



# Convention on the Rights of the Child

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## Committee on the Rights of the Child

### Consideration of reports submitted by States parties under article 44 of the Convention

Combined second, third and fourth periodic reports of States  
parties due in 2010

**Congo\***

[11 November 2010]

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\* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

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## List of abbreviations

ACBEF	Congolese Family Welfare Association
ACEJ	Congolese Youth Employment Association
ACOLVF	Congolese Association to Combat Violence against Women
ACT	Artemisinin-based combination treatment
ADF	African Development Fund
ADHUC	Prison Human Rights Association
AEE	Association Espace Enfants
AEED	Action Espoir Enfant en Détresse
AEMO	Association for Educational Assistance in an Open Environment
AER	Association Espoir Renaît
AfDB	African Development Bank
AFED	Evangelical Women and Development Association
AFJC	Association of Women Jurists of the Congo
AJDT	Association Jeunesse Développement et Travail
ALTO	Association to Combat Trafficking in West Africa
ANLCP	Ngondo Anti-Poverty Association
APEEC	Congo Parents Association
APTS	Thomas SANKARA Pan-African Association
ARIPS	Regional AIDS Information and Prevention Agency
ARV	Antiretrovirals
ASI	International Solidarity Actions
ASM	Association Serment Merveil
ASU	Association Serment Universel
ATTACK3	Attack drugs, prostitution and AIDS
BCC	Behaviour Change Communication
BCG	Tuberculosis vaccine
BIT	International Labour Office
BISOC	Bilan Social au Congo
BTP	Building and public works
CADASE	School anti-drug and anti-AIDS club
CADFM	Committee to support the development of unmarried mothers
CAM	Mvoumvou child reception centre
CAS	Social action district

CCAD	Anti-Crime Coordination and Action Committee
CCF	French Cultural Centre
CDV	Voluntary testing centre
CE (1 and 2)	First and second year of elementary education
CEMIR	Commission d'Entraide aux Migrants et aux Réfugiés - Migrants and Refugees Mutual Assistance Commission
CEPE	Certificate of elementary primary education
CHU	University hospital centre
CIESPAC	Central Africa Inter-State Public Health Centre
CIREV	Centre for the Integration and Rehabilitation of Vulnerable Children
CJJ	Comptoir Juridique Junior
CLD	Madibou local development committee
CLTS	Community-Led Total Sanitation
CDMT	Medium-term expenditure framework
CNAR	National Refugee Assistance Commission
CNLS	National Anti-AIDS Council
CNPTTP	National Centre for the Prevention and Treatment of Psychological Trauma
CNSEE	National Statistics and Economic Research Centre
CNS	Nutrition supplementation centre
CNT	Nutrition treatment centres
CNRPPH	National Vocational Rehabilitation Centre for Persons with Disabilities
COMEG	Congolese Essential Generic Medicines Agency
COOPHARCO	Cooperative of Pharmacists of the Congo
COSA	Health committee
CP (1 and 2)	First and second year preparatory course
CPN	Antenatal visit
CPP	Code of Criminal Procedure
CREDES	Research Centre for Public Health Development
CRN	Nutritional recovery centre
CSI	Integrated health-care centre
CSS	Social/health district
CTA	Outpatient treatment centre
DDASF-PNR	Pointe-Noire Departmental Directorate of Social Affairs and the Family
DDS	Departmental health directorate
DGAHS	Directorate of Humanitarian Action and Solidarity

DGPD	Directorate of Planning and Development
DGASF	Directorate of Social Action and the Family, later Directorate of Social Affairs
DINEC	National Civil Registration Directorate
DLM	Directorate of Disease Prevention
DPLE	Directorate of Legal Protection for Children
DPT 3	Diphtheria, pertussis, tetanus, 3 doses
ECOM	Congolese household survey
EDF	European Development Fund
EDS-C	Congo population and health survey
EEC	Evangelical Church of the Congo
EMO	Educational assistance in an open environment
EPI	Expanded Programme on Immunization
ESISC	Survey of HIV prevalence and AIDS indicators in the Congo
EPT	Education for All
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FEFCO	Congo Women's and Children's Federation
FP	Family planning
GDP	Gross domestic product
HCREC	High Commission for the Reintegration of Former Combatants
HIPC	Heavily Indebted Poor Country
HR	Referral hospital
IDA	International Development Association
IEC	Information, education and communication
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
INRAP	National Pedagogical Research and Action Institute
IPT/SP	Intermittent preventive treatment with sulfadoxine- pyrimethamine
ISIC	Social intervention in the collective interest
ISAP	Social assistance to individuals and families
KAP	Knowledge, attitudes and practices
LNSP	National Public Health Laboratory
MASSAHF	Ministry of Social Affairs, Solidarity, Humanitarian Action and the Family

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MATD	Ministry of Territorial Administration and Decentralization
MCH	Maternal and child health
MDA	Médecins d’Afrique
MDGs	Millennium Development Goals
MDRP	Multi-Country Demobilization and Reintegration Programme
MEG	Essential generic medicines
MEPATI	Ministry of the Economy, Planning, Land Development and Integration
MEPSA	Ministry of Primary, Secondary and Literacy Education
MPAT	Ministry of Planning and Land Development
MPATIE	Ministry of Planning, Land Development, Economic Integration and NEPAD
MRSIT	Ministry of Scientific Research and Technological Innovation
MSASF	Ministry of Health, Social Affairs and the Family
MSF	Médecins Sans Frontières/Doctors Without Borders
MSP	Ministry of Health and Population
MTEF	Medium-term expenditure framework
MTSS	Ministry of Labour and Social Security
OCDH	Congolese Human Rights Observatory
OEV	Orphans and other vulnerable children
OSC	Civil society organization
OVEF	Observatory of violence against women
PADEPP	Project for the decentralization and scaling-up of prevention activities
PAED	Project to support the rule of law
PANE	National Plan of Action for Children
PAP	Priority plan of action
PARSEGD	Project to support the socioeconomic reintegration of disadvantaged groups
PASCOB	Project to support the health system in Congo-Brazzaville
PCR	Polymerase chain reaction
PDR	Emergency Demobilization and Reintegration Programme
PDS	Social Development Plan
PDSS	Health Sector Development Programme
PECP	Paediatric care
PEIN	Essential package of nutrition interventions
PLVSS	HIV/AIDS-prevention and health-promotion project
PMTCT	Prevention of Mother-to-Child Transmission

PNDDR	National Disarmament, Demobilization and Reintegration Programme
PNDS	National Health-Care Development Plan
PNLS	National Anti-AIDS Programme
PNS	National health policy
PRAEBASE	Basic education support project
PRER	Street children reintegration project
PRGF	Poverty Reduction and Growth Facility programme
PRSP	Poverty Reduction Strategy Paper
PSE	Package of essential services
PSSA	Special food security programme
PVVIH	People living with HIV
QUIBB	Questionnaire des Indicateurs de Base de Bien-être (basic well-being indicators questionnaire)
RBM	Roll Back Malaria
REIPER	Réseau des Intervenants sur le Phénomène des Enfants des Rues (network of associations working with street children)
RENAPAC	Réseau National des Peuples Autochtones du Congo (national network of indigenous peoples of the Congo)
RENATO	Oyo workshop national network
RESEN	Progress report on the national education system
RFI	Radio France Internationale
RGPH	General population and housing census
SEP	Equatorial Pharmaceutical Company
SEP/CNLS	Permanent Executive Secretariat of the National Anti-AIDS Council
SIMCS	Secours International du Mouvement Chrétien pour la Solidarité
SMIG	Guaranteed minimum wage
SNAT	National land development scheme
SNIS	National health information system
SOUC	Comprehensive emergency obstetric care
SOUB	Basic emergency obstetric care
SSME	Maternal and child health week
SSR	Sexual and reproductive health services
STI	Sexually transmitted infection
UDLS	Departmental anti-AIDS unit
UERPOD	Population and Development Study and Research Unit
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework



UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHACO	Congo National Union of Persons with Disabilities
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VAA	Yellow fever vaccine
VAR	Measles vaccine
VAT	Tetanus vaccine
WFP	World Food Programme
WHO	World Health Organization

## I. Analytical summary and introduction

1. The social situation is still characterized by:
  - A poverty rate of 50.7 per cent (Congolese household survey – ECOM 2005), which reduces the population's ability to mobilize as individuals, associations or communities around programmes and plans for access to basic social services (health, education, water and sanitation, nutrition, employment and housing);
  - The inadequacy of the financial resources allocated to social sectors deemed unprofitable and therefore of little importance.
2. The obstacles are virtually the same from one area to another: difficulties in mobilizing human resources and lack of financial resources.
3. Social sectors are nevertheless showing some progress in terms of the definition of policies or strategy frameworks, care actions and advocacy for increased resources.
4. In terms of the overall application of the Convention on the Rights of the Child and the application of its general principles, progress has been made in the following:
  - Ongoing harmonization and revision of legislation and modernization of the justice system;
  - Preparation and adoption of action plans and strategy framework documents for vulnerable children: children with disabilities, indigenous children, prevention of violence, abuse, trafficking and exploitation of children, children in conflict with the law;
  - A marked increase in the resources allocated to health, education and social and legal protection, although these remain inadequate;
  - Promulgation of Act No. 4-2010 on the protection of children in the Republic of the Congo (Child Protection Code);
  - Establishment of a Children's Parliament to publicize the provisions of the Convention on the Rights of the Child;
  - Gradual addressing of issues related to the full application of the Convention and observance of its general principles: non-discrimination, best interests of the child and respect for the views of the child.
5. Several issues require the adoption of urgent measures and actions, however, as well as redoubled efforts. These measures include: (i) increased coordination; (ii) establishment of an independent monitoring framework; (iii) organization of data-collection systems; (iv) development of a culture of monitoring and evaluation; (v) promotion of partnerships; and (vi) dissemination and popularization of the Convention's provisions.
6. In the area of civil rights and freedoms, the following should be noted:
  - The introduction and continuation of the birth registration operation, even though the percentage of children aged 0 to 17 years whose birth has not been declared to the civil registration service (8.2 per cent according to the 2007 general population and housing census – RGPH) remains high.

In the area of health and well-being, the following progress has been made:

- Revision of the legislation available to the Ministry of Health, in order to put the health system on a sounder footing. Laws and regulations on the organization of the

Ministry, including the Health Directorate, and the functioning of the main hospital structures have been or are in the process of being adopted;

- Strengthening of the National Health-Care Development Plan (PNDS) for the period 2007–2011, which became operational in 2009 thanks to the Health Sector Development Programme (PDSS). The Programme is now being implemented and should be fully operational by 2011;
- Introduction of the national roadmap aimed exclusively at accelerating the reduction of maternal, neonatal and infant mortality in order to achieve Millennium Development Goals 4, 5 and 6;
- Political commitment to efforts to combat malaria was boosted by the announcement by the President of the Republic of free malaria-prevention measures such as the distribution of insecticide-treated mosquito nets to pregnant women and women with babies aged under six months and the provision of treatment for pregnant women and children aged 0 to 15 years;
- Integrated management of childhood diseases (IMCI), a strategy that, inter alia, focuses on children aged 0 to 5 years, targets the main causes of mortality in this age group and incorporates child development monitoring and the prevention and treatment of malnutrition and vitamin and mineral deficiencies;
- Anti-HIV/AIDS campaign, the paediatric component of which is growing year on year;
- Improvement of the population's nutritional situation, particularly that of children, with the introduction in integrated health-care centres of a system for the timely detection of cases of acute, severe and moderate malnutrition so that they can be referred to more appropriate structures;
- Continuation in 2010 and beyond of efforts under the Expanded Programme on Immunization (EPI), so as to improve on the following results achieved in 2009:

BCG	90.4 per cent
DTCP-HepB3-Hib3	91.1 per cent
Measles	76 per cent
Yellow fever	85 per cent
Vitamin A	85 per cent
Tetanus2+	90.7 per cent

The World Health Organization has certified the Congo polio-free since 2008.

7. Lastly, in his state of the nation message on 13 August 2010, the President of the Republic announced that caesarean sections, surgery for ectopic pregnancy and other major operations related to pregnancy and childbirth would henceforth be provided free of charge.

8. In education, leisure and cultural activities, the measures and new approaches adopted concern:

- Compulsory schooling for all children, without discrimination on grounds of sex or race (despite some gaps in schooling for children of minorities and children with disabilities);
- Free schooling (school fees, textbooks);
- Drafting of a sectoral education policy.

9. With regard to special child protection measures, there have been several encouraging developments:

- Creation of ministries for children and women;
- Creation of high commissions for the reintegration of former combatants and civic education;
- Drop in the number of street children (from 1,900 in 2003 to 910 in 2009), return of some 100 street children to their families since 2004, prospect of a sharper reduction as a result of the scaling up of the project for street children and orphans;
- Provision of care to orphaned children (11,000 orphans taken into care out of 210,000 identified, 69,000 of them AIDS orphans);
- Identification of 3,265<sup>1</sup> child workers in the country's major cities and their care under the project for orphans and other vulnerable children;
- Monitoring (violence observatory) of cases of child victims of mistreatment, violence and all kinds of exploitation and treatment of the most serious cases (trauma counselling, orphans and other vulnerable children project);
- Adoption and implementation of a plan of action against child trafficking in Pointe-Noire;
- Adoption and launch of a strategy framework for the school enrolment and re-enrolment of children with disabilities;
- Improved access to basic social services (health, nutrition, hygiene education) for children of minorities through the implementation of the national plan of action 2009–2013 for improving the quality of life of indigenous people;
- Resumption of actions to protect children in conflict with the law (improved conditions of detention);
- Adoption of a national plan for the judicial protection of children.

10. With regard to the application of the Convention on the Rights of the Child, the Government faces several challenges:

- Increasing financial resources for all social sectors;
- Constantly mobilizing human resources and building their capacities;
- Putting in place a national framework for coordination, monitoring, data collection, follow-up and evaluation, dissemination and awareness-raising.

11. The current political, economic and social environment is conducive to making significant progress. The fact that the country reached the completion point of the Heavily Indebted Poor Countries (HIPC) initiative on 10 January 2010 offers good prospects for international cooperation and additional resources. Since 2008, the Congolese President has been promoting a vast, generalized movement in favour of mothers and children through his measures to provide schooling, anti-malaria treatment for pregnant women and children aged 0 to 5 years, caesarean sections and surgery for ectopic pregnancies and other major pregnancy- and childbirth-related operations free of charge.

12. The country's report on the implementation of the Convention on the Rights of the Child fulfils the commitments made by the Congo following its ratification of the

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<sup>1</sup> Report of the survey of urban child labour, October 2001.

Convention in 1993. Article 44 of the Convention requires State parties to submit initial reports two years after ratification, which in the case of the Congo was 1995/96. States parties are then required to submit a periodic report every five years.

13. Because of the sociopolitical unrest that marked the period from 1993 to 2002, the Congo was able to submit its initial report only in 2005, 10 years after it was due. The Committee treated the report as both an initial and a periodic report, making the country's next periodic report due in 2010. At the end of the Committee's concluding observations, the Congo was invited to submit a consolidated second, third and fourth report (2000–2010) in 2010.

14. This document therefore reports on the situation from both 2002 to 2005 and 2006 to 2010 in relation to each of the Committee's concluding observations, following the Committee's format and guidelines.

## **A. Political and social context**

15. As the twentieth century drew to a close, the parties involved in the Congolese civil war succeeded in signing a ceasefire agreement on 29 December 1999, triggering the return of nearly 810,000 internally displaced persons, or a third of the country's total population, to Brazzaville. They emerged from the surrounding forests and grasslands deeply traumatized and half of them in poor health and severely malnourished. Some had witnessed or suffered violence, lost all their belongings and were unable to care for their children. The escalation of cases of family breakdown resulted in the emergence of various categories of vulnerable children, such as abandoned children, street children and child victims of economic and sexual exploitation. Malnutrition became a major public health problem and there was an upsurge in childhood diseases. In the country's two main cities, one in every three hospital beds was occupied by an AIDS patient. School attendance, which had been 126 per cent in 1990, had dropped to 78.5 per cent by 1998; 40 per cent of children attending school in the southern part of the country had been exposed to scenes of extreme violence and 25 per cent of them were profoundly traumatized. The national and international communities mobilized in an attempt to mitigate all kinds of suffering. All their actions were focused on the immediate emergencies: malnutrition, deplorable state of health, trauma, school enrolment and re-enrolment and the care of vulnerable children.

16. During this time, political actors continued the dialogue, extending it throughout the country, and managed to organize national dialogues in March and April 2001 that culminated in a national agreement for peace and reconstruction.

17. A draft constitution was adopted by the National Transitional Council and the process concluded with the holding of a referendum on the new constitution in January 2002 and municipal, legislative and presidential elections a few months later, thereby consolidating the establishment of democratic institutions.

18. The following year, 2003, was one of normalization of public life and repositioning of the country internationally. The Government worked to end the vicious circle of armed conflict and impoverishment by consolidating the democratic process and taking administrative and financial measures demanded by the International Monetary Fund (IMF) in order to gain access to the Poverty Reduction and Growth Facility (PRGF). At the same time, reconstruction continued in Brazzaville and economic growth stabilized: 4 per cent in 2000, 5 per cent in 2001, 2.7 per cent in 2002 and 4 per cent in 2004.

19. The climate of peace grew, despite some tensions in the Pool region. The sharp rise in oil prices in 2004 stimulated growth and helped improve management of the debt, which nonetheless continued to absorb 40 per cent of State revenues, forcing the country to join the HIPC initiative. In December 2004, the Congo signed a PRGF programme with IMF as

a prelude to joining the HIPC initiative. It would have to wait five more years before finally joining the initiative, as oil revenues continued to arouse suspicions and doubts about transparency and the fair redistribution of income.

20. With regard to aid and international assistance, emergency programmes gradually gave way to annual and multi-annual cooperation programmes. For instance, the United Nations Children's Fund (UNICEF) drew up and adopted and the Government signed a cooperation programme for 2004–2008. The Poverty Reduction Strategy Paper (PRSP) became the reference document for all economic and social development partners. The situation of vulnerable children became better documented and the 2005 population and health survey made it possible to focus on the infant and child mortality rate, estimated at 117 per 1000, the maternal mortality ratio of 781 per 100,000 live births and the 19 per cent of children whose births had not been registered. The household economic survey gave a more accurate picture of poverty, estimated as affecting 50.7 per cent of the population, showing that poverty-reduction efforts remained necessary. School-enrolment, health, nutrition and child-protection indicators remained cause for concern.

21. The period from 2007 to 2009 was dominated by political upheaval and the reconfiguration of political parties (internal divisions, realignments and new alliances occasioned by the 2007 legislative and municipal elections and the July 2009 presidential elections). The political class appeared to have reached a consensus in favour of a lasting peace that would be beneficial for development. The delicate situation in the Pool region was finally brought to an end with the participation in the Government of the main leader of the rebellion. For the poorest sectors of society such as women and children, however, the social situation did not improve.

22. Advocacy for women and children resulted in greater attention being paid to social issues and in increases in the budgetary allocations for health (from CFAF 21,292 billion in 2006 or 6.4 per cent of the total budget to CFAF 23,952 billion in 2007 or 6.9 per cent of the total budget) and education (from CFAF 11,541 billion or 3.5 per cent of the budget to CFAF 13,269 billion or 3.9 per cent of the budget). Although the increases concerned the social affairs sector or the protection of the most disadvantaged population groups, however, the corresponding budgetary allocation was still too small (0.35 per cent of the total budget). The upward trend continued in 2008 and 2009, reaching a high point in December 2008 with the presidential decisions to make biological monitoring and testing for AIDS and malaria available free of charge for children aged 0 to 15 years and pregnant women.

23. Further encouraging developments in 2010 included the promulgation of the Child Protection Code and the 13 August 2010 measures making caesarean sections, surgery for ectopic pregnancies and other major pregnancy- and childbirth-related operations available free of charge, followed by the lifting of the freeze on civil service salaries and on promotion-related promissory notes. The 10 January 2010 achievement of the HIPC completion point offers still more hope for social sectors that would benefit from greater attention.

## **B. Process of drafting the Congo's report**

24. To complete the drafting of the report within the deadline, an institutional framework was put in place, bringing together the lead sectoral staff of UNICEF and the Directorate of Social Action and the Family and the heads of central government directorates. The principle of broad participation by all concerned ministries (around 20) and project directors, as well as non-governmental organizations working in the sector, was adopted and its application strongly encouraged. UNICEF and the Ministry of Social Affairs agreed to fund all the work jointly and to conduct the whole process.

25. Between December 2009 and the present, the process of drafting the country's report on the implementation of the Convention on the Rights of the Child comprised seven key stages;

- A seminar/workshop to launch the drafting process in early December 2009;
- A period of documentary research;
- Additional surveys in February–March 2010;
- A 10-day retreat for all consultants;
- Continued drafting of national replies to the Committee's concerns;
- A seminar to approve the first draft;
- Finalization of the report.

### **1. Seminar/workshop officially launching the drafting process**

26. The seminar/workshop that officially launched the drafting process and standardized the methodology for data collection and analysis made it possible to:

- Bring together some 40 representatives of the ministerial departments concerned, the Brazzaville mayor's office, Marien Ngouabi University, the Children's Parliament and around a dozen local non-governmental organizations, as well as agencies of the United Nations system;
- Familiarize participants with the observations made on the Congo's 2005 initial report;
- Agree on a way of replying to the Committee's observations in accordance with its instructions or guidelines, namely: describe the specific measures taken on the issue since 2006; describe activities planned and implemented since 2006 under a plan of action or an annual programme of activities; provide a statement of the financial resources committed for each field of activity, disaggregated by urban or rural area; provide relevant statistics disaggregated by age, sex, rural or urban area, minorities, etc.; describe the constraints or difficulties encountered and future prospects;
- Designate governmental and non-governmental focal points for each area of activity, make them aware of the work being done and request their full participation throughout the process;
- Establish the methodology to be used, such as documentary research, additional surveys using questionnaires, interviews or focus groups;
- The seminar/workshop thus achieved all the desired outcomes: work teams (consultants and focal points) set up and operational; methodology (contents, tasks, tools, agenda) discussed and adopted; knowledge of the provisions of the Convention on the Rights of the Child and the Committee's instructions enhanced through the presentations given by representatives of UNICEF and the Directorate of Social Affairs and the Family.

### **2. Documentary research**

27. This was launched immediately after the seminar/workshop by collecting a number of basic documents for each area of activity. The resulting documentation is listed in the report's bibliography.

Three kinds of difficulties were encountered:

- Lack of persons able to provide information;

- Lack of organization across all government offices, preventing the keeping of records, the production of sufficiently detailed reports and the provision of statistics and disaggregated budgets;
- Absence of a data-collection system for the sectors of social protection, health, civil rights and freedoms.

28. Although a large number of documents were obtained from a variety of sources, in all areas of activity the available information had to be supplemented by means of additional surveys.

### **3. Additional surveys**

29. These surveys, which were necessary to ensure that the replies requested by the Committee were exhaustive and of high quality, were launched in early February 2010 and most of them extended beyond the period of the consultants' retreat. Each consultant had proposed specific terms of reference and drawn up a list of institutions and individuals to contact. They then drew up, by area of activity, questionnaires, interview guides or focus group scripts reflecting the Committee's concerns as to measures taken, actions plans or programmes of activity developed, budgets committed and statistics disaggregated, as well as difficulties encountered and future prospects. In fact, it was the relative absence of these concerns from the documents and activity reports collected that prompted consultants to seek out additional information.

### **4. The Yié retreat**

30. The main purpose of the retreat held 60 kilometres from Brazzaville (at the Yié rest centre in Igné district) was for consultants to exchange information on their preliminary findings and prepare an initial summary. Following a discussion on the quality of the data available for each sector, it was decided to proceed directly to the drafting of proposed replies to the Committee's recommendations and to report back in six days' time. When the consultants reported back, at a session attended by the Director of Social Affairs and the Family and the social development adviser to the Minister for Social Affairs, Solidarity and Humanitarian Action, it became clear that drafting should continue for the remaining four days in order to produce a first draft.

31. At the end of the 10-day retreat, the Director and the team of consultants identified the real progress made across all sectors, as well as a number of gaps. It was therefore recommended that drafting and data collection should continue, the aim being to produce a first draft by the end of May.

### **5. Continued drafting of replies (March–June 2010)**

32. The drafting of replies to the Committee's recommendations continued, but at a somewhat slower pace, prompting the coordination meeting held in late April 2010 to call on consultants to redouble their efforts, expedite the finalization of the first draft and use the remaining time to collect additional information.

The first draft was considered at the workshop held to approve it.

### **6. Workshop to approve the first draft**

33. The workshop's overall aim was to consider point by point the relevance of the replies made to the Committee's observations in all areas: provisions and general principles, civil rights and freedoms, health, education, culture and leisure, social and special protection.



34. For four days, participants from the 16 ministerial departments concerned, the Brazzaville mayor's office, Marien Ngouabi University, the Children's Parliament and some dozen local non-governmental organizations, as well as United Nations agencies, checked for each area and each observation that:

- The specific measures taken between 2000 and 2010 in respect of each observation were mentioned;
- Specific plans or programmes of action were indicated;
- Allocated budgets were evaluated;
- Statistics or quantitative data on each observation were recorded;
- Causes, constraints and difficulties were indicated;
- Suggestions were made.

35. Several comments of form and substance were made and submitted to the team of consultants who, given the proximity of the deadline, were again sent on retreat to finalize the report.

## **7. Finalization of the report**

36. Back on retreat from 22 July to 8 August 2010, the five consultants set to work again, jointly considering the replies proposed for each area and recommendation until they finalized the present version of the report. Final formatting (abbreviations, introduction, summary, table of contents, documents and references, index of tables, annexes...) took several days and in September the final version was submitted to the Government for consideration, before being transmitted to the Committee.

## **C. Structure of the report**

37. In keeping with the Committee's guidelines, the report's structure follows the presentation and numbering of the recommendations in the Committee's concluding observations. The report thus comprises nine sections:

- General measures of implementation with regard to: legislation, coordination, independent monitoring, resources for children, data collection, dissemination, training and awareness-raising, cooperation with civil society and international cooperation;
- General principles: general observations, non-discrimination, best interests of the child and respect for the views of the child;
- Civil rights and freedoms: birth registration and identity, access to appropriate information, corporal punishment;
- Family environment and alternative care: family environment, alternative care, adoption and child abuse and neglect;
- Basic health care and welfare: children with disabilities, health and access to health-care services, HIV/AIDS and standard of living;
- Education, leisure and cultural activities: education and leisure and cultural activities;
- Special protection measures: refugee children, substance abuse, economic exploitation, including child labour, sexual exploitation, trafficking, juvenile justice and children belonging to a minority or indigenous group;

- Follow-up and dissemination: follow-up of recommendations and dissemination.

## II. General measures of implementation (articles 4, 42 and 44(6))

38. The recommendations of the Committee on the Rights of the Child (CRC/C/COG/CO/1 of 20 October 2006) with respect to general measures of implementation address 10 concerns:

- Harmonization of legislation and action on the Child Protection Code;
- Strengthening of coordination;
- Conformity of the Strategic Programme and the Framework for Operations with the provisions of the Convention and the requirements of monitoring and evaluation;
- Independent monitoring of children's enjoyment of their rights;
- Allocation of adequate financial resources;
- Systematic collection of data on all areas of the Convention;
- Dissemination of the Convention and awareness-raising;
- Systematic training for professionals working for and with children;
- Cooperation with civil society;
- Strengthening of international cooperation.

### A. Legislation

#### **Reply to the recommendation in paragraph 7 of the Committee's concluding observations (CRC/C/COG/CO/1)**

39. There has long been a need to harmonize and revise the legislation inherited from the colonial authorities, because: (i) the general public are ignorant of the country's laws and most stakeholders either do not apply them or apply them incorrectly; (ii) many provisions of laws and decrees are out of date or have lapsed; (iii) new phenomena have emerged that are not covered by existing legislation.<sup>2</sup>

40. With respect to the legal protection of children, for instance, the following laws and texts should be revised:

- Act No. 60-18 of 16 January 1960 on the protection of Congolese young people and its implementing decrees Nos. 60-93, 60-94 and 60-95 of 3 March 1960;
- Act No. 32-65 of 22 June 1966 on the protection of underage pupils from unwanted pregnancies;
- Act No. 18-64 of 13 July 1964 punishing the illegal removal of a child born to a Congolese mother and a foreign father;
- Act No. 073-84 of 17 October 1984 on the Family Code;
- Articles 312, 330, 331, 332, 333, 334, 334bis, 345 and 357 of the Criminal Code punishing assault of a child under the age of 15, etc.;

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<sup>2</sup> Plan d'action de protection judiciaire de l'enfance/Direction de la protection légale de l'enfance, Brazzaville, 2009, p. 7.

- Act No. 1-63 of 13 January 1963 on the Code of Criminal Procedure;
- Act No. 19-99 of 15 August 1999 amending and supplementing certain provisions of Act No. 022-92 of 20 August 1992 on the organization of the judiciary.

41. To this end, two working committees were set up in August 2009, entrusted respectively with overhauling and modernizing the institutional framework, including organic laws, infrastructure and equipment, personnel regulations and human resources management, training and skills enhancement, and with revising or creating the legal tools or codes in force in the Congo.

42. Service note No. 518 of 14 May 2009 set up a commission, coordinated by the cabinet director of the Minister of Justice, to draft a preliminary bill on the modernization of the justice system. The commission has six subcommissions, each comprising around 10 members, three of whom chair proceedings and provide secretariat services. The subcommissions cover the following areas:

- Infrastructure;
- Equipment and computerization;
- Training;
- Access to the law, justice and judicial assistance;
- Judicial personnel regulations;
- Communication and awareness-raising.

43. The preliminary bill, extracts of which are cited in the annexes, has been drafted and is now before the Senate and the National Assembly. It defines and develops the operations to be carried out in the six areas assigned to the subcommissions and gives priority to juvenile justice, with a plan of action centred on the following strategic lines:

(a) Improving the legal response through the popularization and dissemination of national and international legislative texts, the preparation of an information guide on the judicial protection of children, the creation of a documentary archive on the subject and the implementation of reforms in the judicial protection of children

(b) Improving the treatment of children at all stages of judicial proceedings by overhauling alternatives to detention, rehabilitating the role of the juvenile judge as a referral judge, building and equipping juvenile courts, organizing study missions for judges and information days for judicial personnel;

(c) Improving the quality of educational support and reintegration for children by reactivating the services that provide educational services in an open environment, creating such services in other departments of the country, completing the building and equipping of the Brazzaville juvenile centre, building and equipping the Pointe-Noire juvenile centre and a reception centre for underage girls in Brazzaville, recruiting and training staff, promoting associations, non-governmental organizations and private centres that provide care to juveniles, establishing departmental directorates and drafting specific personnel regulations;

(d) Improving the prevention of juvenile crime and of cases of children in conflict with the law by setting up a free 24-hour telephone hotline, building and equipping emergency shelters in the country's main cities, creating a juvenile protection corps and establishing a child protection commission in every department in the country.

44. Service note No. 517 of 14 May 2009 set up within the Ministry of Justice and Human Rights a commission entrusted with revising and/or drafting the legal codes in force in the Republic of the Congo. The commission is chaired by the cabinet director, who is assisted by three officers and three secretariat members. It has eight subcommissions

specialized in the revision or drafting of: (i) the Criminal Code; (ii) the Code of Criminal Procedure; (iii) the Civil Code; (iv) the Code of Civil, Commercial, Administrative and Financial Procedure; (v) the Family Code; (vi) the Administrative Code; (vii) the Prison Code; and (viii) the Labour and Social Security Code.

45. Work is continuing and the final outcome is expected in the third quarter of 2011. However, it faces constraints such as: (i) lack of high-level expertise at the local level; (ii) delays in completing the assigned tasks; (iii) need for additional surveys and participatory consultations (civil society, traditional authorities and the general public) on texts concerning usages and customs, such as the Family Code; (iv) need for increased support from bilateral and multilateral cooperation agencies.

46. Given the importance of this reform programme, particularly for the new Child Protection Code, which must be able to draw on a range of more stringent and appropriate penalties, every effort should be made to ensure its success.

47. The implementation of such action plans and reform programmes requires the mobilization of considerable financial and human resources that only the modernization, revision and harmonization programme can currently guarantee, thanks to State funding and bilateral and multilateral cooperation. The Government, with the support of all cooperation bodies, undertakes to ensure its successful completion.

48. With regard to the Child Protection Code, the process is complete. The Code was adopted by the Senate and the Assembly in 2009 and referred to the Constitutional Court and the Supreme Court before being transmitted to the Head of State, who promulgated it on 14 June 2010, two days before the celebration of the Day of the African Child, giving the Ministry of Social Affairs an opportunity to publicize it widely.

49. The Child Protection Code (Act No. 4-2010) has 133 articles, divided into seven sections, entitled:

- General provisions;
- Rights and obligations, including non-discrimination and respect for the child's best interests and views;
- Protection against violence, neglect, abuse and exploitation;
- Protection of particularly vulnerable children;
- Child protection in the administration of justice;
- Violations of children's fundamental rights, and penalties;
- Miscellaneous and final provisions.

50. According to an international legal expert who was invited to verify its conformity with the Convention, the Code takes into account all the provisions of the Convention on the Rights of the Child and its Optional Protocols. Its promulgation opens the way for campaigns to publicize it throughout the national territory, with the support of the Committee and of bilateral and multilateral cooperation agencies.

## **B. Coordination**

### **Reply to the recommendation in paragraph 9 of the Committee's concluding observations**

51. It must be acknowledged that there has been no permanent coordination of national activities for children for some 15 years now (since the outbreak of hostilities in 1995). During this time, apart from the monitoring commissions set up specifically in the context

of the 2002 United Nations Special Session on Children and the Global Movement for Children, nothing has been done to reactivate such coordination and assign dedicated and competent managers to it.

52. The National Children's Commission set up in the 1970s had founding legislation and an annual budgetary allocation. It reported to the Office of the President and had sufficient authority to meet and exchange views on the implementation of the Convention with all national stakeholders (including civil society and leaders of foreign communities). It functioned on the basis of an annual programme of activities that was evaluated, examined, corrected and relaunched on the occasion of the annual session of its general assembly. It was without doubt a primary forum for the coordination, communication, dissemination and popularization of national and international child-protection instruments and could serve as an organ for supporting and following up Congo-UNICEF cooperation programmes and as a platform for mobilizing national and international resources. The Committee's recommendation is therefore timely. The ministry with responsibility for vulnerable children is currently discussing how it might be reinstated and reactivated before the end of the year.

53. It should be pointed out that there is a second, more technical level of coordination of activities to implement the Convention. This is the Interministerial Committee of Directors for the monitoring and coordination of Congo-UNICEF cooperation programmes, set up by presidential decree to monitor activities under the cooperation programme. It brings together the Directors for Planning, Health, Social Affairs, Youth, Advancement of Women and Territorial Administration (civil registration) and the Secretary for Justice. It has a budget line that enables it to organize coordination meetings supported by UNICEF funds. The resulting coordination is viewed as being fairly effective, but it is not sufficiently operational because there is no accompanying technical body for monitoring and evaluation and the regular production of statistics.

54. This second level of coordination and monitoring of cooperation programmes is far from superfluous and would benefit from being strengthened by a dynamic permanent secretariat with sufficient technical and financial resources to raise its level of authority and visibility.

#### **Reply to the recommendation in paragraph 11 of the Committee's concluding observations**

55. The Convention on the Rights of the Child is central to UNICEF country programmes. The annual report for 2008 (the final year of the 2004–2008 cooperation programme and the year when the next programme was drawn up) confirms this view. Within the context of the Convention, UNICEF takes all dimensions of children's well-being into account. Accordingly, its activities in 2008 were organized into five major programmes. Three of these are sectoral: (i) child survival and development; (ii) basic education and gender equality; and (iii) protection of children and women.

56. The other two programmes are crosscutting: (i) HIV/AIDS prevention; and (ii) communication and planning of social policy.

57. Thus, the programmes and projects managed by the Directorates of Territorial Administration (Civil Registration Department) and Human Rights (Department for the Legal Protection of Children) with UNICEF support concern public freedoms and civil rights, those managed by the Health Directorate relate to child survival and development and those managed by the Ministries of Primary and Secondary Education and Technical and Vocational Education concern education. The Ministry of Social Affairs deals with children in difficult situations and indigenous people.

58. The guidelines and recommendations of the General Assembly of the United Nations are taken into account each year and programmes and projects are presented in terms of overall, quantified outcomes, then broken down into objectives, expected results, indicators, time frame, stakeholders, etc. Follow-up and evaluation mechanisms are tested by holding regular half-yearly and yearly reviews.

59. The UNICEF-Congo office presented and disseminated widely the General Assembly guidelines on the document *A World Fit for Children* and produced a local version translating the Congolese understanding of what this slogan means. A national report on the issue was prepared and published. There was also strong mobilization in support of the Global Movement for Children, with the office of the President of the Republic making a personal commitment to the Movement.

