UNESCO nor the average of this indicator for IDA countries in sub-Saharan Africa estimated at 3.9% in 2003. Efforts are still needed to address too unfavourable state budget allocation towards education. Thus, public resource mobilisation scenarios for the education sector considered in *the education sector strategy paper*, propose for 2020, public spending on education being in the range of 16% to 22% of total current expenditure.

Regarding intra- sectoral distribution of public spending on education, it is observed that significant efforts have been made to better reflect the displayed priority for universal primary education: this level, which hosts two-thirds of the school population receives 34.94% of the total budget allocated to education, almost double the amount it enjoyed in 2007-2008.

Table 23: Distribution intra sectoral of education spending in 2007-2008 and 2011-2012 (percentage)

Level	2007-2008	2011-2012
Preschool	2.80	8.44
Primary	18.00	34.94
Lower Secondary	39.70	12.28
Upper Secondary		11.97
Technical and vocational education	14.90	15.08
Higher Education	25.60	16.17
Others	0.00	1.11
<b>Total Education</b>	<b>100.00</b>	<b>100.00</b>

Source: Statistical Yearbooks, DEPS, MEPSA? 2008-2009, 2009-2010, 2010-2011, 2011-2012.

This trend even goes beyond the recommendations of the *education sector strategy paper* that reaffirms the fundamental role of the completion of primary education for all as a non-negotiable objective and proposes, in its reference scenario, a review of the intra-distribution of public education expenditure as follows: 3.6% in pre-school, primary 27.4%, 22.4% in general the lower secondary, 7.5% in the upper general secondary, 16, 9% to technical and vocational education, 0.3% to 22.0% literacy and higher education.

A significant effort has been made to rebalance the distribution of resources among the different sub-sectors of education; a significant increase of the total mass of the budget for the entire sector now remains to be done.

However, it is regrettable that the largest share of spending is devoted to the operations, including the "wages and salaries" component. During the 2008-2011 period, the share of the operations averaged 80% for Education.

### ***Free primary education***

The regulations recognise compulsory and free primary education. However, in reality, parents are subject to various expenses such as payment of registration fees, the purchase of educational materials and uniforms. It even happened that, given the shortage of teachers

appointed by the state, parents are forced to recruit teachers called "volunteers" whom their pay.

Following the announcement made by the head of state in his end of the year address in 2007, a decree signed jointly by the ministers of finance and budget, technical and vocational education and primary and secondary education in charge of literacy (No. 278 / MEFB / METP / MEPSA March 20, 2008) recognised the effective implementation of the constitutional provisions on free primary and secondary education.

Since the school year of 2007, families are no longer required to pay school fees. Administrations and schools now receive state funds necessary for their operations. In addition, textbooks for public primary education are provided free of charge by the State which also provides funding to inspections in order to cover the "volunteer teachers" wages, who before the presidential directive were paid by parents.

The amount of the grant per student is 5,000 FCFA in preschool, 3000 FCFA at primary, 3500 FCFA at college and 4,000 FCFA for high school.

This has brought a deep relief to families, especially the poorest, but some parents lament the maintenance of the registration fees for exams and competitions as well as the sale of handouts being practiced by some teachers.

### ***Human resources***

According to school yearbooks, the number of teachers has increased significantly at all levels of education between 2003 and 2012: in the general education, it went from 15,615 to 34 851, an increase by a factor of 2.2. It is the pre-school which experienced the largest increase by multiplying its teaching staff by 4.55 (from 472 to 2150), which is explained by its particularly low starting level and a majority intervention of the private sector. The other education levels multiplied by the number of their teachers by 1.78 for primary, 2.76 for the lower secondary and 2.69 for upper secondary.

Table 24: Trend of the number of students and teachers (2003-2012)

Level	Year	Pupils	Teachers	Ratio Teachers/Students
Preschool	2003	13 256	472	28.08
	2012	53 920	2150	25.08
Primary	2003	575 959	9244	62.31
	2012	734 493	16526	44.44
CEG (junior secondary)	2003	137 826	4164	33.10
	2012	152 033	11499	13.22
High School	2003	26 411	1735	15.22
	2012	69 662	4676	14.90
<b>All</b>	<b>2003</b>	<b>753 452</b>	<b>15 615</b>	<b>48.25</b>
	<b>2012</b>	<b>1 010 108</b>	<b>38 851</b>	<b>28.98</b>

Source: 2009-2010 and 2011-2012 school directories, DEPS, MEPSA

This growth is faster than that of the school population, which has been multiplied by a factor of 1.34 over the same period. This resulted in a significant decline in student / teacher ratios in the various stages of education, particularly at primary level (from 62.31 in 2003 to 44.44



in 2012) and CEG (33.10 in 2003 13.22 in 2013). However, these figures can hide some worrying disparities: to cite one example, the student / teacher ratio in primary education (the national average of 44.44) is 61.29 in the public sector and 13.99 in the private sector in Pointe Noire.

Overall, these changes are mainly due to the explosion of private education. It should be noted that from 2003 to 2010, public education has benefited from the recruitment 5376 4 teachers<sup>4</sup>, 56.6% of all recruitments made by the State during this period. In 2011, according to the *Priority Actions Programme and framework of medium term expenditure 2012-2016*, the Ministry of Primary and Secondary Education had recruited 1,000 teachers out of the 2,200 scheduled; recruitment forecasts for 2012 amounted to 8,000 agents.

The proportion of women among the teaching staff decreases as we progress into the school curriculum. For the 2011-2012 school year, while they hold almost exclusively all the positions at pre-school with 98.7%, their representation drops to 36.02% in the primary, to 4.34% in lower secondary and 8.19% in upper secondary level. For primary education, it should be noted that female teachers are concentrated in urban zones: 69.52% of them work in the two major cities, Brazzaville and Pointe Noire.

Increasing the number of women in the teaching staff is one of the areas of intervention of the strategy that is being developed on the school enrolment of girls: it should be noted that the proportion of women in primary and junior secondary level has declined from 2007-2008, when they accounted for 46.50% at primary level and 9.20% at junior secondary level. This anomaly should be analysed to identify the causes and take the necessary corrective measures.

### ***Material resources (infrastructure)***

The same increasing trend is observed in relation to schools, as the number of schools was multiplied by 1.8 between 2003 and 2013. Data for technical education are lacking.

Table 25: Trend of schools (2003-2012)

<b>Level</b>	<b>Sectors</b>	<b>2003</b>	<b>2012</b>	<b>X Factor</b>	<b>Growth (%)</b>
Preschool	Total	257	909	3.54	71.73
	Public	82	113	1.38	27.43
	Private	175	796	4.55	78.02
Primary	Total	2143	3423	1.60	37.39
	Public	1542	1902	1.23	18.93
	Private	601	1521	2.53	60.49
CEG (junior secondary)	Total	698	1038	1.71	41.43
	Public	262	308	1.18	14.94
	Private	346	730	2.11	52.60
High school	Total	41	115	2.80	64.35
	Public	33	37	1.12	10.81
	Private	8	78	9.75	89.74
ALL	Total	3049	5485	1.80	44.41
	Public	1919	2360	1.23	18.69

<sup>4</sup> In Social Development assessment in Congo 2003-2008, December 2009 (Ministry of Economy, Planning, Spatial Planning and Integration).

	Private	1130	3125	2.77	63.84
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Source: School directories 2009-2010 and 2011-2012, DEPS, MEPSA

The number of preschools has almost quadrupled from 257 schools to 909. While during this period the public sector has recorded only 31 new institutions, the private sector has created further 621 schools.

The number of primary schools has significantly increased from 2143 in 2003 to 3423 in 2012. This increase of over 37% is primarily due to the explosion of private schools whose number has more than doubled during this period. However, thanks to the support of UNICEF and the World Bank in the construction and rehabilitation of schools, public institutions have still increased by 19%.

Regarding the junior secondary level, 430 new schools were opened, 89% of them being in the private sector. The number of high schools has also more than doubled, with 74 additional high schools of which 70 are private initiatives.

Despite all this progress, education provision remains below the needs. It is for this reason that, in the context of the 2012-2016 National Development Plan, the sectoral priority action programme (PAP) provided for the rehabilitation, construction and equipment of more than one hundred schools from preschool to higher education.

Constructions and renovations are not just about classrooms: there are other rooms such as libraries, laboratories, latrines, boreholes, administrative blocks, dormitories for boarding schools, sports fields, etc. These constructions are associated with facilities like educational materials and school furniture (for example, for preschool, the priority action programme provides for the procurement of approximately 70,000 bench desks by 2016). It should also be remembered that, in the context of the implementation of free education, the state gives to each primary school student three manuals (French, mathematics and civic education).

### 6.1.3 Effort towards school enrolment

Table 26: Trend of school enrolment in 2003-2012

Level	Preschool	Primary	CEG (junior secondary)	High school	Total
Year 2003	13 256	575 959	137 826	26 411	753 452
Including private	9 343	159 753	20 693	1815	191 604
% Private	70	28	15	7	25
Year 2012	53 920	734 493	230 959	73 955	1 093 327
Including private	35 881	228 232	78 926	4 293	347 332
% Private	67	31	34	6	32
Coefficient 2012/2003	4.07	1.28	1.68	2.80	1.45

Source: 2009-2010 and 2011-2012 school directories, DEPS, MEPSA

#### *Preschool*

In order to encourage the promotion of early childhood education, the *sectoral education strategy paper* has opted for the improvement in enrolment by focusing on the promotion of early childhood education by private developers and local communities in view of improving the coverage of this sector.

From 2003 to 2012, the number of preschool centres has been multiplied by 4.07, from 13 256 to 53 920 children. The gross enrolment rate which stagnated at around 3% a decade ago, has now reached 15.57%, that is to say, nearly 16% of children aged 36-59 months of school attend preschool level.

The DCAT-II, however, reveals that this proportion is affected by significant inequalities. Indeed, in rural areas, only 6% of children against 23% in urban areas benefit from this type of education programme. In a department like the Kouilou this attendance rate is only 2.4%, compared to 21.6% in Brazzaville and 28.6% in Pointe-Noire. In addition, the proportion of children attending preschool education programme significantly increases with the level of maternal education and the level of household welfare: from 5% for children of illiterate mothers, the proportion rises to 43% when she has attended high school or more; in households with the poorest quintile, only 2% of children are attending preschool programmes against 47% in households with the richest quintile.

Preschool education therefore remains to a large extent the domain of the affluent urban classes. This is due in part to the over-representation at this level of schooling, of the private sector, which accounts for 67% of the paid workforce. Nevertheless, it should be noted the significant efforts made by the State to increase its presence at this level: while public preschool centres recorded approximately 20% of the workforce by 2006, their share has now reached 33%, and with more than 20,000 children in school, they have already surpassed the 13,000 children set by the *sectoral education strategy paper* for 2020. More significant progress, particularly in rural areas where the development of pre-schools remains too slow, are possible only on the condition of involving, in addition to the state and the lucrative private sector, in accordance with the recommendations of *sectoral education strategy paper*, a third stakeholder, which are families and communities.

### ***At primary level***

According to the DSSE recommendations, primary education will help guarantee to all children, particularly girls and those in difficulty or ethnic minorities, the ability to access compulsory, free and quality education and complete the school cycle. More specifically, it will take measures related to strengthening community participation, particularly in expanding access. Among other types of intervention, it has planned to proceed with the construction and rehabilitation of classrooms, more efficient use of facilities and personnel, strengthening the education of children (especially girls) in poor areas.

The primary education cycle was composed of 734,493 schoolchildren in 2012, an increase of 28% compared to 2003.

Compared to those of 2005, all indicators of access and participation (with the notable exception of the retention rate) increased in 2012, which can allow being reasonably optimistic about the possibility of achieving the objective of the Millennium development on universal primary education (MDG 2).

Table 27: Trend of indicators of access and participation in primary school from 2005 to 2012.

	TBS	TBA	TA	TR				
	All	Parity	All	Parity	All	Parity	All	Parity

		G/B		G/B		G/B		G/B
2005	106.40	0.93	78.00	1.01	67.65	0.93	86.73	0.93
2012	120.69	1.06	104.20	1.10	80.60	1.10	77.35	0.93

Legend: GER (gross enrolment ratio); TBS (gross intake rate); TA (completion rate); TR (retention rate) Source: School Directory 2011-2012

The gross enrolment rate at the primary level increased from 106.40% to 120.69%. If this shows the great capacity of the system to accommodate growing children, it also shows the strong presence of children falling outside the regulatory age group (6-11 years) notably because of the importance of repetition. This is confirmed by the level of net enrolment rate, which is at 89.3% nationally. This rate is higher than that which was observed in 2005 (86.8%). The level of this indicator reflects the efforts of the Congolese government to achieve the goal of education for all.

Gross intake rate and completion rates confirm the same overall positive development. If the decline in retention rates (from 88.73% in 2005 to 77.35% in 2012) seems somewhat absurd in this context, it should be observed volatility over the years (95.81% in 2007 and 68, 92% in 2010), which complicates the analysis without a thorough study of this phenomenon.