60. The programmes for 2004–2008 and 2009–2013 define specific objectives and a time frame for annual action plans. Future budgets (UNICEF contribution and State input) are also mentioned. Moreover, a twice-yearly evaluation is made that may confirm, strengthen or redirect a sectoral programme or a project. A mid-term review is also held halfway through the current programme. The mid-term review for the 2004–2008 programme took place in December 2006 and that for the 2009–2013 programme is scheduled in 2011.

61. Progress is described on the occasion of the preparation of annual progress reports or of replies to guidelines and special recommendations, such as the national report on the review of the Special Session on Children and the *A World Fit for Children* plan of action.

62. Some constraints threaten effective programme execution: (i) limited national ownership of programmes; (ii) difficulties in mobilizing government counterpart funding; (iii) mobility of programme staff; and (iv) difficulties in mobilizing additional resources.

63. Despite all this, some progress is made each year both with regard to national ownership and State inputs and the outcomes or achievements of each programme. The Government welcomes the relevance of these programmes and encourages the local UNICEF office, which through their implementation succeeds in mobilizing the State and staff in support of the provisions of the Convention. It is mindful of the commitment to increase its cooperation and requests the Committee and development agencies to provide sustained support to local initiatives.

### **C. Independent monitoring**

#### **Reply to the recommendation in paragraph 13 of the Committee's concluding observations**

64. Two "independent" State organs provide independent monitoring of the enjoyment of human rights: the National Human Rights Commission and the Ombudsman.

65. The two institutions established by the January 2002 Constitution form part of the State structures constituting a democratic institutional framework. Their independence is somewhat theoretical. The State may intervene to expand their responsibilities.

66. For now, the mandate of the National Human Rights Commission is as follows:

- To take action to raise awareness of human rights among the widest possible public;
- To prepare, collect and disseminate documentation on human rights;
- To transmit to the Government, Parliament or any other competent organ on an advisory basis, either at their request or on its own initiative, opinions, recommendations, proposals or reports concerning any human rights question;

- To prepare and publish reports on any human rights-related issue;
- To visit places of detention and, where necessary, make appropriate recommendations to the competent authorities;
- To conduct investigations, either directly or in response to individual or collective applications from private citizens on grounds of the violation of human rights and fundamental freedoms, where the matter has not been referred to a court of law.<sup>3</sup>

67. There is nothing to prevent this mandate from being extended to include the rights of children, women and indigenous people, who are the most vulnerable groups and those most at risk of abuse.

68. By contrast, it is difficult to take such action in relation to the Ombudsman, whose role is restricted to that of an intermediary. The Ombudsman is an independent authority created by Act No. 9-98 of 31 October 1998 on the establishment, powers and functioning of the Ombudsman's Office. Within the limits of his or her powers, the Ombudsman does not receive instructions from any authority.

69. The Ombudsman acts as an unpaid intermediary between the authorities and private individuals in their complaints about the functioning of the public administration. He or she is appointed for a three-year term, which may be renewed by decree of the Council of Ministers. His or her task is to: (i) simplify and humanize relations between the governed and the government administration; (ii) facilitate the amicable settlement of disputes without recourse to judicial proceedings; (iii) when a complaint is admissible and is within the Ombudsman's jurisdiction, he or she must, in each case: (iv) make whatever recommendations he or she deems likely to settle the dispute fairly and, where appropriate: (v) order the amendment of any regulation or law with a view to improving the functioning of the body in question.

70. The Ombudsman is informed of the action taken on his or her interventions. In the absence of a satisfactory response within the deadline that he or she has set, the Ombudsman publicizes his or her recommendations and proposals in the form of an annual report transmitted to the President of the Republic and to Parliament. This report is published without any details permitting the identification of persons whose names have been revealed to the Ombudsman.<sup>4</sup>

71. On the basis of this mandate, the Ombudsman may be asked to settle disputes between disadvantaged social groups and the public administration. The Ombudsman's power to publicize his or her analyses, recommendations and proposals provides a further opportunity for advocacy and for ensuring that the problem receives media coverage. This in turn may be the starting point for an awareness-raising and communication campaign aimed at bringing about a change of behaviour. Disadvantaged social groups would stand to benefit from availing themselves of this new opportunity.

72. It is our understanding, however, that the Ombudsman's Office is neither prepared nor equipped to deal directly with children's rights and to serve as a monitoring structure.

73. On the other hand, a special section to monitor the enjoyment of children's rights could be created within the Congolese Human Rights Observatory, which, according to article 1 of its statute, is an apolitical, not-for-profit, non-professional, non-governmental national humanitarian organization and which is well known for its independence from the State. The Observatory's responsibilities would allow it to perform this task.

<sup>3</sup> Supplementary report on the implementation of the Convention, Brazzaville, August 2006.

<sup>4</sup> *Idem.*

74. Article 6 of its statute defines the Observatory's objectives as follows:
- Dissemination and increased awareness and understanding of national and international human rights instruments at all levels of Congolese society;
  - Protection of and respect for human rights and promotion of fundamental freedoms in the Republic of the Congo;
  - Citizens' recognition of their rights and responsibilities and of the necessity of the rule of law, the emergence and consolidation of which they must help to monitor rigorously;
  - Development of a culture of peace, tolerance and democracy;
  - Establishment of peace and the rule of law;
  - Equitable sharing of national income among all citizens.
75. With respect to the Convention, the Observatory could become a platform for monitoring, advocacy and social mobilization. Moreover, its independence, observatory status and flexible structure make it well placed to set up its own specialized service for monitoring children's enjoyment of their rights.
76. The Government therefore envisages broadening the mandate of the National Human Rights Commission, as recommended by the Committee, by creating "a special commissioner within the National Human Rights Commission (...), adequately resourced with trained personnel" and leaves it to the Committee and the UNICEF office to consider whether any competent non-governmental organization might carry out evaluation activities.

## **D. Resources for children**

### **Reply to the recommendation in paragraph 15 of the Committee's concluding observations**

77. The public administration and UNICEF have campaigned successfully for an increase in resources for children. Since 2000, there has been a marked increase in such resources across all relevant areas of activity. The President of the Republic himself contributed to this effort by abolishing school fees for all children in the Congo (primary and secondary) and providing free treatment for malaria and HIV/AIDS for pregnant women and children aged 0–15 years. On the eve of the celebration of the fiftieth anniversary of the country's independence and following a campaign drawing attention to the very high maternal mortality ratio, he announced that caesarean sections, surgery for ectopic pregnancies and other major pregnancy- and childbirth-related operations would henceforth be carried out free of charge. All these measures should result in an increase in resources.
78. In the Ministry of Social Affairs, for instance, spending on vulnerable children (orphans, street children, children with disabilities) between 2003 and 2010 was established as indicated in table 1 in the annex.
79. There has been a marked effort in favour of vulnerable children, but it is still not enough and only applies to children in Brazzaville (75 per cent of beneficiaries).
80. There has been a definite increase in overall social sector spending as a proportion of public spending. Between 2004 and 2008, education spending almost doubled, from CFAF 56.7 billion in 2004 to CFAF 111.1 billion in 2008. The increase in health sector spending was even more marked: from CFAF 24.6 and 43.3 billion in 2004 and 2005 respectively to CFAF 927 billion in 2006. The increase was not consistent, however, and



the overall average for the period as a proportion of the total budget (8.8 per cent) was actually lower than that for education (9.4 per cent) (see table 2 in the annex).

81. Funding for the protection of the most vulnerable social groups remains cause for concern. Between 2004 and 2008, the total budget barely increased —from CFAF 12.0 to 12.7 billion between 2000 and 2007— before rising to CFAF 16.7 billion in 2008. Even so, it averaged only 1.2 per cent of total spending in the period for the estimated 50 per cent of the country's total population who are living in poverty. The financial services did plan to increase spending in this sector to 2.03 per cent of the total budget in 2010, however.

82. All these efforts remain inadequate, given the magnitude of the challenges in the social sector. As a result, the Government undertakes to continue its advocacy for greater funding of social sectors, with the support of the Committee, the UNICEF-Congo office, United Nations agencies and bilateral and multilateral cooperation agencies.

83. The Government is well aware of the negative impact of corruption and is working to eliminate it and to limit its social impact through the various enforcement institutions that have been put in place: (i) the courts; (ii) the revenue and budgetary discipline court; (iii) the national anti-corruption commission; and (iv) the anti-corruption observatory.

## **E. Data collection**

### **Reply to the recommendation in paragraph 17 of the Committee's concluding observations**

84. There is no specific system for collecting data on mothers and children. A number of government offices, non-governmental organizations and religious charities throughout the country are responsible for collecting such information. Each institution produces data on the activities carried out, assessing their relevance to the goals pursued. Indicators can change from one year to the next and from one place to another.

85. Currently, only the education sector has a system of data disaggregated by department, age, sex, institution and educational level and adhering to a precise, unique, internationally recognized nomenclature. Each year, the service concerned (Department of Education and Planning) mobilizes trained personnel to undertake the decentralized collection of basic data, enabling it to produce a comprehensive statistical yearbook containing additional information on such aspects as budgets, condition of buildings, equipment and teaching staff. It receives financial and logistical support for this task from the World Bank, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNICEF.

86. A similar system existed for the health sector in the 1960s, 1970s and 1980s. It provided an accurate picture, by department, of the population's state of health by recording the main causes of morbidity and mortality by age and sex, the rate of attendance at antenatal clinics, the number of visits to health-care facilities and the reasons for them, the main medical procedures performed, etc. Nowadays, health authorities are reduced to gleaning bits of information here and there when they produce activity reports or occasional surveys and carry out large-scale immunization campaigns or campaigns against cholera or Ebola-type haemorrhagic fever epidemics. Since the first National Health-Care Development Plan (1993–1998), the reactivation of the national health information system has still not progressed beyond the planning stage.

87. In the social affairs sector, a data-collection system remains a pipedream. The large number of cases and very wide range of situations handled (35 categories of vulnerable children identified, several disadvantaged groups, including indigenous people, persons with disabilities, abandoned teenage mothers, older persons, widowers and widows,

destitute families) urgently demand a nomenclature and the organization of a data collection system, in accordance with the proposed social development plan.

88. In these circumstances, it is difficult to provide detailed, quality statistics for the areas covered by the Convention.

89. However, the idea of organizing a specific system for collecting data on mothers and children dates back to 1993, when the Ministry of Planning set up a UNICEF-Congo project for monitoring and analysing the situation of women and children. It was intended that the project would use the network of regional planning and statistics departments to set up small units throughout the country to collect, analyse and process regional data on the situation of mothers and children. This nationwide data-collection system would have made it possible to produce yearly situation analyses and disseminate them in the regions and to use the regional children's commissions to draw up decentralized monitoring programmes. This idea could always be used as a basis for reactivating a specific data-collection system.

90. Because of these weaknesses, the area of data collection on children and mothers has received concerted support from agencies of the United Nations system and multilateral and bilateral cooperation agencies through the organization of major operations such as the 2005 population and health survey, the 2005 household economic survey and the 2007 general population and housing census. Further population and health and household economic surveys are planned in 2011.

91. Despite these laudable efforts, sectoral information systems must be reorganized and reactivated.

92. To this end, the Government undertakes to instruct all ministries responsible for areas covered by the Convention to submit dossiers for the establishment and functioning of data analysis and processing units for their sector and to instruct the coordinating ministry (Ministry of Planning) to do likewise in order to provide yearly analyses of the situation of mothers and children and reports of surveys evaluating activities under the cooperation programme before each half-yearly and yearly review. In this framework, the Government requests the support of the Committee and bilateral and multilateral cooperation agencies in helping produce regular statistical reports and better documented and argued national replies.

## **F. Dissemination of the Convention, training and awareness-raising**

### **Reply to the recommendation in paragraph 19 of the Committee's concluding observations**

93. Awareness-raising about the Convention was carried on throughout the decade and extended more or less directly to the communication operations necessary and essential for all programmes: health (awareness-raising and social mobilization campaign for immunizations, community involvement in integrated health-care centre management issues, campaign to distribute insecticide-treated mosquito nets, HIV/AIDS and mother-to-child transmission prevention campaigns, etc.); education (community participation in school management committees, awareness-raising about returning to school, schooling for girls, raising teachers' awareness about the provisions of the Convention); and social protection (multiple awareness-raising activities about birth registration, street children and other abandoned children, contributions by the Children's Parliament, from 2003 onwards, as the main partner in disseminating and raising awareness about children's rights, celebration of national and international days as platforms for awareness-raising campaigns, campaigning for the signing of the Additional Protocols and for the Child Protection Code). From 2000 to 2009, every event and programme provided the occasion for mass awareness-raising.

94. Such occasions included the following:

#### 2000–2001

- Using public events to provide information and distribute documentation on the Convention in Brazzaville and Pointe-Noire, with the participation of associations, non-governmental organizations and the administration;
- Personal commitment by the Head of State to chair the follow-up committee of the World Movement for Children;
- Advocacy for the World Movement on the occasion of the Day of the African Child in 2001 and awareness-raising campaign in the departments of Pool, Niari, Lékoumou, Kouilou, Plateaux and Sangha, under the auspices of communal and departmental authorities;
- Highly successful media campaign accompanying the UNICEF campaign “Say yes for children”, with 12,000 ballots signed;
- Production of the film *Poussières de vie* to support community awareness-raising about street children;

#### 2002–2003

- Continuing use of public events to distribute documents on the Convention and raise community awareness;
- Awareness-raising campaigns about the Millennium Development Goals, emphasizing that they also concern children;
- Development of a positive image of UNICEF using the slogan: “For every child. Health, Education, Equality, Protection. ADVANCE HUMANITY”;
- Strengthening of the UNICEF office’s communication section using the slogan “Every child in school”, promotion of insecticide-treated mosquito nets, late registration of births;
- Launching of a specific programme for indigenous children through the birth registration campaign, on the occasion of the Day of the African Child on 16 June 2003 (in five months, 500 children became able to exercise their rights to an identity, a nationality and a name);
- Holding of the national children’s forum and establishment in September 2003 of the Children’s Parliament, which comprises 36 members, five of them officers, and is henceforth the standard bearer for the dissemination of children’s rights.

#### 2004–2008

95. Campaigns intensified and centred on the sectoral programmes in the Congo-UNICEF cooperation document through three lines of action: (i) promoting young people’s participation in the dissemination of the Convention, via the Children’s Parliament; (ii) celebrating special annual events to strengthen programme activities; (iii) communication, social awareness-raising and advocacy.

96. Four out of 11 departmental offices of the Children’s Parliament were set up in 2005 and members of these new offices were given training in how to disseminate the Convention in their respective departments.

97. The celebration of special annual events (Day of the African Child, International Children’s Day, World Population Day) became an opportunity for strengthening

programme activities. The theme chosen for the 2005 World Population Day was social mobilization for a reduction in maternal mortality: 30 midwives were trained and 400 women community leaders attended awareness-raising sessions. World Population Week was used to continue the dissemination of the Convention.

98. Annual immunization, vitamin A supplementation and screening campaigns were always preceded by public mobilization and awareness-raising activities. The same was true of late birth registration operations. Nationwide campaigns such as the “anti-malaria train”, through which 470,000<sup>5</sup> insecticide-treated mosquito nets were distributed in southern Congo as a preventive measure, mobilizing local authorities, civil society and private companies, were carried out jointly by United Nations agencies, the Government and non-governmental organizations.

99. In the area of social protection, awareness was raised about the emerging phenomena of child trafficking, sexual exploitation and violence. The HIV/AIDS prevention programme had an entire component devoted to public information and awareness-raising.

### 2009–2010

100. Awareness-raising activities in the context of sectoral programmes continued during this period, corresponding to the first years of the second Congo-UNICEF cooperation programme.

101. In the first half of 2010, the Department of Social Affairs organized, in partnership with UNICEF, held nine training workshops on the Convention for peer educators (members of the Children’s Parliament, scouts and guides) in Brazzaville, Pointe-Noire, Owando, Nkayi, Kinkala, Dolisie, Sibiti, Ouesso and Djambala.

102. The main aim of these workshops was to promote the Convention on the Rights of the Child. A total of 456 participants took part: Brazzaville (108, comprising 32 child parliamentarians, 68 scouts and guides and 8 trainers); Pointe-Noire (53, comprising 16 parliamentarians, 34 scouts and guides and 3 trainers); Owando, in Cuvette department (43, comprising 7 parliamentarians, 33 scouts and guides and 3 trainers); Nkayi, in Bouenza department (36, comprising 8 parliamentarians, 21 scouts and guides and 7 trainers); Kinkala, in Pool department (44, comprising 12 parliamentarians, 25 scouts and guides and 7 trainers); Dolisie, in Niari department (43, comprising 10 parliamentarians, 30 scouts and guides and 3 trainers); Sibiti, in Lékoumou department (45, comprising 12 parliamentarians, 30 scouts and guides and 3 trainers); Ouesso, in Sangha department (39, comprising 12 parliamentarians, 24 scouts and guides and 3 trainers); and Djambala, in Plateaux department (45, comprising 8 parliamentarians, 34 scouts and guides and 3 trainers). These workshops will continue in the departments that have yet to be covered (Kouilou, Cuvette Ouest and Likouala).

103. The latest national report on the implementation of the Convention and the Committee’s observations were published and disseminated to partners and non-governmental organizations.

104. Communication is now a complete programme in itself, like health or education, and is organized around an integrated plan covering all sectors. The communication programme also produces numerous publications: situation analyses, brochure on a strategy framework for vulnerable children, multidimensional poverty, social policy white book, situation of indigenous people, etc.

<sup>5</sup> DLM: report of maternal and child health week, June 2010.

105. The Government is working to encourage and support this programme, which deserves greater funding in order to publicize the efforts made in favour of women and children.

**Reply to the recommendation in paragraph 20 of the Committee's concluding observations**

106. As with awareness-raising, training for professionals working with and for children is always a component of field operations in the various areas of the Convention and also of emergency campaigns.

**2000–2003**

107. The early years were dominated by emergencies linked to immunization capacity-building to combat AIDS, diarrhoeal disease and malnutrition and promote social protection and psychological recovery. The following activities can be cited as examples:

*Health*

- To support EPI activities, 2,500 immunization workers, 1,221 mobilization workers and 400 outreach workers from 36 non-governmental organizations and associations, as well as four cold-chain management and maintenance workers, were trained in 2000;
- In 2002 and 2003, health-care managers benefited from capacity-building in the management of measles immunization campaigns. Also in 2003, 99 health-care workers were trained as EPI instructors and supervisors and the training of mobilization workers and immunization workers continued.

*HIV/AIDS*

108. Several non-governmental organizations and associations were mobilized. Some of their members were trained in awareness-raising and 62 other persons were trained as extension workers, while 18 teachers were trained to act as instructors and outreach workers in their schools.

*Nutrition*

109. Given the urgency and the large number of cases of malnutrition, a nutrition training centre was opened in the Makélékélé social/health district; 124 health-care workers in seven baby-friendly hospitals were trained in nutrition and 50 women were trained to make basic assessments of children's nutritional status.

*Social protection*

110. Several non-governmental organizations, as well as clinical psychology students from Brazzaville University, were mobilized to handle the many cases of trauma; 200 persons were trained to treat trauma, 100 were trained to provide trauma counselling in the Pool region and classes in trauma counselling were added to the clinical psychology degree course at Brazzaville University in 2001. In 2003, 500 health-care professionals, 36 doctors, 10 nurses and 37 school inspectors were trained to listen to and treat trauma sufferers and a further 317 trained persons joined existing teams.

**2004–2008***Education*

111. Thirty-five education workers were trained in educational planning. In 2004, 2005 and 2007, the training programme focused on capacity-building for teachers and instructors, providing 226 workers with training on managing the education system, combating drugs, organizing cultural activities and collecting and processing statistics, as well as on the issue of child-friendly/girl-friendly schools; 38 parents also received parenting education.

112. In 2005, activities continued, with:

- 26 school administrators and planners trained in data collection and processing;
- 60 volunteer teachers in Pool trained to teach reading, mathematics and science;
- 20 supervisory staff (inspectors, educational advisers and instructors) tested the “learning to read” practice guide;
- 131 supervisory and teaching staff received training on learning difficulties;
- 249 teachers were trained in first aid;
- 287 teachers were trained to manage and run school libraries;
- 63 inspectors, educational advisers, parents and local elected authorities were trained in the preparation of departmental “Education for All” plans;
- 86 statistical workers received advanced training in data collection and processing.

*Health*

113. The EPI continued to train managers (30) and one of its logistics experts was sent to Dakar, Senegal, for training. The programme for the integrated management of childhood illness (IMCI) built its capacities by creating a pool of 12 national IMCI trainers and organizing training sessions for 24 providers of low-risk maternity care. Sixteen doctors and midwives from various regions received training, 28 community liaison workers were trained in transmitting messages on low-risk maternity to the public and 200 birth attendants were trained to use a partogram.

*Social protection*

114. Training in stress counselling continued and was extended to the staff of projects for street children and anti-violence and birth registration projects.

115. Around 100 government workers and members of non-governmental organizations were trained to carry out the birth registration campaign and to promote a culture of peace and tolerance and women’s and children’s rights, with the participation of churches and non-governmental organizations. A further 1,150 persons were trained in stress counselling.

116. In 2005, with the full participation of non-governmental organizations such as ACOLVF, CADFM, REIPER, APASU, Urgence Afrique, Congo Assistance and ANLCP, a vast training programme for the prevention of violence and the treatment of trauma by stress counselling was organized for:

- 144 community focal points, with a view to setting up the violence observatory;
- 105 persons who were trained in stress management;
- 32 street children support workers, who received training in civic education and child protection.

117. In 2006, 91 Catholic nuns were trained in stress counselling to cover residual emergency needs in the Pool region. Starting in 2007, training was directed towards capacity-building for project leaders (projects for street children, violence observatory).

#### *HIV/AIDS*

118. Training accompanied the programme to increase the range of people informed and aware about prevention (mainly young people) through the peer educator strategy. In 2004, 30 opinion leaders were trained, 30 young peer educators were trained to run youth clubs and 10 community leaders received enhanced training in HIV/AIDS awareness-raising. In 2006, 397 peer educators, including 156 girls, were trained and capacity-building in the coordination of club teams was organized. Forty health-care workers were trained in information, education and communication (IEC), counselling and care of HIV-positive mothers under the programme for the prevention of mother-to-child transmission (PMTCT).

119. In 2007, the programme succeeded in incorporating life skills education in school curricula and teaching guides. A pool of 30 national trainers was created to train teachers to implement prevention programmes in 24 selected schools, while 210 indigenous and Bantu young people were trained to carry out peer education activities in Bantu and indigenous areas. Under the PMTCT programme, two pools of trainers were put in place in Brazzaville (35) and Pointe-Noire (20) to cover PMTCT activities in the two cities. Lastly, 73 community leaders and 814 community liaison workers were trained for the Tié-Tié, Makélékélé, Talangai and Gamboma social/health districts.

#### *Social policy*

120. A capacity-building process in budget planning and budgeting for children is currently under way for partner technical ministries, supported by UNICEF through the Medium-Term Expenditure Framework (MTEF) and training on social transfers.

121. Throughout the implementation of action programmes, there have been many training activities in various areas. Such training is still subject to some constraints, however:

- Mobility of trained personnel;
- Failure to capitalize fully on the skills acquired;
- Slow mobilization of funding;
- Inadequate evaluation of the progress made.

122. The Government welcomes the many activities carried out and undertakes to assess their overall impact and to put in place, with support from the Committee and UNICEF, a coordinated and effective training plan.

## **G. Cooperation with civil society**

### **Reply to the recommendation in paragraph 22 of the Committee's concluding observations**

123. As soon as the armed conflict ended, non-governmental organizations and charities found themselves in the forefront of efforts to assist victims returning to Brazzaville or remaining behind in conflict areas (Pool, Bouenza, Lékoumou and Niari).

124. The shared management of the early years of post-conflict emergency action (psychological recovery, food distribution, immunization and nutrition) created relations of cooperation and trust that forged active cooperation with civil society.

125. It is not surprising that several of these non-governmental organizations were involved in the first cooperation programme 2004–2008 devoted to routine activities in the areas of health, education, psychological recovery, nutrition, immunization and social protection of the most vulnerable groups.

126. Each area of implementation of the Convention benefited from the inputs of non-governmental organizations, most of them based in the country's cities. These included:

- Protection of civil rights and freedoms: APTS, AFJC, AEMO, Urgence Afrique, APASU, ADHUC;
- Health and well-being: ACBEF, ARIPS, AED, Congo Assistance, Médecins d'Afrique;
- Education: APEEC, RENATO;
- Social protection of vulnerable children, women and indigenous peoples: FEFCO, ACOLVF, ACEJ, Espace Jarrot, REIPER, CADFM, APASU, Espoir Renaît, RENAPAC;
- Justice: AFJC, MIBEKO association, Comptoir Juridique Junior.

127. This cooperation was strengthened over the years with the most active, organized and operational non-governmental organizations and civil society became an indispensable partner.

128. All these non-governmental organizations, as well as several religious charities, are involved systematically in the preparation, implementation and evaluation of cooperation programme activities. Some with recognized skills and effectiveness in the management of development and social activities participate actively with the Government and other cooperation agencies in public events for children and women. Others host and organize such events with government support. They face several difficulties, however.

129. Composed essentially of non-governmental organizations and a range of religious charities, civil society is not homogeneous. Levels of experience, practical rigour, quality of services, operational levels, availability of adequate human and financial resources and even morality vary from one organization to another. Financial problems are universal and may precipitate the demise of some organizations, so they play a decisive role in their future. Several local non-governmental organizations are more like contractors than real partners who can finance their own activities for children in difficult situations and demonstrate real success in their area of work.

130. A 2004 survey of 24 non-governmental development organizations (as part of an employment survey) identified the main obstacles to their activities as: (i) little or no financial support from the State and/or donors; (ii) lack of institutional support; (iii) the population's low income levels; (iv) the public's lack of understanding of their work.

131. Future prospects or hopes centre on:

- Involvement and increased support by the State;
- Expansion of activities/increase in own funds;
- Greater partnership;
- Greater support and institutional capacities;
- Recognition as a State-approved organization.



132. Local non-governmental organizations thus tend to provide services on behalf of the State and bilateral and multilateral cooperation agencies rather than carry out their own activities. Some (religious) associations have sufficient capacity to support State activities and act effectively on their own.

133. As a result, while welcoming their courage and their positive support in the difficult moments of armed conflict and rebuilding of the social fabric, the Government now intends to give greater recognition to their status as State-approved organizations and to entrust them with providing entire packages of public education and mobilization activities aimed at enhancing well-being, supported by the Committee, UNICEF and all bilateral and multilateral cooperation agencies.

134. Congo's access to the HIPC initiative offers good prospects for social sector development and the Government will not fail to seize the opportunity to mobilize non-governmental organizations and charities.

## **H. International cooperation**

### **Reply to the recommendation in paragraph 23 of the Committee's concluding observations**

135. International cooperation has been increasing steadily for over 20 years, especially since the civil war (1993–1999), which ruined all earlier efforts in favour of the social sector. In the 1970s, UNICEF-Congo activities were focused on survival or health/nutrition issues, but in 1993 their scope was broadened to include education and, in 2003, protection of women and children. Over the past few years, the human and financial resources available to the communication programme have increased dramatically, enabling it to become a truly crosscutting programme.

136. Moreover, with national counterparts increasingly taking ownership of cooperation programmes (resulting in a marked increase in their financial inputs and involvement), the Government and UNICEF are increasingly convinced of the importance of working together and taking joint action.

137. The same is true of the Government's cooperation with other agencies of the United Nations system (WHO, UNESCO, WFP, FAO, UNAIDS, UNFPA, UNHCR, UNDP, World Bank) and with other bilateral and multilateral development cooperation partners (European Union, AfDB).

138. The Government, which has consistently demonstrated its readiness to increase or raise the level of this cooperation, supports this trend and is gratified by the Committee's encouragement.

139. The Government has everything to gain by strengthening and expanding its cooperation with bilateral and multilateral cooperation agencies, as well as reinforcing the social sector. It is acting on the Committee's recommendation and hopes, with its support, to contribute still further to respect for children's economic, social and cultural rights.

## **III. General principles (articles 2, 3, 6 and 12)**

140. The Committee's concluding observations on the implementation of the general principles of the Convention cover five areas of concern, namely:

- The risk that children living in isolated rural areas may not be able fully to enjoy their rights;

- Non-discrimination;
- The best interests of the child;
- Respect for the views of the child;
- The right to be heard.

## **A. General observations**

### **Reply to the recommendation in paragraphs 24 and 25 of the Committee's concluding observations**

141. The risk that some children living in remote and isolated rural areas may not be able fully to enjoy their rights is real or can be verified in situ.

142. The 2006 survey of school attendance by girls clearly identified remote areas of Sangha and Likouala where the practice of early marriage of 13-year-old girls is tolerated and commonplace, causing girls to leave school early.

143. It has been reported that in the southern Pointe-Noire border area (future millennium villages of Tandou-Bizenzé and Tandou-Mboma), several families acknowledge having two or three children in the household who have no birth certificate, even though the district civil registration centre is only seven to 10 km away and the law authorizes large villages to become primary registration centres. There are definitely a number of isolated localities that do not comply with child protection laws, out of ignorance and because there are no monitoring and evaluation mechanisms.

144. Numerous examples can be cited of children living in remote or isolated areas who are unable to enjoy their rights, especially with regard to access to health, good nutrition, water, schooling, an identity and a nationality. Social planning constraints (requirement that children have a health card, a school card, a social card and a civil registration card) automatically deprive them of basic social services, because it is impossible to apply in their case the eligibility criteria for access to school, a health centre or a civil registration centre. Residents of some border areas are forced to use the services of neighbouring countries. The fact that access to these areas is difficult for the staff assigned to them also increases the risks, although the national land development plan provides for some dozen border areas to be developed and provided with amenities and for villages to be modernized by renewing the fabric of village life. The special operation for the rapid urban development of all the country's departments should also have the beneficial effect of helping end the isolation of the country's more remote areas by providing urban infrastructure, amenities and access roads. The incorporation of these elements into the next national development plan should help to improve the situation.

145. In this context, effective decentralization of the National Children's Commission and funding for activities to monitor the implementation of children's rights would offer additional opportunities for identifying resolving cases where children living in remote areas are unable to exercise their rights.

## **B. Non-discrimination**

### **Reply to the recommendation in paragraph 27(a) of the Committee's concluding observations**

146. The principle of non-discrimination is enunciated clearly in the 20 January 2002 Constitution, article 8 of which states that all citizens are equal before the law and that all

discrimination based on origin, social or material situation, race, ethnicity, department, sex, education, language, religion, philosophical belief or place of residence shall be prohibited, subject to articles 58 and 96 concerning the eligibility conditions for serving as President of the Republic, member of Parliament or senator, which include age, nationality, length of residence, morality and physical and mental health.

147. The principle is reaffirmed in the Child Protection Code, article 5 of which stipulates that “all children” means children living in the national territory, without any distinction based on the sex, race, colour, language, ethnicity, religion, political or other opinion of the child or the child’s parents or legal representatives, their national, ethnic or social origin, their income, their incapacity, their birth or any other situation.

148. The principle is also taken into account in other laws such as the Family Code and the 1995 School Code. Moreover, Act No. 009/92 of 29 November 1992 on the status, promotion and protection of persons with disabilities and the bill on the protection and promotion of indigenous people, as well as numerous specific programmes for disadvantaged groups and vulnerable children, show that the Government is determined to combat discrimination. The adoption of a national policy document and a national plan of action on gender and the incorporation in the PRSP of concerns such as gender, vulnerable children and disadvantaged social groups, including indigenous people, demonstrate the Government’s commitment to the ideals of equal rights and equal opportunities, as well as its attachment to respect for the principle of non-discrimination.

**Reply to the recommendation in paragraph 27(b) of the Committee’s concluding observations**

149. Full implementation of this recommendation will be possible if the conditions for its application (strengthening of the institutional framework, mobilization of human, technical, material and financial resources) are actually created throughout the national territory. It is a matter of public knowledge that our countries lack the political will and financial and other resources to achieve this. The developments described below give an idea of the efforts made.

**Reply to the recommendation in paragraph 27(c) of the Committee’s concluding observations**

150. Communication and awareness-raising plans designed to bring about a change of behaviour exist for each project on the protection of disadvantaged groups: indigenous people, street children, HIV-positive children, girls and women. However, there is no overall strategy for reaching the public at large. Each project relies on the skills and expertise of the UNICEF communication programme to draw up and implement its own plan, in coordination with other sectors.

**Reply to the recommendation in paragraph 27(d) of the Committee’s concluding recommendations**

151. The Government’s efforts to eliminate discrimination are visible from the many governmental and non-governmental institutions that are addressing the issue and from specific programmes for the protection and promotion of social groups threatened by or victims of discrimination.

152. Governmental institutions include the following:

- The Ministry of Justice and Human Rights, which has legislation and powers authorizing it to prevent and punish acts of exclusion and ostracism that are prohibited by law. It is also responsible for ensuring the protection of children at risk and young offenders;

- The Ministry of Territorial Administration, which is responsible for granting all citizens the rights to an identity, legal residence and a nationality, in accordance with the laws in force;
- The Ministry of National Education, which is responsible for ensuring that citizens have the necessary minimum years of schooling required by law (10 years of free, compulsory schooling);
- The Ministry of Health, which gives an important place to maternal and child health in its Health-Care Development Plan through low-risk maternity strategies, control of childhood illnesses and HIV/AIDS and prevention of mother-to-child transmission;
- The Ministry for the Advancement of Women, which works to improve women's status, promote income-generating activities for women and prevent and combat all forms of discrimination, abuse and violence against women;
- The Ministry of Social Affairs, whose basic responsibilities include taking care of disadvantaged and marginalized groups such as: older persons, widows, orphans, vulnerable children, children and adults with disabilities, destitute families and minorities and indigenous people;
- The Ministry of Communication, which possesses important advocacy and public education tools and whose full cooperation must be obtained for information, education and communication (IEC) programmes on all issues requiring a change of behaviour;
- The High Commission for Civic Education, which works to develop awareness-raising and education campaigns on a culture of peace and respect for human rights;
- The Peace Monitoring Committee, which is continuing its awareness-raising efforts to ensure that the public at large embraces a culture of peace, tolerance and democracy;
- The National Human Rights Commission, which guarantees the promotion and dissemination of human rights.

153. The non-governmental institutions carrying out specific programmes for the protection and advancement of disadvantaged groups include the following:

- AFJC: Association of Women Jurists of the Congo;
- OCDH: Congolese Human Rights Observatory;
- RENAPAC: National Network of Indigenous Peoples of the Congo;
- ACOLVF: Congolese Association to Combat Violence against Women
- REIPER: Network of associations working with street children
- APTS: Thamas Sankara Pan-African Association
- APEEC: Congo Parents Association
- UNHACO: Congo National Union of Persons with Disabilities;
- AEMO: Association for Educational Assistance in an Open Environment;
- Children's Parliament;
- ADHUC: Prison Human Rights Association;
- Mibeko Association;

- Juvenile Justice Bureau (juvenile justice bureau);
- Religious charities and all other civil society organizations.

154. The most high-profile present and future actions are described in various strategy framework documents or national action plans, including the following:

- The national strategy framework for vulnerable children, centred on the following areas:
  - Prevention of situations of vulnerability;
  - Reactivation of judicial tools and tools for the rehabilitation of children in conflict with the law;
  - Support for and reinforcement of existing facilities such as specialized institutions for children with motor disabilities or visual, auditory or mental impairment, as well as reception and temporary accommodation centres;
  - Extension of care coverage for vulnerable children, including indigenous people;
  - Promotion of partnerships and private initiatives;
  - Promotion of research, action and an information system.
- The national plan of action for improving the quality of life of indigenous people 2009–2012, the anticipated strategic outcome of which is that in areas covered by the pilot experiment, at least 50 per cent of indigenous children and women will have access to basic social services and the proportion of discriminatory practices will have been reduced.

155. The outcomes sought are as follows:

#### *Education*

- A number of indigenous children aged 6 to 12 will receive good-quality primary education and successfully complete the primary cycle;
- A number of children and adolescents who have not attended school or who have dropped out of school will acquire the functional literacy essential for their integration.

#### *Health*

- A number of children and mothers will receive good-quality health-care services;
- More than 50 per cent of indigenous people will have access to quality HIV/AIDS prevention and care services;
- 30 per cent of indigenous people in the areas covered will have access to drinking water, sanitation and hygiene.

#### *Access to citizenship, strengthening of legislation and application of the law*

- 50 per cent of indigenous children will have been registered and parents will have civil registration documents;
- National legislation for the protection of the rights of indigenous people will have been strengthened and discrimination and impunity in the areas covered will have been reduced.

*Cultural identity, access to land and natural resources*

- 50 per cent of non-indigenous people in the areas concerned will have a non-stereotypical view of indigenous culture;
- 50 per cent of indigenous people will participate in community forestry and forest-development activities;
- Indigenous people will benefit from programmes for the introduction of income-generating activities.

*Capacity-building*

- 50 per cent of indigenous leaders will receive capacity-building in the areas of sustainable development, human rights monitoring and structural support for their community's informal organizations;
- Indigenous non-governmental organizations carrying out specific activities for indigenous people will receive various kinds of support;
- Grass-roots indigenous communities in three pilot areas will have the capacity to combat extreme poverty;
- 50 per cent of local political and administrative authorities will ensure the fulfilment of commitments on indigenous peoples' rights.

156. The national plan of action for persons with disabilities is centred on:

- Prevention and early detection, preparation of studies and organization of an information system designed to improve knowledge of the causes of disability and the social conditions of persons with disabilities and to promote early intervention measures;
- Development and support of specialized institutions, disabled persons' organizations and communities that care for persons with disabilities in order to build the organizational capacities of care institutions and community care structures;
- School enrolment and literacy teaching for children with disabilities in order to facilitate disabled persons' access to good-quality education and appropriate schooling;
- Access to protection, public service, health, sports and leisure, information, culture and communication to meet the social integration needs of persons with disabilities and the expansion of services: (i) vocational training to enable persons with disabilities to gain permanent employment; (ii) implementation, monitoring and evaluation of the plan of action.

157. Strategy framework for the school enrolment and re-enrolment of children with disabilities, centred on:

- Overhaul of the legal framework to guarantee disabled children's rights to enrol and re-enrol in school;
- Enhancement of specific conditions and promotion of a climate of communication;
- Support for the funding and capacity-building of specialized institutions;
- Promotion of partnership and cooperation;
- Promotion of implementing measures: support, monitoring and evaluation.

158. Plan of action for the judicial protection of children in conflict with the law.

The overall aim is to ensure that the judicial system treats at-risk children and young offenders appropriately and reasonably and to support them educationally with a view to their social reintegration, through the following strategic actions:

- Improving the legal response by: (i) disseminating and publishing international and national legislation; (ii) drawing up an information guide on the judicial protection of children; (iii) creating an archive of judicial documents; and (iv) revising the Family Code and the Code of Criminal Procedure;
- Improving the treatment of children at all stages of judicial proceedings by: (i) overhauling alternatives to detention, such as educational assistance in an open environment, probation; (ii) overhauling juvenile justice; (iii) building and equipping juvenile courts; (iv) organizing study trips for juvenile judges; and (v) organizing regular information days;
- Improving the quality of educational support and reintegration of children by: (i) reactivating the services that provide educational assistance in an open environment; (ii) creating services for the provision of educational assistance in an open environment; (iii) completing the rehabilitation and equipping of the Brazzaville juvenile centre; (iv) building and equipping the Pointe-Noire juvenile centre; (v) building and equipping a shelter for underage girls in Brazzaville; (vi) recruiting and/or training administrators; (vii) promoting and authorizing associations, non-governmental organizations and private centres to offer care for at-risk children and young offenders; (viii) creating departmental directorates for the judicial protection of children; and (ix) drawing up special regulations for juvenile justice personnel and the judicial protection of children.

159. Improving the prevention of juvenile crime and cases of at-risk children by: (i) activating the “children at risk” free 24-hour hotline; (ii) building emergency shelters for children in the country’s main cities; (iii) setting up juvenile liaison offices in Brazzaville and Pointe-Noire; and (iv) setting up a national commission and departmental commissions for child protection.

#### **National gender plan of action**

160. For the past 15 years, girls and women have benefited from a dynamic institutional framework, the Ministry for the Advancement of Women and Women’s Integration in Development. The Ministry was the driving force behind the adoption of a national gender policy document and a national gender action plan and also submitted to Parliament a bill on the protection of victims of sexual violence. It holds regular awareness-raising, information and mobilization days on the situation of women, particularly on all forms of violence against women. It has an observatory that monitors violence and it is very active in identifying and combating cases of abuse, mutilation and violence.

#### **Reply to the recommendation in paragraph 27(e) of the Committee’s concluding observations**

161. When the fratricidal wars of 1994/95 and 1997–1999, which destroyed the fabric of Congolese society, came to an end, one immediate need was to combat intolerance and regionalism. To this end, a special civic education institution (High Commission for Civic Education) and programme of action were established to foster greater tolerance and respect for public and private property among the population. Awareness-raising campaigns are continuing in the media and civic education is now part of the curriculum in all primary and secondary schools. There is also a permanent Ministry of Civic Education. This

permanent mobilization has helped contain underlying tensions. The presence of many foreign communities does not arouse strong collective feelings of xenophobia or racism.

### **C. Best interests of the child**

#### **Reply to the recommendation in paragraph 29 of the Committee's concluding recommendations**

162. It should be remembered that, as the Committee recognizes, this principle is duly reflected in the Family Code and the Criminal Code and in all judgements ruling in favour of the rehabilitation and reintegration of children, even in the most serious cases. It also applies to indigenous children and is reaffirmed in the Child Protection Code, which states that the best interests of the child are the primary consideration in all measures and concerning him or her. Article 4 of the Code emphasizes that in all decisions concerning the child, keeping him or her in the family unit shall be paramount, in the interests of the child's harmonious development and to consolidate the responsibility of the parents or any other person legally responsible for the child. However, if keeping the child in the family unit is against his or her best interests, the judicial authorities may decide otherwise.

163. In applying this principle, Congolese judges do not discriminate between children of Bantu or indigenous origin. If the person on trial is a child, his or her best interests are automatically taken into account.

164. Articles 168, 178, 185, 194 and 195 of the Family Code emphasize the special protection that must be given to a child in conflict with the law, regardless of whether his or her parents are legitimate, natural, adoptive or even separated (or, one might add, indigenous). For instance, article 328 stipulates that where the health, moral welfare or education of a child are threatened or insufficiently safeguarded, because of the immorality or incapacity of the father and mother or the guardian, the latter may be stripped of their parental authority, or where a child's misconduct or indiscipline causes his or her parents or guardian very serious displeasure or makes it impossible for them to exercise their right of parental supervision, the juvenile judge may, on his or her own initiative or at the request of the mother and father or the guardian, decide that the child shall be placed on probation.

165. Article 329 adds that the (district) court may also, in a case transferred by the juvenile judge, decide to place the child: (i) with another relative or person of trust; (ii) in a school or vocational training centre; (iii) with child welfare services; (iv) in a care home or medical/educational centre; or (v) in a rehabilitation centre.

166. The State may remove a child from the family setting when the latter is likely to pose a threat to the child's moral welfare or physical health. The parents may, in the child's best interests, lose their authority and hence some or all of the corresponding rights (arts. 331 to 341).

167. In such cases, the Code provides for children to be placed with: (i) child welfare services; (ii) duly authorized establishments or associations; or (iii) private individuals.

168. In fact, the problem is whether such institutions exist and, if they do, whether they function properly. It must be acknowledged that, currently, some have disappeared, some are being overhauled and some are not functioning properly. These include services providing educational assistance in an open environment, rehabilitation centres and child welfare services. Other State and non-State services work together to rehabilitate children in conflict with the law: (i) centres run by duly authorized associations; and (ii) district social services (Ministry of Social Affairs).



## 1. Educational assistance services

169. The services providing educational assistance in an open environment, which are attached to juvenile courts, are responsible for:

- Receiving and informing children and families who appear in court;
- Providing the juvenile judge with all necessary information, such as reception possibilities and placement in public or private centres;
- Providing the educational assistance measures ordered by article 328 of the Family Code;
- Advising and guiding children's parents, guardians and legal representatives;
- Improving the social and emotional climate of children's living environment;
- Providing post-custodial assistance to children released from custodial centres within time limits established by judicial decision;
- Keep a record of minors receiving educational assistance;
- Inform the competent judicial authority of cases of children at risk;
- Work for the prevention of juvenile crime in judicial districts.

There are only four services in the country providing educational assistance in an open environment —in Brazzaville, Pointe-Noire, Dolisie and Nkayi.

## 2. Brazzaville juvenile observation centre

170. Thanks to Caritas-Congo, the observation centre functioned satisfactorily from 1980 to 1997. Unfortunately, this sole surviving structure was destroyed during the 1997–1999 war and is still being restored. A draft order on the powers and organization of the Brazzaville juvenile observation and rehabilitation centre has been drawn up and circulated within the administration for signature and publication.

## 3. District social services

171. District social services do not have a precise framework for working with the justice services, but they can solve problems within the family and refer cases to the juvenile judge in case of need.

172. Several problems undermine the functioning of the juvenile justice sector: (i) lack of visibility of judicial services for children, since they lack their own buildings and associated services and have insufficient, poorly trained staff; (ii) absence of rehabilitation centres; (iii) low level of involvement of district social services and charities; (iv) non-existent or tiny operating budgets; (v) undervaluing of staff.

173. Given these constraints, the plan of action for the judicial protection of children would benefit from the following: (i) institutional capacity-building by strategic area: infrastructure, implementation framework; (ii) improved judicial response; (iii) better treatment of children at all stages of judicial proceedings; (iv) enhanced prevention of juvenile crime; (v) human capacity-building: recruitment, training; (vi) improved treatment, assistance and prevention capacities.

174. With support from the Committee, United Nations agencies, bilateral and multilateral cooperation agencies and non-governmental organizations, it might be possible to increase the visibility of judicial services for children and ensure that they offer better-quality services.

## **D. Respect for the views of the child**

### **Reply to the recommendation in paragraph 31 of the Committee's concluding observations**

175. The 2004 knowledge, attitude and practice (KAP) survey on infant care and the 2006 study on school attendance by girls in the Congo revealed local attitudes to children that are not conducive to dialogue and certainly not to taking their views into account. Children are viewed as small beings or plants that need plenty of attention and care in order to develop harmoniously, but they are expected to obey and to internalize the life lessons they receive. Up to the age of 10, they receive all kinds of attention, it is even possible to have discussions with them, entertain or play with them, maintain friendly relations. They can be listened to and argued with, but they must always be obedient, attentive to advice and ready to move on into adolescence. At this stage, there is a marked difference between girls, who must confide much more in their mothers, and boys, who must try to imitate or learn from their fathers. Many girls described the lack of an open dialogue between fathers and daughters and the strict controls to which they are often subject as restricting their personal growth. The parents and teachers interviewed confirmed this. A considerable amount of educational work remains to be done before there can be any real change within the family. This situation also applies to indigenous people and vulnerable social groups, who might have been expected to be more lax and more likely to exploit children economically and sexually.

176. The situation is different at school. Participation is widely encouraged and even seen as an important educational tool. Class committees are authorized and even encouraged by the end of primary school and in secondary school.

177. In the administration of justice, judges take children's interests and views into account. When parents separate, for instance, the child is listened to and his or her views are decisive. Government social affairs departments are also prepared to intervene in families in order to protect children or to act as intermediaries if children commit serious crimes or run away from home.

### **Reply to the recommendation in paragraph 31(a) of the Committee's concluding recommendations**

178. The law on the inclusion of the Children's Parliament in the parliamentary process has not been adopted and is unlikely to be adopted for the time being. Parliament itself is only eight years old and is not prepared to work with children. The French formula cannot be automatically transposed to the Congo. The two contexts are also different. What is important in the Congo is to make families and the authorities aware of the Convention and the new Child Protection Code, since several laws for children have been adopted but are rarely applied. The Children's Parliament should constantly remind the authorities of the legal provisions that exist and the need to implement them. It can also report any breaches of the legislation and question the authorities about them. This is an important and valuable task that could keep it busy throughout the year. There are still far too many basic provisions of the country's laws that are simply overlooked. Until it is in a position to monitor the progress of laws through its inclusion in the normal parliamentary process, the Children's Parliament would do well to concentrate on its primary role of advocacy. It does not need a law in order to do so, a service note will suffice. Efforts are being made to secure it a budgetary allocation and an office so that it can function properly. The Government is working to define its organization (already in place), powers and the resources needed for its functioning and its advocacy activities. As is happening in some West African countries, its powers could be extended to the ability to question the executive branch or the

Government each year about the implementation of the Convention and the Child Protection Code.

**Reply to the recommendation in paragraph 31(b) of the Committee's concluding observations**

179. Only the competent structures, in this case National Pedagogical Research and Action Institute (INRAP), are entrusted with developing training programmes. The Institute has no tradition of involving children in the development of textbooks for parenting or life skills education, for instance. Things are beginning to change as a result of UNICEF advocacy, however, and children will certainly be encouraged to participate more actively in future in the development of training programmes.

**Reply to the recommendation in paragraph 31(c) of the Committee's concluding observations**

180. As the advocate of children's systematic participation in the development, implementation, monitoring and evaluation of all programmes concerning them, the local UNICEF office strongly supported the establishment of the Children's Parliament, assisted its first efforts to publicize the Convention and continues to help expedite the process.

181. Since its creation in 2003, the Children's Parliament has been involved in all phases of programme development, implementation, monitoring and evaluation. It attends programme preparatory meetings, takes part in the different seminars and workshops on children's issues, takes part in international meetings and always attends the half-yearly and yearly reviews of all sectoral programmes carried out under the Congo-UNICEF cooperation programme. This principle is already clearly understood and systematically applied. For now, the Children's Parliament is operating well but, according to its members, still faces the following problems:

*Activities*

182. For 2010, the Children's Parliament plans to step up its awareness-raising campaigns throughout the country to make children aware of their rights and make parents respect children's rights. A number of radio and television broadcasts have been produced to explain the Convention on the Rights of the Child.

183. There is an overall plan of action. The Parliament meets in Brazzaville every month and with its departmental counterparts every three months.

184. The plan's main strategic lines are to maintain a permanent presence on the ground through broadcasts, posters and banners, to organize conferences and debates and to publish newspaper articles.

*Dissemination of the Convention*

185. The Children's Parliament publicizes the Convention in the media and through conferences and debates. It calls on parents to implement the Convention so that their children can benefit from the rights recognized therein.

*Institutional basis*

186. The Parliament's relationship with the National Parliament is virtually non-existent. It has visited the National Parliament once, to vote on the Child Protection Code, and it was only then that it came into contact with members of the National Parliament.

187. Currently, the two Parliaments do not have a working relationship. However, the Children's Parliament looks forward to establishing a frank and open working relationship, especially with regard to the laws on children's rights.

#### *Funding*

188. The plan of action of the Children's Parliament is not funded and its members are unpaid, the only exception being that when they have to attend a ceremony, each member receives CFAF 2000 in travel expenses. The Parliament would like to have an operating budget to ensure its autonomy and allow it to put its ideas into practice.

189. The first difficulty that the Children's Parliament faces is that there is nowhere for its Assembly to meet. The Children's Parliaments in other African countries have a headquarters. It is also difficult for its members to make themselves known as parliamentarians, because they have no badges of office. Even though they sometimes neglect their schoolwork to take part in official ceremonies, members feel that the national authorities do not respect the Children's Parliament and that its future is uncertain.

190. All these difficulties have been raised with the Ministry's senior staff, but members feel that no one really cares and all they receive are empty promises.

191. The Parliament does not have its own strategies for mobilizing resources to ensure the success of future actions. Members say that they have to make do with the pittance they receive from the Ministry (extracts from the report of the focus group to the officers of the Children's Parliament, Brazzaville, March 2010).

#### **Reply to the recommendation in paragraph 31(d) of the Committee's concluding observations**

192. UNICEF involvement in this aspect predates even that of the Government. It is thanks to its advocacy that the Government is able to take ownership of programmes and approaches related to the implementation of the Convention. The Government realizes that it is in its interest to work with UNICEF and it welcomes the long and difficult work done to raise awareness. It undertakes to continue to strengthen and participate fully in joint activities and to redouble its efforts to ensure the harmonious development and well-being of Congolese children and the comprehensive protection of their rights. To do this, the already considerable technical assistance provided by UNICEF needs to be increased.

#### **Reply to the recommendation in paragraph 32 of the Committee's concluding observations**

193. Children's right to be heard is a constant concern of legislators and judges, who attach particular importance to the principle of the best interests of the child. For instance, in the case of child custody decisions in divorce proceedings, judges allow children to say which parent they would like to have parental authority over them. The child's choice often prevails over the parents' prevarications.

194. Within the family, this principle is related to that of respect for the child's views. Parenting education and any awareness-raising campaigns that the Children's Parliament may organize either centrally or in the departments will help make parents internalize this principle.

195. Both politically and generally, the Children's Parliament has already acquired a degree of authority and an audience that will be strengthened by its forthcoming institutionalization and the implementation of its action plans.

196. The Government undertakes, with the support of the Committee, United Nations agencies and bilateral and multilateral cooperation agencies, to promote respect for this

principle within families, among judges and among society at large by building the capacities of the Children's Parliament, organizing special training sessions for judicial personnel, including the issue in parenting manuals and organizing specific campaigns.

#### **IV. Civil rights and freedoms (articles 7, 8, 13 to 17 and 37(a))**

197. The Committee's observations on civil rights and freedoms relate to three areas of concern, namely:

- Birth registration;
- Access to appropriate information;
- Corporal punishment.

##### **A. Birth registration and identity**

###### **Reply to the recommendation in paragraph 34(a) of the Committee's concluding observations**

198. Given the growth of the phenomenon of non-registration or late registration of children, which undermines children's rights, social workers have focused on this area of social life in order to guarantee the protection of children. The Department of Social Affairs and its decentralized services have become fully involved in the birth-registration process in places affected by non-registration and late registration. After 2005 was declared the year in which birth certificates would be issued free of charge to unregistered children, the Directorate of Social Affairs and the Family, in partnership with UNICEF, carried out a campaign that raised awareness on a much larger scale by identifying unregistered children and pre-registering them and by streamlining the procedures for obtaining a birth certificate, through greater involvement of local social services, courts and registry offices, with a view to regularizing the situation of children who do not have one.

199. Several civil society organizations (AEMO, Médecins d'Afrique, CADFM, APASU, Urgence Afrique), for their part, are working with the Government to promote systematic birth registration. They are also helping to combat late registration by participating in awareness-raising, resource mobilization and, above all, the identification and pre-registration of unregistered children. As a result, in various departments where non-registration of births is prevalent, these organizations are helping streamline procedures by identifying and pre-registering unregistered children.

200. In addition, a workshop was held to train family liaison officers to pre-register undeclared births. A documentary film *Enfant sans acte de naissance* (child without a birth certificate) was made on the subject, with technical assistance from Congolese television. The purpose of the film is to promote a dialogue about the problem of birth registration among all stakeholders as a means of advancing the cause of children. There have also been forums and broadcasts in the national and foreign media (RFI, TV5 Afrique, Africa No. 1).

201. The State is well aware of the problem. To heighten awareness of the importance of obtaining a birth certificate, the Government, in partnership with UNICEF, will continue its awareness-raising activities on the issue. There will also be campaigns publicizing the Child Protection Code.

**Reply to the recommendation in paragraph 34 (b) of the Committee's concluding observations**

202. According to the findings of the 2005 population and health survey, 19 per cent of children aged under 10 have no birth certificate. The analytical report on the birth registration process was published in 2009.

203. The Congolese Government believes that every child must have a birth certificate and that this is a civic act and a duty. Decree No. 2001-529 of 31 October 2001 on the free issuance of original civil registration certificates was adopted pursuant to this provision.

204. However, article 24 of the decree stipulates that failure by the persons listed in article 23 to declare a birth within the deadline is punishable by a CFAF 2,500 to 10,000 fine.

205. Interministerial order No. 3088/MJDH/MEFB of 9 July 2003 on the fees payable for registration certificates and formalities imposes a fee of CFAF 10,000 on applications for such certificates, thereby undermining the principle of free birth certificates set forth in article 23 of the decree.

206. Article 14 of the Child Protection Code confirms that original civil registration certificates must be issued free of charge. It states that any birth of a child must be declared and registered in accordance with the laws in force and that declarations at birth, applications and rulings for the late declaration of a birth and original birth certificates shall be free.

207. A birth registration strategic plan 2009–2013 covering all residents (nationals and foreigners) has been approved. This plan is the benchmark for Government action to improve the quality of the services offered in civil registration centres, including the need to overhaul the process, build the capacities of civil registration officers and ensure that the provision of civil registration services dovetails with aspects such as lifestyle and social relations. It highlights the actions that the Ministry of Territorial Administration and Decentralization, in partnership with other stakeholders and civil society, must take if the birth registration system is to be improved: (i) improve the legal and institutional framework; (ii) build the capacity of civil registration services and personnel; (iii) campaign and raise awareness in order to mobilize resources and increase awareness of the importance of the issuance of birth certificates; (iv) improve coordination in the area of birth registration.

**Reply to the recommendation in paragraph 34(c) of the Committee's concluding observations**

208. In the Congo, many factors militate against birth registration and the effective functioning of the registration process. Among these, the geographical coverage of civil registration services reflects the constraints on people's access to the registration centre nearest their home, especially in rural and remote areas. Field observations also reveal that, in a number of departments, registration centres are not always operational for a variety of reasons, the main ones being equipment and staffing problems.

209. When the 2004–2010 late-registration campaigns were held, numerous outside staff were involved, such as schoolteachers in remote villages, maternity staff and court personnel, while civil registration services assumed overall responsibility.

210. Following the recommendations of the analytical study of the birth registration process in the Congo, the Government, through the Ministry of Territorial Administration and Decentralization, drafted a joint multisectoral order on the establishment of civil registration services in health-care facilities in order to simplify the procedure for obtaining a birth certificate.

**Reply to the recommendation in paragraph 34(d) of the Committee's concluding observations**

211. Long viewed as second-class citizens and left to fend for themselves, indigenous people are the Congo's most marginalized and vulnerable population group and often suffer discrimination and exploitation.

212. Overall, the country's indigenous population is estimated at 43,378<sup>6</sup>, accounting for around 1.2 per cent of the total population and comprising 8,912 households. They are the poorest group in society and 64.3 per cent<sup>7</sup> of them have no birth certificate.

213. Since the launching of the operation for the full and free registration of unregistered children by the President of the Republic, Denis Sassou Nguesso, in 2004, the Government has continued to tackle the problem through the Directorate of Social Affairs and the Family and the Directorate of Territorial Administration. Several civil registration campaigns carried out between 2006 and 2009 achieved significant results: out of a total of 67,149 children identified, 48,306 children, 41,107 of them Bantu and 7,222 of them indigenous, received birth certificates.

214. There are still a large number of children whose births have not been declared, however.

215. Progress reports on the late birth declaration campaigns carried out in different districts of the Congo show that non-declaration of births is very prevalent among indigenous people.

216. Several factors linked to civil registration provision, as well as endogenous factors, help explain the problem. Indigenous people are generally forest dwellers, a situation that is not conducive to any quantitative or qualitative improvement in the services involved in birth registration: health services, civil registration services and law courts. Health services are inadequate and therefore under-used. There is a lack of civil registration centres and not all encampments have secondary centres. Law courts are located in departmental capitals. The distances to be covered in the event of late declaration of births are also considerable. As a result, large numbers of adults in these communities do not have birth certificates.

217. Generally speaking, the cultural context is favourable to late registration. The problem is that civil registration costs have to be added to those associated with childbirth. Having to cover the costs of travel to a civil registration centre is a further obstacle to declaring a birth.

218. In addition to problems of geographical accessibility, the problem of underuse of health and civil registration centres can be explained by the cost of services. Although registration is free, poor families have to pay for certain services (antenatal visits, information cards, regional taxes, applications, etc.) before they can obtain a birth certificate. Issues of access are important because these populations have a very low standard of living.

219. Likewise, indigenous women tend not to go to health-care facilities to give birth. Traditional medicines have been developed to meet childbirth needs and traditional birth attendants play an important role in indigenous communities.

220. According to a 2008 study carried out by the Ministry of Territorial Administration and Decentralization (Directorate of Territorial Administration) with UNICEF support,

<sup>6</sup> Rapport d'analyse du recensement général de la population et de l'habitation Congo-2007; thème: populations vulnérables, sous-thème: les pygmées ou populations autochtones, July 2010.

<sup>7</sup> *Idem.*

indigenous women say that they have little incentive to attend antenatal clinics or give birth at modern health centres because staff mistreat them. This kind of attitude is unlikely to encourage indigenous people to use health services, still less civil registration services, and is the reason why home births are so prevalent. In such cases, births are not declared systematically because chiefs are often unaware of their obligation to declare births to the civil registration authorities.

221. Bantu relations with indigenous groups are also often characterized by ethnocentrism and discriminatory behaviour.

222. For now, no statistics are available on the number of refugee children who have obtained a birth certificate. However, articles 13, 14, 16 and 17 of the Child Protection accord refugee children the same birth registration rights as other children.

223. Given this situation, the Government intends to: (i) improve indigenous people's access to basic social services through the national plan of action for improving the quality of life of indigenous peoples; and (ii) implement the birth registration strategy framework 2009–2013. Implementation of the strategy framework will require adequate resources, for which the Government requests the support of development partners such as the European Union and agencies of the United Nations system (UNICEF and UNFPA).

**Reply to the recommendation in paragraph 34(e) of the Committee's concluding observations**

224. Under the Congo-UNICEF and Congo-UNFPA cooperation programmes, the Government, through the Ministries of Health, Social Affairs and Civil Registration, has received all kinds of support from UNICEF and UNFPA in implementing the relevant activities.

225. UNICEF is working closely with the Congolese Government with to achieve the Millennium Development Goals and enhance respect for children's rights and well-being.

226. UNFPA, for its part, is supporting the Government's reproductive health and HIV/AIDS-prevention programmes, initiatives against sexual violence and efforts to promote gender mainstreaming.

227. Despite some progress as a result of this cooperation, children's rights to protection are still far from being achieved. One major source of concern is children and young people from weakened, marginalized or excluded groups.

228. There are also some remaining weaknesses, such as limited technical capacity within UNICEF and other partners, fragmentation and dispersal of activities, slow disbursement of government counterpart funding, low technical capacity and limited media coverage.

229. Using the Millennium Development Goals as benchmarks, the Government directed the programme preparation process with the participation of United Nations agencies and other development partners. It was very closely involved in the drafting of the Poverty Reduction Strategy Paper and the United Nations Development Assistance Framework (UNDAF). The latter and each agency's programme documents are the input of the United Nations system in the Congo to national growth and poverty-reduction targets. The Government will work to implement these documents with the United Nations agencies concerned and civil society organizations.



## **B. Access to appropriate information**

### **Reply to the recommendation in paragraph 36 of the Committee's concluding observations**

230. Apart from school libraries, no specific action has been taken to this end. It should be mentioned that the Ministry of Social Affairs has launched a study on video clubs in the country's major cities. Because of lack of funding, only the study's terms of reference have been adopted.

## **C. Corporal punishment**

### **Reply to the recommendation in paragraph 38(a) in of the Committee's concluding observations**

231. Until the promulgation of the Child Protection Code, the prohibition of corporal punishment was effective only in schools, more particularly primary schools. There were no laws or regulations dealing with or punishing the corporal punishment of children in the family; on the contrary, it was considered a traditional method of punishing children's misconduct.

232. Corporal punishment could, in the event of injury for instance, constitute evidence of a flagrant violation of human rights on the basis of the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, which the Congo ratified on 29 August 2003.

233. The adoption of the Child Protection Code can be seen as progress, in that the legislature has incorporated into Congolese law a provision explicitly prohibiting the administration of any form of corporal punishment. Article 53 of the Code prohibits the use of capital punishment to discipline or punish a child.

### **Reply to the recommendation in paragraph 38 of the Committee's concluding observations**

234. While a prohibition on corporal punishment now exists, whether it can be effective in the absence of a penalty, even a civil penalty, is open to question. The Code still needs to be publicized widely among parents, guardians and professionals working with children. In other words, an awareness-raising and education process must be envisaged in order to guarantee compliance.

## **V. Family environment and alternative care (articles 5, 18(1) and (2), 9 to 11, 19 to 21, 25, 27(4) and 39)**

235. The Committee's observations on family environment and alternative care as they relate to the Convention cover five areas of concern, namely:

- Family environment;
- Alternative care;
- Adoption;
- Child abuse and neglect;
- Gang rape.

## A. Family environment

### Parental guidance (articles 5, 18(2) and (3) and 27)

236. In the Congo, it is customary for children to be cared for by a large number of people. In law, articles 320 and 321 of the Family Code require the father and mother to support and raise their children until they reach the age of majority or are emancipated by marriage. The child is under their authority and this authority includes the obligation to look after the child, in particular to establish the child's residence and provide for his or her upbringing and education.

237. The economic situation of a large number of Congolese households is characterized by destitution and extreme poverty. A review of Congolese legislation reveals an alarming picture, in that State assistance to parents is, for the most part, minimal. Some population sectors (unemployed and other destitute persons) receive no State assistance in meeting the costs of raising and supporting their children. Since there is no generalized social security system, they do not receive family allowances or other family benefits such as ante- and postnatal allowances or housing assistance. As a result, only wage earners and their families receive sickness benefits, which are paid for by employers under the relevant collective agreements.

238. Family allowances for civil servants are derisory: CFAF 1,200 per child per month until recently, when they were raised to CFAF 2,000.

239. These allowances do not keep pace with changes in the economic and social situation, which is currently characterized by excessive consumer prices. For purposes of comparison, cassava, a food staple that cost CFAF 25 in the 1970s, now costs between CFAF 600 and 1,000. Rents have increased at a similar rate and access to health care is becoming a luxury. Parents working in the informal sector receive no assistance, they simply get by. In all these situations, children are the first to suffer.

### Separation from parents (article 9)

240. Congolese law ensures that relations between children and their parents are maintained for the benefit of the child and his or her harmonious development. Separation from one or both parents is permitted only in very specific cases and when this is in the child's interest, for instance, when the child is abandoned or is mistreated within the meaning of article 328 of the Family Code, when the parents are separated, divorced or deceased or in the event of adoption or loss of parental rights.

241. The judge's decision in these cases takes the child's best interests into account. Visiting rights are granted in the event of divorce or separation of the parents. Article 325 of the Family Code stipulates that the judgment pronouncing or confirming the divorce or separation shall rule on the custody of each of the children and this shall, according to their best interests, be entrusted to one or other of the parents or, if necessary, to a third person. The custodial parent shall exercise the different rights attached to parental authority over the person and property of the child and the court shall set the conditions under which the non-custodial parent may exercise visitation rights. Regardless of who has custody, the mother and father shall contribute to the child's upkeep and education to the best of their abilities.

242. If both parents die, the guardian exercises parental rights over the child. He or she assumes responsibility for the child's care, upbringing and support (article 324 of the Family Code).

243. Both parents exercise parental rights over children born out of wedlock, but the mother has custody of the child. The juvenile judge may order such educational assistance

measures as regular visits by a social worker or probation (article 328 of the Family Code) or the child's placement, for a period not extending beyond the age of majority, with:

- Another relative or a person of trust;
- A school or vocational training establishment;
- Child welfare services;
- A care establishment or medical/educational institute;
- A rehabilitation centre (article 329 of the Family Code).

244. The above measures may be revoked or amended (article 330 of the Code).

245. Under articles 331 and 332 of the Family Code, if parental authority and some or all of the attached rights are withdrawn because the parents have mistreated the child, the district court, in its capacity as correctional division, or the juvenile judge decides on the appointment of a guardian, who may be anyone who makes an application to that effect to the court. In the absence of such an application, guardianship may also be exercised by placing the child in other establishments or even with private individuals who, after three years, may apply to the court to be appointed the child's guardians.

246. If only some of the parents' rights over one or more of their children are withdrawn, no guardian is appointed.

247. Withdrawn parental rights are transferred to the children's relatives, to charities recognized by the State or appointed by order of the head of the department or to child welfare services.

248. These measures may be amended by the court that ordered them, either on its own authority or at the request of the public prosecutor's office, or else at the request of the child, the guardian, the surrogate guardian or the persons or establishments to whom the child was entrusted.

249. If the one or both of the parents are in detention or serving a prison term, the child has visitation rights. To this end, permission to communicate with the child is granted by either the State prosecutor, the judge in charge of investigating the case or the president of the prosecution division.

250. Article 21 of the Child Protection Code recognizes the child's right to maintain regular contact with both parents in the event of separation from one or both of them.

#### **Family reunification (article 10)**

251. Article 16 of the Congolese Constitution complies with this provision: all citizens have the right to freedom of movement within the national territory, as well as the right to leave the national territory freely, provided that they are not subject to criminal prosecution, and to re-enter it. However, this right is limited by Act No. 18/64 of 13 July 1964 prohibiting the illegal removal from the Congo of a child of a Congolese mother and a non-Congolese father.

#### **Recovery of maintenance (article 27(4))**

252. Congolese judges set the amount of child maintenance payments on the basis of the monthly income of the person liable for such payments. If the person refuses to pay, an order is issued for his or her wages to be garnished so that the maintenance can be recovered and paid by staff of the public revenue department or by the accounting department of the company or firm where the person works, once a bailiff has served notice of the judicial decision.

253. If the person owing maintenance lives in another State that has signed a judicial assistance agreement with the Congo, recovery is made after enforcement of the judicial decision awarding child maintenance.

**Children deprived of their family environment (article 20)**

254. Special protection measures for street children, abandoned children and children at risk have been adopted in the legislative, legal and administrative spheres.

*Legislative measures*

255. The following legislation governs the protection of such children:

1. The Congolese Constitution, article 33 of which provides that all children, without discrimination of any kind, are entitled to such measures of protection by the State, society and their family as their status demands;

2. Act No. 073/84 of 17 October 1984 containing the Family Code, title IX of which contains child maintenance provisions and title X of which concerns the extent and exercise of parental rights and also educational assistance;

3. The Criminal Code, which treats as crimes or offences, depending on their seriousness, any attempts to prevent or reverse a child's civil registration or jeopardize its existence;

4. Act No. 009/88 of 23 May 1988 introducing a code of conduct for the health and social affairs professions, section IX of which, on social affairs personnel, defines the roles of social worker and special educator and their respective spheres of action;

5. Act No. 4-2010 of 14 June 2010 containing the Child Protection Code, article 44 of which stipulates that in addition to the rights accorded to all children, children who are orphaned, abandoned, found, displaced, living on the streets, refugees, asylum seekers, indigenous or albino have the right to education, training and skills that equip them to take care of themselves and facilitate their integration and participation in social life.

*Administrative measures*

256. The Government encourages individuals and legal entities to become involved in the social protection of children who have no family ties (street children, abandoned children) and children who are at risk, in strict conformity with the established rules. Measures to keep a child with his or her family or return him or her to the family remain the rule; placement in an institution is the exception and must be viewed as temporary.

257. A number of public structures, such as district offices for social action, socio-judicial services, the police, the gendarmerie and neighbourhood councils, are those best suited to making preliminary contact with and counselling children who are in need of special protection measures. The cases they handle are the following:

- Child abandonment;
- Rejection of pregnancy;
- Child abuse;
- Maintenance;
- Custody;

- Runaways;
- Theft;
- Inheritance and succession.

258. Only one public structure takes care of street children, the Centre for the Integration and Rehabilitation of Vulnerable Children (CIREV). The Centre provides temporary accommodation for such children until they are returned to their families and offers them the following services: temporary accommodation (which includes counselling them and making them safe); school enrolment or re-enrolment; medical care; food; psychological support; vocational training; and support for income-generating activities. With UNESCO support and on an experimental basis for 2004/05, 12 children were returned to their families and helped to reintegrate in society through vocational training (dressmaking, hairdressing, leather working, baking, plastic arts).

#### *Judicial measures*

259. Judicial action is taken where administrative action has failed or where the child's case has been referred to or brought to the attention of the juvenile judge or the judge has intervened in the case. The juvenile judge can order the following judicial measures:

1. A social inquiry;
2. Educational assistance in an open environment;
3. Placement with a foster family;
4. Placement in a public or private residential centre (orphanage, reception centre);
5. Award of custody to one of the parents;
6. Garnishment of wages to ensure the payment of maintenance.

260. Persons suspected of neglect, abandonment, violence or abuse of children may also be prosecuted. The penalties for such offences range from a fine to imprisonment.

#### *Action by partners*

261. Apart from two public orphanages in Brazzaville and one in Pointe-Noire, orphans and other abandoned children are taken in by private orphanages, most of them run by religious charities.

262. The Ministry of Social Affairs has entrusted the non-governmental organization Médecins d'Afrique with implementing a World Bank-supported project for the care of orphans and other vulnerable children. All children signed up to the project receive psychological support, schooling, food and vocational training.

263. Children monitored by the project remain in their respective families.

264. As regards social mediation and legal support, orphans and other vulnerable children have access to the services of the legal clinics in Brazzaville and Pointe Noire, which run a judicial assistance programme approved by the Ministry of Justice and funded by UNDP.

265. They help parties to disputes find amicable solutions, so that they do not have to go to court.

#### **Adoption (article 21)**

266. In cases of intercountry adoption, the child must benefit from the same safeguards and measures as in cases of national adoption.