#### *At the junior secondary level*

From 2003 to 2012, the number of students attending junior secondary general education (CEG, general colleges), was multiplied by 1.68, from 137 826 to 230 959 students. The strong contribution of the private sector in this effort should be noted since it has almost quadrupled its offer (from 20 693 to 78 926 students) increasing its presence from 15% to 34% of the total workforce.

This spectacular development is not only due to the increase in the reference population, but also to greater participation of the age group concerned: the gross enrolment rate, which was 46% in 2003 has also significantly increased to 66%.

Table 28: The participation rate at junior secondary level in 2012

Year	TBS	TBA	TA	TR				
	All	Bal. G/B	All	Bal. G/B	All	Bal. G/B	All	Bal. G/B
2012	66.66	0.97	62.35	0.98	54.92	0.98	88.09	0.99

Table 29: Participation rates in upper secondary level in 2012

Year	TBS	TBA	TA	TR				
	All	Bal. G/B	All	Bal. G/B	All	Bal. G/B	All	Bal. G/B
2012	29.99	0.59	33.03	0.75	21.33	0.59	64.59	0.79

Table 30: Trend of gross enrolment rates at secondary level from 2000 to 2008

Year	2000	2001	2002	2003	2004	2005	2008
1 <sup>st</sup> level	46	52	48	46	55	61	62
2 <sup>nd</sup> level	15	17	14	13	14	19	26

Source: School Directory 2011-2012

The senior high school was also strongly involved in the extensive school enrolment development movement in Congo. And its numbers have almost tripled from 26,411 in 2003 to 73,959 students in 2013. This effort is mainly due to the state's efforts since the private component hardly changed, even decreased slightly from 7% to 6%.

As for TBS, it has doubled from 13% in 2003 to 26% in 2012.

### ***Technical and vocational education***

The situation of technical and vocational education differs from the general trends in the general education.

Table 31: Trend of the number of students and teachers of technical and vocational education between 2003 and 2013

Year	Students	Teachers	RST				
	Total	Girls	% Girls	Total	Women	% Women	
2003	40 716	22 071	54.21	1 196	254	21.24	43.04
2005	42 908	22 872	53.30	3 368	578	17.16	12.74
2008	31 192	18 277	58.60	1 913	412	21.54	16.31
2011	35 679	15 870	44.48	2 659	848	31.89	13.42
2013	43 135	23 639	54.80	2 228	546	24.50	19.36

**Description:** Tea = Teachers; W = Women; RST = Ratio Students / Teachers

**Source:** Directorate of Studies and Planning METP

We must first highlight the irregular change in numbers of teachers who, having almost tripled between 2003 and 2005, lost 43.20% of their members in the space of two school years. Women are in the minority among teachers. The school population has evolved on an identical fashion, even if it took place less erratically, from 42,908 in 2005 to 31,192 in 2008, a loss of 23.30%.

As for the number of schools, it has not changed in ten years. According to the Directorate of Studies and Planning, Congo accounts for 45 apprenticeship centres (CM) and technical colleges (CET), 15 technical colleges and 11 vocational schools, 71 technical schools in total. This atypical trend can be explained by two reasons. First, the technical and vocational education is affected by major weaknesses in the collection and processing of statistical data. Also, data for the private sector are not available. And we know the important role of the private initiative in increasing the education provision for the past two decades, even though in technical and vocational education, it tends to be confined in the tertiary sectors, which are less demanding in terms of investment.

### ***Literacy and Non-Formal Education***

With regard to literacy, a fairly strong recovery can be noted, though somewhat irregular, after many closures and destruction of literacy centres due to armed conflicts of the 1990s.

Table 32: Trend of literacy centres, facilitators and auditors (2000- 2012)

Years	Centres	Facilitators	Auditors	% Women	RAF	RAC
2000	65	153	2524	55.82	16.50	38.83
2002	109	282	4498	56.83	15.95	41.27
2004	160	556	6900	54.54	12.41	43.13
2006	176	449	8214	58.60	18.29	46.67
2008	299	447	9999	59.50	22.37	33.44
2012	240	557	8906	52.28	15.99	31.10

Description: RAF: Ratio auditors / facilitators; RAC: Ratio auditors / centres

Sources: Directorate of Literacy (2010) Statistical Yearbook 2011-2012

The number of auditors has increased almost fourfold between 2000 and 2012 from 2524 to 8906 with 4746 women. This development, was however inconsistent, with surprising setbacks from one year to another, as between 2002 and 2003 (fall of 25.39% followed immediately by a rise of 105.60% in 2004) and between 2007 and 2008 where numbers have plummeted from 13 772 to 9 999, a decrease of 27.40%. This appears to be due to organisational weakness of the sector and the difficulties encountered in producing reliable data.

According to the 2011 QUIZ, the literacy rate observed throughout the Congolese territory was 83%. It was 80.4% in 2005. However, this rate hides some disparities between urban (91.5%) and rural (63.2%). Based on the department of residence, it is noted that the departments of Brazzaville and Pointe-Noire each have a higher level of literacy up to 90% (94.1% and 91.7% respectively), while all other departments record rates below the national average. The lowest rates are found in the departments of Lékoumou (57.5%), followed by Plateaux (59.8%) and Cuvette-Ouest (60.3%).

The male literacy rate is 90.2% and for women is 76.8%. The gap between the genders has narrowed, however, compared to what it was in 2005: 89.1% for men and 72.5% among women.

In terms of non-formal education of children out of school, it suffers from a lack of reliable data, especially because it is not included in the statistics of the Ministries in charge of Education and its running is often provided by non-state organisations whose dedication is noteworthy. According to available information, some 83 re- schooling centres were identified in the country, including 19-schools for indigenous youth, attended by 938 students including 458 girls. As part of the implementation of PRAEBASE (project to support basic education), 32 centres have been created with 603 students including 284 girls.

According to the DSSE, the experience of re-schooling implemented in the department of Brazzaville within the AREPA project (literacy component) encouraged the creation of other centres including in the departments of Bouenza, Cuvette, Niari The Pool, Kouilou and Pointe Noire. This approach to re-schooling took into account the education of indigenous children in the departments of Likouala and Sangha through the so-called non-formal basic education centres "ORA Schools" (Observation - Reflect -Act). Currently, the re-schooling programme totals 87 centres including 22 ORA schools for a total of 5,824 students, of which 51% are girls.

To ensure the operation of these centres, the regulations relating to staff appointments and assignments in this sector are taken each year by the Ministry. Re-schooling centres are based in public primary schools using the same premises, except for ORA schools

In the area of qualifying education (functional literacy), 512 young school leavers have been integrated in workshops for apprenticeship. This training provides targeted skills to the beneficiary's needs of integration in the job market: Mechanical and driving, carpentry, sawmill, agro-pastoral, sewing, catering, food, building, etc. From 2000 to 2009, one thousand (1000) children were reintegrated into the formal system including 400 children from ORA schools.

#### **6.1.4 Fight against inequality and discrimination in education**

All laws and regulations-particularly the Constitution and the School Law enshrine equal education for all. Inequalities in access to education are observed especially in the case of indigenous children, the poor and girls.

##### ***Indigenous children***

According to the 2007 census data, the net primary enrolment rate of indigenous children aged from 6 to 11 years is 44%, which is twice as high as that of all children in this age group. Moreover, less than 4% of indigenous students are in high school and there appeared to be no indigenous students in higher education in 2007.

It should be noted the establishment, with the support of UNICEF, of a national network of indigenous people of the Congo (RENAPAC), who drafted a national action plan covering the period 2009-2013, aiming to improve the quality of life of indigenous people. Education is the first priority area of this action plan with two objectives: i) By 2013, 50% of indigenous school children receive a quality primary education and attend it up to completion; ii) By 2013, 50% of children and adolescents who are not in school or are school leavers benefit from a functional literacy that is essential for their integration. Indigenous children are also taken into account in the national goal of universal education by 2015.

A national strategy for education of indigenous people was developed in 2007. The implementation of this strategy was based, among others, on the mobilisation of dynamic partnerships. In this context, three nongovernmental organisations - the Association of Spiritan Fathers of Congo (ASPC), the General Association of Retired facilitators (AGIR) and the Association of Retired Educators without borders (GREF) - launched in the departments of Sangha and Likouala preparatory schools for indigenous children, called ORA (Observe, Reflect, Act). To this, must be added the project to support basic education (PRAEBASE) funded by the World Bank and implemented as part as a cooperation between

The cooperation programme UNICEF Congo has been accompanying the efforts of these NGOs for several years and recently conducted the evaluation of ORA schools. This study finalised in July 2012 has established that these particular bridging schools are often the only opportunity for indigenous children to access education, but they suffer from many shortcomings. To improve quality and efficiency, the study recommends integrating them to the school board. They also require strong technical and financial assistance from the

government and local authorities of the three departments in which the indigenous population is most prevalent, namely Likouala, Sangha and Plateaux.

### **Poverty**

Poverty is a major factor in equitably accessing to and succeeding in school. The RESEN has found that a child living in a household belonging to the poorest 20% is almost three times less likely to complete primary school than his counterpart from the 20% richest. Labour, either domestic or economic, is also likely to hinder the education of the child, while DCAT-II shows that, overall, the proportion of children who have worked decreases with the increasing the level of household wealth, ranging from 33% for children whose household is classified in the lowest quintile of 12% for those in the lowest quintile. Again, the abolition of school fees and the provision of free textbooks are expected to help alleviate this problem.

The full results of the ECOM 2011 are not yet available, as at today, it is impossible to produce an updated analysis of multidimensional poverty of children and women. So suffice it to recall the major trends that had emerged from the study published in 2008 on the basis of the ECOM 2005 data.

This multidimensional poverty analysis of children and women in Congo was structured around 8 areas in which privations suffered by individuals were analysed. These eight areas are: (i) monetary; (ii) education; (iii) nutrition; (iv) health; (v) labour; (vi) water and sanitation; (vii) housing and (viii) isolation / integration. The deprivations were evaluated on the basis of composite indicators integrating several dimensions: for example, the extent of deprivation in the area of education was not only based on school attendance but also took into account repetition.

Table 33: Incidence of poverty in different prevalence areas (%)

Areas	Population	Children	Women (adults)	Men (adults)
Monetary	50.7	53.7	47.8	46.2
Education	37.9	52.5	36.7	21.9
Nutrition	42.9	43.7	43.6	40.8
Health	60.2	60.9	58.5	60.5
Labour	21.0	05.6	28.3	24.5
Water and sanitation	67.5	69.9	66.1	64.9
Housing	58.7	61.6	57.4	54.8
Isolation	32.1	33.8	34.6	26.4
Share of population	100	46.2	28.6	25.2

Source: Multidimensional Poverty Study from the results of ECOM 2005, UNICEF 2008

The results of this study showed that children are more deprived than adults in all areas except for job. The disparities are particularly important in the areas of monetary poverty and education. In the monetary area, the study showed that the child poverty rate (54%) was significantly higher than that of adults (47%), especially due to the greater vulnerability of households with many children. Regarding education, 37% of Congolese people are deprived of it but the rate is 52% in children.

Finally, we must mention the persistence of significant insurmountable financial barriers for the poor. Indeed, despite the free education policy introduced in 2007-2008, some costs are too heavy for the poor and large families. If the state is the main funder of basic education,



parents support school supplies, school uniforms, exam fees, health insurance, and transport as well as lunch. Beside the Maths and French textbooks made available free of charge in schools, but which are still in short supply, parents have to buy other, geography, natural science textbooks, etc.

### ***Gender***

Regarding gender, the 2007-2008 school yearbook revealed parity indices girls / boys as follows: 1 preschool; 0.92 Primary; 0.90 to college, 0.48 in high school; 1.20 in technical and vocational education (due to the preponderance of girls in relatively less valued courses such as child care, secretarial, beauty care, household arts, etc.). In 2011-2012, these indexes were respectively at 0.97 in preschool, 1.06 in primary; 0.97 in college and 0.59 in high school (the data are not available for technical and vocational education, but we can consider that the girls supremacy continues).

Table 34: Trend of parity indices girls / boys based on levels of education between 2008 and 2012

Year	Preschool	CEG (junior secondary)	High school	TVE
2007- 2008	1.00	0.92	0.90	1.20
2011 - 2012	0.97	1.06	0.97	na

Source: School Directory 2011-2012

This shows that the representation of women is increasing in all cycles and that parity is nearly full for preschool, primary and secondary school. These improvements are due to the efforts of the government, with the support of partners such as UNICEF, to develop and implement a national girls' education strategy, while promoting in the field, the model of a "child-friendly school, girl- friendly school" that provides an incentive framework for access, retention and success of all children, with special access to the girls.

## **7-Leisure, recreation and cultural activities**

### **7 .1. Context**

Congo can be proud of its considerable successes in terms of culture and sport. For example, in literature, the high number of dead or living writers who gained international fame include Jean Malonga, Alain Mabanckou (Goncourt Prize 2004) , as well as Henri Lopes, Tchicaya U Tam'si, Jean-Baptiste Taty-Loutard, Emmanuel B. Dongala and Sony Labou Tansi, to name only the most famous. In plastic arts, the reputation and talent of the School of Poto-Poto is well known and Gotene is one of its greatest representatives. The Congolese music for its part, gave to Africa and to the artists world, artists such as Jean-Serge Essous, Michel Boyibanda, Pamelou Mounka, Pembe Sheiro, Rapha Boundzeki or Franklin Boukaka, without naming the Catholic choir Piroguiers.

In sports, without going back to the exploits of Henry Elende high jumper in the sixties, it will suffice to recall the victory of the junior footballers during the CEMAC Cup in 2007 and 2010, while the cadets won the gold medal during the Francophone Games in 2009 and reached the quarterfinals of the World Cup in 2011. The country is also illustrated in handball

(silver medal of the All Africa Games in 2011) and table tennis (gold medal at the African Championship of 2007).

However, it would be justified to consider these meritorious results as "the tree that hides the forest" because they are not really the result of a concerted and systematic national policy. As evidence, one should simply refer to the resources that the state dedicates to this sector.

According to the PND 2012-2016, "an emphasis should be placed on the development of human capital with the strengthening of the education system and improving the health system, which is a specific objective but also an effective and necessary means in order to improve the development of other sectors. "

This formulation already reflects a rather narrow view of the concept of "human capital development" in that it expressly restricted the education and health, ignorant indeed of other components such as social affairs, Culture / sport / leisure, and advancement of women. This vision is reflected in the allocation of public funds: while all social sectors are already very poorly funded with an average of only 23.39% of total public expenditure between 2008 and 2011, almost all (20. 67%) of this amount goes to education and health, and social affairs, culture / sport / leisure and the advancement of women sharing the remaining 2.72%.

Table 35: Social sectors budget as a percentage of total state expenditures and percentage of GDP (average 2008-2011)

Sub-sector	Education	Health	Social affairs	<b>Culture and Sports</b>	Women advancement	All
% State	12.1	08.36	0.84	<b>1.72</b>	0.1	23.39
% GDP	2.31	1.63	0.1	<b>0.45</b>	0.04	4.56

Source: Standing Committee on macroeconomic and budgetary framework (CPCMB)

The Culture and Sports sector is very poorly funded with 1.72% of the national budget and 0.45% of GDP between 2008 and 2011. Not only is this allocation lean, but it is first and foremost spent (up to 60 %) on operations, and on the other hand, it does not show the -likely minimal- share that is dedicated to children.

It should be noted that, according to projections of the PND, it is the only social sector that will experience a noticeable increase in its relative share of public spending, doubling between 2008 and 2016.

## 7.2. Situation analysis

Faced with the failure of the State contribution, activities related to culture, sport and recreation of children are mainly supported by children and young people themselves with the support of families, communities and formal and informal partners.

Thus, thanks to the support of the French cooperation, the *Public reading* project set up 56 libraries in the country with a total holdings of about 30 000 books. These libraries for a wide audience, especially for school-age children, are divided as follows: 6 departmental, 3 municipal, 22 parishes, 16 associations and 9 schools. The project also provided training for 358 officers managing these libraries.

As part of the *Child - Friendly School and girls – friendly school* project, UNICEF supported the Government in the establishment of libraries in 33 schools in the departments of Brazzaville, Likouala, Plateaux, Pointe Noire, Pool and Sangha. The project has provided 50,000 various books ranging from practical publications such as dictionaries and encyclopaedias, to fiction through thematic papers on diseases, agriculture, livestock, etc. These allocations were accompanied by the training of 66 school principals and teachers in the management and running of these facilities.

In the case of Brazzaville and Pointe Noire, it should be noted the important role played by French institutes (e.g. cultural centres) which, besides many and varied cultural activities (theatre, dance, music, exhibitions, conferences, etc.) host richly endowed media libraries. The library-media centre of the Brazzaville French Cultural centre offers more than 20 000 documents (books, comics, magazines, records, audio and video cassettes, DVD, CD-ROM), it accounts for nearly 4,000 subscribers and welcomes over 35,000 visitors.

Beside schools playgrounds and several sports areas somehow structured in vacant lots, there are virtually no playgrounds for children, especially the younger ones. The few initiatives attempted in this direction (playgrounds with swings, slides, rides, etc.) have either failed or did occasionally reappear on the occasion of the organisation of fairs or shows. It should be noted, however, that at the level of the Ministry of Primary, Secondary and Literacy, a commitment was made during a session of the National Council of preschool, primary, secondary education and Literacy towards the practice of sport in schools and cultural activities. Thus it is now developed, especially at the upper secondary education level, theatre groups and vocal groups. Finally, the government has announced the revitalisation of school and university games.

It should finally be noted that, under the "accelerated municipalisation" activities, in addition to the construction and rehabilitation of various basic infrastructure (prefectures, town halls, roads, water supply, electrification, health centres, schools) at the decentralised level, there is a resurgence of the organisation of summer camps by private companies or by the State, such as that initiated by the Ministry of Youth and civic education for the benefit of about 500 children aged 11 to 17 years, on the occasion of the "accelerated municipalisation" of Plateaux Department in August 2013.

### **7.3. Prospect**

We must refer to DSCERP 2012-2016 to get an idea of the prospects envisaged for culture and sport in the coming years.

Regarding culture and arts, among the programmes and key actions retained, there are: (i) the promotion of arts and cultural industries (support for endogenous cultural industries, the National Ballet and the National Theatre...) (ii) the construction of the City of Culture (to house the FESPAM), the National Museum, and management of the national archives and documentation; and (iii) construction of cultural and artistic spaces (house of culture including libraries, cinemas, shows and exhibitions, museums) in each department.

In sport, we note: (i) the finalisation of the national sport development plan as part of a public-private partnership aimed at providing sustainable infrastructure in each department; (ii) capacity building of the provision of sports activities (with the continuation of the construction and rehabilitation of various infrastructures); (iii) The promotion of physical

education through the development of sports platforms in the schools and universities of the country, and (iv) the promotion of sport by creating specialised centres for training in certain sports, the development of cooperation and partnerships with sports associations and international organisations and the organisation of school and university games, as well as local and department competitions in order to detect talents.

Finally, with regard to youth in general, the DSCERP calls for: (i) the development of the National Youth Policy and Civic Education; (ii) improving the management of the youth associative movement; (iii) the development and popularisation of civic education programmes in pre-primary, primary, secondary, and in the workplace; and (iv) rehabilitation of youth camps.

## **Chapter 6: Special measures of protection (Article 23 and 25, 22, 17, 17.2 (a), 17.3, 30, 30 (d), 30 (f), 15, 28, 16, 27. 29 (b), 29, 21.2, 21.1 (a) 21.1 (b) 26.**

The concerns of the Committee of Experts on special measures for child protection cover 8 topics, namely:

- Children in emergency situations (refugee children, displaced and involved in armed conflict);
- Children in conflict with the law;
- Children of imprisoned mothers;
- Children in situations of exploitation and abuse;
- Children victims of harmful social and cultural practices;
- Children from a minority group;
- Any new or unexpected issue.

### **A - Children in emergency situations**

#### **1 - Refugee children**

In 2006, following the instability in neighbouring countries, the UNHCR estimated that 46,341 DR Congolese and 6564 Rwandans had found asylum and lived in the Congolese territory. A wide voluntary repatriation programme was implemented at the end of 2007. A large number of DRC refugees benefited from this programme; 8000 people including approximately 5,333 children did not agree to return, and are today in the category of long-term refugees. Regarding the Rwandans, the implementation of the voluntary repatriation was not met with success. Rwandan refugees with about 4396 children for most of them left the camp. They integrated into the socio-economic system with the local population. Long term Refugees from the DRC and those from Rwanda live respectively along the Congo River, the Oubangui River by the north of the Pool Department, in the department of Plateaux, Cuvette, Sangha and Likouala. Their living conditions are those of the local population generally below normal ratios.

Regarding refugee children, the UNHCR is working closely with the government to prevent discrimination, domestic violence and sexual assault on refugee populations. In addition to the repatriation, children of Rwandan refugees in Congo now seem to have access to education in the regular Congolese schools. However, access to secondary and higher-level education, the reduction of the number of students per classroom and the search for adequate financial sources remain a challenge.

The refugee population does not also suffer from malnutrition more than the local population of the region. Most refugees attend to the needs of their children through agriculture. To this end, the UNHCR and its local partners are conducting awareness campaigns on health and hygiene. The Constitution in Article 42 provides: "foreigners enjoy in the territory of the Republic of Congo the same rights and freedom as nationals under the conditions determined by treaties and laws, subject to reciprocity." Article 819 of the Family Code states that "foreigners enjoy the same rights as nationals". These two texts were relayed by Law 4-2010 on child protection in the Republic of Congo in particular Articles 5, 26, 27 and 41. In addition, the UNHCR provides legal assistance to victims of sexual violence and provides training on the issue of sexual violence to officers who work directly with refugees, to the police and parliamentarians. For now, according to the UNHCR, 56% of refugee children in rural areas continue to go to school, but it is difficult for those who are not registered as refugees and those who do not have ID. The enrolment rate in secondary school is 25%.

Law No. 23-96 of 6 June 1996, sets the conditions for entry, stay and exit of foreigners.

The National Committee for Assistance to Refugees (CNAR), which was established by Decree No. 99/310 of 31 December 1999, is responsible for the administrative support of refugees resulting in the issuance of refugee cards, travel documents, the outreach certificates and sometimes scholarships. It also deals with the repatriation operation.

Local NGOs, with the support of the government, have developed programmes for unaccompanied children and vulnerable children. These programmes aim to ensure access to basic health care, psychological support, support in starting or consolidating income-generating activities, vocational training, and nutrition education.

In 2009, with the outbreak of the conflict in the DRC, refugees arrived massively fleeing ethnic violence in the Equateur region of northern DRC. They crossed the Oubangui river to reach several locations in Likouala department. Faced with these problems, the government through its Ministry in charge of Humanitarian Action, Defence and Interior, was mobilised with important provision of food, non-food and medicine from its usual partners (UNDP, UNHCR, WFP, UNICEF, WHO, UNFPA, UNESCO, UNAIDS, FAO, CNAR (National Committee for Assistance to refugees) and medical supplies for the MDA charity. Venues and support of refugees were set up. A service package was provided for water, hygiene and sanitation, including rehabilitation / construction of wells, latrines, hand washing devices, water tank system was installed and campaign awareness about hand washing with soaps, cleaning, disinfection and cleaning of existing wells, water treatment, as well as advocacy on sanitation goshawks water points, showers built with support from UNICEF.

At the end of January 2010, the number of refugees was estimated at 114 000. Among them were unaccompanied children (134) and separated (141). For these children, in addition to

emergency assistance, they received psychological treatment by the national team trauma counselling, school and recreational kits from the education programme of UNICEF.

In July 2010, the Government through the Ministry in charge of humanitarian action signed with the Embassy of France, a funding agreement (200 000) of the NGO Médecins d'Afrique (MDA) for the supply of essential medicines that will improve the medical care of both local people and refugees.

As part of the repatriation of refugees, a tripartite agreement was signed in June 2010 between the Republic of Congo, DRC and UNHCR. The voluntary repatriation of DRC refugees actually began in May 2012. By September 30, 2013, 103,000 refugees had opted for voluntary repatriation. Among the remaining refugees in Congo, about 5,000 school children were listed in the Likouala department. Negotiations are underway for the integration of these children in the schools of the Republic of Congo.

In December 2012, the Ministry of Interior and Decentralisation, in partnership with the UNHCR Representation in Brazzaville initiated a project of registration of refugee children in the civil register. These are mainly refugee children born in the department of Likouala but with no birth certificates. After the sensitisation phase, more than 1,900 applications were filed by the parents. After the data collection phase, a validation phase helped to retain records of 1233 out of the 1241 sent to the Public Prosecutor at the Tribunal de Grande Instance (TGI) Impfondo.

The ongoing second phase involves the transcription of refugee children's data in the requisitions registers for late reporting of births in the civil register.

## **2. Displaced Children**

The Republic of Congo signed in 2009 and has not yet ratified the African Union Convention on Internally Displaced Persons in Africa called Kampala Convention of 2009.

Following the explosion of ammunition at the Mpila Camp on 4 March 2012, 1,500 displaced children and orphans were identified. (Illustrated report drama Mpila ADHUC 2012)

## **3. Children in armed conflict**

The phenomenon of children affected by armed conflict is still new in the Congo. The social and political unrest that Congo has experienced since 1993 has increased the phenomenon of private militias at the service of some politicians, whose members were mostly recruited amongst young people.

There is no specific legislation on the matter. However, the Government acceded to the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflicts.

After the period of unrest, about 48,000 ex-militia found themselves deprived of resources, but possessing weapons of war and military techniques they have learned, which they used to rob, steal and rape, sowing and insecurity and terror throughout the country.

It is in this context of insecurity that disarmament and reintegration of ex-combatants have emerged as the fundamental concern of the Government, the main national political actors and the international community.