267. The State must ensure that intercountry placement does not result in improper financial gain for those involved in it. Articles 276 to 298 of the Congolese Family Code regulate adoption. Article 276 states that adoption may take place only if there are justified reasons for it and it offers advantages for the adoptee. Article 283 requires that a child aged over 15 personally consent to adoption, while article 284 requires the consent of the family of origin. Courts may rule on an adoption only after an investigation and after verifying that all legal requirements have been met.

268. Article 59 of the Child Protection Code not only refers to the provisions of the Family Code but also, and above all, strengthens the mechanisms governing intercountry adoption.

269. In taking measures with regard to adoption, the Congolese legislature has been motivated purely by the interests of the child.

270. For now, there is no culture of adoption among the Congolese because a spirit of family solidarity survives that, in practice and according to the Family Code, extends to the eighth degree of kinship. Increasingly, this means that some Congolese with brothers, sisters, cousins, uncles or children in Europe informally adopt their relatives' children to avoid their becoming destitute. This is understood as "fostering out" a child to a family member. It is rare for a child to be adopted by someone who is not a family member. From the number of pending cases and adoption decisions, it is clear that most intercountry adoptions involve children who have been abandoned or thrown out by their family or simply found.

271. Because the court system is still lax when it comes to keeping proper records of judicial notices in general and adoption notices in particular, it is impossible to provide reliable statistics even for Brazzaville. It should be noted that, statistically speaking, the Congo is not a major source of children for intercountry adoption. An estimated 30 children per year may be adopted in this way. In Brazzaville, for instance, an estimated 20 or so children<sup>8</sup> were adopted by European (mainly Spanish) families in 2006 and 2007. In 2010, 19 children, most of them abandoned, were adopted from private and public centres. Most of the families seeking to adopt were French.

#### **Illicit transfer and non-return (article 11)**

272. In the case of illicit transfer and non-return, Act No. 18/64 of 13 July 1964 prohibits the illegal departure from the Congo of a child born of a Congolese mother and a non-Congolese father. The Act is applied less and less, yet there are reports of children being transferred to other, mainly West African, countries without their mother's consent. Given that there are also a large number of children with Congolese fathers and non-Congolese mothers, the Act clearly needs revising and adapting.

#### **Child abuse and neglect (article 19), including physical and psychological recovery and social reintegration (article 39)**

273. This phenomenon is dealt with in the same way as corporal punishment and child abandonment (see recommendation 38(a) in section 3).

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<sup>8</sup> Brazzaville high court.

**Reply to the recommendation in paragraph 43 of the Committee's concluding observations**

274. At the end of the 1980s, the Congo had several structures providing vocational training for jobs in the social services sector. They offered various courses leading to a professional qualification:

- Social worker and principal social worker: Jean Joseph Loukabou school in Brazzaville;
- Social supervisor: Tchimpa Vita technical school in Brazzaville and Tambou Madeleine school in Pointe-Noire;
- Social development officer and social work inspector: Ecole Nationale d'Administration et de Magistrature (ENAM), Brazzaville.

275. Over the years, these training courses have gradually disappeared, except for those currently taught at ENAM (social development officer).

276. As a result, each year the Ministry of Social Affairs is forced to recruit staff with virtually no social work qualifications, and more senior staff, many of whom did receive initial social work training, are gradually retiring.

277. The situation is the same in civil society organizations: most staff working in the different social sector associations have no qualifications in this area.

278. Giving this worrying situation, since 2008 the Social Affairs Department has been implementing a training programme for social workers under the project to support the socioeconomic reintegration of disadvantaged groups (PARSEGD). In 2009, 125 social workers were trained in aspects such as the strategy for identifying, assisting and monitoring disadvantaged groups. Their training was carried out with support from the African Development Bank (AfDB) and the ADB Group in Brazzaville (55), Pointe-Noire (50) and Owando (20); 60 social workers were also trained on the job.

279. In addition to actions under this programme, the Ministry is implementing an ambitious plan to train all its existing staff (in-service training) and to overhaul the system of initial training for social workers.

280. Alongside its in-service training programme, the Department plans to eventually open a Congolese Higher Institute of Social Work in Brazzaville, in conjunction with the Congolese Ministry of Higher Education and the Lille Social Institute (France).

281. In this connection, a partnership agreement was signed in 2009 between the Ministry of Social Affairs, Solidarity and Humanitarian Action and the Lille Social Institute with a view to strengthening technical and educational cooperation between the parties in the training of social workers (technical and administrative staff).

282. At the same time, training courses to provide newly recruited social workers with a qualification were organized in secondary schools between 2004 and 2007; a training seminar for managers of social action districts was organized with the assistance of the United Nations Economic Commission for Africa (ECA) and a strategy paper for the identification, assistance and monitoring of disadvantaged persons was adopted in 2008.

283. In January 2009, a workshop was held in Brazzaville to make a joint assessment of the priority training needs of social workers employed by the Ministry of Social Affairs, especially those working in social action districts, and to define the different professional skills expected of them.

284. Following this workshop, two training sessions were held, with 30 social workers trained in June 2009 in Pointe-Noire and 30 social workers trained in September 2009 in Brazzaville.

285. The aim of the workshop was to provide an introduction to the social work profession, consisting of three main modules:

- Introduction to social work: definition, aims, values;
- Social assistance for individuals and families;
- Social assistance for communities.

286. This process continued in 2010 with the organization of a training session for instructors in Brazzaville (15 participants) and two interdepartmental training sessions for field staff in Owando (25 participants) and Dolisie (38 participants).

287. Between 2004 and 2007, the Department recruited 954 social workers with a range of qualifications, including several with general education diplomas.

## **B. Alternative care**

### **Reply to the recommendation in paragraph 45 of the Committee's concluding recommendations**

288. The provisions on alternative care are contained in the Child Protection Code, particularly articles 56 and 59 thereof.

289. For the Government, the children that require alternative care are vulnerable children, in other words, children whose physical, mental or psychological state and/or disadvantaged socioeconomic status make them subject to all forms of discrimination and/or abuse.

290. According to the 2006 study carried out by the Ministry of Social Affairs, Solidarity, Humanitarian Action and the Family in conjunction with the Population and Development Study and Research Unit (UERPOD), 11 structures were classed as orphanages and 10 were classed as reception centres. All these structures, located in the country's two main cities (Brazzaville and Pointe-Noire), said that they take in children who have lost one or both parents. It appears that most of these structures are not officially registered (17 per cent are registered). The 1901 Act that these structures invoke has lapsed and is applicable only to the conditions for the establishment and functioning of associations.

291. These structures are generally run by local or international civil society organizations, religious groups and associations that play an important role in providing care and support for orphans and vulnerable children.

292. They face huge problems in funding their operations, with monthly expenditures generally ranging between CFAF 100,000 and 750,000. Their physical resources consist essentially of buildings, dormitories with beds fitted with mosquito nets, recreational equipment and health posts. Staff working in these structures have a school or academic background that is more general than technical.

293. Given these difficulties and in order to improve the quality of care and prevent abuses, the study proposed three priority areas of action:

- Strengthening the institutional and legal framework. Above all, this will mean ensuring publication of the decree on the procedures for establishing and opening private reception and accommodation structures for children;



- Improving social, family and workforce reintegration by building human, financial and material capacities;
- Supporting orphanages and reception centres. The competent services should make appropriate arrangements for returning children to their families rather than placing them in orphanages and reception centres. An emergency programme is also needed to help working-age children find jobs.

294. To ensure that children receive adequate care, the Ministry of Social Affairs published general guidance note No. 001/MASSAHF/CAB of 25 October 2006 on the conditions governing the establishment and opening of children's reception and accommodation centres in the Republic of the Congo. Implementation of the guidance note led to the closure of one orphanage in 2006 and written notice to another when it was found that neither of them was in compliance.

295. The Government has also continued to implement the specific activities included in the national strategy framework for vulnerable children, including: (i) prevention of situations of vulnerability; (ii) reactivation of legal tools (child protection provisions and laws); (iii) support for and strengthening of existing assets such as reception centres for orphans and vulnerable children; and (iv) promotion of partnerships and private initiatives.

**Reply to the recommendation in paragraph 46 of the Committee's concluding observations**

296. So far, no action has been taken on this recommendation. To do so, the Government requests assistance from UNICEF and other development partners in organizing training sessions on quality standards for staff of existing structures.

**Reply to the recommendation in paragraph 47(a) of the Committee's concluding observations**

297. Through the Ministry of Social Affairs, the Government is carrying out a programme to foster the socioeconomic potential of individuals, groups and communities in difficult circumstances. Thus, independently of the plan of action for the family that is currently being developed, targeted actions are being taken for these categories of beneficiaries, based on the findings of the 2005 survey on the needs of families in the Congo.

298. These targeted actions include the promotion of income-generating activities as part of the social assistance provided to large, economically vulnerable families to help support children. In the period from 2005 to July 2010, 150 families received assistance in developing an income-generating activity, as can be seen from table 3 in the annex. The total amount disbursed was CFAF 48,054,190.

299. Support was also provided to families under the "care of orphans and other vulnerable children" component of the HIV/AIDS-prevention and health promotion project. In this context, 429 families responsible for the care of orphans and vulnerable children received support in developing or consolidating an income-generating activity. Beneficiaries included children who have become heads of household for various reasons (5,311 children aged between 12 and 17 and accounting for 0.6 per cent of the population, according to the 2007 general population and housing census).

300. Since 2008, 90 families in Brazzaville and Pointe-Noire have been helped to reintegrate children who were living on the streets.

301. In 2007, after receiving training in technical centres, 10 female apprentices (single and teenage mothers) were found jobs, eight in dressmaking and two in leather working.

302. The Centre for the Integration and Rehabilitation of Vulnerable Children (CIREV) helps families of vulnerable children reintegrate them and provides them with different kits (school supplies, pharmaceutical products). Between 2003 and 2010, 71 families received such help.

303. The resources allocated are still not enough to meet the many requests for assistance received by the Department of Social Affairs.

304. The Department, whose responsibilities include assisting persons in situations of vulnerability, intends to promote advocacy by drawing up an internal and external advocacy plan (see recommendation 47(a) on economic support).

**Reply to the recommendation in paragraph 47(b) of the Committee's concluding observations**

305. With regard to psychological support, there is a National Centre for the Prevention and Treatment of Psychological Trauma, which provides counselling and administers appropriate treatments. Because psychological trauma is widespread among the population, especially among children and schoolchildren, the Centre has set up psychosocial counselling units in the seven social action districts located in Brazzaville's seven neighbourhoods.

306. With regard to the psychosocial counselling and treatment of persons affected by psychological trauma and other ailments, the Centre received 24 cases (11 men and 13 women) in 2008 and 10 cases (4 men and 6 women) in 2009. The Centre faces operational constraints and its financial resources are inadequate. Its location in Brazzaville also prevents it from covering the whole country.

## **C. Adoption**

**Reply to the recommendation in paragraph 49(a) of the Committee's concluding observations**

307. The Child Protection Code generally complies with article 21 of the Convention. Article 59(2) of the Code stipulates that intercountry adoption is permissible only if the competent authority has established that:

- The child's status is such as to permit adoption;
- Such adoption is in the child's best interests;
- The persons, institutions and authorities whose consent is required for the adoption received the necessary counselling and were duly informed of the consequences of their consent, particularly for the maintenance or severance of legal ties between the child and his or her family of origin;
- Such persons, institutions and authorities gave their consent freely in the manner prescribed by law;
- Consent was not obtained in return for payment or compensation of any kind;
- The consent of the mother, where required, was given only after the child was born;
- The child's wishes and views were taken into account, having regard to his or her age and maturity;

- The child received counselling and was duly informed of the consequences of adoption and of his or her consent thereto;
- The child's consent to adoption, where required, was given freely in the manner prescribed by law and was not obtained in return for payment or compensation of any kind.

308. All that remains to be done now is to set up by decree the competent administrative authority responsible for regulating, monitoring, advising on and ensuring compliance with the above conditions.

**Reply to the recommendation in paragraph 49(b) of the Committee's concluding observations**

309. In the light of article 59 of the Child Protection Code, the Congolese State can be said to have a sound legislative framework on which to base an adoption policy. Such policy should involve the establishment of an identifiable, autonomous central administrative authority with adequate human, material and financial resources. The Congo has already received a firm promise of technical support from France in drafting and implementing such a policy and, this year, the president of the Brazzaville high court, the president of the Brazzaville juvenile court and an official from the Ministry of Social Affairs, Solidarity and Humanitarian Action attended a training seminar on intercountry adoption in Paris, while a delegation from France's central authority, headed by the French Ambassador to the Congo, Jean-Paul Monchau, visited the Congo in the second week of March 2010.

**Reply to the recommendation in paragraph 49(c) of the Committee's concluding observations**

310. The preliminary bill authorizing accession to the Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption, in limbo since its introduction by the Ministry of Foreign Affairs in 2007, has just been recirculated by the administration for adoption and early promulgation.

**Reply to the recommendation in paragraph 49(d) of the Committee's concluding observations**

311. The Government is requesting technical assistance from the Committee and UNICEF in order to conduct an assessment of the practice of "informal" adoption. Such an assessment should make it possible to grasp the intricacies of informal adoption and propose some solutions.

## **D. Child abuse and neglect**

**Reply to the recommendation in paragraph 51(a) of the Committee's concluding observations**

312. In the Congolese criminal justice system, child abuse and neglect are indirectly targeted and punished in the context of crimes against persons, the former as violence, assault or aggravated assault, as the case may be, and the latter as child abandonment. Such crimes are liable to mild penalties that rarely, if ever, act as a deterrent, with the very unfortunate consequence that child abuse and neglect contribute to the phenomenon of street children.

313. Apart from the juvenile courts, there is no specific mechanism for receiving, addressing and investigating complaints concerning cases of child abuse. However, as

indicated above, perpetrators of such abuse are prosecuted under various traditional provisions for the prevention of violence.

314. One way of combating such violations of child rights would be to raise parents' awareness of their children's rights. Defining and determining the elements of this category of offences and increasing the penalties against them might also safeguard the rights of child victims of abuse and/or neglect more effectively.

315. Strengthening the system for the protection of children's rights would require that UNICEF offer its technical assistance, for instance by proposing a model complaints mechanism that the State party could adopt. Such an arrangement could be envisaged by means of a decree adopted pursuant to the Child Protection Code.

#### **Reply to the recommendation in paragraph 51(b) of the Committee's concluding observations**

316. Ensuring that complaints are collected in a manner that is child sensitive and respectful of children's privacy is not entirely satisfactory, because judges and other personnel dealing with lawsuits concerning children have little grasp of what is involved. It must be pointed out that, across the entire Congolese judicial system, there are as few structures equipped to handle lawsuits involving children in accordance with the Convention on the Rights of the Child as there are juvenile judges (either on the bench or in the prosecutor's office) who have had the slightest capacity-building opportunity in this area.

317. The Government plans to negotiate a training programme with United Nations agencies as part of the launching of its five-year judicial programme 2011–2016. A preliminary bill on the programme has been transmitted to the Supreme Court for an opinion as to its constitutionality.

#### **Reply to the recommendation in paragraph 51(c) of the Committee's concluding recommendations**

318. In accordance with the commitments made in ratifying the Convention on the Rights of the Child, the Congo adopted a National Plan of Action for Children in 1993. The persistent political tensions and repeated armed conflicts that marked the decade made it impossible to implement the Plan. However, the national strategy framework for vulnerable children, adopted in September 2003, is based on three key principles: (i) the best interests of the child and his or her participation in decision-making; (ii) the legal approach as a basis for managing programmes/projects and services; and (iii) the family as the optimum environment for the child's development.

319. The priority actions of the strategy framework are:

- Combating physical, sexual and psychological violence and abuse in the family, at school, in society and in institutions;
- Combating neglect and exploitation, including child labour, trafficking of all kinds, recruitment into the armed forces and prostitution;
- Combating all forms of discrimination;
- Eliminating the worst forms of child exploitation;
- Ensuring that all children receive the necessary care in a family environment.

320. The framework identifies nine strategic areas, the most noteworthy of which is the promotion of partnerships. This involves putting in place and strengthening a legal framework for cooperation that is both consensual and flexible, building the operational

capacities of the main stakeholders (non-governmental organizations, children, families, social workers, communities) and harmonizing working methods, language and field operations. The full participation of children must also be secured.

321. Through the Ministry of Social Affairs, the Government is developing, with UNICEF support and in coordination with civil society organizations, the World Bank and the Global Fund to Combat AIDS, Tuberculosis and Malaria, strategies for caring for orphans and vulnerable children and reintegrating street children. Implementation of these strategies has resulted in: (i) in late 2008, the provision of care to 18,842 orphans and other vulnerable children in all the country's main cities and communes (Brazzaville, Pointe-Noire, Dolisie and Mossendjo, Sibiti, Madingou, Nkayi, Kinkala, Mindouli, Djambala, Ewo, Owando, Ouessou, Impfondo), including: medical assistance (5,886 orphans and vulnerable children), scholastic assistance (3,901 orphans and vulnerable children), assistance in learning a trade (485 orphans and vulnerable children) and support for the development or strengthening of an income-generating activity (429 families).

322. For the period 2004–2008, the budget allocated is: Government: CFAF 5 million per year; UNICEF: US\$ 103,800; World Bank: US\$ 350 million.

323. In 2009, the project was reoriented to focus exclusively on caring for children infected with and affected by HIV/AIDS. The following activities were carried out to this end: support for the development or strengthening of an income-generating activity: 374 families; vocational training: 374 orphans and vulnerable children; psychological support: 3,140 orphans and vulnerable children; health care: 4,513 orphans and vulnerable children; and scholastic support: 5,538 orphans and vulnerable children. The distribution by age group of the orphans and vulnerable children receiving care was: 0–4 years: 12 per cent; 5–9 years: 26 per cent; 10–14 years: 34 per cent; 15–18 years: 28 per cent. The proportion of girls was 50.2 per cent. Activities to reintegrate street children in their families have been going on in Brazzaville and Pointe-Noire since 2005, with a budget of CFAF 73,035,000. So far, 147 children have received assistance, 60 in Brazzaville and 87 in Pointe-Noire. Through these activities, 90 families have received support, 50 children have been placed in apprenticeships, 97 children have been enrolled in school and 89 children have been returned to their families.

324. On a completely different note, the launching in 2002 of the Centre for the Integration and Rehabilitation of Vulnerable Children (CIREV) made it possible, between 2002 and August 2010, to return 68 children (64 boys and 4 girls) to their families permanently, place 42 children in apprenticeships (leather working, dressmaking, hairdressing, baking, plastic arts, carpentry, mechanics, welding, driving instruction) and enrol 130 children (100 boys and 30 girls) in school (see table 4 in the annex).

325. Girls are assisted on a non-residential basis, as the Centre does not have accommodation for them.

326. In 2004 and 2005, with support from UNESCO and UNICEF, CIREV carried out an experimental project, "Social reintegration of street children through learning small trades", which succeeded in returning 12 children to their families by means of a resocialization process based on vocational training (dressmaking, hairdressing, leather working, baking, plastic arts). The second phase of the project, covering the period 2005/06, was fully funded by the Government and reintegrated four children. The Centre received budgetary allocations of CFAF 3,750,000 in 2002 and 2003, CFAF 10 million in 2004, CFAF 25 million in 2005, CFAF 42,984,000 in 2006, 2007 and 2008 and CFAF 92,984,000 in 2009 and 2010. It has also developed a partnership with the Evangelical Church of the Congo, through which three children have been returned to their families.

327. CIREV faces two kinds of constraints: (i) its staff would benefit from further training to improve the quality of their social work on the ground and help them provide the

necessary socioeducational assistance; (ii) its building does not have a fence to secure its property and keep the children safe.

328. In the private sector, there are many non-governmental organizations working with street children. These include the following: Association Ndako Ya Bandeko, Espace Jarrot, Action Espoir Enfants en Détresse (AEED), Association Jeunesse Développement et Travail (AJDT), Actions de Solidarité Internationale (ASI Congo), Association Serment Universel (ASU), Education en milieu ouvert (EMO), Don Bosco Brazzaville, Association Espace Enfants (AEE), Centre d'Accueil pour Mineurs de Mvouvou (CAM), Secours International du Mouvement Chrétien pour la Solidarité (SIMCS) and the Madre Moreno Centre in Pointe-Noire. It should be noted that, since 2006, the Pointe-Noire mayor's office has been carrying out, with the assistance of Samu International, an experimental project entitled «Samu Social-Pointe-Noire».

329. The Réseau des Intervenants sur le Phénomène des Enfants des Rues (REIPER), a network of associations working with street children, was set up in 2004 to coordinate all these activities.

330. There are no data on other reception structures, but between 2005 and 2009 the Espace Jarrot housed 40 children each year, placed 15 children in apprenticeships and permanently reintegrated 50 children. It places around 80 children in school and receives between 350 and 400 children in need of assistance at its counselling centre.

331. Most of these structures are staffed by people with little formal training in social work (social workers or special educators), which sometimes hinders the functioning of reintegration mechanisms for children who need proper monitoring. They are also housed in dilapidated buildings with little water-storage capacity. Aside from CIREV, which is State funded, some structures operated by civil society organizations are funded by international donors and others by their own congregations.

332. A further difficulty is the lack of coordination among the different structures' areas of activity. They rarely consult one another, each working in its own area of activity with its own tools, and none of them has a proper grasp of child rights legislation.

333. The State has three nursery/day-care centre complexes for abandoned children, two in Brazzaville and one in Pointe-Noire. Since 2003, the three structures combined have had an annual budget allocation of CFAF 32.5 million.

334. The private sector runs some 30 reception and accommodation centres, including: La Semence reception centre, Marie Miséricorde house, Soeur Clotilde shelter, Joseph Gaston Céleste orphanage, Lumière pour Enfants house, Espérance Soeur Dorcas house, Notre Dame de Nazareth orphanage, les Cataractes orphanage, Béthanie reception centre and Sainte Face de Jésus orphanage.

335. There are still some constraints on the implementation of these projects. The orphans and vulnerable children project faces the following constraints: (i) lack of operational partnerships to reduce care costs; (ii) little community ownership of programmes; (iii) difficulty of finding jobs for children once they have completed vocational training; (iv) low incomes generated by income-generating activities; (v) high costs per child: US\$ 229 per year because of management costs; (vi) virtually non-existent State counterpart funding, which limits the ability to fund certain vital activities not included in the project document, such as the HIV/AIDS-prevention and health promotion project (PLVSS) and the decentralization and scaling up of prevention activities project (PADEPP); and (vii) poor supervision by the Directorate of Social Action and the Family and lack of involvement of social action districts.

336. Taking into account the lessons learned over the reporting period, the Government plans to develop with all institutional stakeholders a strategy that includes: (i) prevention,

care and reintegration of street children; (ii) increased social mobilization to combat violence against women and children; (iii) national risk-management and emergency-response capacity-building; (iv) documenting evidence; (v) building the capacity of social welfare services to coordinate the expansion of good-quality services for orphans and vulnerable children; (vi) supporting the efforts of community networks to reduce stigmatization of and provide care for children affected by HIV; (vii) mobilizing the necessary resources for the care of street children, orphans and vulnerable children; (viii) training or retraining executing agencies' service providers in the care of orphans and other vulnerable children, based on the updated procedures manual; and (ix) building the oversight capacities of the Directorate of Social Action and social action districts.

**Reply to the recommendation in paragraph 51(d) of the Committee's concluding observations**

337. In the Congo, many associations and non-governmental organizations, of which 28 have been identified, are working to raise awareness of sexual and gender-based violence. The two key organizations in this area are the Congolese Association to Combat Violence against Women (ACOLVF), through its observatory, and the Comptoir Juridique Junior (juvenile legal aid office), through its counselling centre for women and child victims of violence in Pointe-Noire. These organizations do not raise just awareness about sexual violence but about all forms of violence against women and children, the most common forms being violations of the rights of widows and orphans, abandonment of children by their fathers, aggravated assault and sexual violence.

338. Between 2000 and 2003, Médecins sans Frontières (MSF)/France developed a major campaign, with the slogan "Tika/Bika viol" (I say no to rape), which was launched on International Women's Day 2003. The campaign used a range of awareness-raising techniques, such as banners on all major roads, stickers and street theatre and musical events in numerous neighbourhoods of each city district. The campaign gained huge visibility in Brazzaville and featured prominently in the Congolese press.<sup>9</sup>

339. Currently, the other most frequent and most popular awareness-raising strategies involve close contact with the public: visiting churches, non-governmental organizations, schools, neighbourhoods or social housing complexes to give talks and lead discussions, going door to door, contacting sex workers. Other strategies include setting up or using youth clubs, giving classes or lectures, providing counselling (legal clinics), organizing activism days, building media contacts, publishing bulletins, organizing forums or drawing competitions or putting on plays. The most commonly used communication tools are illustrated or non-illustrated leaflets and also documentaries, fictional works and songs.

340. In the same context, the Government, through the Ministry for the Advancement of Women, has incorporated activities to combat violence against women and girls in the national policy for the advancement of women and the national gender policy, as well as in action plans adopted in cooperation with development partners such as UNICEF. The following outcomes have been achieved:

- Establishment of and support for a network of non-governmental organizations working to combat violence against women and girls;
- A bill punishing rapists and strengthening measures of protection, prevention and elimination of violence against women and young girls;
- Organization of information, education and communication campaigns;

<sup>9</sup> MSF France, Annual Report 2003.

- Organization of information and awareness-raising campaigns on the different kinds of violence and their consequences, including support for the creation of income-generating activities to assist victims' reintegration;
- Organization of training workshops for uniformed police as part of the enforcement of sentences against perpetrators of sexual violence;
- Advocacy work with the military authorities;
- Production of the "Indelible" audiovisual aid based on the life stories of victims of sexual violence and its dissemination in schools, churches and the media.

**Reply to the recommendation in paragraph 51(e) of the Committee's concluding observations**

341. Violence against women and children has escalated over the past 10 years, taking various forms and preventing women and children from exercising their rights fully.

342. Effectively combating the various forms of violence against children requires the adoption of an organized set of actions that can be used to gauge any progress made. However, there would be no point in drawing up a plan of action at a time when the State does not have a specific law that is more in line with the Convention. Clearly, violence against children must be combated, and actions to that end are envisaged as part of the adoption and implementation of a national human rights plan that would include the stigmatization of violence against children.

343. The document summarizing the post-conflict surveys conducted by the Directorate for the Advancement of Women and the Population Directorate in July 1999 and June 2001 indicated that 1,507 children aged under 18 had been victims of sexual violence.

344. Analysis of the current situation of violence in the Congo reveals the following:

- Victims are increasingly children aged under 18;
- Perpetrators are generally adolescents belonging to the family or the neighbourhood, although there is another category of exclusively adult perpetrators who commit such violence on a number of pretexts;
- Incest is becoming increasingly prevalent.

345. Following the sociopolitical unrest in the Congo, the Government, assisted by agencies of the United Nations system, put in place an anti-violence programme that was coordinated nationally by the Population Directorate, in partnership with national and international non-governmental organizations. This programme involved:

- Medical, psychological and economic assistance for women and girls victims of violence;
- Prevention of violence in the community.

346. ACOLVF has been executing a UNICEF-supported project entitled "Combating and preventing violence in the Congo" since 2004, as part of the Congo-UNICEF cooperation programme. An observatory to monitor violence against children and women has been set up to make good the lack of reliable data on this phenomenon.

347. In order to create a protective environment for children, the Government has adopted a strategy of promoting and applying the Charter, conventions and other instruments. This includes creating a children's rights observatory and adopting and implementing new measures for the promotion and protection of children's rights.



348. From a legal standpoint, articles 53 and 64 of the Child Protection Code prohibit corporal punishment and torture of children, while article 55 offers legal remedies.

**Reply to the recommendation in paragraph 51(f) of the Committee's concluding observations**

349. Cases are handled in accordance with the laws of the Republic (Family Code, Criminal Code).

**Reply to the recommendation in paragraph 51(g) of the Committee's concluding observations**

350. The operation of a 24-hour three-digit toll-free helpline is an innovative idea, but it would involve significant costs in terms of the mobilization of human resources who are essentially public employees.

351. Moreover, the Government has already experimented with operating such a helpline through the prosecutor's office attached to the Brazzaville high court, in the context of the Anti-Crime Coordination and Action Committee. It is reluctant to reintroduce an initiative, the ineffectiveness of which is often attributable to private mobile telephone operators' unwillingness to cooperate and the unreliability or faultiness of the landline network in most neighbourhoods, even in major cities.

352. Logistically, the most effective approach would be to use radio frequencies.

**Reply to the recommendation in paragraph 51(h) of the Committee's concluding observations**

353. UNICEF is supporting the Government's efforts to develop social policies for women and children in the Congo and to improve their access to good-quality basic social services and to the information and supplies essential for them to enjoy their rights to survival, education and protection, paying particular attention to indigenous people and to HIV/AIDS prevention.

354. In the area of protection, actions are organized around the programme for the protection of children and women through the following projects: (i) development of child protection services; (ii) protection of indigenous children; (iii) combating violence and abuse; and (iv) care of orphans and vulnerable children.

355. With regard to the foregoing, the negotiation of a technical partnership with UNICEF offers the best approach for funding the recurrent costs of such an initiative.

**Reply to the recommendation in paragraph 52 of the Committee's concluding observations**

**Overarching recommendations**

**Awareness-raising:** *Develop, with community involvement (religious leaders, media), awareness-raising campaigns on the long-term consequences of violence against children to encourage a dialogue between parents and children*

356. Several local organizations, such as ACOLVF, denounce violence against women and children and emphasize the importance of implementing a national plan of action to combat it.

357. In the absence of a programme or policy to address the problem of violence against children, however flagrant, the Government and local non-governmental organizations such as ACOLVF, the juvenile legal aid office (Pointe-Noire), the Evangelical Women and

Development Association (AFED) and the Congolese Catholic Church's diocesan justice and peace commission, with the support of bilateral and multilateral partners, are organizing awareness-raising and behaviour change communication as one means of prevention.

358. These campaigns are designed to help reduce violence against children and women, violations of women's and children's rights under the Congolese Family Code and problems of street children and child trafficking.

359. The strategies most frequently used for awareness-raising campaigns are close contact with the target audience and the training of peer educators. Such activities target not only communities but also professionals, decision-makers and journalists.

360. The use of these strategies has raised individual and collective awareness of the issue of violence against children. Community liaison officers, trained and recruited from all sectors of the community, schools and law-enforcement personnel, carry out ongoing peer education both on HIV/AIDS and on all forms of sexual violence and their consequences.

361. To maintain this impetus, the Government plans to relaunch the National Plan of Action for Children (PANE), in keeping with the Poverty Reduction Strategy Paper, and to develop partnerships with cooperation bodies and different United Nations agencies such as UNICEF and UNFPA in order to receive technical and financial support for combating and responding to such violence.

**Participation of children:** *Ensure children's participation in all stages of the development of the projects, programmes and policies put in place*

362. Article 12 of the Congolese Family Code stipulates that all children shall be able to give their views on all areas affecting them, either directly or through a representative. The Child Protection Code confirms this provision, notably in its articles 13, 30 and 31. In practice, most children are not consulted by government institutions when decisions are taken and programme designed. Whether in the family, at school, in institutions or in the community, children's right to express themselves is not always respected. Freedom of expression and information is also guaranteed by article 19 of the Constitution, but most children in the Congo are unaware of their rights.

363. Giving children a voice has always been one of the foundations of cooperation between the Congo and UNICEF. In this context, the first Congolese children's forum was held on 25 September 2003 in Brazzaville and resulted in the establishment of the Congolese Children's Parliament, under the auspices of the Ministry of Social Affairs, Solidarity, Humanitarian Action and the Family and in cooperation with UNICEF, in order to allow children to express their views. The Parliament, comprising 36 children elected by their peers, was re-elected in 2008 and now has 303 members throughout the country. To date, it has held three sessions. Currently, each department has a departmental parliament with four officers. The national bureau is headed by five officers (two boys and three girls) and chaired by a girl. The Children's Parliament has an annual budget of CFAF 20 million, allocated by the Government, and all its meetings are presided over by the chair of the national bureau.

364. Since its creation, the Congolese Children's Parliament has participated in and organized the following activities:

- Participation in all activities related to the celebration of the Day of the African Child and the launching of the annual *State of the World's Children*;
- Participation in the eighth session of the Mali Children's Parliament in December 2003;

- Holding of the first session of the Congolese Children's Parliament in Brazzaville in September 2004 to review the year's activities and consider the procedures for organizing children's parliaments in each of the country's departments;
- Establishment of departmental children's parliaments in the departments of Kouilou, Brazzaville, Plateaux and Cuvette;
- Holding of the second session of the Children's Parliament in Brazzaville in September 2005, at which problems of child abuse were included on the agenda and discussed and new officers were elected;
- Participation in the Global Action Week on Education for All in April 2004;
- Organization of a conference at the United Nations Information Centre to discuss the resumption of activities carried out in Dolisie as part of the celebration of the Day of the African Child 2006, with the continent-wide theme of protecting children from violence and the national theme of ending violence at school;
- Participation in the mid-term review and the youth forum organized by ECA in Addis Ababa;
- Participation in the African Regional Children's Conference on the Environment, organized in Yaoundé, Cameroon, from 30 July to 2 August 2007 by the United Nations Environment Programme (UNEP) to prepare for the International Children's Conference on the Environment to be held in Norway in 2008.

365. In July 2010, the Ministry of Social Affairs organized a recreation day with the officers and members of the Brazzaville Children's Parliament in a location some 20 km from Brazzaville.

366. Apart from this day, the Ministry of Social Affairs, Solidarity and Humanitarian Action, the Ministry for the Advancement of Women and Women's Integration in Development and the Ministry of Justice, through its legal aid offices, have joined with civil society in conducting awareness-raising campaigns for children to explain the various aspects of their rights.

367. However, the Children's Parliament does not have a legal framework that defines its responsibilities in order to ensure that it functions properly and plays an important role. Its operating budget is also inadequate. Its legal framework must therefore be defined and its budget increased.

**Legislation:** *Adopt and enforce laws punishing violence against children*

368. According to the 2006 study on violence against children in Brazzaville, 37.7 per cent of children surveyed said that they had experienced violence in the family. Moreover, while corporal punishment of children at school is theoretically prohibited, it is routinely administered, even though the Congolese Constitution accords special protection to children by expressly guaranteeing their rights and prohibits the torture and cruel, inhuman and degrading treatment or punishment of any person. Under decree No. 85/1001 of 8 August 1985 implementing article 13 of the Code of Criminal Procedure, as amended by Act No. 10/83 of 23 January 1983 (hereinafter the Code of Criminal Procedure), corporal punishment as a sentence is illegal.

369. Articles 53 and 112–117 of the Child Protection Code prohibit and punish violence against children. The promulgation of this Code and the revision of the Family Code should improve the situation of children by strengthening the legal framework for protecting them from violence.

370. The Government, through the Ministry for the Advancement of Women, has also drafted a preliminary bill criminalizing and strengthening measures of protection, prevention and elimination of violence against women and young girls.

371. There are also major constraints on the legal response to such violence: ignorance, non-application and incorrect application of existing laws by most child-protection stakeholders. This situation is all the more worrying in that the Government has adopted as a strategy the promotion and application of conventions (Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child), the creation of a children's observatory and the adoption and implementation of new measures to ensure the promotion and protection of children's rights in the Congo (PRSP 2008–2010).

**Budgets:** *Increase the share of the budget allocated to programmes for the protection of child victims of violence*

372. Just over 0.35 per cent of the total State budget is allocated to such programmes. Between 2006 and 2010, the budget allocated to the integration and reintegration programme for vulnerable children, which covers child victims of violence, did not change (see table 5 in the annex).

373. Despite the Government's efforts, this budget is still inadequate to meet the many demands placed on the Department of Social Affairs.

*Include the problem of protecting vulnerable children in Poverty Reduction Strategy Papers (PRSP)*

374. The Congo is witnessing the persistence of many social risks and the emergence of new challenges: orphans, street children, abandoned children, child soldiers, children in conflict with the law, child victims of trafficking, abuse and violence, teenage mothers, etc. Such children live in extremely precarious conditions and very few of them have access to social welfare services. According to the 2005 household survey, the proportion of children living below the poverty line (54 per cent) is higher than that of adults (47 per cent) because the fertility rate is higher in poor households. These children are also often deprived of education, health services and access to drinking water and sanitation because their households have very few resources and the areas where they live pose greater difficulties and risks.

375. Children with disabilities always face discriminatory attitudes and barriers that continue to prevent them from developing their abilities and enjoying a full and satisfying life. In addition to having to contend with social prejudices, their families do not have sufficient income to pay the high costs of specialized services. Because the existing laws are not applied properly, sexual violence (rape, incest, sexual exploitation of young girls and sexual harassment) persists, is becoming commonplace and goes unpunished.

376. Economic insecurity and widespread poverty are exacerbating exclusion, exploitation and early sexuality and motherhood, including among refugees in Sangha and Likouala.