To address this concern, different actors have strived to enable the international community to support the development and implementation of DDR activities in Congo. In this perspective, the government created in 2001, the High Commission for Reintegration of Ex-Combatants (HCREC), which is responsible for missions of disarmament, demobilisation, and reintegration of ex-combatants, as well as a Monitoring Committee on ceasefire agreements and cessation of hostilities.

Indeed, the Government with the support of the international financial community has raised funds to set up two (2) programmes: (i) the first programme called "Emergency Programme for Demobilisation and Reintegration (PDR)" of 2002-2004 under IDA funding for the amount of 5 million US dollars, which enabled the reintegration of 9,000 ex-combatants and 3,222 micro finance income-generating activities in the departments of Bouenza, Brazzaville, Lékoumou, the Niari, Cuvette and Plateaux.

The second programme, called the "National Programme for Disarmament, Demobilization and Reintegration (PNDDR)" was implemented from July 2006 to February 2009. At the date of the end of the mandate of the MDRP / EU which is the withdrawal of EU funds / MDRP (February 2009), the following main results were recorded: 18,685 people reinserted, 18,965 ex-combatants received grants for micro-income generating activities, among which 10,307 received their full grant and 8658 are still waiting for the second and final tranche. 33 community sub-projects were selected and funded with 16 already approved. In the same context, 348 former child soldiers, 1,809 war veterans, 854 war disabled ex combatants, 37 war invalids, 82 HIV-positive persons have been supported by the programme.

This programme received multilateral funding of US \$ 25 million from the Multi Programme Country Demobilisation and Reintegration Programme (MDRP) and the European Union with a contribution of the Government of Congo to support 30,000 war veterans. The PNDR ran from July 2006 to February 29, 2009:

Similarly, Brazzaville and the Pool were the most affected by the socio political conflict areas, children who had dropped out of school were reintegrated by NGOs, religious organisations and UNICEF. The data for the years 2006-2007 and 2007-2008 are as follows:

- for 26 centres opened in 2006-2007, including 12 in Brazzaville, 08 in Bouenza, 01 in Cuvette, Niari and 2 to 3 in Pointe-Noire, we have a total of 3304 students including 1,687 girls;
- in 2007-2008, amongst the 18 enrolment centres opened, 13 were in Brazzaville, one in Kouilou; 1 in Lékoumou and 3 in Niari for a total of 938 students including with 458 women;
- In 2006-2007, 439 students including 226 girls were reintegrated into the Formal Educational System and, in 2007-2008, there were 439 students including 226 girls.

In the context of crisis prevention and recovery, the community action project for community rehabilitation and reintegration of youth at risk (PRESJAR) has, for the period 2005-2007, carried out the following actions:

- 14,266 jobs created or recreated;
- 533 km of rehabilitated farm track;
- 107 community-based micro projects funded and implemented;

- 50 water facilities built;
- 16 schools rehabilitated (83 classrooms for 15,549 students)
- 5 health centres rehabilitated and re-equipped;
- 4 bridges rebuilt.

Apart from these actions, the 4-2010 Law on Child Protection in the Republic of Congo has integrated this provision in Article 50: *"The child involved in armed conflict should be involved in a post-conflict psychosocial rehabilitation and reintegration programme implemented by the relevant state institution. "*

## **B - Children in conflict with the law and child victims**

### **1-Juvenile Justice**

The administration of juvenile justice is subject to conditions imposed by law, in Articles 73-85, which emphasise the principle of the best interests of the child.

*As expressed in the beginning of the text,*

*"The best interests of the child are the primary consideration in all actions and decisions concerning him/her." Meanwhile Article 4 emphasises that "in all decisions taken in respect of the child, his/her maintenance within the family unit is important in the interest of harmonious development and in order to consolidate parents' responsibility or that of any other person entrusted with his/her care. However, if it appears that keeping the child in the family unit is contrary to his/her interests, the court may decide otherwise. "*

In Title 5, the Child Protection Act clearly states, in its Articles 73, 74, 75, 76 and 77 that in the administration of juvenile justice, the judge must take into account the following principles (article 79):

"a/ the decision should always be proportionate not only to the circumstances and severity of the offense but also to the circumstances and needs of the juvenile as well as the needs of the society;

b / deprivation of liberty is imposed on the child guilty of an offense if there is no other appropriate solutions;

c / death penalty does not apply to offenses committed by children;

d / the well-being of the child shall be the guiding factor in the consideration of his/her case;

### **2. Children victims**

The child victim has a right to confidentiality and to a humane treatment.

The child asylum seeker, refugee or victim of trafficking or sale, has a right of return within a reasonable time in his/her home country.

In applying this principle, the Congolese judge does not discriminate between children as they are of Bantu or indigenous origin. The mere status of being a child is enough to trigger consideration for the best interests of the defendant.



Furthermore, the Family Code, in its Articles 168, 178, 184, 185, 194 and 195 places particular emphasis on the special protection that must be given to the children in contact with the law, whether his/her parents are legitimate, natural or adoptive and even when they are separated. Article 328 provides, for example, that "when the health, morals or education of a minor are jeopardised or insufficiently protected, because of the immorality or the inability of the parents or the person who has custody rights, they can be deprived of their parental authority, or when the minor, by his misconduct or indiscipline gives them very serious dissatisfaction or puts them in an inability to perform their right of guidance, the juvenile judge may ex officio or upon request of the parents or guardian, decide that the minor be placed under probation. "

### **3. Children deprived of liberty**

The Congolese legislator shares the ideal of a deprivation of liberty imposed at the last resort. This came out of the investigation report conducted on juvenile justice in March 2005. However, it should be recognised that juvenile delinquency is often characterised by acts of extreme violence (theft, fighting and murder) that require exceptional measures to be taken despite the juvenile status of their authors.

Incarceration in separate cells from adults is a concern that is well understood by the authorities responsible for the definition and implementation of penal policy. The seriousness of the harmful consequences of children's cohabitation and detention with adults is such that one of the axes of intervention of the PAREDA project is to complete the rehabilitation and equipment of the Brazzaville prison's adjacent centre, which aims to host children in detention.

The state and civil society organisations which include the Association for Human Rights and prison Universe (ADHUC), ensure since 2009, the implementation of the 10th FED through the project Support to the Rule of Law (PAED), and currently with PAREDA, it intends to promote the humanisation of the Congolese prison environment, and particularly improve the conditions of detention of children by creating a monitoring centre of rehabilitation and reintegration of juveniles in Brazzaville and Pointe Noire.

Prison policy of Congo does not have a component of educational activities for people under 18. Innovation could probably be made in the context of the planned drafting of a prison code as part of the work of the National Commission for revision of codes.

With the prospect of a substantial modernisation of justice, the Congolese government led a reflection that should result in the choice of a prison system combining the humanisation objectives of the prison environment in an approach to human rights and a guarantee of social reintegration of prisoners. The terms of reference for studies to be launched are being developed.

In this context, the construction of three pilot centres dedicated to agro pastoral sentences is planned in view of offering prisoners the opportunity to engage in apprenticeship that guarantee their future social reintegration and empowerment.

The integration of educational activities reflects the willingness to provide a complete set of activities in these structures with UNICEF technical support.

Capital punishment is prohibited by Article 79, paragraph c and rehabilitation is favoured. A social reintegration clause is part of the objectives of the penalty, as reaffirmed the provisions of Articles 83, 84 and 85 of the Child Protection Act which states:

"At all stages of the proceedings, it must be ensured to the child assistance in housing, education and vocational training, employment or another form of useful and practical help to facilitate reintegration . "(Art. 83); "Volunteers, duly authorised voluntary organisations, local authorities and other institutions work towards the child's reintegration in an appropriate institution and as far as possible, within the family unit. "(Art. 84); "The training and the treatment of children in institutions aim to provide him/her support, protection, education and professional skills to help reintegrate into society. "(Art. 85).

The third axis of the judicial protection action plan for children in conflict with the law is dedicated to improving the quality of educational support and reintegration of children: Through (i) revitalisation of educational action services in an open environment; (ii) the creation of educational action services in an open environment; (iii) completion of the rehabilitation and equipment of the juvenile centre in Brazzaville (iv) the construction and equipment of the juvenile centre of Pointe-Noire; (v) the construction and equipment of a shelter for underage girls in Brazzaville; (vi) recruitment and / or training of administrators; (vii) promotion and empowerment of associations, NGOs and private centres offering to care for children in moral danger or child offenders; (viii) the creation of departmental offices for judicial protection of childhood.

The establishment of such a mechanism would benefit from operational services.

#### **4. Drug Abuse**

About children involved in drug use, in the absence of a study to understand the extent of the phenomenon, an epidemiological survey of drug users in the Republic of Congo was conducted in 2004 in Brazzaville, Dolisie and Ouesso by the Department of Scientific Research. The survey showed that in a sample of 239 people surveyed in specialised services (police, customs, prisons, psychiatric services). With regard to the age, 2.87% of drug addicts were under 18 years (the first contact with drug mainly is around 8 years), 27.69% were aged between 19 and 25, 64.92% were aged between 26 and 35 years. The phenomenon of militias and its extension were born out of idleness and misery caused by of underemployment and unemployment, especially among young people. Cocaine, heroin and cannabis sativa are the main drugs that are accessed by the population of Congo. The problem of use of drugs and alcohol affects children living on the streets, young people and several war veterans. In the department of Brazzaville, drug use has dramatically increased in recent years, where alcoholism prevalence rate in 2005 was the highest, up 28.3% for some parts of the city. Alcohol consumption is not subject to strict national legislation and the phenomenon continues to spread, bringing with it problems such as risky sexual behaviour and increased violence.

The Congolese law of 12 July 1916 on narcotics and its implementing decrees of 30 December 1916 and 5 March 1918 were adopted in order to punish offenses relating to the import, trade, possession, like poisonous substances. This law was supplemented by the Decree of 29 August 1926, which extended its scope to cultivation of these substances. In addition, Congo has acceded to the conventions below:

-Single Convention on Narcotic Drugs, 1961;

-United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988;

- Convention on Psychotropic Substances of 1971

The Criminal Code punishes those offenses in articles 274 al. 2 275 al. 1, 2 and 3; 276 al. 1, 2, 3 and 5. This concerns the possession and consumption of cannabis.

All these laws adequately protect children against drugs. They should be supplemented in order to fight effectively against the producers, growers of these substances, users, drug traffickers and all the intermediaries, by aggravating the penalties and widening the scope of these laws.

Nevertheless, Congo has been equipped itself with a Child Protection Act (4-2010 of 14 June 2010) which, in its Article 69 prohibits "to encourage the child to the consumption of drugs, narcotics and alcohols; to use the child in the production and marketing of such substances. " Similarly, there is a bill on narcotic drugs and psychotropic substances that is still not adopted.

Administratively, the anti – drugs Inter-Ministerial Technical Committee established by Decree No. 94-578 of 25 October 1994 is a body of decision support. It aims to encourage prevention, care, social inclusion, information and research. Unfortunately, this committee is affected by major difficulties of operation. The National Anti drug project is no longer operational. Lack of training and detection equipment complicates the work of the police and customs. At the police, there is an anti drug national service (led by 2 agents) established in 1992, at the Directorate of Judicial Police. From 1998 to 2003, the service began file update on drug users information, their address or place of residence. This service does not have the means to be more operational.

Some actions are taken by the administrative structures, United Nations agencies and local NGOs to reduce the extent of the phenomenon. The Ministry of Health, Social Affairs and Family, in partnership with NGOs, including Caritas addresses the difficulties related to child drug abuse. It conducts sensitisation of children who are in the street and creates "spaces for children"; The WHO held from January 30 to February 1, 2007 in Ouesso a workshop on the establishment of school anti-drug club. On the occasion of the International Day against Drug Abuse and Illicit Trafficking, the Ministry for Health organized in partnership with the WHO and NGOs, advocacy activities for offenders and police officers, through the AIDS-drug prevention programme and submitted a draft law against smoking and also revised the pharmaceutical legislation. Several courses are taught on drugs at the National School of Police. The establishment of 65 anti drugs clubs respectively by the NGO Club antidrogue et antisida à l'école (CADASE: 59) with the support of the WHO and the Association Serment Merveil (6). The NGO Attack against drugs, prostitution and AIDS (Attack3) created a free sensitisation bulletin "journal Attack3" in which a caricature section highlights the effects of drug. It also conducts information, education and communication with the support of UNICEF.

In order to reduce drugs and alcohol youth vulnerability, the government took into account strategies in the poverty reduction strategy paper, including: (i) strengthening the fight against trafficking and drug use; (ii) the continuation and completion of the disarmament, demobilisation and reintegration of war veterans; (iii) the implementation of specific actions

of the national strategic framework for vulnerable children, including prevention of vulnerabilities, reactivation of legal tools and rehabilitation of children in conflict with the law, support and reinforcement of what has been acquired.

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Apart from these strategies, it would be appropriate to re-enable the anti drug inter-ministerial technical committee and to strengthen the capacity of people who will be responsible for implementing actions to fight against this phenomenon.

### **5. Reformation, family reintegration and social rehabilitation**

For all these children victims of drug abuse, a mere repressive method is not enough. Family reintegration and social rehabilitation ensure a better chance of success. Unfortunately, the lack of quality staff, in sufficient numbers, as well as lack of alternative care and support structures negate all efforts. For all categories of children in need, social rehabilitation and reintegration into the family remains one of the best solutions.

### **C - Children of imprisoned mothers**

In 2009, 20% of incarcerated women in Congo were mothers of children (Activity Report 2009 ADHUC). Children of imprisoned mothers have the right to visit their mother in the hours authorised by the prison regulations. Incarcerated mothers with their babies immediately receive bail in case of less serious offenses. For serious offenses babies are to be entrusted to maternal substitutes in their families or placed in nurseries.

## **CHAPTER 7: CHILDREN IN OPERATING AND ABUSE**

### **1 - Economic exploitation and child labour**

The government through the Ministry of Labour and Social Security initiated with the support of UNICEF a survey on child labour in urban areas (2001-2002). The target population covered by the study consisted of children aged 5 to 16 years engaged in economic activities within the household or outside, whether paid or not. In total 3155 children, including 2461 boys (78%) and 694 girls (21.99%) were surveyed. About 2,457 children or 77.8% of the surveyed population, were of Congolese nationality, the others being foreigners. The sites surveyed were the councils of Brazzaville, Pointe-Noire, Dolisie, Nkayi and Ouesso.

According to this survey, the nature of activities in which children are involved is very diverse. The predominant activity performed by children is sale (76%), with 58% for sedentary sale and 17.9% for street vending.

The results of this survey helped in gaining knowledge of the spatial distribution, structure and various information about child labour in order to enable the development of a guide and a plan for monitoring the situation of the child.

The surveyed children workers were mostly supported by the OVC project between 2004 and 2007. The question then arose was whether there were not other forms of work that could harm the physical, moral and mental development of the child. During the Demographic and Health Surveys (DHS) we wanted to closely look at situations of working from home and forms of family help.

However, Congo has legal instruments that prohibit child labour. That is the Labour Code in Article 116 which states that: children cannot be employed in any enterprise before the age of 16 years unless waived by the Minister of Education after consulting the Labour Inspector (...) and Law No. 4-2010 on child protection in the Republic of Congo in article 68 prohibits "premature labour, the worst forms of domestic work and any other activity which threaten the physical or mental health of the child. "

These texts are less and less implemented; this is especially worrying as it is necessary to reactivate them.

In fact, the work of non-legal-age children (under 15 years) is not limited solely to income generating activities outside the household in petty trade, construction, quarries or mines. It also covers work in plantations and family business, as well as and domestic work, which keep more than half of the children busy, and this, for more than 4 hours per day. Considered as a form of learning or initiation for future trades or occupations for parents or an initiation to household life (for girls) and sometimes, a source of extra income for low income household, these works are considered by parents (CAP survey on the care of small children- UNICEF 2002) as 'a Necessary Evil' to the educational virtues, but which could be a hindrance to children's education.

It is because of the impact of the latter activity (domestic) that it was estimated in 2007, that 71.0% of children aged 5 to 17 years worked during the preceding week of the survey. Housework alone accounted for 69.0% of occupations.

The 2011 survey confirms the predominance of domestic work: for children 5-11 years of age, 13.8% worked outside the household against 20.4% for those of 12-14 years. 12.4% of children aged 5-11 years worked in the gold fields or in the family business against 20.3% for those aged 12-14. Housework occupied 53.2% of children aged 5-11 years against 74.7% for children aged 12-14 years. It seems that the age of 12-14 years, chores are culturally mandatory.

In terms of gender, girls are more logically involved in domestic work than boys (66.3% for girls against 41.4% for boys 5-11 years and 78.3% of girls against 64.9% for boys among 12-14 years). By area of residence, rural areas practice more child labour for both 5-11 years and 12-14 years, and in all forms of labour: plantation work or family business (25.6% of children aged 5-11 years against 5.6% in urban areas and 58.0% in domestic work against 47.6% in urban areas).

The Percentages vary greatly from one department to another (without any logic), especially in the columns of children 5-11 years. Maybe one should explain it through socio-cultural and economic differences. However, it can be noted that in terms of domestic work for children 12-14 years, the practice of excessive use (70% and above) is socially evidenced. The rates are particularly high in all departments (from 75 to 86, 7%) except for Brazzaville (65.8%).

In Households with children out of school, children from 5-11 years are less subject to domestic chores (34.6% against 54.6%) but in the age group of 12-14 years, there is very little difference (70.7% for children out of school against 71.7% for school children).

However the difference in practice has a clear relationship with the level of education of the mother or the level of household income. The richest least submit their children to work or household chores regardless of their age: 60.5% of household chores for children 5-14 years of poor households against 45.2% for children of the richest households; Similarly, in children aged 12-14 years: 74.6% among the rich and 68.2% among the poorest. It should be noted though that the difference is quite small; indicating that the practice among children aged 12-14 years is deep rooted.

Concerning the level of education of the mother, the higher the level is, the fewer children are subjected to domestic chores. This is truer for those aged 5-11 years (67.2% for the uneducated and 47.0% among mothers who attended upper high school level) than among aged 12-14 years (74.9% for uneducated mothers against 71.1% among mothers who attended upper high school level). The difference is very small; which allows using the above mentioned conclusions about the cultural attachment to domestic work in older children, regardless of the social, cultural or economic household status.

## 2. Child labour and school attendance

Labour is hardly compatible with assiduous and successful school attendance. The risk of dropout and failure is high, especially among children. Yet the DHS 2011 clearly indicates that for the entire population of 5-14 years, 20.1% (or 1 in 5 children) work. The proportion is almost similar for boys and girls (respectively, 19.5% and 20.8%). Even though, the

proportion doubles in rural area compared to urban area (14.2 and 29.5%); revealing a gap to the detriment of rural children, despite the fact that they manage to maintain a momentum for education nearing the level of urban residents (87.8 in rural areas against 89.8% in urban areas).

The Niari department records the highest number and almost abnormal of 50.8% of children aged 5-14 who work (i.e. 1 in 2 children), while its closest follower (Bouenza) is far behind (35.4%), closely followed by Likouala with 32.3%. Fortunately, school attendance rates are very high (respectively 81.4%, 90.3% and 88.3%). The departments record high percentages of children who, attend school and work at the same time (respectively 53.5% and 35.7% 33.2%). The best situation is witnessed in Pointe-Noire with only 8.0% of working children, but also with an average rate of school attendance at around 89.3%. There must be quite a number of children out of school.

Results by age group (5-11 years and 12-14 years) are surprising; Nearly one (1) child of 5-11 years out of 4 works and school attendance is low 85.7%). One may wonder if the economic situation of the parents has not worsened in the meantime to the point of that children are forced to work.

However, one can highlight some logic between child labour and the level of school attendance, as well as the educational level of the mother and the quintiles of economic well-being. When the level of education of the mother increases there is a gradual decline in the percentage of working children: 29.0% for children of households with uneducated mothers to 8.8% for households with mothers with upper secondary level).

It is a similar case, according to the level of income, when income increases, the percentage of working children declines (32.4% for the poorest against 10.9% for the richest) while the rate of school attendance increases from 85.2% among the poorest to 91.1% for the richest.

Nevertheless, the level of school attendance among working children - who are, therefore, more affected than others- is maintained at a high level (around 81 to 91.0% on average), except in the Sangha (78.3%). In the same previous logically, when the level of education of the mother, and the level of well-being of the household increases, the percentage of children attending school increases while the rate of working children decreases.

### **3 - Abuse and Torture**

Based on our understanding, mistreatment and abuse that may result cannot be equated with torture. There must be clear and unambiguous definitions on this matter. It seems to us that these situations were addressed in the previous chapters.

### **4 - Sexual exploitation and abuse**

The lack of sufficient resources allocated to services responsible for investigating cases of exploitation is partly due to the lack of a legal mechanism and a coherent institutional framework.

Legally, it should be recalled that before the adoption of Law No. 4-2010 of 14 June 2010 on the protection of children in the Republic of Congo, the country ranked at Tier 2 by the US Senate, did not have an appropriate legal framework against human trafficking, especially children. In other words, there was no study structure and decision on the matter, which could even lead to discussions on lack of resources.



Such silence could be broken in the framework of the implementation of this law that promotes child protection.

The release of further resources to support physical and psychological rehabilitation of children victims of sexual exploitation was never considered in practice. However, it seems interesting to think about it as many children victims of sexual exploitation could be freed from this yoke if they were offered a suitable alternative rehabilitation.

As part of the control of the factors negatively affecting the quality of the Congolese justice, the study enabled to address the issue of the disbursement of budget allocations to justice in general and to get the increase of the ceiling of allocations dedicated to Juvenile Justice.

The common practice in the Congolese courts is to receive complaints without distinction based on the juvenile status of the perpetrators. In the juvenile courts, the mere fact of making a request, a complaint or a report, which involves a child, is essential to justify a referral to a judge whose obligation is to comply first with children's sensitivity and victims' privacy.

Following the proceedings of the World Congress against sexual exploitation of children for commercial purposes, respectively in 1996 in Stockholm and 2001 in Yokohama, meetings organised to address concerns shared during these proceedings, have unfortunately not yet led to the adoption of a national action programme, national indicators for monitoring progress with targets and a timetable of operations.

Doctors Without Borders in France (MSF) has been developing since March 2005 in Brazzaville, medical and psychological support programme for victims of sexual violence. The programme that runs in two basic hospital provides comprehensive care resulted in:

- 1 medical care;
- 2 pregnancy prevention;
- 1 prevention of sexually transmitted infections;
- 2 prophylactic treatment of HIV / AIDS;
- 3 Counselling of raped women and babies born of rape;
- 4 Social assistance in connection with local and international partners;
- 5 A care, information and advice centre.

From the typology of women raped compiled by MSF, it appears that 60% of cases consists of underage girls.

The country also has national operational capabilities in trauma counselling for people affected by armed conflict through the training of 1,356 resource people and the care of 15,178 people, including 80% of children. The country also has an observatory on violence and a network of NGOs working on the issue of violence.

### **5 - Other forms of abuse: begging, early pregnancy**

Begging has always existed in major cities of Congo, in diverse and various degrees without becoming a common practice and it is culturally tolerated. Only a detailed study would

identify its nature and status. However, the phenomenon of teenage pregnancy was the subject of studies and judicial and administrative measures to protect the girl.

## **6 - Trafficking**

The Congo has not yet ratified the Additional Protocol to the UN Convention against Transnational Organised Crime and does not have a specific law outside the general provisions of the 4-2010 Law of 14 June 2010 on child protection in the Republic of Congo. However, some actions are carried out by the Ministry for Social Affairs in partnership with the Ministry of Justice and NGOs in the fight against trafficking in Pointe Noire.

In Congo, the phenomenon of child trafficking was formally established following the situation analysis conducted in November 2006 and published in July 2007 with the support of UNICEF. Approximately 1,800 children are affected by trafficking. The aspects entail cross-border trafficking in Pointe Noire mainly from Benin, and in Brazzaville from the Democratic Republic of Congo, as well as domestic fostering international adoption.

Therefore, a local action plan has been implemented in Pointe Noire in partnership with the Consulate of Benin, the city of Pointe Noire, the Departmental Directorate of Social Affairs and the Family and the NGO Commission Justice et Paix and ALTO. One team of activities coordination has been set up by memo No. 0232 / MASSAHF / DGASF April 22, 2008. The following activities were carried out: rolling out of an awareness campaign through the media, churches, mosques and markets, training 13 religious leaders and 34 workers, producing a DVD, installation of two listening spaces, identification of seven foster families and locating three care centres..

According to the action plan 2009-2010, the following activities were organised: (i) training of 30 facilitators on outreach sensitisation in July 2010; (ii) sensitisation of communities through banners (10) theatre (2), door to door (30), community meetings (2), spots / radio and television programmes (4); (iii) production of a DVD, (iv) care of 21 trafficked children including 16 who were repatriated, 02 were placed in foster family and 03 rehabilitated locally.

The existing inter country trafficking in Pointe Noire coming essentially from Benin, the Government of the Republic sent in 2009 to its Benin counterpart, a draft bilateral agreement between the two States on human trafficking, especially children. This preliminary draft mainly addresses the prevention and suppression of child trafficking, strengthening mutual assistance in this area. It also regulates the protection, repatriation, rehabilitation and reintegration of children in accordance with the existing legal instruments.

In anticipation of the major Joint Cooperation Committee Benin - Congo 2009, a delegation of the Ministry for Social Affairs visited Cotonou (Benin) from 26 March to 2 April 2009) to sensitise the relevant authorities of Benin and discuss with them the terms of the draft. The Benin party requested time to better reflect on the document. It is understood that they will send their counter proposal through diplomatic channels.

During the work of the joint commission held in late 2009, both parties have agreed to implement more stringent action on the ground in order to fight against this problem.

Currently, the existing multilateral agreements (Abuja agreement and the agreement on the issue of trafficking) are not yet ratified by Congo.