377. According to the 2007 general population and housing census, 8.6 per cent of children aged 0–17 have not been registered. Non-registration of births is a further challenge to child protection efforts. The problem is particularly acute among indigenous minorities and remains a concern among other social sectors, despite the efforts made to provide birth registration services, engage in advocacy with the support of non-governmental organizations and conduct late birth registration campaigns and special operations to register the children of indigenous people and of refugees in Sangha and Likouala.

378. The basic obstacles to creating a really favourable environment for child survival, development and protection are: (i) low level of application of legislation on the rights of children, women and minorities; (ii) widespread non-registration of children; (iii) high levels of malnutrition among children in rural and urban areas; (iv) high infant and child morbidity and mortality due to basic communicable and parasitic diseases; (v) poor basic education conditions; (vi) early sexuality, exposing children to multiple risks; (vii) child exploitation (child labour, prostitution, child soldiers, child trafficking); (viii) lack of care for children in difficulties (street children, child victims of trafficking, children in conflict with the law, orphans and vulnerable children); and (ix) lack of care when it comes to prevention and treatment for children infected with or affected by HIV/AIDS.

379. Given this situation, the Government is determined to confront the challenges and reduce poverty levels in order to enhance the protection of vulnerable children. To do this, it included in the 2008–2010 PRSP strategic lines of action for creating a protective environment that will guarantee child survival, development and well-being and improve access to schooling for children with disabilities.

380. These strategic lines are: (i) promotion and application of conventions, the Charter and legislative instruments (Convention on the Rights of the Child, African Charter on the Rights and Welfare of the Child, Convention on the Elimination of All Forms of Discrimination against Women); (ii) reduction of red tape for the registration of births by applying the legal provisions on the free issuance of birth certificates; (iii) promotion and encouragement of improvements in basic social services for children; (iv) better care of children in difficulties; and (v) human, technical and institutional capacity-building.

**Training:** *Adopt and implement intensive measures to train judges, teachers, police, prison wardens, customs officers, etc. how to counsel and care for child victims*

381. Since 2000, teachers have received training in trauma counselling (see recommendation 20). For other kinds of personnel, training is project-linked (for instance, police training to combat child trafficking in Pointe-Noire).

**Coordination:** *Strengthen partnerships among the United Nations, non-governmental organizations, communities and other agencies working on issues of violence against children*

382. The Government is implementing cooperation programmes with agencies of the United Nations system that include efforts to combat abuse and violence.

383. In June 2008, UNICEF approved the funding of a programme to support the Government's health, education and rights policies, as well as its policies for combating all forms of discrimination and the different forms of violence. UNFPA is supporting the Government's reproductive health and HIV/AIDS-prevention programmes, initiatives against sexual violence and integrated programming on gender.

384. The Office of the United Nations High Commissioner for Refugees (UNHCR) is responsible for all aspects of the protection of child refugees in the Congo.

385. The World Bank is supporting the Department of Social Affairs in providing care for children orphaned and affected by HIV/AIDS, under the Multi-Country HIV/AIDS Programme (MAP) for Africa.

386. Local and international civil society, religious groups and community associations play an important role in supporting and protecting children, especially orphans and vulnerable children and indigenous children. Thus, partnerships to address this problem are developing positively.

### Setting-specific recommendations

#### **Violence in the family:** *Adopt the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography*

387. In addition to domestic laws prohibiting these practices, the Congo acceded on 6 May 2006 to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

388. The worrying problem is that children, parents, communities and most State and non-State actors involved, to varying degrees, in the judicial protection of children do not know about the Optional Protocol, especially when one considers that, under article 184 of the Constitution, duly ratified or approved international instruments take precedence over domestic laws.

389. In order to operate as a State governed by the rule of law and offering quality public services, the Government intends to improve the performance of public institutions by: (i) implementing legal and judicial reforms, including procedural reforms; and (ii) promoting knowledge of legal procedures and laws so that men and women are familiar with and understand legal texts and are able to interpret them correctly. Information, education and communication (IEC) and behaviour change communication (BCC) activities will be organized, as well as training seminars for judges and society at large on human rights, including women's rights (PRSP).

#### *Launch and support national surveys on the causes of violence in the family, including sexual violence, taking into account the views of children*

390. There are many studies dealing directly or indirectly with sexual violence. Those dealing indirectly with sexual violence include studies on child prostitution, child trafficking, child labour, street children, mistreatment in the home or at school, violence against widows and orphans, vulnerable children and HIV/AIDS. These studies, carried out by national or international organizations, tend to be directly operational, in other words, they are used to draw up or redirect a development project. The Psychology Department of Marien Ngouabi University also carries out research on various aspects of violence in the Congo.

391. There are 14 case studies, conducted either during or after the armed conflict, that deal directly with sexual violence. Most take a fairly general approach to the problem (characteristics, causes, consequences, prevention): Sexual violence in conflict situations in the Congo: Brazzaville (November 1999); Sexual violence in conflict situations in southern Congo: Dolisie, Kinkala, Nkayi, Pointe-Noire, Sibiti (June 2001); Sexual violence in northern Congo: Djambala, Gamboma, Owando, Etoumbi, Ouesso, Impfondo (April 2002); Knowledge, Attitudes and Practices (KAP) Survey of violence against women, including sexual harassment and indecent assault, in the Republic of the Congo (December 2002); Sexual violence in Brazzaville (February–March 2005); Study on the vulnerability of women and girls to HIV/AIDS and sexual violence (November 2005); Study on violence against children in Brazzaville (January 2006); Study on sexual exploitation of children in Pointe-Noire (September 2006); and Study on sexual violence in Pool (October 2007). However, three surveys are concerned specifically with the problem's legal and judicial aspects: Study on the judicial experience of victims (2002); Study on amicable settlements (2002); and Enforcement of sentences against perpetrators of sexual violence (March 2003). Lastly, while most of research is presented in the form of written documents, two are audiovisual documents (films): "*Nous sommes nombreux*" (*We are many*) (2002) and "*Le poids du viol*" (*The burden of rape*) (2002).

392. The studies' findings demonstrate clearly that sexual violence, particularly rape, did not end with the armed conflict. The nature of the phenomenon is changing, however. It is clear from the social and judicial penalties actually imposed that it has become both commonplace and trivialized, although the trauma experienced by its victims is as great as ever.

393. The Government has adopted the following strategies for combating all forms of violence: (i) adoption of measures to prevent and eliminate violence against women, which will involve the application of the provisions of the Criminal Code punishing perpetrators of violence; and (ii) strengthening of centres that provide medical, health and psychosocial care to women victims of violence and assist their socioeconomic reintegration (PRSP 2008–2010).

**HIV/AIDS-related violence:** *Publicize violence (psychological abuse, discrimination) against children affected by HIV/AIDS (marginalization of children whose parents are infected, stigmatization of infected children)*

394. In 2002, the Congo embarked on a strategic planning process that, thanks to the support of its multilateral partners, culminated in the design of a strategy framework to combat AIDS and sexually transmitted infections (STIs).

395. The National Anti-AIDS Council (CNLS) is chaired by the head of State. It is a multisectoral, multidisciplinary body that coordinates and guides efforts to combat HIV/AIDS and STIs.

396. Funding for these AIDS-prevention efforts comes from the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the State budget.

397. The State's involvement remains considerable. In 2002, government resources allocated to combating HIV/AIDS totalled CFAF 33 million. They increased considerably in 2003 and totalled CFAF 300 million in 2004 and 1 billion in 2005, when they were used to fund the 2005 multisectoral plan of action. Data for 2006–2009 can be found in section 5 on basic health and welfare.

398. From 2005 to 2009, the World Bank allocated CFAF 1.5 billion.

399. The emergence of AIDS orphans is creating serious social, health and economic problems. Such orphans experience difficulties in accessing education, food, health care and protection and many of them become street children.

400. In the 2009–2013 national strategy framework to combat HIV/AIDS and STIs, the National Anti-AIDS Council mentions that HIV-positive persons suffer stigmatization and discrimination in all social environments, including the family, the community, the workplace and some health centres.

401. With regard to the specific situation of AIDS orphans, it is recognized in the Congo that orphans and children separated from their parents are often the most vulnerable in their peer group. Such children are more at risk of malnutrition, disease, lack of access to basic education, psychological disorders and all kinds of abuse, including sexual abuse, which makes them particularly vulnerable to HIV/AIDS.

402. According to CNLS, stigmatization and discrimination are detrimental not only to the quality of life of children affected by HIV/AIDS, but also to the care process. For instance, to avoid arousing suspicion, many people refuse to take their prescribed medicines. To reduce the problem, the Council plans to draft and disseminate laws protecting the rights of HIV-positive persons, organize campaigns against stigmatization and discrimination and encourage HIV carriers to take part in these campaigns.

*Increase the means available to families to protect and care for orphans and vulnerable children.*

403. According to the 2003 survey on vulnerable children in urban and semi-urban areas of the Congo, the proportion of vulnerable children in need of assistance is estimated at 4 per cent of all children aged under 18. Specific actions are being taken to address this situation.

404. The HIV/AIDS-prevention and health promotion project includes a component targeting such children. Entitled "Care of orphans and other vulnerable children", the component is designed to help create an environment favourable to the all-round development of orphans and other vulnerable children.

405. This component involves assisting orphans and other vulnerable children in order to improve their access to basic social services (basic health care, schooling, vocational training for children who are not in school and are heads of household, psychological support, help in starting or expanding an income-generating activity, social protection).

406. The categories of children covered by this component are:

- Orphans aged under 18 who have lost one or both parents for whatever reason;
- HIV-positive children aged under 18 living with HIV;
- Other vulnerable children: street children, displaced or refugee children, children with disabilities, albino children and children whose parents are extremely poor.

407. In addition to child beneficiaries of the Congo-UNICEF protection programme and children who have been confirmed to be medically vulnerable, assistance is also provided to the most socioeconomically vulnerable orphans. These include the following:

- Orphans who have lost both parents and receive no support from an adult, including orphans who are heads of household;
- Children living in orphanages who do not receive the full package of social benefits (scholastic assistance, access to care, adequate food);
- Orphans who have lost one parent and whose surviving parent is unable to meet the child's educational, nutritional and health-care needs;
- Children who have lost both parents and are living in very poor families (receiving one meal or less per day, unable to attend school for financial reasons, without access to basic health care).

408. The orphans and other vulnerable children component provides support to the child and his or her foster family. For children living in orphanages, the component supplements and/or improves the package of services provided directly to the child.

409. Care provision for orphans remains minimal, however, despite some progress made by scaling up the orphans and other vulnerable children project. Many orphans are still living in extremely precarious conditions in orphanages that are neither regulated nor monitored. Adoption mechanisms are also sometimes open to abuse.

410. There is also no proper detection and monitoring mechanism for vulnerable children. The capacities of the Ministry of Social Affairs in this area remain limited: very few trained staff, lack of implementation capacity and concerted partnership, chronic lack of financial resources.

411. The Government's sectoral response remains limited to: (i) implementing specific actions under the national strategy framework for vulnerable children, such as preventing situations of vulnerability, supporting and strengthening existing facilities such as reception



centres for orphans and vulnerable children, reactivating legal tools such as protection laws and regulations and rules governing reception centres and orphanages, and promoting partnerships and private initiatives; and (ii) enhancing the effectiveness of socioeconomic responses aimed at increasing the autonomy of disadvantaged individuals and groups by drawing up a national programme of support for their reintegration in the family, in school, and/or in society and the workplace.

**Violence in schools:** *Prohibit corporal punishment in schools and propose non-violent alternatives to teachers*

412. The prohibition of corporal punishment is included in teacher training, but is not always observed in practice. Physical violence remains a deeply entrenched habit and its use is still prevalent in both families and other environments. Stronger preventive (information, education, awareness-raising) and corrective (legislation, penalties) measures are therefore needed to put an end to it.

**Violence in schools:** *Provide training in and raise awareness of respect for children's rights for staff of the national education system: inspectors, teachers and other staff working in schools*

413. UNICEF-supported dissemination of the Convention remains limited and should be reinforced by the government initiative to include human rights education in school curricula.

**Violence in the workplace:** *Ratify and implement ILO Conventions Nos. 138 concerning the minimum age for admission to employment and 182 concerning the worst forms of child labour*

414. The Congo has ratified ILO Conventions Nos. 138 (November 2006) and 182 (August 2002), but their implementation remains limited. The promulgation of the Child Protection Code, notably its article 68 prohibiting underage employment, the worst forms of child labour and all other domestic activities posing a threat to the physical or mental health of children, might improve the situation.

**Violence in the workplace:** *Draw up and implement a national plan of action*

415. For now, the Congo does not have a national plan of action against workplace violence. Nevertheless, depending on the structures involved, the issue is governed by professional codes of conduct and/or internal rules in accordance with the Labour Code.

416. Such a plan of action is needed, however, given the difficulties encountered in enforcing the penalties for workplace violence stipulated in the above instruments.

417. The Committee recommends the development and implementation of awareness-raising and mobilization strategies aimed at children, families, the media and communities, based on a better understanding of children's rights and the risks faced by children (see recommendations 19 and 51(d)).

#### **Reply to the recommendation in paragraph 53 of the Committee's concluding observations**

[The texts cited below between paragraphs 417 and 449 come from the United Nations study on violence against children (A/61/299)]:

##### **“1. Strengthen national and local commitment and action**

96. I recommend that all States develop a multifaceted and systematic framework to respond to violence against children which is integrated into national planning

processes. A national strategy, policy or plan of action on violence against children with realistic and time-bound targets, coordinated by an agency with the capacity to involve multiple sectors in a broad-based implementation strategy, should be formulated. National laws, policies, plans and programmes should fully comply with international human rights and current scientific knowledge. The implementation of the national strategy, policy or plan should be systematically evaluated according to established targets and timetables, and provided with adequate human and financial resources to support its implementation. However, any strategy, policy, plan or programme to address the issue of violence against children must be compatible with the conditions and resources of the country under consideration.”

See recommendation 51(e).

418. With regard to legislation, the new Child Protection Code has been harmonized with the Convention on the Rights of the Child.

**“2. Prohibit all violence against children**

97. I urge States to ensure that no person below 18 years of age is subjected to the death penalty or a sentence of life imprisonment without possibility of release. I recommend that States take all necessary measures to immediately suspend the execution of all death penalties imposed on persons for crimes committed before reaching the age of 18 and take the appropriate legal measures to convert them into penalties that are in conformity with international human rights standards. The death penalty as a sentence imposed on persons for crimes committed before reaching the age of 18 should be abolished as a matter of highest priority.”

419. In practice, the death penalty is no longer applied in the Congo, even though it is provided for in existing laws on the subject. The reform of the judicial system through the revision of laws and regulations will take this major concern into account.

“98. I urge States to prohibit all forms of violence against children, in all settings, including all corporal punishment, harmful traditional practices, such as early and forced marriages, female genital mutilation and so-called honour crimes, sexual violence, and torture and other cruel, inhuman or degrading treatment or punishment, as required by international treaties, including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of the Child. I draw attention to general comment No. 8 (2006) of the Committee on the Rights of the Child on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment (arts. 19, 28, para. 2, and 37, inter alia) (CRC/C/GC/8).”

See recommendations 52(c) in section V and 65 in section VI.

**“3. Prioritize prevention**

99. I recommend that States prioritize preventing violence against children by addressing its underlying causes. Just as resources devoted to intervening after violence has occurred are essential, States should allocate adequate resources to address risk factors and prevent violence before it occurs. Policies and programmes should address immediate risk factors, such as a lack of parent-child attachment, family breakdown, abuse of alcohol or drugs, and access to firearms. In line with the Millennium Development Goals, attention should be focused on economic and social policies that address poverty, gender and other forms of inequality, income gaps, unemployment, urban overcrowding, and other factors which undermine society.”

420. For now, there is no institutional framework specific to this question, apart from the actions taken by ACOLVF and actions under the anti-trafficking project in Pointe-Noire.

**“4. Promote non-violent values and awareness-raising** to ensure full respect for the rights of the child in all media coverage

100. I recommend that States and civil society should strive to transform attitudes that condone or normalize violence against children, including stereotypical gender roles and discrimination, acceptance of corporal punishment and harmful traditional practices. States should ensure that children’s rights are disseminated and understood, including by children. Public information campaigns should be used to sensitize the public about the harmful effects that violence has on children. States should encourage the media to promote non-violent values and implement guidelines to ensure full respect for the rights of the child in all media coverage”.

421. Gender discrimination persists in the Republic of the Congo, despite the adoption of several laws enshrining legal equality between men and women and the ratification of most of the international instruments adopted to this end. There is also de facto inequality. It is in the area of socioeconomic rights that discrimination is evident in practice.

422. Girls routinely suffer harassment and sexual violence. Not only is there a high tolerance threshold for violence against girls and women, but sexual assaults have also become commonplace. It is common practice for teachers to sexually harass girls in both primary and secondary schools.

423. The fact that school attendance among girls is already low makes such violence all the more problematic. The ratio of girls to boys is 0.93 in primary education, 0.87 in secondary education and 0.65 in high school.

424. As a result, UNICEF, in partnership with the Ministry of Education, has been setting up “child-friendly” schools since 2004 in order to improve the quality of education and provide supplementary training to teachers.

425. The Congo is implementing a national gender policy, under which, in cooperation with UNFPA, it is working on a national plan of action for education.

426. Children’s knowledge and understanding of their rights were boosted in early 2010 by the organization of campaigns publicizing the Convention in six of the country’s departments. These campaigns, carried out by the Department of Social Affairs in partnership with UNICEF, will continue in the departments that remain to be covered. Similar campaigns will be launched to publicize the recently promulgated Child Protection Code.

427. IEC, advocacy and social mobilization activities have been carried out through large-scale awareness-raising in public places, close-contact awareness-raising to change public attitudes and behaviours and a film by Moussa Traoré on sexual violence in conflict situations. Talks and discussions about the impact of violence on women, children and the victim’s environment and about each citizen’s role in combating violence against women and children have been held with heads of neighbourhoods, blocks and areas, market managers and school authorities in seven districts of the city of Brazzaville. Media professionals and judicial personnel have helped develop the topic of the role of the justice system and the media in combating violence against women and children. Community focal points for the prevention of violence have also been taught behaviour change communication (BCC) techniques.

428. The following seminars have been organized:

- Seminar with members of the national police on the role and involvement of the police in combating and collecting data on violence against women (67 police officers trained);
- Training seminar for victims of violence and parents of victims on the legal aspects of sexual violence and on women's and children's rights under the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child;
- Training seminar on stress counselling and data collection for members of the Association of Health Professionals (17 health workers from seven health structures trained);
- Training seminar on day-to-day stress management for women victims of violence.

**“5. Enhance the capacity of all who work with and for children**

101. I recommend that the capacity of all those who work with and for children to contribute to eliminate all violence against them must be developed. Initial and in-service training which imparts knowledge and respect for children's rights should be provided. States should invest in systematic education and training programmes both for professionals and non-professionals who work with or for children and families to prevent, detect and respond to violence against children. Codes of conduct and clear standards of practice, incorporating the prohibition and rejection of all forms of violence, should be formulated and implemented.”

429. This recommendation must be taken into account in the context of the reform brought about by the new sectoral strategy for education.

**“6. Provide recovery and social reintegration services**

102. I recommend that States should provide accessible, child-sensitive and universal health and social services, including pre-hospital and emergency care, legal assistance to children and, where appropriate, their families when violence is detected or disclosed. Health, criminal justice and social service systems should be designed to meet the special needs of children.”

430. With regard to the care of victims of violence, activities up to 2006 covered the following:

- Medical, psychological, economic and legal assistance for women and girls victims of violence;
- With UNICEF support, purchase of a building to house the care centre for women and girls victims of sexual violence;
- Medical and psychological assistance for 563 women and girls victims of violence with: (i) support from the Congolese Government, which made its skilled medical staff available to the ACOLVF centre (gynaecologist, psychologist and midwife); (ii) financial, material and technical support from UNICEF; (iii) WHO support in the form of medicines; and (iv) ACOLVF support in the form of trained and qualified human resources.

431. Activities involved 154 women and girls victims of rape, including 29 girls under the age of 15, and comprised:

- Gynaecological assistance: testing for STIs and HIV/AIDS, treatment and monitoring;

- Psychological assistance: counselling, listening and advice session, guidance and monitoring, group sessions, sharing of experiences among women victims, talks and discussions on issues such as trauma, day-to-day violence and mother and child relationships;
- With regard to economic assistance for women in distress:
  - Sixty women and girls were trained in dressmaking, bag weaving and embroidery (UNICEF);
  - Forty women and girls were trained in the management of micro-activities and helped to set up income-generating activities (UNDP, UNICEF);
  - Thirty women and girls in distress were trained to produce baked goods (funded by ACOLVF).

432. With regard to legal assistance, given the taboo nature of rape, only 22 women rape victims and parents of girls who had been raped received legal assistance (drafting of complaints, financial support for pursuing the case) with a view to obtaining compensation for the harm suffered.

**“7. Ensure participation of children**

103. I recommend that States actively engage with children and respect their views in all aspects of prevention, response and monitoring of violence against them, taking into account article 12 of the Convention on the Rights of the Child. Children’s organizations and child-led initiatives to address violence guided by the best interests of the child should be supported and encouraged.”

433. Children in the Congo have a forum, the Children’s Parliament, for coordinating and proposing initiatives. It was through this forum that the Government of the Congo undertook to involve children in the discussion of problems and the adoption of decisions concerning them.

**“8. Create accessible and child-friendly reporting systems and services**

104. I recommend that States should establish safe, well-publicized, confidential and accessible mechanisms for children, their representatives and others to report violence against children. All children, including those in care and justice institutions, should be aware of the existence of mechanisms of complaint. Mechanisms such as telephone helplines, through which children can report abuse, speak to a trained counsellor in confidence and ask for support and advice, should be established and the creation of other ways of reporting violence through new technologies should be considered.”

434. The two operational observatories of violence against children and women are the Violence against Women Observatory (OVEF), set up in August 2005 by ACOLVF in partnership with UNICEF, and the Evangelical Women and Development Association (AFED), set up by a non-governmental organization of the Congolese Evangelical Church as part of a project for strengthening initiatives to promote women’s and children’s rights. The first of the two observatories created community focal points and the second set up counselling and guidance centres in selected parishes.

435. OVEF is supported by UNICEF, while AFED is funded by the Evangelical Church. The other observatories set up in the aftermath of the armed conflict are no longer operational because of lack of funding. The problem of mobilizing resources is thus a major constraint and the Government is requesting support from international organizations to help make these observatories operational.

**“9. Ensure accountability and end impunity**

105. I recommend that States should build community confidence in the justice system by bringing all perpetrators of violence against children to justice and ensure that they are held accountable through appropriate criminal, civil, administrative and professional proceedings and sanctions. Persons convicted of violent offences and sexual abuse of children should be prevented from working with children.”

436. The analytical study of the justice sector carried out in 2009 by the project to support the rule of law uncovered several reasons for the dubious quality of the justice system. Emphasis was therefore placed on improving key factors in order restore community confidence. Foremost among these factors are training and confidence-building measures, such as amending codes to adapt them to the country’s current level of socioeconomic development.

437. Instituting the rule of law has to be the cornerstone of efforts to build a legally secure environment. National consideration should therefore be given to amending the various legal codes.

**“10. Address the gender dimension of violence against children**

106. I recommend that States should ensure that anti-violence policies and programmes are designed and implemented from a gender perspective, taking into account the different risks facing girls and boys in respect of violence; States should promote and protect the human rights of women and girls and address all forms of gender discrimination as part of a comprehensive violence-prevention strategy”.

438. The Child Protection Code and the revision of the Family Code should improve the situation of children by strengthening the legal framework for protecting them from violence. The Government is also planning a major drive at community level to make people more aware of the problem of violence and its consequences for the child’s development and to ensure that laws and policies can be applied.

439. Article 34 of the Congolese Constitution guarantees all children and adolescents protection against economic or social exploitation. With regard to the sexual exploitation of children, Congolese law contains provisions criminalizing the corruption of minors. Articles 332 and 333 of the Criminal Code criminalize indecent assault of a minor, prostitution, procuring and rape of a minor.

440. A number of other laws supplement the provisions of the Constitution and the Criminal Code, namely, the Family Code, the Nationality Code, the Social Security Code and the Child Protection Code, all of which protect minors.

441. A specific legal framework exists, comprising juvenile courts headed by juvenile judges, an observation centre for minors, legal aid clinics set up with UNDP support and a department for the legal protection of children within the Ministry of Justice and Human Rights.

**“11. Develop and implement systematic national data collection and research**

107. I recommend that States improve data collection and information systems in order to identify vulnerable subgroups, inform policy and programming at all levels, and track progress towards the goal of preventing violence against children. States should use national indicators based on internationally agreed standards, and ensure that data are compiled, analysed and disseminated to monitor progress over time. Where not currently in place, birth, death and marriage data registries with full national coverage should be created and maintained. States should also create and maintain data on children without parental care and children in the criminal justice system. Data should be disaggregated by sex, age, urban/rural, household and family

characteristics, education and ethnicity. States should also develop a national research agenda on violence against children across settings where violence occurs, including through interview studies with children and parents, with particular attention to vulnerable groups of girls and boys.”

442. To cite just one instance of action to combat violence and abuse, successful data collection helped to produce an overall picture of sexual violence in the Congo.

443. In 2007, the situation reports on efforts to combat sexual violence in the Congo and in Pool department helped highlight the phenomenon, which has persisted since the end of the armed conflict and taken on new forms.

444. At present, there are a number of structures that collect data on the problem. There are the two observatories, OVEF and AFED. There are two networks of counselling units, one linked to the Catholic Church and the other, a trauma counselling network set up by the Ministry of Social Affairs. Health centres also collect data on sexual and gender-based violence. There are three HIV/AIDS coordination centres run by the Evangelical Church and four centres for adults and young people run by the Congolese Family Welfare Association (ACBEF). Lastly, there are the counselling centres run by the Migrants and Refugees Mutual Assistance Commission (CEMIR), which cares for refugees in partnership with UNHCR.

445. Over the period from 2001 to 2003, ACOLVF received 583 victims of violence, of whom 138 were women and children victims of rape and 425 were women victims of conjugal violence, at its counselling centre. From 2005 to June 2006, there were 284 victims of violence, disaggregated as follows according to the violence involved: rape: 62.9 per cent; attempted rape: 10.8 per cent; sexual abuse: 13.4 per cent; incest: 9.25 per cent; and indecent assault: 3.4 per cent. The majority of the victims were minors (58.2 per cent of the victims were aged between 5 and 19 and one in three of these were minors under the age of 14). Most of their assailants, 78 per cent of whom were unknown to the victims, were aged between 21 and 35 and were unarmed civilians. Twenty-six rape cases out of 62 were transferred by police headquarters to the prosecutor’s office. Of these 62 cases, 40 were investigated by the Brazzaville high court and 12 by the third investigation unit of the Brazzaville high court.

446. One major difficulty, however, is that these different structures do not work as a network to coordinate their action.

447. Accordingly, the Government undertakes to instruct all ministries in charge of areas covered by the Convention and civil society organizations to submit proposals for the creation and operation of units to analyse and process data for their sector on the situation of mothers and children, as well as reports evaluating their activities. In this context, it requests the assistance of the Committee on the Rights of the Child and of bilateral and multilateral cooperation agencies in helping it produce regular statistical reports and authorize better documented and argued national replies.

## **“12. Strengthen international commitment**

108. I recommend that all States ratify and implement the Convention on the Rights of the Child and its two Optional Protocols on the involvement of children in armed conflict and on the sale of children, child prostitution and child pornography. All reservations that are incompatible with the object and purpose of the Convention and the Optional Protocols should be withdrawn in accordance with the Vienna Declaration and Plan of Action of the World Conference on Human Rights of 1993. States should ratify all relevant international and regional human rights instruments that provide protection for children including the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional

Protocol; the Rome Statute of the International Criminal Court; the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol; ILO Conventions No. 138 on the Minimum Age for Admission to Employment and No. 182 on the Worst Forms of Child Labour; and the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. States should implement all their international legal obligations and strengthen their cooperation with the treaty bodies.”

448. The Congo has ratified the following instruments:

- Convention on the Rights of the Child in 1993;
- African Charter on the Rights and Welfare of the Child in May 2006;
- ILO Conventions Nos. 138 and 182 in November 2006 and August 2002 respectively;
- Convention on the Elimination of All Forms of Discrimination against Women on 25 August 1982;
- Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on 29 September 2009;
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict on 31 May 2006;
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment on 29 August 2003;
- The Rome Statute of the International Criminal Court on 3 May 2004;
- The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography in May 2006.

449. What is worrying is the application of these instruments. In fact, they are being applied less and less and communities know nothing about them. The Government must therefore step up its campaigns to publicize these instruments, for which it requests the technical and financial support of agencies of the United Nations system, especially UNICEF, and development partners.

“109. I recommend that States act in conformity with their commitments on the prevention of violence made at the special session of the General Assembly on children and in the context of the WHO Health Assembly resolution 74 on implementing the recommendations of the *World Report on Violence and Health*, and other regional public health resolutions that reinforce this resolution.”

450. No data are available to assess action on this recommendation.

## **E. Gang rape**

### **Reply to the recommendation in paragraph 55 of the Committee’s concluding observations**

451. The observations about a trend of unpunished gang rape, particularly of indigenous girls (observations 54 and 55), were taken into account in the preparatory study for the Act on the promotion and protection of the rights of indigenous people and in that for the revision of various legal codes, including the Criminal Code.



452. The Government has undertaken to criminalize many practices criticized by international legal instruments, such as trafficking in persons and exploitation of the prostitution of others, especially children, by revising the various legal codes.

453. It should be recalled that Congolese criminal law does not specifically criminalize “gang rape”. In this situation, it would certainly make sense to first agree on the existence of such a crime and then define its constituent elements and punish it accordingly, in order to deal with future acts covered by criminal law.

## **VI. Basic health care and welfare (articles 6, 18(3), 23, 24, 26 and 27(1) to (3))**

454. The Committee’s observations on the articles of the Convention relating to health care and welfare cover five areas of concern:

- Children with disabilities;
- Health and access to health-care services;
- HIV/AIDS;
- Harmful traditional practices;
- Standard of living.

### **A. Children with disabilities**

#### **Reply to the recommendation in paragraph 57 of the Committee’s concluding observations**

455. The five special education establishments are all concentrated in Brazzaville and Pointe-Noire, a situation that penalizes children living in rural areas and smaller towns and cities. Since demand is estimated at around 100,000 children (see table 6 in the annex) and the five establishments accept 2,000 children a year on average, there is a huge shortage of reception structures.

456. Between March and December 2007, as part of the implementation of the national plan of action for the African Decade of Persons with Disabilities 1999–2009, the Government, through the Ministry of Social Affairs, installed and upgraded a double orthophonic booth in the early education and parental guidance unit of the Brazzaville Institute for Young Deaf People and equipped one at the Pointe-Noire Institute for the Hearing Impaired and another at the Institute of Educational Psychology prior to their opening, in order to enhance knowledge of the causes of disabilities and promote early intervention measures.

457. The fact that reliable data on the situation of children with disabilities are scarce and not centrally available makes it difficult to analyse the situation of children with disabilities.

458. The strategy framework for the school enrolment and re-enrolment of children with disabilities, drawn up in March 2007 with UNESCO support, has six priority areas:

- Overhaul of the legal framework in order to guarantee the rights of children with disabilities to education;
- Improvement of special conditions for access to learning and promotion of an environment of communication;

- Support for the funding and capacity-building of specialized institutions;
- Support for non-formal education;
- Promotion of partnership and cooperation;
- Promotion of support measures: coordination, studies, monitoring and evaluation.

459. There are many challenges to be met, as the problems are multiple, ranging from infrastructure to human resources to changing the attitudes of persons with disabilities and building their capacities for demanding and negotiating their rights.

## **B. Health and access to health-care services**

### **Reply to the recommendation in paragraph 59(a) of the Committee's concluding observations**

460. By the end of 2006, five of the social/health districts envisaged by the 1992 National Health-Care Development Plan (PNDS) had an operational core team and 13 had embarked on the process of rationalizing social/health districts and referral hospitals, based on:

- Use of diagnosis and treatment strategies;
- Integration of health care;
- Development of a standard package of activities based on a programmatic approach and community participation in the management of integrated health-care centres.

461. In 2007, only 31 per cent of the 199 integrated health-care centres planned in 1992 were rationalized. The centres and health areas developed in the departments of Brazzaville, Kouilou, Pool, Plateaux, Niari and Cuvette had expertise in the organization and operation of all components of a rationalized integrated health-care centre, namely:

- Organization of the minimum package of activities;
- Cost recovery;
- Use of essential medicines;
- Relations with the community through participatory bodies.

462. Although the benefits of integrated health-care centres can be appreciated from the outcomes of visits for treatment, antenatal monitoring, growth monitoring and routine EPI (BCG, DPT3, P3, VAR and VAT2), nationwide their use is low, mainly because:

- Essential generic medicines are often out of stock;
- Communities are under-informed about health activities;
- There are weaknesses in the supervision and monitoring of activities;
- Households' socioeconomic status (PHS1, 2005) excludes their use;
- Health-care training is not adapted to the context.

463. This situation prompted the Government, with World Bank assistance, to draw up a Health Sector Development Programme 2008–2012, which serves as a support framework for the National Health-Care Development Plan.

464. The programme is designed to ensure the strengthening of the health-care system in order to improve the overall health of the population, especially that of women, children and other vulnerable groups, by, inter alia:

- Building the leadership, management and operational capacities of a decentralized health-care system;
- Putting in place an effective and efficient human resources management system;
- Rehabilitating and re-equipping health-care units;
- Improving access to the package of high-quality essential care and services by: (i) defining essential care and services packages; (ii) ensuring nationwide coverage of essential care and services packages; (iii) improving the system for the reliable, permanent supply and management of medicines and medical materials and consumables; (iv) promoting community commitment and participation; and (v) promoting equitable access to health-care services for vulnerable populations.

465. This commitment implicitly includes supplying health-care centres with clean drinking water.

466. The World Bank is covering all the programme's funding needs, estimated at US\$ 40 million over a five-year period, through a CFAF 20 billion donation and inputs from technical and financial partners and the Government.

467. Two years after it was launched, the programme is experiencing serious administrative, procedural and occasionally financial difficulties in getting off the ground. For instance, since some activities have to be co-financed, the different mechanisms cannot always be put in place simultaneously and easily.

468. The main organs are now in place, however, namely:

- The coordination and management committee;
- The technical committee;
- The administrative and financial committee.

469. The three bodies have been up and running for the past year. The technical committee holds regular weekly meetings. Vehicles for the coordination of programme activities have been delivered and allocated.

470. Other completed or ongoing activities include:

- Training in 2007 of the 12 departmental health directors and two colleagues each from their management teams under the project to support the health system in Congo-Brazzaville (PASCOP), making a total of 36 management staff trained. Since then, the departmental directors have been meeting annually to review progress in their respective social/health districts;
- Training of the managers of all health projects and structures;
- Establishment of a staff training plan (initial and in-service training);
- Feasibility study for transforming the Oyo primary health-care hospital into an in-service training centre for health-care personnel;
- Forthcoming reopening of the Inter-State Centre of Higher Education in Public Health in Central Africa (CIESPAC) in Brazzaville;
- May 2010 roundtable on hospitals, which brought together over 40 senior Ministry of Health staff;
- Development and updating of the departmental institutional framework (an eight-member expert commission has been operational since June 2010 and meets twice a week);

- Equipping of the programme's coordination unit;
- Assessment of the furniture, equipment and computer needs of central and departmental health directorates;
- Staff survey;
- Updating of infrastructure and equipment standards and norms;
- Updating of the operational framework of the Family Health Directorate.

471. To improve the quality and quantity of health-care provision in integrated health-care centres and referral hospitals, training content focuses on:

- The vaccination schedule (vaccinations and nutritional support);
- Emergency care;
- Treatment of children aged 0 to 5 years;
- Preparation of flow charts and standardized treatment schedules.
- Midwifery training places particular emphasis on:
  - Prevention of early and closely spaced pregnancies, STIs and HIV/AIDS through family planning;
  - Monitoring of women during pregnancy: reorientation of antenatal check-ups;
  - Monitoring of women during labour (partogram);
  - Monitoring of newborns and their mothers (postnatal check-ups).

472. The above training, covered by the memorandum signed between the Congo and the World Bank, will take place at all levels of the health-care system and has already begun, *in situ*, in integrated health-care centres, referral hospitals or social/health districts, thanks to the pool of instructors trained in each health department.

473. Administrative delays (often caused by procedural problems) in the implementation of activities mean that not all activities planned for this year have begun, however.

474. Added to this, senior staff are highly mobile. In short, inadequate organizational, human and financial capacities remain a major constraint.