The results of this survey show that these children are exposed to the vicious cycle of abuse and exploitation. The consolidation of the pilot reintegration of trafficked children in Pointe Noire, the project (2007-2008) laid the foundations for future action, particularly in terms of official recognition and mobilisation of actors.

For this first phase of the project the following results were obtained: (i) identification of 3 children victims of trafficking, registration and repatriation by the Consulate of Benin in Pointe Noire of 26 children, (ii) development of the Action Plan 2009- 2010, (iii) review of management mechanisms through the identification of new partnerships, clarification of responsibilities and the establishment of a new local coordination team of the project memorandum No. 000009 / MASAHS / DGASF of September 28, 2009, (iv) monitoring implementation of the Action Plan 2009-2010: signing of a cooperation agreement with the NGO ALTO leading to the identification of 9 children victims of trafficking of which 5 were placed in family and / or rehabilitated, 3 were repatriated and one is pending; organisation of a participatory workshop to develop the manual of procedures for the identification, care, repatriation and reintegration of children victims of trafficking (24 to 25 November 2009).

In addition, a sub-regional response to the phenomenon is being developed through an initiative of bilateral agreements Congo-Gabon-Togo-Benin.

Similarly, in the Libreville meeting held in May 2009, it was decided the organisation in Congo particularly in Pointe Noire, of activities related to the official launch of the campaign against child trafficking in Central Africa.

However, weaknesses exist in the implementation of this project, these include: (i) the absence of specific legislation on trafficking, (ii) non-operationalisation of the Observatory on vulnerable Children, (ii) weak capacity and non-compliance with standards. Some threats are also visible: social resistance or allegations of complicity of some authorities using their influence to release criminals; the non-ratification of the instruments in the fight against trafficking namely the Abuja agreement and the bilateral agreement Congo-Benin. However, on 30 July 2013, a draft law on the fight against human trafficking in the Republic of Congo has been validated under the leadership of the Ministry of Justice and Human Rights and transmitted to the relevant authorities.

## **7- Abandoned young mothers**

### **1- Magnitude by locality**

The female population likely to be in the category of single mothers is composed of all the young girls (- 18 years) in puberty (13-17 years), with early physical development and early menstruation (12 years) which can, in some circumstances, cause them to be forcibly married or have sex early. These girls are aged 12 to 17, and based on analysis there might be around 241,999 young girls across the country. A breakdown by towns and departments is as follows:

Table 36: Proportion of unmarried young mothers compared to the total population of girls aged 12 to 17 years, according to the department

Categories of	Total female	Girls 12-17	% Girl mothers	Population of
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girls Cities / departments	population	years		girl mothers
All the country	1 876 133	241 999	57.4	13 887
Kouilou	44 979	4 691	8.0	375
Niari	118 329	14 913	7.4	1104
Lekoumou	50 516	5795	8.0	464
Bouenza	160 550	20 420	6.8	1389
Pool	121 569	13 021	9.0	1172
Plateaux	90 145	10 292	7.6	782
Cuvette	79 671	9361	8.8	824
Cuvette Ouest	37 461	4631	5.4	250
Sangha	42 746	5248	9.8	524
Likouala	77 265	9725	9.0	875
Brazzaville	695 783	94 266	4.3	4053
Pointe - Noire	357 119	49 636	4.2	2085

Source: RGPH, 2007.

Thus, according to our statistical groupings, in 2007, there was nearly 13,900 girl mothers aged 12 to 17 years with peaks of more than 2,000 girls in Pointe-Noire (2085) and Brazzaville (4053), but for the smaller portions compared to the whole population of girls from 12 to 17 recorded in the city (4.2% in Pointe-Noire and 4.3% Brazzaville). However, the two major cities include 44.2% of girl mothers and the regions of Niari, Bouenza and Pool which record peaks over 1,000 girls each with a little over one quarter of girls (26.4%). The highest proportion (9% or more) is based in the departments of Sangha (9.8%), Likouala (9.0%) and Pool (9.0%). The rural area that is the least affected by this phenomenon is the Cuvette Ouest with 5.4% of girl mothers. But no rural or urban department is spared.

The age groups the most affected are 16 to 17 years with rates of 9.9 and 17.7% of girls of the relevant age group (at national level).

Table 37 Percentage of young mothers by age compared to the total population of the age group

Age	%
12 years	0.7
13 years	1.0
14 years	1.8
15 years	4.1
16 years	9.9
17 years	17.7

Source: RGPH, 2007.

No household type (whatever its nature - size, socio-professional category, religion, education) is spared from this accident with disastrous consequences (education) for the girl-mother. It affects families of all backgrounds: among 102 girls surveyed, 28 have public servants parents or working in the private sector, with 13 wives also public servants or

working in the private sector; 24 parents or guardians work in the informal sector or are small vendors. Most of their wives also work in the same sector; 14 are without occupation or unemployed; 12 died and 18 are female heads of household or retired. Early pregnancy affects all socio-professional groups. But we can note an overrepresentation of households whose head is unemployed, retired or informal workers (almost 54% of households). Among them, 18 live in modern housing of good standing and 32 in decent housing with water and electricity. Other (50%) live in non-decent homes. They live in large families (53 households of 5 to 9 people and 37 households of 10 or more), i.e. 88 of households. Discipline might be slightly loose but the causal relationship remains to be established. In addition, even the pious families are not spared. Almost all of the heads of households (96%) belongs to a Christian religion: 34 Parents are devout Christians, 36 are mildly religious (Sunday), 32 are not religious. Among young girl mothers, 26 are devout Christians, 31 are mildly religious and 45 are not religious. Fear of sin and regular practice of religion are not enough to protect early pregnancy.

Despite the existence and use of a dense network of counsellors and advisers (mothers, sisters, other relatives, friends from school, friends in the neighbourhood, etc.) and a good atmosphere in the family attested by 60% of interviewees girl mothers, teenage pregnancy which still occurs everywhere and unexpectedly must have specific causes related to the management of puberty and personal sexuality and the role of friends and people in the neighbourhood who are expected to protect the young girl.

## **2- Situations of deprivation and exposure to early pregnancy or social exclusion**

### **2-1 Lack of adequate information**

Young girl mothers recognise not having knowledge or control over sexuality, puberty, the menstrual cycle, contraceptive methods and pregnancy. It is not surprising that concerning the circumstances of the occurrence of the pregnancy, forgetfulness and ignorance of the cycle and forced intercourse affect 79.4% of girls. Consensual sexual intercourse does not prevent the ignorance of the cycle. Ignorance is predominant at all ages even when at 15, 16 and 17 years one already knows about periods.

Table 38 Circumstances of pregnancy onset by age of first sexual intercourse

<b>Circumstances</b>	<b>10- 11 years</b>	<b>12 – 13 years</b>	<b>14 – 15 years</b>	<b>16 - 17 years</b>	<b>Total</b>
<b>Forgot about the cycle</b>	1	6	15	3	25
<b>Ignorance</b>	5	12	19	10	46
<b>Forced intercourse</b>	-	2	5	3	10
<b>Consensual</b>	1	8	11	1	21
<b>All</b>	7	28	50	17	102

Source: UNICEF, Survey on early pregnancy, Brazzaville, 1996.

Ignorance of the cycle always comes out on top (from 50 to 75%) when girls are classified according to their level of education at the time of pregnancy.

Ignorance spans across several areas: sexuality, puberty, the menstrual cycle, contraceptive methods and pregnancy. It is even bewildering.

Table No. 39 Level information about sexuality, puberty, the menstrual cycle, contraceptive methods and pregnancy

Areas of information	Level of information	Total				
		Good knowledge	Some	Heard about it	Not at all	
Sexuality		0	1	27	74	102
Puberty		0	2	23	77	102
Menstrual cycle		0	30	32	40	102
Contraceptive methods		0	12	19	71	102
Pregnancy		0	4	15	93	102

Source: UNICEF, Survey of early pregnancy, Brazzaville, 1996.

The table shows in terms of knowledge on the evolution of the psychology of the child in puberty that only 2% of the girls had a chance to be informed, slightly.

At the onset of first menstruation that scare the girl, mother or another female relative feels compelled to explain what is happening just to reassure her. Knowledge of the cycle is not mastered: not one girl has a good knowledge. However, 30% have some knowledge and 32% have heard of it.

As for contraceptive methods that prevents an unwanted pregnancy, they are little known and certainly little used. 70% of girls do not know anything at all about them, that is a little more than 2/3 and only 12% who have some knowledge about it.

Pregnancy which is part of the girl's life, it is often approached without knowing how it occurs and evolves, as well as the precautions and risks related to childbirth. Girls only benefited from observing a pregnant relative. 93% have never had information on the issue, 15% have heard and 4% have some knowledge of it.

It is therefore not surprising that when pregnancy occurs there is a total ignorance.

## 2 -2 Deprivation of channels and effective and efficient information networks

Given the confidentiality and taboos surrounding the subject, the young girls' most appreciated counsellors and advisors are mothers, sisters, other trusted close or distant relatives or friends from school and from the neighbourhood. According to the quantitative survey on teenage pregnancy involving 500 students from 13 to 18 years, in schools, the main parties involved in discussions about sex in the home are:

Table 40: Preferred interlocutors regarding sexuality

Preferred interlocutors in terms of sexuality	Boys %	Girls%
Mother	4.0	13.1
Father	6.5	1.5
Siblings	0.8	2.3
Siblings and relatives	62.6	60.3
Other relatives	14.6	15.0
<b>Total</b>	<b>100</b>	<b>100</b>

Source: UNICEF, Survey on early pregnancy, Brazzaville, 1996.

Siblings are mostly preferred among boys (62.6%) as well as girls (60.3%) followed by other relatives (respectively 14.6% and 15.0%) before mothers who are mostly preferred by girls (13.1%) against 4.0% in boys. As regards to persons in whom one can confide in cases of intimate problem, the same survey shows more preference for friends (13.3%) among boys, against 16.0% among girls, before father (12.9%) among boys (20.3%) and (25.4%) for girls.

In reality, friends take central stage in terms of channels of information on sexuality. The shame felt vis-à-vis one's mother and sisters pushes towards friends from school or from the neighbourhood, especially when they are warmer and affectionate. Thus, the comprehensive survey of girl mothers revealed other channels of information, as follows:

Table 41: Other information channels

Advisers	Frequencies	%
Neighbourhood friends	35	36.1
School friends	27	27.8
Close female relative	13	13.4
School friends	8	8.3
Yourself by reading	4	4.1
Mother	4	4.1
Mother- Child Health Service	3	3.1
Church	1	1.0
Media	1	1.0
All	97	100.0

Source: UNICEF, Survey of early pregnancy, Brazzaville, 1996.

The 2006 survey on the education of girls also revealed that key pupils and students' advisers in terms of puberty are firstly the mother (50.6% of votes), followed by school and neighbourhood friends (17.0%) and by both parents (13.3%). The father intervenes only at 7.0%, while the other relatives precede (8.8%); school comes before the last position with 2.0% of responses.

In any case, preference is established based on the closeness and intimacy that the girl built with the mother, sister, other female relative or friend. In the absence of formal, structured channel of information and training (for over twenty years, school programmes have abandoned sex education) it is not sure that these channels are reliable. The information is transmitted through word of mouth. Written materials are non-existent and the taboo is strong enough to block the establishment of reliable and mandatory networks (school, media).

**2-3- Denial of basic rights to harmonious development: cases of harassment and violence that are not challenged and ongoing, and not addressed through dissuasion campaigns and behaviour change.**

The illegal practice of early marriage continues in urban and rural areas. Girls aged 12 to 17 years are nearly 9,000 to be deprived of freedom, harmonious development, school enrolment or stages of plays and education based on their age.

Table No. 42 Breakdown of married girls aged 12 - 17 years by urban or rural areas (in absolute numbers)

Age group	All of Congo	Urban	Rural communities	Rural communities
12 years	210	119	28	63
13 years	225	129	26	74
14 years	514	219	76	219
15 years	1014	436	165	403
16 years	2550	1136	399	1017
17 years	4211	2108	625	1478
<b>Total</b>	<b>8724</b>	<b>4149</b>	<b>1320</b>	<b>3255</b>

Source: UNICEF, Survey on the education of girls, Brazzaville, 2006.

Even in urban areas where justice severely prevails for cases of paedophilia and abuse of children, the weight of harassment encouraged, permitted and unpunished, and the unmet emotional and financial needs of young girls are enough to create the conditions for early sex.

To the phenomenon of early marriage (to eliminate at all costs) is added another more frequent phenomenon, which is more present and pressing: sexual harassment. According to the study on the education of girls and according to girls themselves, the first solicitations are reported at the end of primary school (12-14 years). They occur earlier and the more the girl is involved in her studies and manages to avoid the solicitations, the later the solicitations will occur.

**Table 43 Moment of the first solicitations of men by level of study**

Moment	Frequency	%
End of primary school	63	12.1
Beginning of junior secondary	286	55.1
End of junior secondary	119	22.9
Beginning of upper secondary	46	8.9
End of upper secondary	5	1.0
Total	519	100.0

Source: UNICEF, Survey on the education of girls, Brazzaville, 2006.

To the question of whether these solicitations persist for a long time, most students' answers were yes (86.0%). The phenomenon is more acute in rural areas but it still remains predominant everywhere else (more than 80% according to girls). In addition, when asked whether they felt that it was increasing. The answer was always positive among almost three quarters of girls (74.6%).

Under these conditions (harassment and impunity) risks of teenage pregnancy and school dropout are high.



## 2-4- Social risk exacerbated by unmet emotional and financial or material needs of the girl

The fact that the girl's small financial, material and emotional needs are unmet predisposes her in searching to meet her daily needs through solicitations. Girls bear the impact of parental poverty. But they are generally lenient vis-à-vis their poor parents. According to the study on the education of girls and in the opinion of the girls themselves, the father is behind the mother by 9 points since the mother is by far the first support provider (34.8% against 25.9% for the father). Both parents' support put together account for 84.0%. They are followed by far by the boyfriend and the neighbourhood's big brother who get 9.8%, and still ranks second ahead of siblings (3.2%) and other relatives and friends (3.0 %). The level of child satisfaction is very high: 79.5%, but the reasons for dissatisfaction highlight the uneasiness or shame that young people feel towards their carers. Other reports are also indicative of negligence, indifference (8.3%) and desire for independence (13.1%). Regarding school fees and school facilities, the satisfaction rate was lower (68.8%). Children often have to remind parents of their duty several times. If not addressed, the girls are forced to turn to other relatives (31.7%). Siblings (30.2%), the boyfriend (18.1%), to fend alone (12.2%) or resort to school and neighbourhood friends (7.8%). Some girls tired of begging from one parent to another are tempted to fall back on the boyfriend regarding education and other small daily needs.

Moreover, there are a number of reasons for the urgent need to satisfy these small requirements:

Table 44: Main reasons for seeking financial assistance

1	To gain financial independence at one or advanced age, it's normal	41.7%
2	To be self sufficient, not disturb or annoy parents	34.3%
3	To help parents, brothers, sisters and other relatives	6.5%
4	To treat yourself, to dress, buy what you need	17.5%

Source: UNICEF, Survey on the education of girls, Brazzaville, 2006.

In the current context of widespread poverty (50.7% of the population), the need for independence and own assertiveness in puberty cannot be overlooked.

## 2-5- Common practice of family and social exclusion

Early pregnancy is never welcomed, in the family, as a happy event. The attitudes adopted by most people entail rejection, aggression, denial and resignation (at the end). Some parents even try to sue the partner if an amicable solution is not found. The girl, surprised at first and angry against her partner is torn between parents who cannot stop being angry and a partner that retracts. It is not rare that she tries abortion (secretly) or suicide.

The first difficulty arises at the time of the announcement to parents. The first person informed is often the mother (according to 51% of the girls mothers interviewed). Knowing that reprimands and rebukes lie ahead, the girl hides her secret as long as it is possible until the obvious external signs betray her. She would speak to her mother (51.0%) or first to her partner (2.50%) and the remaining 25% girls, they would be looking for an environment close to her parents but more understanding (close relative, sister, aunt, grandmother or friends of

the mother). Sometimes it is the mother who, through signs, will find out that her daughter is pregnant unbeknown to her.

Table No. 45 The reactions of parents range from:

Anger, blame the child	41.0%
Decision to remove her from the house and move in with her partner	18.5%
Decision to get her to abort	11.0%
Acceptance of pregnancy by resignation	8.5%
Acceptance of pregnancy for fear of suicide	4.0%
Total	100.0%

Source: UNICEF, Survey on the education of girls, Brazzaville, 2006.

Table 46. The reactions of the immediate environment, school and neighbourhood friends are many. They are mostly negative:

Disapproval, mockery	70.1%
Indifference, abandonment	7.5%
Tips for abortion.	9, 3%
Support, advice to keep pregnancy	13.1%
Total	100.0%

Source: UNICEF, Survey on the education of girls, Brazzaville, 2006.

There is no guarantee, of the partner's enthusiastic and responsible acceptance either. These reaction are expressed as follows:

Table No. 47: Reactions of partners at the announcement of pregnancy

Fear, denial of paternity, run away from the community	31.3%
Spontaneous acceptance	28.9%
Forced acceptance following threats or negotiations	32.8%
Advice to the daughter to abort	7.0%
Total	100.0%

Source: UNICEF, Survey on the education of girls, Brazzaville, 2006.

According to interviewed girl mothers, the first reaction of their mother was very negative, but the aggressiveness rate remains the lowest at this level:

Table 48: Mother's reactions to the news of pregnancy

- Anger, blaming	53.5%
- Acceptance, resignation	21.5%
- Advice not to abort	18.1%
- Advice for abortion	6.9%
Total	100.0%

Source: UNICEF, Survey of early pregnancy, Brazzaville, 1996.

In fact, aggressive or negative reactions will continue throughout the pregnancy according to the following indications:

Table 49: Attitudes of relatives during pregnancy

- Number of families continuing to refuse situation	58 out of 102
- Number of cases of denial of paternity	40 out of 102
- Hostility of parents	82 out of 102
- Hostility of the mother	77 out of 102
Girlfriends' hostility	75 out of 102
- Disapproval of the father or guardian	99 out of 102

Source: UNICEF, Survey of early pregnancy, Brazzaville, 1996.

Management of pregnancy will be seen as a very difficult time for a young girl of 12 to 17 years. Finally, the financial support towards care will be the subject of negotiations between the two families. The girl may be entrusted to one or the other family and the feeling that the girl will keep from this episode is as follows:

Table 50: Feeling of the girl on the management of pregnancy

Good	40.2%
Bad	43.1%
More or less	12.8%
No answer	3.9%
Total	100.0%

Source: UNICEF, Survey of early pregnancy, Brazzaville, 1996.

The trauma is such that the girl refuses to continue to study (even if permitted by law), and she finds herself alone in life, with no future. Unfortunately, the phenomenon of teenage pregnancy is neither accidental nor rare. The study on the education of girls also revealed that:

- 91.4% of girls have seen and observed pregnancies in their class;
- 81.1% of girls recognise that this is not a random fact but common;
- 50.2% of girls recognise that girls who go through a pregnancy can continue their studies.

Finally, following early pregnancy, the future of the girl is as follows:

Table 51: Situation of the girls after pregnancy

Do nothing and stay at home	44.1% of girls opinions
A minority goes back to school	3.8%
They work on the informal sector or engage in urban odd jobs trades such as sewing, hairdressing, trade or agriculture	29.3%
Some are married or prostitutes girl mothers	21.4%
Others continue to be supported by parents	1.4%

Source: UNICEF, Survey of early pregnancy, Brazzaville, 1996.

The future of the girl mother is not rosy, but this does not prevent the occurrence of early pregnancy, as long as circumstances or social determinants remain.

### **3- Risk Management Strategies**

The phenomenon of girl mothers has been, at very early stage, a concern for public and private social services (religious denominations), which have put in place structures (women's centres and social welfare centres) for this purpose. Their main goal is to help social and socio-economic integration of girl mothers through apprenticeship of embroidery, sewing, culinary arts and baking.

### **4- Needs**

The types of deprivations described above constitute targets to be destroyed for the gradual elimination of early pregnancy. These are:

- 1- Access to adequate information on puberty, sexuality and pregnancy management
- 2 Installing or rehabilitation of effective information channels (sex education in schools and in the media);
3. Organisation of the fight against sexual harassment and sexual violence;
- 4- Promoting girls' access to facilities in order for them to meet their small financial and emotional requirements;

Fight against social exclusion of young mothers through the implementation of specific programmes, the creation of support and socio-professional integration structures.

## **5- Children belonging to a minority or indigenous group**

### **SITUATION OF INDIGENOUS PEOPLES**

According to the 2007 census, indigenous people represent 1.2% of the total population or 43,378 persons with 40.7% of children below 15 years. It is likely that the census underestimated the demographic weight of this component of the national population.

Living traditionally from hunting and harvesting of forest products, this population have suffered deterioration in their living and their economic forestry under the devastating impact of deforestation, forest and mining exploitation as well as forest clearing for agricultural purposes; thus pushing them towards settlement. They settled gradually in encampments on the outskirts of Bantu villages where they are subject to multiple discrimination, rights deprivation, social exclusion and economic exploitation. Those who try to make a living as agricultural labourer are either not paid or under paid or exploited. Those who manage to be employed in the agricultural and forestry projects are systematically underpaid or overexploited. Finally, those who bring their products for sale or better also experience underpayment or extortion on the grounds that they are only "subhuman" or "property" of their Bantu masters.

Victims of discrimination and injustice, living in a real deprivation and in an unhealthy environment, without education, indigenous people are exposed to multiple health and educational deprivation related to social protection and promotion of human rights and freedoms.

#### **1 In terms of health:**

This is first all, a collective and national risk of very little access to care and medicines due to:

- High cost of health care and medicine, which are for 70% of indigenous youth the main reason for not attending health centres;
- The distance due to the lack of health centre in or near the camps; making it difficult for women and sick children to go there;
- Discrimination against all indigenous people even among health workers.

An anthropologist (Jerome Lewis) working in the Sangha and Likouala estimated a "staggering" morbidity rate of children aged below 5 years at 27% - i.e. 1 child out of 4. In addition, he estimated at 80 % the rate of indigenous people of northern Congo deprived of care. The very low availability and distance to health centres play a key role in this.

In terms of women's health, among other indicators of poor access to care learned from the CAP of Indigenous People Survey (February 2007), it can be noted:

- ANC rates (antenatal consultations) are too low: 16% of women and 21% of teenage girls
- $\frac{3}{4}$  of women and pregnant teenage girls who give birth at home and only 22% of girls and 25.8% of women, in maternities;
- Continued use of traditional medicine
- Rates of maternal and infant mortality very high;

- The persistence of yaws (and avoidable through simple hygiene measures), which affects 30% of the population;
- The highest prevalence of infectious and parasitic diseases and diarrhoea; the insignificant protection against malaria (15% of teenage boys and 20% of teenage girls sleep under mosquito net);
- The rapid rise in the prevalence rate of HIV-AIDS from 0 to 1.6% in a few years incriminating unprotected sex with Bantu men and the taboo around sex (of which one cannot talk about). Furthermore, 69.4% of teenage boys and teenage girls % have never seen a condom.
- Alcohol and drugs that spread at high speed among youth and adults living on the outskirts of Bantu villages.

## **2 In terms of drinking water**

The situation is catastrophic:

- ✓ Only 1% of the population has access to tap water;
- ✓ 38.3% use water from the river;
- ✓ 38.3% use water from the stream (usually unprotected)
- ✓ 21.8% use water from wells

Indigenous people trying to access water from streams or public wells are liable of severe penalties.

## **3 In terms of education,**

The enrolment rate estimated in 2006, did not exceed 26.8% of young indigenous interviewed. It is through to the interventions of NGOs with religious affiliations that education really took off.

The IPND has enrolled in 2004-2005, 1297 indigenous children in the Lékoumou region and nearly a thousand the following year. It is again through NGOs that the movement was amplified in the Sangha and Likouala regions.

The causes of poor access to education are:

- Lack of schools;
- Remoteness of schools often located out of the forest area;
- Discrimination by the Bantus and lack of interest from indigenous parents who prefer keeping their children with them in a hostile environment;
- Early marriages;
- School fees and education related fees too expensive and out of reach;
- Bullying and other acts of discrimination by other Bantu students, teachers and populations;
- The gap between the school rhythm and semi nomadic life of indigenous people (periods of hunting and harvesting which guide the indigenous life) where multiple student absences.

In this hostile environment, the school really is struggling to establish itself as an everyday reality for indigenous children.

#### **4 In terms of rights to the civil registration and equality,**

Civil registration concerns only 14.3% of the surveyed teenagers, and most likely less for children and adults, because of:

- The remoteness of registration centres;
- Discrimination still very acute;
- Hostility of civil registrars which may discourage many volunteers;
- Ignorance of parents and lack of interest (in relation to their daily life) for the certificate.

The universal principle of equality of all men is systematically and deliberately flouted by Bantus who treat indigenous people as 'subhuman' or "slaves," good enough to work for them, obediently. Large Bantu families in the Sangha and Likouala regions are proud to talk about the number of their subjects and their inclination to "protect" and "care" for them as their own children. They clearly display their "owners' prerogatives.

In this context, indigenous women are victimised twice by their fellow indigenous people as well as the Bantu "owners". They are victims of violence and they experience the worst sexual violence.

Husbands may beat their wives if they refuse sexual intercourse and Bantus cheerfully practice 'the lease' of an indigenous girl whereby he takes a young indigenous girl with him at home, she will have one or two children for him and he will repudiate her thereafter. The widespread early marriage is also another form of suppression and violence performed on girls aged 13 -14 years.

Rapes are very much practiced in indigenous communities (according to the survey CAP 2007), and the victims are teenagers and old women:

- 10.4% of teenage girls surveyed admitted to having been raped;
- 7.7% of teenagers admit to having forced sex.