475. With the launching of the National Health-Care Development Plan thanks to the National Health Sector Development programme, the Government is doing its utmost to ensure that good outcomes are achieved with regard to Millennium Development Goals 4, 5 and 6. In so doing, it reassures the Committee on the Rights of the Child that the best interests of the child are foremost among its concerns. That is why it plans to continue rationalizing social/health districts and referral hospitals, increasing health-care coverage and building management capacities.

#### **Reply to the recommendations in paragraphs 59(b) and (c) of the Committee's concluding observations**

476. The 2005 population and health survey (PHS) showed that, over the most recent survey period (2001–2005), for every 1,000 live births, 75 children died before the age of one year. Of the 1,000 children who survived to their first birthday, 44 died before the age of five years. Overall, just over one child in 10 (117 per 1000) dies before reaching the age of five.

477. The same survey showed that the under-five mortality rate is markedly higher in rural areas than in urban areas. This high mortality rate is linked to demographic, cultural,

socioeconomic and individual factors, as well as to the characteristics of households and communities.

478. With regard to maternal health, the maternal mortality ratio was estimated at 890 deaths per 100,000 live births in the 1990s and 1,100 deaths per 100,000 live births in 2002. It is currently estimated at 781 per 100,000 live births (PHS1 2005). In the Congo, a woman runs a roughly 1 in 28 risk of dying from maternity-related causes during her childbearing years.

479. The Family Health Directorate's 2006 rapid survey of emergency obstetric care coverage revealed that, by WHO standards, basic and comprehensive emergency obstetric care units were poorly distributed and organized among health-care facilities. The minimum acceptable level of comprehensive emergency obstetric care is achieved only in urban areas, where it sometimes exceeds WHO standards (one comprehensive emergency obstetric care unit per 500,000 inhabitants).

480. The same survey also revealed that the cost of comprehensive emergency obstetric care is prohibitive for women who are in labour, because there is no system of community participation, social security and sickness insurance.

481. Contraceptive prevalence among women of childbearing age (15 to 49 years) is also low because they lack information and there are virtually no operational family planning services in integrated health-care districts (National Health-Care Development Plan 2007–2011).

482. The main measures ordered by the Government concern:

- The national roadmap;
- The integrated management of childhood illness (IMCI) strategy;
- EPI target diseases;
- Nutrition.

## **1. National roadmap**

483. To tackle this very worrying situation and reduce maternal and child mortality, the Congo launched the development of a national roadmap, modelled on the African Roadmap, in 2006 with financial and technical assistance from development partners such as UNFPA, WHO and UNICEF.

484. The national roadmap, adopted on 19 December 2007, is a response to the health situation of Congolese women and children as described above and is in line with regional and international resolutions such as those on achieving the Millennium Development Goals. It was launched officially on 29 January 2010.

485. The aim of the roadmap is to reduce maternal, neonatal and child mortality in the Congo in order to achieve Millennium Development Goals 4, 5 and 6. Its overall aim is to halve maternal mortality ratios (from 781 deaths per 100,000 live births to 390), neonatal mortality (from 33 to 17 deaths per 1,000 live births) and child mortality (from 75 to 38 deaths per 1,000 live births) between 2007 and 2015.

486. It is underpinned by three specific objectives:

- By the end of 2010, build institutional capacities for reducing maternal, neonatal and child mortality at all levels of the national health system;
- By the end of 2015, increase the supply, quality and accessibility of maternal, neonatal and child health care, including family planning, in at least 80 per cent of the health-care structures of each social/health district;

- By the end of 2015, build the capacities of individuals, families, communities and civil society organizations to promote maternal, neonatal and child health care, including family planning.

487. The overall cost of the roadmap is estimated at CFAF 42,065,648,240, to be funded by the Government, the population and partners working in the area of maternal, neonatal and child health.

488. The principal activities planned for 2010 include:

- Setting up the national steering committee and departmental committees;
- Adoption by Parliament in 2009 of the first component on the prohibition of anti-contraceptive propaganda under the 1920 Act, as amended with regard to contraception; development of the annual training/retraining action plan (six days and 15 persons) and the resource mobilization plan (six days and 10 persons);
- Organization of a five-day workshop for 15 people to develop equitable mechanisms for United Nations-system funding of IMCI and prevention of mother-to-child transmission (PMTCT);
- Organization of a national day against maternal, neonatal and child mortality.

## 2 Integrated management of childhood illness (IMCI)

489. The Congo has also adopted an integrated management of childhood illness (IMCI) strategy that takes direct account of article 24 of the Convention and Millennium Development Goal 4.

490. Such care involves, from the moment a sick child aged two months to five years is received at the integrated health-care centre, asking a series of questions about the child's condition and any treatment already received, assessing the child's nutritional status, prescribing treatment and checking the child's immunization status.

491. This strategy: (i) focuses on children aged 0–5 years; (ii) targets the six main causes of mortality in this age group (malaria, acute respiratory infection, diarrhoeal diseases, measles, HIV/AIDS, anaemia); (iii) incorporates child development monitoring and prevention and treatment of malnutrition and vitamin and mineral deficiencies; (iv) integrates the relevant treatment, prevention and promotion activities; (v) is implemented within health-care units, families and communities.

492. Since 2001, the strategy has allowed the following activities to be carried out: (i) preliminary visit and orientation workshop (9 and 10 May 2001); (ii) workshop to adapt generic materials (11 to 18 February 2004); training of 19 instructors in case handling (2004); (iv) organization of 10 training courses between 2005 and 2008 for service providers in 18 social/health districts (95 integrated health-care centres), with a total of 223 health workers trained (26 doctors, 80 health assistants, 100 State-registered nurses and 17 others); (v) organization of two scientific meetings on the promotion of a new approach to reproductive and obstetric health; (vi) validation of clinical and community IMCI strategic plans in 2007; (vii) reviewing the initial implementation of the IMCI strategy in the Congo in 2008; and (viii) updating the community IMCI strategic plan in 2009.

493. The two measures (national roadmap and IMCI strategy) are affected by a number of constraints, including:

(a) For the roadplan: (i) the need to build family-health institutional, management and managerial capacities at all levels of the health-care system; (ii) the need to increase the supply, quality and accessibility of maternal, neonatal and child health care, including family planning, in at least 80 per cent of the health-care facilities of each

social/health district; (iii) the need to build the capacities of individuals, families, communities and civil society organizations;

(b) For the IMCI strategy: (i) resistance to change (health workers, programme managers involved in IMCI); (ii) a long and rigorous process; (iii) high costs in the initial implementation stage; and (iv) lack of integration of IMCI in existing activities.

494. The prospects for implementing all these strategies are currently very promising, especially with the cancellation of the country's external debt.

495. Funding for the activities envisaged in the roadmap will come from the Ministry of Health budget, the community and partners working in the area of maternal, neonatal and child health.

496. A partnership must be built among the State, local authorities, development partners and communities in order to increase the necessary resources and thus ensure the long-term viability of the action to be taken.

With regard to IMCI, mention should be made of the following:

- The training of management teams and providers is continuing;
- The community IMCI strategy is being implemented;
- Partnerships are being strengthened;
- The IMCI strategy has been transformed into a programme.

### 3. EPI target diseases

497. The incidence of vaccine-preventable diseases was reduced to quite low prevalence rates in 2005 and 2006, thanks to high rates of immunization coverage. The following six diseases were targeted: diphtheria, tetanus, whooping cough, poliomyelitis, tuberculosis and measles.

498. With regard to immunization coverage, the PHS1 survey shows that among children aged 12 to 13 months, one in two (52 per cent) have been immunized against all the target diseases and, at the opposite end of the scale, 4 per cent have not been immunized at all. Almost all children (90 per cent) have been immunized against tuberculosis by their first birthday. Over two thirds (69 per cent) have received their third dose of the DPT vaccine, 69 per cent have received the third dose of polio vaccine and 66 per cent have been vaccinated against measles. The dropout rate between vaccine doses is high: for DPT, coverage falls from 85 per cent for the first dose to 68 per cent for the third dose. Polio vaccination coverage drops from 93 per cent to 69 per cent.

499. Again according to PHS1, immunization coverage is higher in urban areas than in rural areas (64 per cent compared with 41 per cent).

500. It should be recalled that immunization is provided completely free of charge throughout the national territory and that the authorities are making every effort to eliminate all indirect costs through the mobile strategy and the development of a nationwide system of integrated health-care centres.

501. With the assistance of development partners such as WHO and UNICEF, the Congo has organized national immunization days that have had a huge impact.

502. Moreover, maternal and child health weeks have been held since 2008, during which integrated health-care centres do their utmost to ensure the immunization of children and the distribution of insecticide-treated mosquito nets providing long-term protection.

503. Over the past two years, the maternal and child health weeks have gained prominence in the country programme because of the package of essential services that they provide and the outcomes achieved in the relatively short time since they were launched. The package offered to children aged under five includes measles immunization, vitamin A supplementation, treatment for intestinal parasites and free distribution of treated mosquito nets.

504. Vitamin A and iron supplementation has been incorporated in the routine EPI and the maternal and child health weeks, thereby helping to improve vitamin A coverage in children aged 6 to 11 months (86.3 per cent) and postpartum women (94 per cent).

505. By December 2009, cumulative immunization and vitamin A coverage rates<sup>10</sup> were as follows:

Tuberculosis (BCG)	90.4 per cent
Diphtheria-tetanus-whooping cough (DTCP-HepB3-Hib3)	91.1 per cent
Measles (VAR)	76 per cent
Yellow fever (VAA)	77.3 per cent
Tetanus, 2 doses (VAT2)	90.7 per cent

506. At the end of 2009, immunization coverage could be characterized as follows:<sup>11</sup> (i) national coverage targets had been met for BCG, VAT2+ and vitamin A, but missed for VAR and VAA; (ii) as in 2008, all departments and social/health districts had ended the year with over 50-per-cent coverage for all vaccines; (iii) the proportion of social/health districts with a VAR coverage rate of over 80 per cent had dropped from 52 per cent to 50 per cent; (iv) this shortfall could not be remedied because the second round of maternal and child health weeks had not taken place; (v) five social/health districts, Owando, Gambona, Hinda-Mvouti, Impfondo and Ewo, had begun the year badly; (vi) all these districts, with the exception of Ewo, had managed to achieve over 80-per-cent coverage for most of their vaccines by the end of the year; (vii) Ewo had managed to end the year with all its vaccines above 50 per cent, although one vaccine (Penta 1) had achieved 80-per-cent coverage.

507. One major constraint is that the mother's level of education and the well-being quintile of the child's household have a significant influence on immunization coverage.

508. The Congo is committed to pursuing its efforts in order to meet, for 2010 and beyond, the national targets<sup>12</sup> for immunization coverage adopted in 2004 and 2009, namely:

*National targets 2004*

BCG	85 per cent
DPT3	67 per cent
VAR	65 per cent
VAA	65 per cent

<sup>10</sup> Integrated development and survival of young children (DISJE) programme/EPI+ project, Brazzaville, 1 February 2010.

<sup>11</sup> DISJE programme/EPI+ project, Brazzaville, 1 February 2010.

<sup>12</sup> *Idem.*



Vit A	65 per cent
VAT2	62 per cent

*National targets 2009*

BCG	95 per cent
DTCP-HepB3-Hib3	90 per cent
VAR	85 per cent
VAA	85 per cent
Vit A	85 per cent
VAT2	95 per cent

509. The Government and its partners are very reassured by the results achieved and plan, from 2010 onwards, to continue the support given to the Ewo and Impfondo social/health districts to help them build on their achievements and continue to improve their performance.

510. The same attention will also be paid to the Sibiti, Mindouli-Kindamba, Nfilou and Talangai social/health districts, which have not yet reached the desired level.

4. *Nutrition*

511. The nutritional status of the Congolese population, especially children, has deteriorated considerably since the armed conflict.

512. In 2005, the PHS1 revealed that:

- 26 per cent of children aged under five were suffering from moderate or severe chronic malnutrition;
- 7 per cent were suffering from acute malnutrition (6 per cent moderately and 1 per cent severely);
- 14 per cent (1 in 7), were underweight, 11 per cent moderately and 3 per cent severely.

513. According to UNICEF statistics, moderate and severe chronic malnutrition affects 30 per cent of children under the age of five. Average prevalence of low birth weight is 13.3 per cent.

514. Two sets of measures have been taken to address this emergency situation, one by non-governmental humanitarian organizations and the other by the Government, UNICEF and Action against Hunger (ACF).

515. During the armed conflict, non-governmental humanitarian organizations put in place a special mechanism for the care of people suffering from malnutrition:

- Malnutrition treatment centres and supplemental nutrition centres;
- A nutrition surveillance system comprising two levels: (i) an emergency level, consisting of nutritional recovery centres in 11 locations providing care for moderately malnourished persons; (ii) a more general level, providing care for anyone with a weight/height index of between 70 and 79 per cent, considered to be malnourished and received in supplementation centres.

516. With the return of peace and the gradual closure of nutrition treatment and supplemental nutrition centres, knowledge and expertise in caring for malnourished persons were transferred to hospitals and integrated health-care centres.

517. With UNICEF and ACF support, the Government set up a pilot scheme to replace the nutrition treatment and supplemental nutrition centres: (i) in a first phase, primary health care hospitals, at least in the capital city, were entrusted with the care of severely malnourished persons; and (ii) in a second phase, a network of 11 integrated health-care centres were entrusted with the care of severely and moderately malnourished persons in Brazzaville.

518. It should be noted that, once identified and surveyed, community health workers who had volunteered in the earlier treatment centres began to assist the health teams of integrated health-care centres. This made it possible to update the nutritional expertise of health personnel and to detect cases of acute, severe and moderate malnutrition in time and refer them to more appropriate health structures.

519. The scheme also permitted the training of 119 health workers in Brazzaville, and subsequently 30 in Pointe-Noire, to detect and refer children aged 12 to 60 months showing clinical or physical signs of malnutrition.

520. The present phase requires rigorous working methods and an improvement in the socioeconomic situation.

521. Nutritional status can be improved only by targeted specific and general actions in a context of economic, sociocultural and environmental development.

522. Specific activities include:

- Intensive nutrition education and changeover to enriched, high-energy supplementary food prepared in the home;
- Introduction to high-energy meals for at-risk families and adolescents;
- Nutrition education for adults and children from privileged backgrounds in order to reduce high rates of obesity;
- Preparation of food guides for individuals living with specific diseases (people living with HIV);
- Exclusive breastfeeding for the first six months;
- Appropriate supplementary feeding, in addition to breastfeeding, from six to 24 months;
- Adequate vitamin A for women, infants and young children;
- Iron and folic acid tablets for all pregnant women;
- Regular consumption of iodized salt in all families.

523. Three strategies are envisaged for achieving this: (i) nutritional surveillance in order to screen for nutritional problems and provide appropriate solutions; (ii) social communication at the local level to ensure that young children grow at an acceptable rate. This will involve putting families at the centre of the information/decision-making process on their children's nutritional status, in coordination with the different care providers; (iii) a comprehensive approach to child growth and development: promoting healthy growth through the media and improving the quality and efficiency of health-care services.

524. It should be noted that in the areas of child nutrition and development, a national consensus was reached on the adoption of an essential package of nutrition-related

interventions. The guidelines and instructions for putting it into operation are available for all social/health districts.

525. Moreover, a national nutrition policy and a national protocol for the treatment of malnutrition were finalized and adopted, permitting the organization in 2009 of community care of malnutrition in five social/health districts. This progress was accompanied by the promotion of good nutritional and health practices, based on a national strategy for empowering households and communities, with the involvement of religious organizations, non-governmental organizations, communities and the media.

**Reply to the recommendations in paragraphs 59(d) and (e) of the Committee's concluding observations**

526. As indicated above, the Congo has just adopted a national nutrition policy, but it does not, as yet, have a policy on the marketing of breast-milk substitutes.

527. A decree on the marketing of iodized salt was signed in November 2004, but implementing legislation remains to be drafted. A commitment has already been made to a national nutrition policy.

528. A decision has already been taken to include malnutrition prevention and care activities in the package of essential services provided under the National Health-Care Development Plan. These activities will comprise: (i) community information and awareness-raising on nutrition; (ii) integration of malnutrition prevention, surveillance and care in health units.

529. The national nutrition policy covers the following key areas:

- Emergency nutrition;
- HIV-affected persons and infants;
- Breastfeeding and breast-milk substitutes;
- Combating micronutrient deficiencies;
- Nutrition research.

530. In the Congo, this policy is aimed at enhancing people's standard of living and quality of life by creating the conditions for good nutrition.

531. As such, it forms part of national health policy and hence of national economic and social development policy.

532. Clear, proactive goals have been set in the following areas:

- Prevention and care of malnutrition caused by protein and energy deficiencies;
- A guaranteed balanced and adequate diet from the first years of life;
- Access to education and drinking water;
- Promotion of the production and preparation of appropriate weaning foods;
- Growth monitoring;
- Enhancing women's nutritional situation and rights;
- Consumer awareness-raising, education and mobilization for a balanced diet and a healthy lifestyle;
- Promotion of: (i) physical activity; (ii) research and training of professionals; (iii) low-cost health-care building works.

533. Breastfeeding is widespread throughout the national territory: 94 per cent of children are breastfed, with a slightly higher percentage (96 per cent) being breastfed in rural areas than in urban areas (92 per cent). However, exclusive breastfeeding for the first six months of life, as recommended by WHO and UNICEF, is not sufficiently widespread: only 19 per cent of newborns are breastfed exclusively, compared with 81 per cent who are not (National Health-Care Development Plan 2007–2011).

534. Despite the low percentage of infants who are breastfed exclusively, it should be recalled that integrated health-care centres and hospitals carry out mass education and awareness-raising campaigns. The planned increase in the number of such centres, and the maternal awareness-raising that they will carry out under the Health Sector Development Programme, will undoubtedly help to reverse the trend with regard to exclusive breastfeeding.

**Reply to the recommendation in paragraph 59(f) of the Committee’s concluding observations**

535. The supply of medicines in the Congo is based essentially on imports, a market consisting of two main networks, one public and the other private. The private network is controlled by six importers: Laborex, SEP, Coopharco, Saipharma, Béta Pharma and Zénupha.

536. Non-governmental organizations and religious charities such as Caritas, the Red Cross and the Salvation Army also have supply structures.

537. The public network, namely, the Congolese Essential Generic Medicines Agency (COMEG), is a not-for-profit association made up of the Congolese State and its partners.

538. Set up in January 2005, COMEG became operational in 2006. Under an agreement signed with the Government, it assumed the public service role of assuring the supply of essential pharmaceutical products, namely, essential medicines, medical supplies, diagnostic products, reagents and quality laboratory consumables, at a price that people can afford. This task forms part of the implementation of national health policy and, more particularly, national pharmaceutical policy.

539. The much-criticized medicine shortages in health-care units can be attributed to, among other things: (i) disorganized placement of orders by health-care units; (ii) abandonment of generic medicines by prescribing physicians; (iii) unavailability of some molecules within COMEG; (iv) financial difficulties: long disbursement process; (v) limited storage capacity in social/health district pharmacies; and (vi) non-communication of active files to COMEG.

540. To combat such shortages, the Congo decided to increase the budget for medicines substantially and to authorize health-care units to devote 60 to 70 per cent of their own revenues to medicines.

541. The percentage share of the Ministry of Health budget allocated to medicines,<sup>13</sup> which since 2003, 2004 and 2005 has exceeded CFAF 1 billion annually, has increased as follows: 2006, 6 per cent; 2007, 7 per cent; 2008, 12 per cent; and 2009, 16 per cent.

542. Moreover, the Congo has received WHO assistance in implementing the programme to combat the shortage of medicines. WHO has also helped the Congo to: (i) ensure the distribution of products; (ii) set up a plan for strengthening the supply system; (iii) draw up

<sup>13</sup> Report of the Ministry of Health and Population, 2010.

the list of essential medicines; (iv) train staff of social/health district pharmacies to manage products efficiently.

543. COMEG places orders according to the list of essential generic medicines, which is revised periodically. Between 2006 and 2009, it supplied the country's social/health districts with essential generic medicines and antiretrovirals (ARV).

544. The situation with regard to ARV purchases over the past three years can be seen from table 7 in the annex.

545. To deal with this situation, COMEG is doing its utmost to expedite disbursement procedures. Otherwise, supplies may be interrupted between now and next October.

546. For the first half of 2010, pharmaceutical products and medical supplies totalling CFAF 1,316,775,603 were purchased from 23 suppliers.

547. In 2009, 33 social/health districts received 82.5 per cent of their initial stock of medicines and medical supplies, valued at CFAF 2,130,632,410, compared with 17.5 per cent for seven districts in 2010, worth CFAF 71,632,974.

548. Orders for free medicines (anti-tuberculosis medicines, ARV, obstetric infections/STIs, reagents and consumables) for public health-care facilities dropped from 86 per cent to 85 per cent (first and second quarter) for all products, while they increased from 13.97 per cent to 15 per cent for private, not-for-profit health facilities.

549. Also in the first half of 2010, childbirth kits (500 to start with) were bought and delivered to hospitals at a lower price than that for private facilities. Thus, obstetric supplies are definitely on the list of essential medicines and products.

550. Lastly, with regard to the handling of emergencies, COMEG had to purchase medicines for: (i) management of H1N1 influenza (CFAF 68,723,560; (ii) a road accident in Niari department (CFAF 307,188).

551. In 2009, COMEG encountered internal and external difficulties in supplying social/health districts with pharmaceutical products: (i) inadequate training in the use of the procedures manual; (ii) poor grasp of procedures for the signing of contracts; (iii) staff shortages; (iv) poor grasp of Sage Saari 100 software in the first half of the year.

552. There were also difficulties with the disbursement of funds allocated to COMEG for the purchase of essential generic medicines and with the functioning of the disbursement system: (i) purchase of medicines: of the CFAF 10 billion provided in the budget, only 20 per cent, or CFAF 2,006,553,392 were disbursed; (ii) functioning: of the CFAF 150 million budgeted, only 50 per cent or CFAF 75 million were disbursed.

553. Moreover, tenders for the purchase of anti-malaria medicines and reagents for the biological monitoring of people living with HIV/AIDS could not be issued in 2009 because the corresponding funds from the Ministry of Health budget could not be disbursed on time. Difficulties in picking up products at the port of Pointe-Noire and sending them on to their destination were compounded by the lack of communication links in the departments of Cuvette Ouest, Sangh and, above all, Likouala.

554. The 2009 programme of activities showed that COMEG needed to have a communication plan, prompting a commitment to draw up such a plan and to implement it starting in 2010.

555. Weaknesses in the execution of this programme of activities also highlighted the need for ongoing staff training and evaluation.

556. Moreover, thanks to the implementation of the Health Sector Development Programme and to European Union support via the Tenth European Development Fund,

COMEG included in its 2010 programme of activities measures that will enable it to improve the supply of essential generic medicines, reagents and medical consumables to public and private not-for-profit health-care facilities at prices that the population can afford.

557. Lastly, it should be emphasized that, in opening up the more remote areas of the country by building new access roads, the Government's programme of rapid municipal development, not to mention the Congolese President's *Chemin d'Avenir* (Future Path) programme, will go a long way towards solving the critical problem of communication.

**Reply to the recommendation in paragraph 59(g) of the Committee's concluding observations**

558. Article 30 of the Congolese Constitution provides that the State shall safeguard public health. Article 33 reinforces this idea by emphasizing that all children, without discrimination of any kind, are entitled to receive from their family, society and the State the protection measures warranted by their status.

559. This principle is also taken into account in the Child Protection Code, paragraphs 1, 4 and 5 of the relevant article of which state, respectively, that children are entitled to the preservation of their health and to quality health care in all circumstances; no one has the right to deprive a child of medical care for religious or cultural reasons; and subsidized hospitals are prohibited from denying health care to a child for financial reasons.

560. To further emphasize the Government's determination to assist children, especially those from poor and disadvantaged environments, the President of the Republic signed decree No. 2008-128 of 23 June 2008 introducing free treatment against malaria and tuberculosis and for people living with HIV.

561. Thus, whether their parents are rich or poor, children receive free care in the event of illness, particularly the illnesses mentioned above.

562. It must be understood that, while the principle of free health care for children is now recognized, it will take effect gradually, since it is closely tied to the expansion of health-care coverage throughout the country.

**Reply to the recommendation in paragraph 59(h) of the Committee's concluding observations**

563. According to the statistics submitted by the Anti-Malaria Directorate, malaria was the reason for 60 per cent of visits to health-care facilities in the period 2005/06 and, in 2007, was the cause of 54 per cent of deaths among children aged under five.

564. To address this situation, the Congo first opted to:

- Change the malaria treatment protocol, starting in 2006;
- Distribute insecticide-treated mosquito nets;
- Treat malaria with Artemisinin-based medicinal combinations from February 2006 onwards.

565. After these decisions were taken, it was found that these effective prevention and treatment measures were underused in the country. According to the PHS1 survey, only 8 per cent of households in the Congo have at least one treated mosquito net, while 76 per cent have at least one mosquito net (treated or not) and 46 per cent have more than one mosquito net.

566. The same survey reported that 68 per cent of children aged under 5 and 64 per cent of women of childbearing age had slept under an untreated mosquito net, whereas 7 per

cent of children aged under five and 5 per cent of pregnant women had slept under a treated mosquito net.

567. Subsequently, as part of the “Roll Back Malaria” initiative, the Congo drew up a strategic anti-malaria plan 2002–2006, the overall aim of which was to reduce malaria-related morbidity and mortality in the population at large and particularly among pregnant women and children aged under five.

568. The Congo has now extended its political commitment with the President’s message making malaria prevention and treatment available free of charge to pregnant women and children aged 0 to 15 years.

569. The practical progress achieved includes: (i) free malaria treatment for children aged 0 to 15 years and pregnant women since 2009; (ii) distribution of treated mosquito nets to pregnant women and women with infants under six months; (iii) training/upgrading of health-care staff in the treatment of malaria using medicines of first intention; (iv) adoption of a new anti-malaria treatment policy based on the use of Artemisinin-based combination treatment (ACT) for simple malaria and intermittent preventive treatment (IPT) with sulfadoxine-pyrimethamine for pregnant women, to replace chemical prophylaxis using chloroquine; and (v) community awareness-raising.

570. The national anti-malaria policy has also been translated into an anti-malaria strategic plan (2008–2012), which aims to ensure that by the end of 2012, at least 80 per cent of pregnant women and children aged under five will sleep under a treated mosquito net.

571. Moreover, by the end of 2012, at least 80 per cent of pregnant women will have access to sulfadoxine-pyrimethamine IPT and at least 60 per cent of people with malaria, especially children aged under five and pregnant women, will have rapid access (within 24 hours of the appearance of symptoms) to effective malaria treatment.

572. Of course, there are constraints, such as: (i) poor programme management; (ii) lack of resources, notably human and financial resources; (iii) lack of access to the prevention and treatment service; (iv) lack of community involvement; (v) poor functioning of the information system; (vi) low purchasing power of the population, particularly vulnerable groups; and (vii) social/health districts’ lack of a budget.

573. The fact that there are specific documents providing guidance on the action to be taken (PNDS/PDSS), budgetary allocations, an agency (COMEG) that is determined to fulfil its task of supplying social/health districts and support from development partners means that it should be possible to achieve this goal. Malaria control will therefore receive particular attention in the context of Millennium Development Goals 4, 5 and 6.

#### **Reply to the recommendation in paragraph 59(i) of the Committee’s concluding observations**

574. The problem of sanitation, water and access to clean drinking water is very important for the population, particularly in rural areas, where women and children are particularly vulnerable.

575. Diarrhoeal and parasitic diseases such as cholera, typhoid fever and shigellosis are caused, inter alia, by drinking non-potable water.

576. In this connection, the 2005 PHS1 survey notes that one in two Congolese households use tap water, but the proportion of households with access to drinking water is higher in urban areas (87 per cent) than in rural areas (8 per cent).

577. Despite this observation, the reality on the ground is very different, because the newer districts of towns and cities are rarely connected to the urban water supply and, in

areas that are connected, the tap water supply often shuts down, forcing people to rely on other sources, such as rainwater, wells or even springs, that may or may not be safe.

578. Like water supply, sanitation remains a worrying problem. The measures taken by the municipal authorities of major cities to dispose of household waste and wastewater, commercial waste and even the waste produced by health facilities are minimal.

579. The 2005 Congolese household survey estimated that, in urban areas, the proportion of households with adequate individual systems for the disposal of solid waste (flush toilet and improved, ventilated latrines) was 10.5 per cent, with the remaining 89.5 per cent of households using non-standard latrines.

580. In rural areas, the rate is 0.4 per cent, with 81.4 per cent of the remaining households using traditional latrines and more than 17 per cent not having any sanitation at all.

581. The Government is currently focusing its efforts on the execution of drinking water supply projects by: (i) rehabilitating the Djiri drinking water treatment plant in Brazzaville and building a second plant on the same site; (ii) improving the production of drinking water in Brazzaville by installing potablocs; (iii) continuing the construction of drinking water supply systems in district capitals in Niari department.

582. In an effort to end the use of traditional latrines, Ministry of Health technical services are offering two replacement options: (i) latrines with ventilated pits; (ii) latrines with septic tanks.

583. Teams are visiting health centres to publicize these two options.

584. Lastly, water, sanitation and hygiene (WASH) activities carried out in 2009 with UNICEF support mainly involved the promotion of new strategies, notably to improve access to drinking water and sanitation in rural and peri-urban areas, including hand washing with soap and Community-Led Total Sanitation (CLTS).

585. The CLTS pilot phase began this year in two communities in a peri-urban area (Madibou) and three in a rural area (Igné).

586. A strategy paper for access to drinking water and sanitation in rural and peri-urban areas, which includes water treatment in the home, has also been drawn up and validated by water, sanitation and government stakeholders.

587. Present constraints can be summed up as follows: (i) absence of a sanitation and hygiene code; (ii) age of water-supply equipment and systems; (iii) absence of wastewater treatment systems and facilities; (iv) lack of investment; (v) lack of personnel trained in sanitation and sanitation management; and (vi) absence of appropriate management and logistical support structures for the operation and maintenance of sanitation works.

588. Wastewater treatment and access to drinking water are central to the land development programme and the Government is determined to comply with the provisions of the Child Protection Code, article 22 of which stipulates that children are entitled to material support, a healthy diet, drinking water and a healthy environment.

#### **Reply to the recommendation in paragraph 59(j) of the Committee's concluding observations**

589. The right to health, which the Constitution guarantees to all Congolese, is one of the cornerstones of national health policy.

590. The whole population, without exception, must have equitable access to health care and to quality health-care services.



591. To this end, both the public authorities and non-governmental organizations in the Congo are making efforts to give indigenous people effective access to health care by bringing integrated health-care centres closer to the population. For instance, the National Health-Care Development Plan 2007–2011 provides for the development of 41 social/health districts to cover 351 integrated health-care centres throughout the national territory, 227 of which should be covered over the five-year period.

592. The KAP survey on HIV/AIDS-prevention and access to basic social services for indigenous people, carried out in 2007 by the Ministry of Social Affairs, Solidarity, Humanitarian Action and the Family, revealed encouraging rates of access to health care. For instance, for a total of 1,916 indigenous people surveyed in the departments of Likouala, Sangha, Cuvette Ouest, Lékoumou and Niari, comprising 460 heads of household, 484 women aged 15 to 49 years, 493 adolescent boys and 470 adolescent girls, the results were the following: 25 per cent of indigenous women had given birth in a health-care centre; 22 per cent of adolescent girls had given birth in a health-care centre; 9.2 per cent of indigenous men had attended a health-care centre, compared with 19.4 per cent of indigenous women; and 13.4 per cent of adolescent indigenous girls and boys had attended a health-care centre in the 12 months prior to the survey.

593. Other activities aimed at indigenous people are being carried out in the following areas: (i) awareness-raising campaigns; (ii) yaws prevention; (iii) antenatal visits; and (iv) treatment.

594. In the health field, the support being given to the Sangha and Plateaux departmental health directorate in developing the health areas of the village of Paris in Sangha and the Gambona 2 Béné health area in Plateaux is particularly noteworthy. Such support includes building health infrastructure, equipping health centres with furniture and medical supplies, supplying the necessary initial stock of medicines and patient record files and organizing the provision of the minimum package of preventive care and treatment.

595. The project for improving indigenous people's access to sexual and reproductive health services, being carried out in Ouesso by the Congolese Family Welfare Association (ACBEF), reports that, in 2008, its implementation enabled: (i) 16 community liaison workers (including six women) in the villages of Djaka and Mbalouma to be trained in family planning and STI/HIV/AIDS prevention; and (ii) five communication meetings to be organized for 45 affected indigenous persons.

596. Although these different initiatives may, at first glance, appear limited, they show clearly that efforts are being made on both sides: the State is opening integrated health-care centres in locations where the population is overwhelmingly indigenous, and indigenous people are visiting health-care centres in increasing numbers.

597. There are physical, sociocultural and economic barriers to indigenous people's use of health-care centres, however.

598. Here too, the gradual implementation of the National Health-Care Development Plan and the National Health Sector Development Programme and the resulting increase the number of integrated health-care centres throughout the country, bringing them closer to the population, the implementation of the national roadmap and the dissemination of the directives on free malaria treatment for pregnant women and children aged 0 to 15 years and free HIV/AIDS treatment will all make a major contribution to reducing the current disease burden.

## C. HIV/AIDS

### Reply to the recommendation in paragraph 62(a) of the Committee's concluding observations

599. The findings of the 2003 CREDES (Research Centre for Public Health Development)/CNLS survey revealed an HIV prevalence rate of 4.2 per cent in the population aged 15 to 49, with disparities among departments and between urban and rural areas.

600. In 2009, the survey of HIV prevalence and AIDS indicators in the Congo, carried out by the National Statistics and Economic Research Centre (CNSEE) in cooperation with the National Public Health Laboratory and with technical assistance from the Population and Health Surveys programme, recorded the following rates for the country as a whole: 4.1 per cent for women, 2.1 per cent for men and a combined rate of 3.2 per cent.

601. With regard to comprehensive data and policy on paediatric HIV/AIDS, the Government reassures the Committee that efforts have been made in recent years, specifically to: (i) revitalize the Permanent Executive Secretariat (SEP)/CNLS monitoring and evaluation unit by recruiting a database manager; (ii) set up a monitoring and evaluation unit in departmental anti-AIDS units by recruiting and training a monitoring and evaluation manager; (iii) collect data on HIV/AIDS-related activities and consolidate the data and transmit them to the central level; (iv) organize data-validation meetings; (v) publish half-yearly and yearly reports; and (vi) train monitoring and evaluation managers in the departments.

602. The following measures, among others, have also been taken in the area of paediatric HIV/AIDS policy: (i) launching of the prevention of mother-to-child transmission (PMTCT) policy; (ii) preparation of treatment guides, including for children; and (iii) training of national prescribing physicians in all major towns and cities in order to improve treatment.

603. The new national strategy framework 2009–2013, approved on 9 July 2008, includes measures for HIV-infected children.

604. The PMTCT project set up by presidential decree in May 2001 began its activities in two Brazzaville social/health districts in 2002.

605. It targets all pregnant women attending antenatal clinics by offering:

- Psychosocial care;
- Follow-up and psychosocial support (follow-up counselling, specialized counselling if necessary) at the outpatient treatment centre;
- Home visits for particular problems;
- Follow-up of women who do not return for subsequent visits;
- Patient education and information;
- Discussion groups and monthly information meetings at which different problems of treatment and daily life can be raised;
- Nutritional support (WFP) for patients who are destitute;
- Community support: associations of people living with AIDS are involved in the functioning of the outpatient treatment centre, with some of their members providing psychosocial support to other patients in partnership with the centre's professional teams;

- Treatment of cases of accidental exposure to infected blood or sexual exposure to HIV/AIDS;
- Integration of PMTCT activities in the country's 12 departments;
- Treatment of HIV-positive children in hospital paediatric departments (University Hospital Centre, A. Sicé Hospital, Loandjili, Makélékéle);
- Free biological testing and treatment (ARV);
- Early testing of children of HIV-positive mothers;
- Positioning of medicine stocks.

606. Again with regard to PMTCT and paediatric care, it should be noted that, thus far, 71 integrated health-care centres and 24 hospitals offer HIV testing and treatment of HIV-positive pregnant women. The take-up rate for the screening test among pregnant women is 88 per cent. Coverage is around 21 per cent of expected pregnancies.

607. Of the estimated 2,640 HIV-positive children in the Congo, only 695 (26 per cent) are receiving treatment, 536 of them with ARV.

608. To help improve this situation, UNICEF is supporting: (i) the training of a pool of 66 instructors throughout the country's departments to provide support and supervision in the area of PMTCT and paediatric care; and (ii) the harmonization of tools for monitoring progress in the prevention of mother-to-child transmission and in paediatric care.<sup>14</sup>

609. In 2004, with financial support from the Government, Brazzaville's integrated health-care centres provided antenatal consultations for 3,491 pregnant women, of whom 2,453, or 70 per cent, received pre-test counselling. Of these, 738 women, or 30 per cent, were tested: 46 women were found to be HIV-positive, a prevalence rate of 6.09 per cent.

610. The same programme was put in place in Pointe-Noire under the direction of the French Red Cross, with the creation of a mother and child unit and the incorporation of counselling and testing in seven integrated health-care centres.

611. Italy's Eni Foundation in the Congo, for its part, provided laboratory support to the Pointe-Noire departmental army hospital through the University of Genoa. In 2007/08, this support was extended to the network of integrated health-care projects affiliated with the project.

612. The Foundation is now extending the project to the departments of Kouilou, Cuvette and Niari by means of: (i) pilot centres; (ii) staff training; (iii) free testing of pregnant women; (iv) ARV treatment; and (v) polymerase chain reaction (PCR) in children of HIV-positive mothers.

613. In order to increase voluntary HIV/AIDS testing for pregnant women, in 2008 the ACBEF voluntary testing service carried out, with financial support from UNICEF, the activities listed in table 8 in the annex.

614. In 2006 and 2007, a total of 153 health workers (doctors, midwives, other health-care workers and community liaison workers) were trained in the following areas with UNICEF funding: (i) introduction to the PMTCT; (ii) development of PMTCT strategies; (iii) pre-testing of PMTCT training modules; (iv) finalization of training modules; (v) adaptation of modules; and (vi) development of modules.

<sup>14</sup> UNICEF: *Progress for Children: Achieving the MDGs with Equity*, 2010.

615. UNICEF-funded training was also provided to 532 individuals, comprising social/health district, PMTCT and health committee staff, community liaison workers, doctors, midwives, psychologists, public health assistants, doctors in charge of social/health districts and departmental health directorates, laboratory staff and community leaders, in the following areas: (i) holding of coordination meetings; (ii) advocacy (for community leaders); (iii) national PMTCT training curriculum; (iv) validation of PMTCT policy documents, norms and procedures; and (v) finalization of the PMTCT trainer's manual.

616. The main constraints in this respect are:

- Lack of trained monitoring/evaluation staff;
- Lack of integration of the different sectors involved in combating HIV/AIDS;
- Absence of a national monitoring and evaluation plan with national indicators and annual targets;
- Logistical problems for the implementation of bottle feeding and donation of breast-milk substitutes for large-scale programmes;
- Likely stigmatization of breastfeeding because it is practised in rural areas;
- Problems of access to drinking water;
- Medical care of children aged 0 to 15 years living with HIV, viewed as a major gap in the national response to HIV/AIDS;
- Until 2009, early diagnosis (PCR) available only in Pointe-Noire;
- Delays in the purchase of computer equipment, resulting in the loss of activity reports;
- Failure to provide the molecule in syrup form for children (mothers' complaint).

617. The two outpatient treatment centres had a budget totalling 608,400 euros in 2004. Between 2002 and 2005, the PMTCT programme received European Union funding totalling 913,149 euros. The remaining funding came from the recovery of local costs: CFAF 1,000 per hospital visit, CFAF 2,000 per daytime hospitalization. Lastly, an agreement was signed between the Ministry of Health and the French Red Cross, with the result that:

- PCR is now carried out in Brazzaville;
- PMTCT has been scaled up;
- Paediatric care has been expanded;
- Training has continued;
- Treatment and care have been integrated into the services provided by the country's integrated health-care centres;
- Voluntary testing activities have intensified as a result of the SEP/CNLS mobile service.

**Reply to the recommendation in paragraph 62(b) of the Committee's concluding observations**

618. The Government has always been concerned to develop structures for combating HIV/AIDS and has undertaken to increase the number of centres offering confidential voluntary testing. The 2007–2011 PNDS and the PDSS always come back to this by stipulating the number of social/health districts to be established and equipped, namely 41 districts covering 351 integrated health-care centres, and staff to be trained. Since 2009,

PDSS action plans have been working on this and the results should ultimately prove conclusive.

**Reply to the recommendation in paragraph 62(c) of the Committee's concluding observations**

619. Based on the theme of World AIDS Day 2009, "Universal Access and Human Rights", the National Anti-AIDS Council decided to organize a one-month campaign under the national slogan: "Let's fight AIDS, not people living with HIV".

620. Since the Government signed the Political Declaration on universal access to HIV treatment, prevention, care and support, the country has made significant progress, including:

- Establishment of behaviour change communication (BCC) programmes for the most vulnerable and at-risk groups: law-enforcement officers, pupils and students, sex workers, young unmarried mothers, young people who are not in school or have dropped out of school, indigenous people;
- Establishment of a condom social marketing programme, as a result of which a nationwide network for the distribution and sale of condoms at a subsidized price under the label "Ami 3" has been developed;
- Establishment of the *Ligne Jaune*, a free HIV information, advice and guidance hotline, in partnership with the MTN-Congo Foundation;
- Extension throughout the national territory of STI care, voluntary counselling and testing, PMTCT services and comprehensive care for people living with HIV.

621. On the latter point, it should be emphasized that all the obstacles to access to care for people living with HIV have gradually been removed through the introduction of free treatment and biological monitoring of HIV infection.

622. Of course, these efforts to give people living with HIV access to care will continue, since the fight against AIDS and other endemic diseases is given centre stage in the President's *Chemin d'Avenir* programme.

623. The anti-AIDS units set up in every ministerial department and in the country's administrative departments are responsible for carrying out this campaign.

624. In addition to mass awareness-raising through radio and television broadcasts, a special module on AIDS prevention is being taught in schools.

625. Mention should also be made of the activities of non-governmental organizations working to combat HIV/AIDS. Organizations such as the Thomas Sankara Pan-African Association (APTS) and ACOLVF and human rights organizations are conducting anti-AIDS campaigns on the ground.

626. ACBEF, for its part, managed to raise HIV/AIDS awareness among 3,664 young people in Brazzaville in 2008; these included young people who were not in school (600) or were in apprenticeships (450). More than 10,000 condoms were distributed on the occasion of talks given by their peers.

627. Stigmatization and discrimination remain the only real obstacles to early testing for HIV and access to treatment for HIV-infected people.

628. The nationwide lack of specific structures for young people should also be noted.

629. To help protect the rights of people living with HIV, the Government drafted a special bill that has been submitted to both houses of Parliament. The bill not only reaffirms the public authorities' obligations in the fight against HIV and AIDS, but also prohibits all

discrimination or hate speech still current in the family, the workplace and even health-care facilities against a person on grounds of his or her real or supposed HIV-positive status.

**Reply to the recommendation in paragraph 62(d) of the Committee's concluding observations**

630. The public authorities' commitment to implementing the National Anti-AIDS Programme effectively is no longer in doubt. After decreeing in 2007 that antiretroviral treatment would be provided free of charge, the President of the Republic, in his capacity as President of the National Anti-AIDS Council, announced in 2008 that biological monitoring and HIV testing would also be free. Of course, the budget for medicines, particularly ARV, has been increased accordingly, despite some setbacks attributable far more to red tape than to reluctance.

**Reply to the recommendation in paragraph 62(e) of the Committee's concluding observations**

631. The Government has taken good note of this recommendation, which it greatly appreciates. Assistance will always be sought from all development partners, including UNICEF, that are helping to combat HIV/AIDS.

632. The cooperation between the Congo and UNAIDS, UNICEF, WHO and UNDP should also be seen in this context. Lastly, mention should be made of the 22 February 2006 agreement on cooperation in the health field between the Government of the Republic of the Congo and the Government of the Kingdom of Morocco.

**D. Harmful traditional practices**

**Reply to the recommendation in paragraph 65 of the Committee's concluding observations**

633. Some communities in the Congo practice female genital mutilation. In a study conducted by ACOLVF in 2004, 10 per cent of the 134 girls aged under 18 who were interviewed said that they had been subjected to genital mutilation. This practice is more common in districts with a large foreign population, mainly West African. Health-care centres are alerted only in the event of complications that cannot be handled by the women who perform genital mutilation.

634. It is possible, however, that children of mixed marriages are already affected by this phenomenon. Only a more detailed study will provide a clearer picture. In an attempt to eradicate harmful traditional practices, the Government is applying the national legislation against sexual violence laid down in the section of the Criminal Code dealing with indecent assault. In its annual report on the African Common Position on children, however, the Government does not hide the fact that this legislation is rarely enforced.

635. Act No. 4-2010 containing the Child Protection Code, particularly article 62 thereof, strengthened the existing legal framework in this area.

636. In this situation and given the existence of female genital mutilation (FGM), the Government has opted for an awareness-raising policy on the risks faced by victims and perpetrators. This policy includes the following: (i) organization of a publicity campaign on zero tolerance of FGM by the Ministry for the Advancement of Women and the Integration of Women in Development, in association with non-governmental organizations and religious leaders working to end the practice, on 6 February each year; (ii) celebration of the International Day of Zero Tolerance to Female Genital Mutilation; (iii) participation in

national, subregional and international meetings on FGM; and (iv) financial support from agencies of the United Nations system.

637. The fact that the West African community is very self-contained makes it really difficult to conduct any investigations. There seems to be a degree of complicity between victims' parents and the women who perform the operation.

638. The Government has undertaken to conduct a study on the practice of FGM in the Congo in order to gain a clearer idea of how widespread it is. It requests the support of United Nations agencies in carrying out this study.

## **E. Standard of living**

### **Reply to the recommendation in paragraph 67 of the Committee's concluding observations**

639. The employment sector in the Congo has two components, public and private. Households' low purchasing power and adults' ignorance of health problems and limited ability to take care of their own health have harmful consequences for children and for meeting their basic needs.

640. With regard to the standard of living of the Congolese population, per capita GDP fell from US\$ 1,100 in 1990 to US\$ 808.8 in 2000, then rose to US\$ 1,085.2 in 2000 and US\$ 1,751.6 in 2005 (source: Bank of Central African States – BEAC, principal economic, financial and social indicators 1993–2006), reflecting an improvement since the sociopolitical conflicts of the 1990s.

641. In 2007, non-petroleum GDP was estimated at 6.6 per cent (compared with 6.0 per cent in 2006 and 5.3 per cent in 2005). The growth of the non-petroleum sector was a result both of a rise in household consumption (9.1 per cent compared with 5.1 per cent in 2006) following payment of the arrears of the social debt owed to public sector workers and of public investment, notably the execution of basic infrastructure works.

642. The period from 1985 to 2004 had been characterized by the emergence of mass unemployment, including mass layoffs of civil servants —7,528 in 1994 and 1,263 in 1995<sup>15</sup>— and a civil service recruitment freeze.

643. According to the Congolese household survey, unemployment is far greater among young people aged 15 to 29: the estimated unemployment rate for this age group is 33 per cent, compared with 11 per cent for the 30 to 49 age group. Unemployment rates for men are close to those for women: 18.2 per cent compared with 20.5 per cent. The rural unemployment rate is lower than that in urban areas: 5 per cent, compared with 32.6 per cent in Brazzaville and 31.5 per cent in Pointe-Noire. The situation is more worrying for persons with disabilities, who are excluded from some employment sectors.

644. The causes of unemployment include an imbalance between employment supply and demand, the absence of schools providing vocational training in building and public works, banking, ICT and petroleum, the civil service recruitment freeze, the destruction of the economic fabric during the armed conflict, the closure of State enterprises and the State's withdrawal from some sectors without offering support measures, and insufficient economic diversification.

<sup>15</sup> *Bilan social au Congo, 2006-2008.*

*Public sector*

645. Several laws and regulations have been adopted in the area of labour and social security. In addition to the decree suspending promissory notes, advancement and promotion, laws suspending some civil servants' rights have been repealed, and others published, in an effort to improve workers' wages. These include:

- Act No. 10-2007 of 3 July 2007 establishing the retirement age for workers governed by the Labour Code;
- Act No. 14-2009 of 25 July 2007 amending and supplementing articles 91 and 177 of Act No. 021-89 of 14 November 1989 amending the general civil service regulations. The Act sets the retirement age at: 65 for ungraded civil service managers; 60 for grade I and II civil service managers; and 57 for grade III civil servants;
- Decree No. 2007-421 of 28 September 2007 on the procedures for re-employing civil servants allowed to claim their rights to retirement between 1 January 2007 and 25 July 2007;
- Decree No. 2008-3 of 11 January 2008 restoring the basic grade-related wage for State employees;
- Decree No. 2007-595 of 30 November 2007 establishing retirement procedures and procedures for coverage under the pension fund for law-enforcement officers, civil servants and comparable categories;
- Decree No. 2008-940 of 31 December 2008 granting State employees a travel subsidy;
- Decree No. 2008-942 of 31 December 2008 increasing the amount of the family allowance;
- Decree No. 2008-942 of 31 December 2008 establishing the amount of the guaranteed minimum wage (SMIG).

646. Since 2005, civil service staffing numbers have been increasing steadily, partly as a result of social sector recruitment drives. The increase was most marked in 2008, when the number of civil servants reached 64,736, compared with 61,072 in 2007 and 60,289 in 2006. The number of civil servants thus rose by 7.5 per cent over a three-year period, from 59,818 in 2005 to 64,736 in 2008. This was achieved by recruiting 9,502 unemployed college graduates: 4,484 in 2006, 1,311 in 2007 and 3,707 in 2008.

647. On the occasion of his 13 August 2010 message to the nation, the President of the Republic decided to increase all civil service salaries by 25 per cent and to repeal the suspension of the promotion-related use of promissory notes.

*Private sector*

648. The employment situation in the modern private sector has improved slightly in recent years, as can be seen from the job growth recorded between 2006 and 2008.

649. The branches of activity that created the most jobs were manufacturing (3,086 jobs) and construction (2,845 jobs), accounting for 17 per cent and 15.7 per cent respectively of total job creation in the period 2006–2008. These were followed by transport, warehousing



and communication (2,016 or 11.6 per cent), wholesale and retail trade (1,907 or 10.5 per cent) and other activities (1,814 or 10 per cent).<sup>16</sup>

650. The employment sector in the Congo nevertheless faces the following problems: (i) absence of a national employment policy; (ii) low job-creation potential in the public sector; (iii) lack of development of private businesses; (iv) devaluation of jobs in agriculture and handicrafts; and (v) lack of mechanisms for promoting skills training.

651. The Government and development partners (UNDP, AfDB, FAO) have also implemented a number of projects, including the following: (i) pilot project to support the community development of associations of women and girls affected by the armed conflict (PRESJAR); (ii) project to support the socioeconomic reintegration of disadvantaged groups (PARSEGD); (iii) special food security programme (PSSA); and (iv) provision of seed and equipment to agricultural projects.

652. The various activities were carried out with financial assistance from bilateral and multilateral cooperation agencies, notably the African Development Fund (ADF), and for PARSEGD from the AfDB group.

653. In the public sector, there are two major constraints. The first is the absence of implementing regulations for Act No. 021/89 of 14 November 1989 amending the general civil service regulations and the second is the fact that civil service data have not been computerized.

654. Although some employment programmes exist, the Government plans to promote the creation of decent jobs by: (i) drawing up and monitoring the implementation of a national employment policy covering, inter alia, the rationalization of recruitment to the public administration; (ii) supporting job creation in the private sector; (iii) promoting vocational training by building and equipping vocational training centres in Brazzaville, Pointe-Noire, Dolisie, Nkayi, Ouesso, Makoua, Djambala and Ollombo and creating training and advanced training centres for instructors in Brazzaville and Pointe-Noire; (iv) promoting highly labour-intensive activities by creating incentives for the sectors concerned (building and public works, agriculture, commerce, urban sanitation, etc.); (v) improving the legislative and regulatory framework; and (vi) improving purchasing power by promoting regular wage negotiations between employers and workers and by regularly raising the guaranteed minimum wage.

## **VII. Education, leisure and cultural activities (articles 28, 29 and 31)**

655. The Committee's observations on education, leisure and cultural activities relate to two areas of concern, namely:

- Education;
- Leisure and cultural activities.

### **A. Education**

656. In education, the period following the submission of the initial report was characterized by a determination to rethink the development of the education sector on the basis of the goals to which the country had subscribed internationally (Education for All,

<sup>16</sup> *Ibid.*

Millennium Development Goals) and nationally (PRSP, national land development scheme, the President's *Chemin d'Avenir* social project and commitments made in the National Council for Preschool, Primary, Secondary and Literacy Education).

657. Supported by the World Bank and UNESCO, the Government made a comprehensive assessment of the education sector that culminated in the publication in January 2007 of a report on the state of the national education system. The report called for renewed reflection on how educational policy might be adjusted and it analysed, in the context of the country's economic and demographic situation, the coverage and efficiency of the education system, financial aspects, internal effectiveness and the quality of the services offered, external effectiveness, issues of equity and distribution, and administrative and pedagogical management.

658. The report also proposed different scenarios for developing the education sector, which served as a basis for the drafting in 2010 of a sectoral strategy paper for education. The latter establishes the overall framework for action in the education sector up to 2020 and should result in a medium-term priority action plan, led by a medium-term expenditure framework (MTEF).

#### **Reply to the recommendation in paragraph 69(a) of the Committee's concluding observations**

659. According to the 2007/08 Statistical Yearbook of the Ministry of Primary, Secondary and Literacy Education, public spending on education increased to CFAF 72.75 billion, accounting for 10.7 per cent of total State spending and 2 per cent of GDP. This contrasts with an average annual allocation of CFAF 67.55 billion between 2000 and 2005, but still falls far short of the target of 6 per cent of GDP proposed by UNESCO or even the average indicator for the International Development Association (IDA) countries of sub-Saharan Africa, estimated at 3.9 per cent in 2003. The same is true with regard to the international community's recommended target of allocating 20 per cent of the total budget to education. Efforts are still needed to ensure that negotiations on the State budget do not work to the detriment of education. The scenarios for mobilizing public resources for education envisaged in the education strategy paper propose that, by 2020, public spending on education should account for between 16 and 22 per cent of total current public spending (see table 9 in the annex).

660. Moreover, the distribution of public education spending among the different levels of education does not reflect the priority given to universal primary education: primary education, covering 600,000 children, receives 18 per cent, a little more than technical and vocational education (14.9 per cent for 33,000 pupils) but considerably less than secondary education (39.7 per cent for 263,000 pupils) and higher education (25.6 per cent for less than 15,000 students).

661. To correct this situation, the sectoral strategy paper reaffirms that the universal completion of primary schooling is a non-negotiable priority goal and proposes in its target scenario that public spending on the different levels of education should be redistributed as follows: 3.6 per cent to preschool education (compared with 2.8 per cent in 2005), 27.4 per cent to primary education, 22.4 per cent to lower general secondary education, 7.5 per cent to higher general secondary education, 16.9 per cent to technical and vocational education, 0.3 per cent to literacy education and 22 per cent to higher education.

#### **Reply to the recommendation in paragraph 69(b) of the Committee's concluding observations**

662. Following the announcement made by the head of State in his end-of-year speech in 2007, an order signed jointly by the Ministers of Finance and Budget, Technical and

Vocational Education and Primary, Secondary and Literacy Education (No. 278/MEFB/METP/MEPSA of 20 March 2008) put into effect the constitutional provisions on free primary and secondary education.

663. Starting with the 2007 school year, families were no longer required to pay school fees, but parents still paid the salaries of unpaid teachers. Schools and school administrations now receive the necessary operating funds from the State, which also provides textbooks for public primary education free of charge and gives education inspectorates the necessary funds to pay the unpaid teachers who, prior to the presidential directive, were paid by parents. An evaluation is nevertheless needed to determine the extent to which the recommended measures are actually being implemented.

664. The subsidy per pupil is CFAF 5,000 in preschool, 3,000 in primary school, 3,500 in lower secondary school and 4,000 in high school.

665. This measure was a great relief for families, especially the poorest families, but some parents criticize the retention of registration fees for examinations and competitive examinations and the fact that some teachers sell duplicated lesson notes.

666. The measure was implemented hastily and without proper advance planning because the Presidential directive was applicable immediately. With the help of UNICEF, the Government instructed the International Institute of Education (IIE, UNESCO) to carry out an evaluation of the measures taken, which will be followed by the drafting of a strategy for putting free education into practice. It was in this context that the Congo took part in the multi-country workshop on the abolition of school fees (Cotonou, June 2009).

**Reply to the recommendations in paragraphs 69(c) and (h) of the Committee's concluding observations**

667. All Congolese laws and regulations, particularly the Constitution and the School Act, affirm equality of education for all. The inequalities observed in access to education primarily concern indigenous and poor children and girls.

668. With regard to indigenous children, a national network of indigenous peoples of the Congo (RENAPAC) was created and drew up a national plan of action for the period 2009–2013 aimed at improving the quality of life of indigenous people. Education is the first priority area of this plan of action, with the following two targets: (i) by 2013, 50 per cent of schoolage indigenous children will receive a good quality primary education and will complete it; (ii) by 2013, 50 per cent of children and adolescents who have never attended or have dropped out of school will be taught the functional literacy essential for their integration. Indigenous children are obviously covered by the national target of universal education by 2015.

669. On a practical level, indigenous children have obviously benefited from the comprehensive abolition of school fees. Specific projects for the schooling of indigenous children are also being implemented, in partnership with United Nations agencies (World Bank basic education support project (PRAEBASE), UNESCO, UNICEF) and non-governmental organizations. Larger-scale initiatives are needed, however, since indigenous children account for only 2.2 per cent of primary school pupils, while their communities account for around 1.2 per cent of the population.

670. Poverty is a major factor in equitable access to and equal success at school. The 2007 report on the state of the national education system calculated that the chances of a child from one of the 20 per cent of poorest households completing primary school were almost three times less than those of a child from the 20 per cent of wealthiest households. Here too, the abolition of school fees and the free provision of textbooks is supposed to help reduce this handicap.

671. With regard to gender, the 2007/08 Statistical Yearbook gives the following ratios of girls to boys: 1 in preschool, 0.92 in primary school, 0.90 in lower secondary school, 0.48 in high school and 1.20 in technical and vocational education (because of the preponderance of girls studying for relatively undervalued occupations such as child care, secretarial work, beauty care, home economics, etc.). To improve this situation, UNICEF is helping the Government to draw up a national strategy for girls' education, while promoting the "girl-friendly/child-friendly school" model on the ground, which creates incentives for ensuring that all children, including girls, enrol, stay and succeed at school.

**Reply to the recommendation in paragraph 69(d) of the Committee's concluding observations**

672. According to the 2007/08 Statistical Yearbook, the number of teachers increased substantially at all levels of education between 2003 and 2008. In general education, it rose by a factor of 1.81, from 15,615 to 28,203. The biggest increase, by a factor of 3.53 (from 472 to 1,668), was in preschool education and can be explained by the fact that numbers were very low to start with and by the massive involvement of the private sector. With regard to the other levels of education, the number of schoolteachers increased by a factor of 1.31 in primary education, 2.57 in general secondary education and 2.2 in high school.

673. Since the number of teachers grew faster than the school population over the same period, there was a marked improvement in pupil/teacher ratios at the different levels of education. The average figures for these ratios conceal quite worrying disparities, however. For instance, while the national average is 51.8 pupils/teacher, the figure in Pointe-Noire public primary schools is 111.5.

674. Overall, these trends can be attributed mainly to the boom in private education. It should be noted, however, that the State recruited 5,376<sup>17</sup> teachers, accounting for 56.6 per cent of all State recruitment during that period.

675. The proportion of women teachers decreases as the level of education rises. Women account for almost all (98.92 per cent) preschool teachers, but the proportion drops to 46.5 per cent in primary education and 9.2 per cent in lower secondary education. Statistics for higher secondary education are not gender disaggregated, but there is no doubt that the proportion of women teachers is even lower at that level. It should be noted that in primary education, women teachers are concentrated in urban centres, where they outnumber men (51.4 per cent, but 60.7 per cent in Brazzaville), while the proportion of women teachers in rural areas is just 29.83 per cent. Increasing the number of women teachers is one of the lines of action of the girls' education strategy that is currently being developed (see table 10 in the annex).

676. The number of schools increased by a factor of 1.5 between 2003 and 2008.

677. The number of preschool centres more than doubled, from 257 to 523. While only seven new public-sector preschool centres opened during this period, the private sector created a further 260.

678. The number of primary schools also rose substantially, from 2,143 in 2003 to 3,166 in 2008, an increase of over 32 per cent attributable mainly to the boom in private schools, which doubled in number over the period. The number of public schools also rose by 17.4

<sup>17</sup> *Bilan social au Congo 2003-2008*, December 2009 (Ministry of the Economy, Planning, Land Development and Integration).

per cent, however, thanks to UNICEF and World Bank support for school building and renovation.

679. In lower secondary education, 346 new schools opened, 90 per cent of them private. The number of high schools also more than doubled, with 44 additional schools, 43 of them privately run.

680. Despite all this progress, education provision still does not meet demand.

681. The situation in technical and vocational education differs from the overall trends observed in general education (see table 11 in the annex).

682. To start with, the growth in teacher numbers has not been steady. After the number of technical and vocational teachers almost trebled between 2003 and 2005, 43.2 per cent were lost in the space of two school years. There are fewer female than male staff. Student numbers evolved in the same way, albeit less erratically, dropping from 42,908 in 2005 to 31,192 in 2008, a reduction of 23.3 per cent.

683. The number of technical and vocational schools also appears to have hardly changed at all, with just three schools added, an increase of 2.97 per cent over six school years. Two factors might explain this atypical situation, the first being weaknesses in the collection and processing of statistics on technical and vocational education and the second being the unavailability of statistics on the private sector. Yet we know that private enterprise has played an important role in increasing education provision over the past two decades, even though, in technical and vocational education, it has tended to focus on post-secondary education, which does not require as much investment.

#### **Reply to the recommendations in paragraphs 69(e) and (f) of the Committee's concluding observations**

684. Literacy teaching picked up quite strongly, albeit somewhat erratically, after the many closures and the destruction of literacy centres following the armed conflicts of the 1990s (see table 12 in the annex).

685. The number of students almost quadrupled between 2000 and 2008, from 2,524 to 9,999. The increase was far from linear, however. There were surprising dips from one year to the next, for instance between 2002 and 2003 (a drop of 25.39 per cent, followed immediately by a rise of 105.6 per cent in 2004) and between 2007 and 2008, when numbers dropped from 13,772 to 9,999, a reduction of 27.4 per cent. This situation seems to be attributable to the sector's organizational weakness and the fact that literacy instructors' socioprofessional status is tenuous and undervalued.

686. Literacy rates vary according to the sources and methodologies used to calculate them. According to the statistics published by UNICEF in its special edition of *The State of the World's Children: Celebrating 20 Years of the Convention on the Rights of the Child* in November 2009, literacy rates for young people (15 to 24 years) in the period 2002–2007 were 99 per cent for men and 98 per cent for women, while the adult literacy rate for the period 2003 to 2008 was 87 per cent. Two national surveys carried out in 2005 give different rates for adult (22 to 44 years) literacy: 88.8 per cent for the *Questionnaire des Indicateurs de Base du Bien-être* (QUIBB) survey and 46.2 per cent for the Congolese household survey (ECOM). According to the report on the state of the national education system (p. 84), this difference may be partly attributable to the methodological approaches used in the two surveys. The QUIBB survey is based solely on what the interviewee says, while the population and health survey (EDS) gives the interviewee a reading test, after which he or she is assigned to a literacy category (reads with difficulty, reads fluently, cannot read).

687. The recent creation of a Directorate of Literacy Education offers an unmissable opportunity to reorganize this educational sector.

688. There is a lack of reliable data on out-of-school education for children who are not enrolled in or have dropped out of school, notably because such education is not accounted for in the statistics of the ministries responsible for education and it is often organized by non-State bodies, whose dedication is noteworthy. According to available information, there are 83 centres in the country that help pupils return to school, 19 of them for indigenous young people, with a total of 938 students, 458 of them girls. As part of the execution of the PRAEBASE project, a further 32 centres have been established for a total of 603 students, of whom 284 are girls.

**Reply to the recommendation in paragraph 69(g) of the Committee's concluding observations**

689. As with the school system as a whole, gross enrolment rates in secondary education declined steadily from the late 1980s, then recovered after the end of the armed conflict.

690. In lower secondary education, the number of teachers remained virtually unchanged (around 150,000) until 1997, when it fell dramatically because of the sociopolitical upheaval that continued until 1999. When the armed conflict ended, numbers rose sharply again (see table 13 in the annex).

691. As soon as the sociopolitical situation stabilized, numbers recovered dramatically, rising by 35.45 per cent between 1999 and 2000. The contribution of the private sector was decisive: its numbers rose by a factor of 2.26 (no doubt to compensate for the lack of public sector schools, which had been ravaged by the conflict). The pace slackened in 2002 and 2003, with a decline of around 5 per cent, then picked up again in 2004 and 2005. Though still irregular, it has eased since 2006, settling down to an average increase of 2.73 per cent.

692. High secondary education recovered at a less dramatic rate after the conflict, with teacher numbers increasing by 18 per cent in 2002 and 2001, doubtless because the private sector was less involved in level of education at the time. Numbers dropped again in 2002 and 2003, then immediately recovered between 2004 and 2006, when they almost doubled (see table 14 in the annex).

693. These trends resulted in a steady increase in school enrolment rates, which rose between 2003 and 2008 from 46 per cent to 62 per cent in lower secondary education and from 13 per cent to 26 per cent in higher secondary education (see table 15 in the annex).

694. Although satisfactory, these results must be viewed in a context in which gross enrolment rates are artificially high because a large proportion of pupils repeat the school year (25.08 per cent in lower secondary education and 18.8 per cent in higher secondary education in 2008). The sectoral strategy paper for education aims to reduce the repetition rate in general secondary education to 15 per cent and keep that in high secondary education at 18 per cent).

**Reply to the recommendation in paragraph 69(h) of the Committee's concluding observations**

695. The number of children in pre-primary education has increased steadily since the beginning of the decade. There were 13,256 children in preschool education in 2002, 23,320 in 2005 and 38,187 in 2008. The gross enrolment rate among children aged three to five years, which was around 3 per cent in the 1990s, reached 9.6 per cent in 2008. This growth is attributable to the massive expansion of private education since education

was liberalized: 80 per cent of preschool pupils attend private preschool centres (see table 16 in the annex).

696. This expansion still falls far short of needs, however, because the cost of such schools makes them virtually inaccessible to children other than those from well-off urban families (Brazzaville and Pointe-Noire account for 88.5 per cent of preschool pupils).

697. The sectoral strategy paper advocates increasing preschool coverage in rural areas by supporting community initiatives and in urban areas by encouraging private initiatives, the aim being to gradually increase the pre-primary enrolment rate to 24.6 per cent by 2020, rebalancing pupil numbers as indicated in table 17 in the annex. It is in this framework that UNICEF, in partnership with the Ministry of Primary, Secondary and Literacy Education, is experimenting with community early-childhood centres in rural and poor peri-urban areas.

698. Mention should also be made of the action taken to tackle the emergency situation created by the arrival in Likouala department of refugees from the Democratic Republic of the Congo: building the Ministry's capacities to draw up an emergency plan and preparing and implementing an emergency response (75 primary and 55 pre-primary centres fitted out for 35,000 refugee children).

#### **Reply to the recommendation in paragraph 70 of the Committee's concluding observations**

699. On the occasion of the celebration of the sixty-first anniversary of the Universal Declaration of Human Rights, the Minister of Justice and Human Rights announced the Government's decision to incorporate the teaching of human rights in school curricula.

## **B. Leisure and cultural activities**

#### **Reply to the recommendation in paragraph 72 of the Committee's concluding observations**

700. Supported by French cooperation, the public reading project set up 56 libraries in the country, with a total collection of 29,166 books and other publications. These libraries, aimed at a wide public and particularly at schoolage children, are distributed as follows: six departmental libraries, three municipal libraries, 22 parish libraries, 16 community libraries and nine school libraries. The project also trained 358 staff to manage these libraries.

701. As part of the girl-friendly/child-friendly school project, UNICEF helped the Government set up libraries in 33 schools in the departments of Brazzaville, Likouala, Plateaux, Pointe-Noire, Pool and Sangha. The project supplied 50,000 books, ranging from utilitarian publications such as dictionaries and encyclopaedias to fiction books, as well as documents on such subjects as disease, agriculture and livestock production. At the same time, 66 school principals and teachers were trained to manage and run these libraries.

702. In the case of Brazzaville and Pointe-Noire, the French Cultural Centres play an important role. In addition to organizing a wide variety of cultural activities (cinema, theatre, dance, music, exhibitions, lectures, etc.), these centres have excellent media libraries. The Brazzaville Cultural Centre, which has a book and media library consisting of over 20,000 items (books, comics, periodicals, records, audio and video cassettes, DVDs, CD-ROMs), has more than 4,000 subscribers and receives over 35,000 visitors a year.

703. With regard to sport, aside from school recreation classes and a few sports fields on areas of wasteland, there are virtually no playgrounds for children, especially very small children. The few initiatives attempted in this area (playgrounds with swings, slides, roundabouts, etc.) either failed or only reappear when fairs are held. The Ministry of Primary, Secondary and Literacy Education pledged its commitment to cultural activities

and school sports, however, at a session of the National Council of Preschool, Primary, Secondary and Literacy Education, as a result of which theatre groups and choirs are being set up, mainly in secondary schools. The Government has also just announced the revitalization of school and university games.

## **VIII. Special protection measures (articles 22, 20, 38, 39, 37(b) to (d) and 32 to 36(n))**

704. The Committee's observations on special protection measures for children relate to eight areas of concern, namely:

- Refugee children;
- Child soldiers;
- Substance abuse;
- Economic exploitation, including child labour;
- Sexual exploitation;
- Trafficking;
- Juvenile justice;
- Children belonging to a minority or indigenous group.

### **A. Refugee children**

#### **Reply to the recommendation in paragraph 74 of the Committee's concluding observations**

705. In 2006, following the instability in neighbouring countries, the Office of the United Nations High Commissioner for Refugees (UNHCR) estimated that there were 46,341 refugees from the Democratic Republic of the Congo and 6,564 Rwandan refugees living in the Republic of the Congo. A large-scale voluntary return programme was launched in late 2007. Many refugees from the Democratic Republic of the Congo returned home, although 8,000 refugees, including around 5,333 children, refused to leave and are now long-term refugees in the Congo. The voluntary return programme was not so successful when it came to Rwandan refugees, most of whom, including around 4,396 children, left the refugee reception site and integrated into the local population's socioeconomic system. Long-term refugees from the Democratic Republic of the Congo and Rwandan refugees live, respectively, along the Congo River, along the Oubangui River in northern Pool and in the departments of Plateaux, Cuvette, Sangha and Likouala. Their living conditions, like those of the local population, are generally below normal standards.

706. With regard to refugee children, UNHCR is working closely with the Government to prevent discrimination, domestic violence and sexual violence against refugees. In addition to the possibility of repatriation, Rwandan refugee children now appear to have access to education in ordinary Congolese schools. Challenges remain, however, such as providing access to secondary and higher education, reducing the number of students per class and identifying adequate funding sources.

707. Malnutrition rates for the refugee population are no higher than those for the local population, with most refugees meeting their children's needs through farming. UNHCR and its local partners are conducting health and hygiene awareness-raising campaigns. Article 42 of the Constitution provides that non-nationals shall enjoy the same rights and



freedoms on Congolese territory as nationals, on the conditions stipulated by treaties and laws and subject to reciprocity. Article 819 of the Family Code stipulates that non-national shall enjoy the same rights as nationals. The provisions of these two instruments are reproduced in the Child Protection Code, notably its articles 5, 26, 27 and 41. UNHCR also provides legal assistance to victims of sexual violence and training on the problem of sexual violence to staff working directly with refugees, as well as police and members of Parliament. According to UNHCR, 56 per cent of refugee children in rural areas continue to go to school, but this remains difficult for those who are not registered as refugees and those who have no identity card.

708. Act No. 23-96 of 6 June 1996 stipulates the conditions for the entry, stay and departure of aliens.

709. The National Refugee Assistance Commission (CNAR) created by decree No. 99/310 of 31 December 1999 is responsible for providing administrative assistance to refugees, namely, issuing refugee identity cards, travel tickets, attestations of contact with the authorities and sometimes scholarships. It is also responsible for repatriation operations.

710. Local non-governmental organizations, with Government support, have developed programmes for unaccompanied and vulnerable children. These programmes are designed to guarantee access to basic health care, psychological support, help in starting up or expanding income-generating activities, vocational training and nutrition education.

711. In 2009, when the conflict in the Democratic Republic of the Congo flared up again, refugees poured in, fleeing the ethnic violence in the Equateur region in the north of that country. They crossed the Oubangui river and reached a number of villages in Likouala department. To cope with the ensuing problems, the Government, through the Ministries of Humanitarian Action, Defence and the Interior, mobilized large amounts of food and non-food items and medicines provided by its traditional partners (UNDP, UNHCR, WFP, UNICEF, WHO, UNFPA, UNESCO, UNAIDS, FAO) and CNAR, as well as medical supplies for the charity Médecins d'Afrique (MDA). Reception and assistance centres for displaced persons were set up and a package of water, hygiene and sanitation services supplied, including the repair or construction of wells, latrines and handwashing facilities; the installation of a water tank system; an awareness-raising campaign on handwashing with soap; the cleaning, dredging and disinfecting of existing wells; water treatment; awareness-raising activities on sanitation around water points; and the construction of showers with UNICEF support.