#### **5- Other denial of rights (ownership of land and forests, labour and servitude, access to justice and participation in public life).**

Deprivation of rights extend to land or forest, workplace, public sources and public life through the practices of exclusion, marginalisation and segregation:

1. In terms of forestry (sole indigenous living area), sale by the state of areas to be exploited without the knowledge of the indigenous people, settling in the forest in violation of local customs, establishment of protected forest areas causing conflicts between eco-guards and indigenous people, right of access to forests ignored, limitations on access to game areas, destruction of forest habitat, excluding discussion about forest management;
2. In labour law, recruitment indeed by the authorities, but they are underpaid under the pretexts that they are lazy people or deserters from their desktops, taking over of part or almost all of the salary by Bantu families 'owners'; also continued forced labour for the benefit of Bantus, hunting and harvesting chores of the master's land, sometimes more binding credits (prohibitive interest rates, permanent servitude);

3. On access to public services, multiplication of barriers access, lack of recourse in case of complaints before the courts and the police, and little chance of winning a litigation with village leaders (mostly Bantus) impunity of Bantu offenders;
4. In participation in public life, little or no quality of eligible candidates and voters, exclusion of village committees and decision-making at administrations and government level.

As can be seen, the deprivation areas affect all spheres of the social life and put indigenous people in a very precarious condition, coupled with exclusion or even unbearable social segregation. They are actually treated as 'subhuman', endlessly involved in chores and without any recourse. They give the impression of being enclosed in a kind of thick sphere that cannot be broken. As at today, the 'humanitarian impact' is such that a progressive and effective solution must imperatively and urgently be found.

Indigenous people, because of the discrimination and marginalisation that they experience, are a vulnerable group. Indeed, most of socio demographic indicators for this population category denote the differences that still exist between indigenous and all of the Congolese population; which reflects the extent of the efforts needed to improve the integration of the indigenous society.

For example, the proportion of individuals who do not have a birth certificate is 64.3% among indigenous while overall it is only 5.1%. The GER (6-11 years) at primary level is 40% among indigenous children against 81.3% for the whole country.

Table 52 Main socio demographic indicators of the indigenous population

Indicators	Indigenous population	All the Congolese population
<b>I/ State of the population</b>		
<b>Population volume</b>		
Male		
Female	21 022	1 821 357
Both sexes	22 356	1 876 133
	43 378	3 697 490
<b>Proportions (both sexes)</b>		
Less than 15 years	40,7%	38,6%
More than 60 years	5,1%	4,8%
Dependency rate	84,4%	72,0%
Old-age index	12,5%	12,4%
<b>Median Age</b>		
Male	23,9 years	23,1 years
Female	24,6 years	23,6 years
Both sexes	24,1 years	23,3 years
<b>Median age</b>		
Male		
Female	19,6 years	19,6 years
Both sexes	21,0 years	19,5 years
	20,4 years	19,5 years
<b>Proportion of people:</b>		



- With a birth certificate	32,1%	93,3%
- Issuance of birth certificate is in progress	1,9%	1,3%
- Without birth certificate	64,3%	5,1%
- Don't know if they have a birth certificate	1,0%	0,3%
<b>II/ Socio economic characteristics</b>		
Specific enrolment rate in primary and secondary (6-16 years)		
Male	24,7%	80,7%
Female	20,7%	79,3%
Both sexes	22,7%	80,0%
Gross Enrolment Rate (primary)		
Male	76,9%	117,%
Female	59,0%	113,7%
Both sexes	67,9%	115,3%
Net enrolment rate in primary (6 - 11 years)		
Male	47,8%	82,7%
Female	40,2%	80,0%
Both sexes	44,0%	81,3%
<b>IV/ Households and living environment</b>		
Average household size	4.9	4.4

Source: RGPH 2007

In this context, indigenous children will experience greater progress with the upcoming implementation of the revised national plan.

## **CHAPTER 8 - RESPONSIBILITIES OF THE CHILD (Article 31)**

The Committee of Experts would like to be informed of current practices, legislative, administrative taken on behalf of the child in the context of his/her responsibilities vis-à-vis the family, community, supervisors, the State and the Continent

### **1-Perceptions and representations on the young child: rights and duties of children and parents**

Children's responsibilities are directly related to perceptions that we have of them and ourselves. The CAP survey of UNICEF (2002) on the care of young children focuses its first chapters to the various tales and myths about the child, the representations and perceptions of adult underlying the current practices of parents. They offer clues and justifications of these practices.

"The sayings and proverbs cited by parents to illustrate the child's place in the family and society clearly show 4 key ideas- including: the child as an "old-age pension and death insurance "for parents; the child is the basis of the "continuity of generations" for the family and society; the child in his/her capacity of "domestic help" for parents in odd daily tasks and the child's image as a "plant to be maintained." This latter aspect entails a moral obligation and practical education and support from parents.

For many parents, "the child is a treasure who prepares them for their future." He/she is seen as a future guarantee or insurance for often-uncertain old age. They also talk about "future

rescue", "asset" of "investment". Hence, a childless couple runs the risk of not being happy and not being well buried. It is logically fragile people (women, the elderly, rural dwellers) who insist the most on this aspect. Men are sticking mostly to the second idea of "continuity" or respite because they are assured that their children will continue to bear the name and recall their memory.

However, some aspects are overshadowed when we leave the sayings for the perceptions that adults have of the child. The idea of "succession and continuity of generations" were clearly ahead with 45.4% of the opinions expressed. The utilitarian aspect ("future assistance" or "rescue ") came bottom of the list with 11.3%, far behind the moral values of "wealth, to be valuable" which record 23.7%. However, this " precious person" "own blood", this dearest person can become an offender when he/she is not well supported. So that a "limitation" of a totally positive image of the child should remind parents (who know themselves) that they will become what parents want them to be, although many may become "offender". Hence parents recognise the heavy childrearing responsibility that they bear and the status of " fragile being or plant to grow" of the little ones.

If for the society the child is essentially "the future, the continuity and succession", for the parents themselves, the social value of the child, through the "pleasure, happiness and pride" that his/her coming into the family provides, has become predominant. This is followed closely by the reaffirmation of "future rescue" or "old-age pension and death insurance." Moreover, the child's evocation as "wealth or treasure in itself," "source of happiness" is enough to show the emotion surrounding this issue. The utilitarian aspects are certainly present but in addition to the function of "relief" the child provides intense happiness experienced by parents who speak of "my blood", "my mirror," "my joy."

The emotional investment provides a pride recognised by the community and the family who are eager to show their sympathy. At the end of this journey, in the adults' minds, the child life and death insurance, also appears as a source of happiness and pride for parents and guarantee of community sustainability.

The overall picture is positive for the child, because of his/her place in the heart of parents, in pride socially recognised, and because of his/her central role in community sustainability has acquired a unique status and important and. One might venture to conclude that a home, a family and a society without children are doomed to a certain death. "The child is the society's lung", as some parents say. But in exchange, there are duties and rights to be observed by the children and parents.

Children must expressed "obedience and submission" without discussion, pending severe penalties. This requirement records 68.5% of the opinions expressed. It must be complied with. Some parents even give it a divine character, "as the Bible says." In addition to absolute submission, the child must help parents in all circumstances "render services in all areas." Parents also expect love from their children and listening. The latter joined the point of obedience and submission. It is feared that these requirements of power of divine rights could become tyranny or multiplication of opportunities for tensions and even conflict. Authoritarian tendencies are possible, certainly common. We must avoid them by training parents in terms of dialogue and good communication.

In exchange, parents must ensure, first, a good education and social success for children. Both ideas are often associated. A social or professional success is not enough. It must be accompanied by good morals. This concern comes ahead in terms of parents' duties. This is about doing "all that is necessary for his/her development" "teach him/her the rules of politeness," educate in "obedience and submission," "put on the right track" and bring up to be "in the image of his/her father". In short, they have the "care" for, "treat" him/her like a small fragile plant that must be watered, fed and loved. In addition to these general considerations; the good health, protection and social success are found in the specific duty of parents. Anyway, what is important to them, for the future of the child is a good education associated with good social success. The high level of education contributes to good health but must remain a concern every day.

The picture is almost idyllic and very child-friendly. But it hides very strong requirements that could become unbearable burden for fragile beings. The child is left with a lot of duties that one could imagine. Parents are certainly right to expect much, but in exchange the results are based on what they have invested. They definitely need an almost daily support in this difficult task of childrearing skills, to heal and bring up a child harmoniously.

## **2-Common practices of parents**

Based on the perceptions mentioned above, the little ones, from 0 to 5 years, are the in good and special care of their father and mother. The rules of solidarity and community require that the baby live in a good atmosphere of several fathers and mothers and brothers and sisters. The baby goes willingly, from hand to hand and learns to recognise his own.

But as soon as he/she passes the age of the " no " and 'why' or the assertion of his/her personality, he/she is in direct conflict with parents (especially the mother who provides the bulk of the care, food, education and health care). The DHS 2005 and 2011/12 revealed that between 5 and 11 years, they experience more punishment than the older ones. They already have to learn to do chores and gender specialisation begins to take shape.

Between 12 and 18 years, it is the girls who participate, the more in domestic work, they care for the little ones, do food shopping and cooking. These chores constitute an obstacle to girls' enrolment as indicated by the survey done in this regard in 2006. This is also the age where a strict control of the girl's sexuality or friends is at its highest. Parents require more obedience and respect from girls while boys are freer. Parent - child relationships sometimes turn to mistrust and aggression. Dialogue disappears leading to the risk of affecting school assiduity.

Management of puberty for children and parents becomes a major headache. The risks of runaway, abandonment, neglect, severe corporal punishment and sometimes of crimes, are many. It is often the families themselves that lead to exclusion and delinquency. Social services should therefore ensure appropriate information, parent education, awareness against violence and promotion of dialogue.

## **3- Legislation**

At legislative and judicial levels there is a transcript of the child's duties in the 04-2010 Act in the following terms under Article 46, the child must:

- Respect and honour in all circumstances his/her parents and other family members;
- Help and assist his/her parents and other family members to the best of his/her abilities;
- Work for the cohesion of the family and for the good of the society by placing his physical and intellectual abilities at their disposal;
- Respect the identity, language and national values;
- Treat other children with dignity and respect;
- Contribute to the respect of human rights and children's rights;
- Observe the rules established by the society, the community, the Republic and the international community;
- Participate in the maintenance of public order, health and public morality;
- Obey the public authority;
- Respect the property of others, the public property and the environment;
- Contribute to the preservation and strengthening of the independence, national unity and territorial integrity.

#### **4-administrative measures**

In order to promote good practices within families and communities, many public and private institutions are mobilising daily. These are:

Among government institutions,

- The Ministry of Justice and Human Rights, which provides the legislations and authorises authorities to prevent and punish acts of exclusion and ostracism proscribed by law. It is also responsible to ensure the protection of children at risk and juvenile delinquency;
- The Ministry of Territorial Administration responsible for granting all citizens the right to identity, legal residence and nationality, in accordance with the laws in force;
- The Ministry of Education whose mission is to enable all citizens a minimum learning necessary and required by law (10 years of free and compulsory education);
- The Ministry of Health attaches great importance in its health development plan (PNDS) for the health of mother and child through strategies of safe motherhood, the fight against childhood diseases, the fight against HIV AIDS and prevention of mother to child transmission;
- The Ministry for the Advancement of Women, which works to improve the status of women, promote income-generating activities in their favour in order to prevent and combat all forms of discrimination, abuse and violence against them;
- The Ministry of Social Affairs in its core tasks must support the disadvantaged and marginalised groups such as the elderly, widows, orphans, vulnerable children, children and adults with disabilities, poor families, minorities and indigenous populations;

-The Ministry of Communication, which has major advocacy tools and public education and whose full cooperation we must ensure for information campaigns, education and communication on all matters requiring behaviour changes;

-The Ministry of Youth, in charge of civic education that works to develop awareness campaigns and training for a culture of peace and respect for human rights;

-The Ministry for Tourism and Recreation expected to provide children with healthy recreation opportunities;

-The Monitoring Committee for Peace continues its outreach efforts, general appropriation of culture of peace, tolerance and democracy;

-The National Commission on Human Rights guarantees the promotion of popularisation of human rights.

Among the non-governmental institutions developing specific programmes for the protection and promotion of disadvantaged groups are:

-AFJC: Association of Women Lawyers of Congo;

-OCDH: Congolese Observatory for Human Rights;

-RENAPAC: National Network of Associations for Indigenous Peoples of the Congo;

-ACOLVF: Congolese Association on violence against women;

-REIPER: Stakeholder Network on the issue of street children;

-APTS: Panafrican Association Thomas Sankara;

-APEEC: Association of Parents of pupils and students of Congo;

-UNHACO: National Union of Disabled Persons in Congo;

-AEMO: Association for community education;

-Children's Parliament;

-ADHUC: Association for Human Rights in the prison environment;

-Mibeko Association;

- Comptoir juridique junior;

-C les Associations caritatives des confessions religieuses et toutes autres organisations de la société civile.

The actions and the most prominent aims are reflected in several documents and national strategic framework of action.

These obligations apply by extension to the supervisor, to the State and to the Continent.