712. At the end of January 2010, there were an estimated 114,000 displaced persons, including unaccompanied minors (134) and children separated from their parents (141). In addition to emergency assistance, these children received psychotherapy from the national trauma counselling team and school and recreational kits from the UNICEF education programme.

713. In July 2010, the Government, through the Ministry of Humanitarian Action, signed an agreement with the French Embassy on funding (200,000 euros) Médecins d'Afrique to supply essential medicines that will help improve medical care for both local populations and refugee populations.

## **B. Child soldiers**

### **Reply to the recommendation in paragraph 76 of the Committee's concluding observations**

714. The phenomenon of children affected by armed conflict is still recent in the Congo. The sociopolitical upheaval that began in 1993 saw some politicians form private militias whose members were recruited mainly among young people.

715. So far, there is no specific legislation on the subject. However, the Government has acceded to the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict.

716. When the conflict ended, some 48,000 former militia members found themselves without resources but armed with weapons and a knowledge of military techniques, which they used to carry out hold-ups, robberies and rapes, spreading terror and insecurity throughout the country.

717. It was in this situation of widespread insecurity that the disarmament and reintegration of former combatants became the paramount concern of the Government, the main national political actors and the international community.

718. To address this concern, various stakeholders set out to obtain the international community's support for the development and implementation of disarmament, demobilization and reintegration (DDR) activities in the Congo. To this end, in 2001 the Government set up the High Commission for the Reintegration of Former Combatants (HCREC), entrusted with disarming, demobilizing and reintegrating former combatants, and a committee for monitoring the agreements on the ceasefire and the cessation of hostilities.

719. The Government, with the support of the international financial community, mobilized funds for two programmes. The first programme of these, the Emergency Demobilization and Reintegration Programme 2002–2004, received IDA funding totalling US\$ 5 million. Under this programme, 9,000 former combatants were reintegrated and 3,222 income-generating microprojects were funded in the departments of Bouenza, Brazzaville, Lékoumou, Niari, Cuvette and Plateaux.

720. The second programme, the National Disarmament, Demobilization and Reintegration Programme, was implemented from July 2006 to February 2009. By the end of the mandate of the European Union Multi-Country Demobilization and Reintegration Programme (MDRP/EU), corresponding to the withdrawal of MDRP/EU funding in February 2009, the following principal outcomes had been achieved: 18,685 people had been reintegrated; 18,965 former combatants had received subsidies for income-generating microprojects, of whom 10,307 had received their entire subsidy and 8,658 were awaiting the second and last instalment; and 33 community subprojects had been selected and funded, of which 16 had already received their funding. The programme also assisted 348 former child soldiers, 1,809 women former combatants, 854 war-disabled former combatants, 37 war-disabled persons and 82 HIV-positive persons.

721. The second programme obtained multilateral funding totalling US\$ 25 million from MDRP and the European Union, with counterpart funding from the Congolese Government, to assist 30,000 former combatants. The programme was executed from July 2006 to 28 February 2009.

722. Brazzaville and Pool being the areas most affected by the sociopolitical conflict, children's whose schooling had been interrupted were taken in by non-governmental and religious organizations and UNICEF. The data for 2006/07 and 2007/08 are as follows:

- The 26 centres that opened in 2006/07, of which 12 were in Brazzaville, 8 in Bouenza, 1 in Cuvette, 3 in Niari and 2 in Pointe-Noire, had a total of 3,304 pupils, of whom 458 were girls;
- The 18 school reintegration centres opened in 2007/08, of which 13 were in Brazzaville, 1 in Kouilou, 1 in Lekoumou and 3 in Niari, had a total of 938 pupils, of whom 458 were girls;
- In 2006/07, and again in 2007/08, 439 pupils, of whom 226 were girls, were reintegrated in the formal education system.

723. As part of crisis-prevention and recovery efforts, the community action project for community recovery and reintegration of at-risk youth carried out the following activities in the period 2005–2007:

- Creation or re-creation of 14,266 jobs;
- Rehabilitation of 533km of farm tracks;
- Funding and execution of 107 community microprojects;
- Development of 50 water works;
- Rehabilitation of 16 schools (83 classrooms for 15,549 pupils);
- Rehabilitation and re-equipment of five health centres;
- Rebuilding of four bridges.

724. Aside from this, a provision was incorporated into article 50 of the Child Protection Code, stipulating that children involved in armed conflict must benefit from a post-conflict programme of psychosocial recovery and reintegration put in place by the competent State institution.

## C. Substance abuse

### **Reply to the recommendation in paragraph 78 of the Committee's concluding observations**

725. With regard to children addicted to drugs, in the absence of a study giving an idea of the scale of the problem, in 2004 the Scientific Research Department conducted an epidemiological survey of drug users in the Republic of the Congo in the cities of Brazzaville, Dolisie and Ouessou. The survey, in which a sample of 239 individuals in specialized services (police, customs, prisons, psychiatric departments) were interviewed, found that 2.87 per cent of drug addicts were aged under 18 (in most cases, the first contact with drugs occurred around the age of 8), 27.69 per cent were aged 19 to 25 and 64.92 per cent were aged between 26 and 35. The militias found a fertile breeding ground in the idleness and poverty engendered by underemployment and unemployment, especially among young people. Cocaine, heroin and marijuana are the main drugs to which the population have access. The problem of drug and alcohol use affects street children, young people and a number of former combatants. In Brazzaville department, drug use has increased significantly in recent years, while alcoholism peaked in 2005, with rates as high as 28.3 per cent in some parts of the city. Alcohol consumption is not strictly regulated in the Congo and is becoming more and more widespread, bringing in its wake such problems as risky sexual behaviour and increasing violence.

726. The Act of 12 July 1916 on narcotic drugs and its implementing decrees of 30 December 1916 and 5 March 1918 were adopted to punish crimes related to the import, trading, possession and image of poisonous substances. The Act was supplemented by

decree of 29 August 1926, which extended its scope to include the cultivation of these substances. The Congo has also acceded to the following conventions:

- 1961 Single Convention on Narcotic Drugs;
- 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances;
- 1971 Convention on Psychotropic Substances.

727. The Criminal Code criminalizes drug offences in its articles 274(2), 275(1), (2) and (3) and 276(1), (2), (3) and (5), which concern the possession and use of cannabis.

728. None of these instruments adequately protects children against drugs. They need to be supplemented in order to combat drug producers, growers, users and traffickers and all intermediaries by increasing the penalties imposed and broadening the scope of the relevant laws.

729. The Congo has just adopted a Child Protection Code, however, article 69 of which prohibits anyone from encouraging a child to use drugs, narcotics and alcohol or using a child in the production and distribution of such substances. There is also a bill on narcotic drugs and psychotropic substances that has yet to be adopted.

730. At the administrative level, the Interministerial Technical Committee against Drugs, created by Decree No. 94-578 of 25 October 1994, is an organ that assists with decision-making. Its goal is to promote prevention, care, social integration, information and research. Unfortunately, it is experiencing tremendous operating difficulties. The national anti-drug project is no longer operational. Lack of training and of detection equipment is complicating the work of police and customs officers. The judicial police has a two-member national anti-drug service, set up in 1992 within the Judicial Police Directorate. Between 1998 and 2003, the service began to update the records containing information on drug users and their address or place of residence. It does not have the means to become more operational.

731. Administrative structures, agencies of the United Nations system and local non-governmental organizations are carrying out some activities to reduce the scale of the problem. The Ministry of Social Affairs and the Family, in partnership with non-governmental organizations such as Caritas, is tackling substance-abuse problems in children by carrying out awareness-raising among street children and creating “spaces for children”. WHO held a workshop in Ouesso from 30 January to 1 February 2007 on how to set up a school anti-drug club. On the occasion of the International Day against Drug Abuse and Illicit Trafficking, the Ministry of Health, in partnership with WHO and non-governmental organizations, organized awareness-raising activities for offenders and law-enforcement officers through the AIDS/drugs prevention programme, submitted an anti-tobacco bill and amended pharmaceutical legislation. Several classes on the subject of narcotic drugs are taught at the National Police School. Sixty-five anti-drug clubs have been set up respectively by the non-governmental organization Club antidrogue et anti-SIDA à l'école (school anti-drug and anti-AIDS club) (59) with WHO support and the non-governmental organization Association Serment Merveil (6). The non-governmental organization Attaque contre la drogue, la prostitution et le SIDA (ATTACK 3) (attack drugs, prostitution and AIDS) has created a free awareness-raising bulletin, *Journal Attack3*, which includes a cartoon section showing the consequences of drug use. It also carries out IEC activities with UNICEF support.

732. The Government included strategies for reducing young people's vulnerability to drugs and alcohol in the PRSP, including: (i) scaling up of efforts to combat drug use and trafficking; (ii) continuation and completion of the programme for the demobilization, disarmament and reintegration of former combatants; (iii) implementation of special actions

under the national strategy framework for vulnerable children, including prevention of situations of vulnerability, reactivation of judicial tools and rehabilitation of children in conflict with the law, support for and the strengthening of existing facilities such as reception centres for orphans and other vulnerable children, and promotion of partnerships and private initiatives.

733. Aside from these strategies, there is a need to reactivate the Interministerial Technical Committee against Drugs and to build the capacities of the people who will be responsible for taking action to combat the drug problem.

## **D. Economic exploitation, including child labour**

### **Reply to the recommendation in paragraph 80 of the Committee's concluding observations**

734. In the Congo, work was traditionally one of the ways of educating children and integrating them in economic and social life. Even where tradition was not involved, children were taught some of their parents' jobs and occupations.

735. Nowadays, despite the country's high rate of school enrolment (115.3 per cent),<sup>18</sup> it is common for some school-age children to opt very early on to engage in an income-generating activity, working as vendors, taxi-bus conductors, child minders, etc.

736. The rapid spread of urbanization as a result of the continuing economic crisis and the armed conflict is not without consequences for the population.. In this context, poor households find it difficult to meet their essential needs. Steady impoverishment also goes hand in hand with the emergence of such phenomena as street children and child labour.

737. The Government, through the Ministry of Labour and Social Security and with support from UNICEF, undertook a survey of urban child labour (2001/02). The survey's target population were children aged five to 16 carrying on a paid or unpaid economic activity inside or outside the home. A total of 3,155 children were surveyed, of whom 2,461 or 78 per cent were boys and 694 or 21.99 per cent were girls. Of these, 2,457 children, or 77.8 per cent of the children surveyed, were Congolese nationals and the remainder were non-nationals. The sites covered by the survey were in the communes of Brazzaville, Pointe-Noire, Dolisie, Nkayi and Ouesso.

738. According to the survey, the kinds of activities that children carry out are very diverse. The main activity is vending (76 per cent), of which 58 per cent takes place in a fixed location and 17.9 per cent is street vending.

739. The survey's findings provided an insight into the spatial distribution, structure and other aspects of child labour, so that a guide and a plan for monitoring the situation of children could be produced.

740. As a result, it would be useful to supplement the survey by a nationwide study. To do so, the Government requests the help of development partners and United Nations agencies, notably UNICEF and the International Labour Office, in carrying out such a study.

741. The Congo has legal instruments prohibiting child labour, however. These are the Labour Code, article 116 of which stipulates that no business may employ children under the age of 16 unless an exception is granted by the Ministry of National Education after

<sup>18</sup> *Rapport d'analyse du recensement général de la population et de l'habitation Congo-2007; thème: populations vulnérables; sous-thème: les pygmées ou populations autochtones*, July 2010.

hearing the opinion of the labour inspector, and the Child Protection Code, article 68 of which prohibits underage employment, the worst forms of child labour and any domestic activity hazardous to the child's physical or mental health.

742. Unfortunately, the above instruments are being applied less and less and need to be reactivated.

## **E. Sexual exploitation**

### **Reply to the recommendation in paragraph 82(a) of the Committee's concluding observations**

743. See under recommendation 52(a) in section V.

### **Reply to the recommendation in paragraph 82(b) of the Committee's concluding observations**

744. The fact that the services responsible for conducting surveys on cases of exploitation are underresourced is due partly to the absence of a legal mechanism and a coherent institutional framework.

745. With regard to the legal aspect, it should be recalled that prior to the adoption of the Child Protection Code, the Congo, which was placed by the United States Department of State on the Tier 2 Watch List, did not have an appropriate legal framework for combating trafficking in persons, including children. In other words, there was no structure for studying and taking decisions on the issue, with the result that the lack of resources has never even been discussed.

746. The application of the Child Protection Code could break this silence.

### **Reply to the recommendation in paragraph 82(c) of the Committee's concluding observations**

747. The release of additional resources to promote the physical and psychological recovery of child victims of sexual exploitation has never been envisaged in practice. It would be useful to consider it, however, since many child victims of sexual exploitation might be rescued from this plight if they were offered a proper alternative.

748. With regard to controlling the factors that adversely affect the quality of Congolese justice, the study helped solve the problem of unblocking justice budget allocations in general and ensured that the ceiling on allocations to juvenile justice was raised.

### **Reply to the recommendation in paragraph 82(d) of the Committee's concluding observations**

749. The current practice in Congolese courts is to receive complaints without differentiating those brought against minors. In juvenile courts, an application or complaint must have been made against a child for the judge to hear the case. In such cases, it is paramount that the judge proceed in a manner that is child sensitive and respects victims' privacy.

### **Reply to the recommendation in paragraph 82(e) of the Committee's concluding observations**

750. Following the work done by the World Congresses against Commercial Sexual Exploitation of Children, held in Stockholm in 1996 and Yokohama in 2001, meetings held to address the concerns shared on those occasions have unfortunately yet to lead to the

adoption of a national programme of action and indicators for monitoring national progress, with targets and a precise implementation timetable.

751. Since March 2005, Doctors Without Borders (MSF) has been implementing a programme of medical and psychological care of victims of sexual violence in two primary-health-care hospital centres in Brazzaville. The programme provides comprehensive care comprising:

1. Medical care;
2. Pregnancy prevention;
3. STI prevention;
4. Prophylactic treatment of HIV/AIDS;
5. Psychological support for women rape victims and babies born as a result of rape;
6. Social assistance in coordination with local and international partners;
7. A 24-hour reception, information and support service.

752. The MSF profile of raped women shows that 60 per cent of cases involve underage girls.

753. The country has national operational capacities for the trauma counselling of persons affected by armed conflict, with 1,356 resource persons trained and 15,178 persons, 80 per cent of them children, treated. The country also has a violence observatory and a network of non-governmental organizations working on problems of violence.

## **F. Trafficking**

### **Reply to the recommendation in paragraph 84 of the Committee's concluding observations**

754. The Congo has not yet ratified the Additional Protocol to the United Nations Convention against Transnational Organized Crime and does not have a specific law other than the general provisions of the Child Protection Code. The Ministry of Social Affairs, in partnership with the Ministry of Justice and specialized non-governmental organizations, is taking a number of actions to combat human trafficking in Pointe-Noire, however.

### **Reply to the recommendation in paragraph 85(a) of the Committee's concluding observations**

755. In the Congo, the existence of child trafficking was formally established following the situation analysis carried out in November 2006 and published in July 2007 with UNICEF support. Some 1,800 children are affected by trafficking. Aspects of such trafficking include crossborder trafficking in Pointe-Noire, mainly from Benin, and in Brazzaville from the Democratic Republic of the Congo, as well as internal "fostering" and international adoption.

756. A local plan of action was therefore implemented in Pointe-Noire, in partnership with the Consulate of Benin, the Pointe-Noire mayor's office, the Departmental Directorate of Social Affairs and the Family and the non-governmental organizations Justice and Peace Commission and Action Against the Trafficking of West African Children (ALTO). A coordination team was set up by service note No. 0232/MASSAHF/DGASF of 22 April 2008. The following activities were carried out: roll-out of an awareness-raising campaign using the media, churches, mosques and markets, training of 13 religious leaders and 34

staff, production of a DVD, fitting out of two counselling areas and identification of seven foster families and three reception centres.

757. The following activities were carried out under the 2009/10 plan of action: (i) training of 30 outreach workers in July 2010 in close-contact awareness-raising; (ii) community awareness-raising using banners (10), plays (2), door-to-door visits (30), community meetings (2) and radio and television spots/broadcasts (4); (iii) production of a DVD; (iv) care of 21 child victims of trafficking, of whom 16 were repatriated, two were placed with a foster family and three were reintegrated locally.

**Reply to the recommendation in paragraph 85(b) of the Committee's concluding observations**

758. Since the crossborder traffic in Pointe-Noire comes mainly from Benin, the Congolese Government transmitted to the Beninese Government in 2009 a draft bilateral agreement between the two States aimed essentially at the prevention and punishment of child trafficking and the strengthening of mutual judicial assistance in this area. The draft agreement also regulates the protection, repatriation, rehabilitation and reintegration of children in conformity with existing legal instruments.

759. In preparation for the 2009 meeting of the Benin-Congo Joint Cooperation Commission, a delegation from the Congolese Ministry of Social Affairs visited Cotonou, Benin, from 26 March to 2 April 2009 to brief the competent Beninese authorities and discuss the terms of the draft agreement with them. The Beninese Government requested more time to familiarize itself with the draft and it was decided that it would send its counter-proposal through the diplomatic channel.

760. During the meeting of the Joint Commission held in late 2009, the two parties agreed to take more rigorous action on the ground to combat child trafficking.

761. The Congo has not yet ratified the existing multilateral agreements (Abuja Agreement on Trafficking and international instruments on trafficking).

**Reply to the recommendation in paragraph 85(c) of the Committee's concluding observations**

762. The findings of the survey mentioned above show that children are exposed to a vicious circle of mistreatment and exploitation. Building on the pilot experiment with reintegrating child victims of trafficking in Pointe-Noire, the 2007/08 project laid the foundations for future action, including official recognition and stakeholder mobilization.

763. The first phase of the project achieved the following outcomes: (i) identification of three child victims of trafficking, registration and return of 26 children by the Consulate of Benin in Pointe-Noire; (ii) drafting of the 2009/10 plan of action; (iii) review of management mechanisms through the identification of new partnerships, the clarification of responsibilities and the establishment of a new local coordination team for the project by service note No. 0000009/MASAHS/DGASF of 28 September 2009; (iv) monitoring of the implementation of the 2009/10 plan of action: signing of a cooperation agreement with ALTO that resulted in the identification of nine child trafficking victims, of whom five were placed with families and/or reintegrated, three were repatriated and one is awaiting a decision; (v) organization of a workshop for the participatory drafting of the procedures manual for the identification, care, repatriation and reintegration of child victims of trafficking (24 and 25 November 2009).

764. A subregional response to the problem is also being developed through an initiative for bilateral agreements on the subject between the Congo, the Gabon, Togo and Benin.



765. At the Libreville meeting held in May 2009, it was decided to hold in the Congo, more specifically Pointe-Noire, activities to mark the official launching of the campaign against child trafficking in Central Africa.

766. However, the implementation of this project faces the following constraints: (i) absence of a law on trafficking; (ii) failure to put into operation the observatory on vulnerable children; and (iii) lack of capacity and non-compliance with standards. Some threats are also discernible: social resistance and even allegations of the complicity of some authorities, which use their influence to free wrongdoers; non-ratification of anti-trafficking instruments, namely, the Abuja Agreement and the Congo-Benin bilateral agreement.

## **G. Juvenile justice**

### **Reply to the recommendation in paragraph 87(a) of the Committee's concluding observations**

767. The Congolese legislature shares the view that, ideally, a prison sentence should be imposed on a juvenile only as a last resort. This is clear from the juvenile justice survey carried out in March 2005. It must be admitted, however, that juvenile crime is often characterized by extreme violence (theft, fights, murder), necessitating the adoption of exceptional measures even though the perpetrators are minors.

768. The need for minors to be incarcerated in separate cells from adults is well understood by the authorities responsible for defining and implementing criminal policy. The harmful consequences of having child prisoners share cells with adults are so serious that one of the main components of the project to strengthen the rule of law and associations (PAREDA) is to complete the rehabilitation and equipment of the reception centre for child detainees attached to the Brazzaville prison.

769. The State and civil society organizations, especially the Prison Human Rights Association (ADHUC), also ensure that funding from the Tenth EDF designed to make the Congolese prison environment more humane is used entirely for that purpose and particularly to improve conditions of detention for children.

### **Reply to the recommendation in paragraph 87(b) of the Committee's concluding observations.**

770. While recognizing the relevance of the Committee's recommendation, the Government wishes to note that the Supreme Court is currently considering a request for a favourable opinion on the preliminary bill on the five-year programming of resources for the modernization of the justice system and the implementation of the national human rights plan. The bill, which is accompanied by a costed plan of action, allocates a large portion of the total funding envelope to improving conditions of detention for young detainees.

### **Reply to the recommendation in paragraph 87(c) of the Committee's concluding observations**

771. The Congo's prison policy has never included a component of educational activities for persons aged under 18. This innovation could doubtless be introduced on the occasion of the projected drafting of a prison code as part of the work of the national commission to review legislative codes.

772. With a view to ensuring appropriate modernization of the justice system, the Government is engaged in a process of reflection that should result in the choice of a prison system that combines the aims of humanization of the prison environment with an approach

that respects human rights and guarantees the social reintegration of detainees. Terms of reference are being drafted for the studies that will have to be carried out.

773. In this context, there are plans to build three pilot centres for prisoners to serve agro-pastoral sentences, which should give them an opportunity to learn occupations that will guarantee their social reintegration and future autonomy.

774. The incorporation of educational activities, with technical support from UNICEF, would help supplement the package of activities offered by these structures.

**Reply to the recommendation in paragraph 87(d) of the Committee's concluding observations**

775. The creation of an independent monitoring mechanism with the right of access to detention centres could usefully be considered to fill the gaps in a prison system that falls far short of the relevant international standards. However, it is reasonable to fear that such an initiative would fail, given the constraints on the capacity of those responsible for such monitoring.

776. The approach to take to ensure the effectiveness of such a mechanism would be to study, as of no, both the legal and the institutional framework of that mechanism and the procedures for identifying resource persons and the plan for training monitoring staff.

**Reply to the recommendation in paragraph 87(e) of the Committee's concluding observations**

777. Article 15 of the preliminary bill on the programming of resources for the modernization of the justice system and the implementation of the national human rights plan 2011–2016 provides for the training, in the course of programme execution, of the various categories of justice and human rights staff, including staff of the judicial social service.

778. The bill allocates 5.34 per cent of the programme's total envelope to training and research in this area.

779. The programme's targets include remedying civil servants' lack of technical expertise and grasp of children's rights and building the numbers and capacities of judicial personnel working in juvenile justice.

**Reply to the recommendation in paragraph 87(f) of the Committee's concluding observations.**

780. Modernization of the justice system presupposes the adaptation of domestic law to recent developments in international law by the commission on the revision and/or drafting of legislative codes.

781. To this end, technical assistance from the Interagency Panel on Juvenile Justice would guarantee that a legal framework and mechanisms more in keeping with the requirements of international law were put in place.

## **H. Children belonging to a minority or indigenous group**

**Reply to the recommendation in paragraph 89 of the Committee's concluding observations**

782. The bill on the protection and promotion of indigenous people was strengthened in August 2008. It addresses indirectly indigenous people's rights to a nationality, land, education, health care and employment. It was approved by the Government and

transmitted to Parliament for adoption. Article 5 of the bill introduces the principle of positive discrimination in order to meet the urgent, pressing need to restore indigenous people's equality of rights with all other Congolese citizens.

**Reply to the recommendation in paragraph 89(a) of the Committee's concluding observations**

783. In the Congo, stereotypes, myths and other prejudices have always been used to justify discrimination against indigenous people. Indigenous people are still despised today and view equality as simply a pipe dream. Discrimination against them occurs and can be observed in many related areas. From motherhood to the courts and from school to the marketplace, this scourge is a daily reality for indigenous people in many areas of social life.

784. To combat discrimination at all levels, an analytical report on social norms and practices with regard to indigenous people in the Republic of the Congo was published in September 2009 with UNICEF support. A holistic, multisectoral plan of action for 2010–2013 was drawn up to this end, covering six major strategic areas: (i) improving the economic and social status of indigenous people; (ii) disseminating a human rights culture and reducing human rights violations and abuses against indigenous people; (iii) giving indigenous people a role in public life; (iv) ensuring schooling for indigenous children; (v) providing access to health care; and (vi) recognizing the value of indigenous culture and traditions.

785. Apart from this plan, the Government also intends to develop and implement a welfare policy for minority groups (indigenous and albino). This will involve adopting new laws to promote and protect the rights of members of minorities. The new laws will prohibit and prevent discrimination and their promotion and application will be ensured. A body for protecting minorities and combating discrimination against them will be created. The Government also plans to implement specific rights and promote additional measures for the protection of minorities. This will involve establishing committees to monitor the progress made in the protection of minorities.

786. In addition to the documentary film "*Nous les pygmées*", an analysis of the situation of indigenous children was published and used as an advocacy tool at the International Forum on Indigenous Peoples of Central Africa (FIPAC), held in Impfondo in April 2007, and at the national consultative workshop on the rights of the indigenous peoples of the Congo, held in Brazzaville in November 2007. In partnership with UNICEF, indigenous organizations were helped to demand their full citizenship rights through the creation of the National Network of Indigenous Peoples of the Congo (RENAPAC) in August 2007. As part of efforts to promote communication, a documentary film of the situation of indigenous people was made and was released in May 2009.

**Reply to the recommendation in paragraph 89(c) of the Committee's concluding observations.**

787. The indigenous question was taken into account in the PRSP. One of the five strategic areas of poverty reduction is the social environment and the integration of vulnerable groups, including indigenous people and other minorities. One of the goals in this area is ensuring the promotion and protection of the rights of indigenous people and other minorities.

**Reply to the recommendation in paragraph 89(d) of the Committee's concluding observations**

788. Because of their socioeconomic marginalization, often compounded by their geographical isolation, the Congo's indigenous peoples are unable to enjoy their fundamental rights. Accordingly, the Government, with UNICEF support, has taken specific measures in the areas of health and education, including: (i) conducting a survey of indigenous peoples' knowledge, attitudes and practices (KAP) with regard to HIV/AIDS and their access to basic social services, as part of activities to put in place an HIV/AIDS prevention strategy in indigenous communities in the Congo; (ii) holding five departmental planning workshops on reducing indigenous adolescents' vulnerability to HIV/AIDS and STIs in the targeted departments and villages; (iii) adopting a national plan of action for improving indigenous people's quality of life (2008), covering five priority areas (education; health, HIV/AIDS, water and sanitation; access to citizenship, strengthening of legislation and law enforcement; cultural identity, access to land and natural resources; capacity-building and programme support). The plan of action is being implemented on a decentralized basis in the departments of Sangha, Likouala and Plateaux; (iv) training some 300 young indigenous peer educators to help reduce indigenous peoples' vulnerability; (v) building a raised, 20 m<sup>3</sup> rainwater tank in Béné (Gamboma) in the Plateaux department.

789. Apart from these measures, articles 26 and 27 of the Child Protection Code recognize the rights to health and education of all children living in the national territory.

790. To ensure the promotion and protection of the rights of indigenous people, the Government plans to implement a strategy for improving indigenous people's access to basic social services.

**Reply to the recommendation in paragraph 89(e) of the Committee's concluding observations**

*[The texts cited between paragraphs 790 and 821 are recommendations adopted by the Committee at the end of the day of general discussion on the rights of indigenous children (September 2003)]:*

*"Information, data and statistics*

*5. Requests States parties, UN specialized agencies, funds and programmes, in particular UNICEF and ILO, the World Bank and regional development banks, and civil society including indigenous groups, to provide the Committee with specific information on laws, policies and programmes for the implementation of indigenous children's rights when the Committee reviews the implementation of the Convention at country level."*

791. In addition to domestic legal instruments, the Government has submitted to Parliament for adoption a law on the promotion and protection of the rights of indigenous peoples in the Republic of the Congo.

792. Because the issue of indigenous peoples in the Congo is unique, the Ministry of Social Affairs and UNICEF are implementing very specific programmes that respond clearly and distinctly to each of the challenges faced. In so doing, the two partners have developed and adopted a set of major strategies specific to the issue.

*"6. Recommends that States parties strengthen mechanisms for data collection on children so as to identify existing gaps and barriers to the enjoyment of human rights by indigenous children and with a view to developing legislation, policies and programmes to address such gaps and barriers."*

793. Momentum seems to be building around the indigenous issue, as evidenced by studies and other materials on the situation of indigenous people. These include the following: (i) report of a research and information visit to the Republic of the Congo by the Working Group on Indigenous Populations/Communities of the African Commission on Human and Peoples' Rights (September 2005); (ii) February 2007 KAP survey; (iii) study on indigenous attitudes to statements about AIDS (2007); (iv) study on Pygmies and development in the Republic of the Congo; (v) analysis of the situation of indigenous children and women in the Congo (2008); (vi) analysis of social norms and practices with regard to indigenous people in the Republic of the Congo; (vii) documentary film "*Nous les pygmées*" (August 2004); (viii) documentary film "*Nés esclaves*"; and (ix) projects for the protection of indigenous children and women (2004–2008) and the protection of indigenous children (2009–2013).

794. These studies and other materials highlighted the extreme vulnerability of indigenous people. The implementation of the plan of action for improving the quality of life of indigenous people is also helping to strengthen existing data-collection mechanisms and to improve indigenous living conditions.

*"7. Encourages greater research, including the development of common indicators, into the situation of indigenous children in rural and urban areas by UN human rights mechanisms, UN specialized agencies, programmes and funds, international organizations, civil society and academic institutions. In this regard, the Committee requests all interested parties to consider initiating a global study on the rights of indigenous children."*

795. While ethnographers and anthropologists have written a great deal about indigenous culture and history, programmatic information remains scarce and fragmented. Data on a range of issues, such as education, HIV/AIDS, birth registration and sexual violence, are not collected systematically and are not sufficiently disaggregated; their reliability also varies. As a result, in addition to being especially vulnerable, indigenous people are disadvantaged by the lack of information on them.

*"Participation*

*8. In light of article 12, as well as articles 13 to 17, of the Convention, recommends that States parties work closely with indigenous peoples and organizations to seek consensus on development strategies, policies and projects aimed at implementing children's rights and set up adequate institutional mechanisms involving all relevant actors and provide sufficient funding to facilitate the participation of children in the design, implementation and evaluation of these programmes and policies."*

796. The outcomes achieved with regard to the protection of indigenous children include strengthening of the partnership with indigenous organizations, non-governmental organizations, civil society, bilateral cooperation and United Nations agencies. This partnership operates at all levels of decision-making on actions to be taken in indigenous communities.

797. The implementation by the Association Espoir Renaît, in partnership with UNICEF, of the project to improve access to basic services for the Pygmy minority in the Republic of the Congo (2001–2004) won the approval of the main stakeholders, namely, indigenous people themselves, who took a significant, active part in its execution and follow-up. The microplanning and participatory approach used for the project definitely helped secure indigenous participation. Ten local committees were trained to manage wells, community fields, health centres and schools.

798. Pursuant to the recommendation of the February 2006 monitoring and evaluation mission, a workshop on decentralized planning linked to the protection of Pygmy rights was held in Ouessou from 27 to 30 June 2006. During the workshop, indigenous participants identified and confirmed problems. A shared understanding of the issues was reached and a plan of action for relaunching the project was adopted.

799. For several days in 2007, a national workshop on indigenous people brought together round the same table all national, regional and local institutional representatives and international partners working in the Congo, alongside the main stakeholders: community representatives and civil society actors from indigenous associations, as well as structures —associations or otherwise— working on more general or related issues (human rights, forest conservation).

800. At the departmental level, indigenous people participated fully in the development of decentralized action plans for improving their quality of life. Their consent was obtained for any works carried out.

801. The National Network of Indigenous Peoples of the Congo, the platform and federation of indigenous organizations, is involved in the implementation and monitoring of these plans.

*“Non-discrimination*

9. *Calls on States parties to implement fully article 2 of the Convention and take effective measures, including through legislation, to ensure that indigenous children enjoy all of their rights equally and without discrimination, including equal access to culturally appropriate services including health, education, social services, housing, potable water and sanitation.”*

802. Equal access by indigenous people to culturally appropriate services is a difficult goal to achieve. Thus far, national efforts have been confined to reducing exclusion, for instance by ensuring uniform treatment in access to and the provision of health care, education, social services, housing, potable water and sanitation.

803. A culturally appropriate approach can be envisaged only in the context of the implementation of the United Nations Declaration on the Rights of Indigenous Peoples, to which the Republic of the Congo committed itself resolutely in its capacity as representative of the Group of African States to the United Nations Permanent Forum on Indigenous Issues.

*“10. Recommends that States parties, international organizations and civil society strengthen efforts to educate and train relevant professionals working with and for indigenous children on the Convention and the rights of indigenous peoples.”*

804. No action has been taken to this end. The Government therefore requests UNICEF support for undertaking the corresponding activities.

*“11. Recommends that States parties, with the full participation of indigenous communities and children, develop public awareness campaigns, including through the mass media, to combat negative attitudes and misperceptions about indigenous peoples.”*

805. As part of the implementation of the national plan of action for improving the quality of life of indigenous people, action to promote the identity of indigenous people and their access to full and responsible citizenship was taken through the adoption of a strategy of changing social norms in order to reduce discrimination.

806. Unfortunately, the Government has yet to take ownership of the strategy, the implementation of which is being hindered by lack of resources. It is therefore necessary that the Committee, through UNICEF, support the strategy's implementation process.

807. To guarantee the effectiveness and sustainability of any action to combat negative attitudes and misperceptions about indigenous peoples, the Government must take ownership of the national strategy. The support of development partners and agencies of the United Nations system is necessary for its implementation.

*“12. Requests States parties, when updating the Committee on measures and programmes undertaken to follow up on the Declaration and Programme of Action adopted at the 2001 World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance, to provide specific and detailed information on the situation of indigenous children.”*

808. No information is available.

*“Law and public order, including juvenile justice*

*13. To the extent compatible with articles 37, 39 and 40 of the Convention and other relevant UN standards and rules, the Committee suggests that States parties respect the methods customarily practised by indigenous peoples for dealing with criminal offences committed by children when it is in the best interests of the child.”*

809. There is no information on this issue. An anthropological survey must therefore be organized to obtain more data on the methods customarily practised by indigenous peoples for dealing with criminal offences committed by children. The Government requests the Committee's support for carrying out such a survey.

*“Right to identity*

*15. Calls on States parties to ensure the full implementation of articles 7 and 8 of the Convention for all indigenous children, by inter alia:*

*(a) Ensuring the existence of a free, effective and universally accessible birth registration system; ”*

810. See recommendation 34(b) in section IV.

*“(b) Allowing indigenous parents to give their children a name of their own choosing, and by respecting the right of the child to preserve her/his identity;”*

811. Under article 92 of the Family Code, every person must have a surname consisting of one name or a combination of two or more names. This surname must be the name of the father or the parent who has recognized the person, that of the adoptive parent or, if the parents are not named, a name given by the registrar. First names are optional. This provision applies to all persons living in the Congo, including indigenous people.

*“(c) Taking all necessary measures to prevent indigenous children from being or becoming stateless.”*

812. See recommendation 34(d) in section IV.

*“16. Recommends that States parties take all necessary measures to ensure that indigenous children enjoy their own culture and can use their own language. In that regard, States parties should pay particular attention to article 17 (d) of the Convention which calls on States parties to encourage the mass media to have particular regard to the linguistic needs of the child who is indigenous.”*

813. The implementation of the project for improving indigenous people's access to basic social services and HIV/AIDS prevention included the development of a behaviour change

communication strategy, based on the mobilization of peer educators and youth leaders in indigenous communities. Since indigenous people live increasingly in communities that include other ethnic groups, the communication strategy targeted the whole community without exception. This helped the different groups get to know each other better and respect each other, thereby addressing the issue of how to reduce ongoing discrimination against indigenous people.

814. Each year, the Congo, like other countries of the subregion, celebrates the International Day of the World's Indigenous Peoples. A number of activities are organized, including cultural activities.

815. As a special event, the International Day affords a further opportunity for more effective awareness-raising and for reaffirming the Government's commitment to amending the legal framework.

*“Family environment*

*16. Recommends that States parties take effective measures to safeguard the integrity of indigenous families and assist them in their child-rearing responsibilities in accordance with articles 3, 5, 18, 20, 25 and 27(3) of the Convention.”*

816. In 2008, as part of the implementation of the plan of action for improving the quality of life of indigenous people in the Congo, the indigenous youth cooperative of the village of Mbalouma in Sangha department was given ploughing implements, wheelbarrows (10) and seeds; 1,600 indigenous children were enrolled in school; a health post was built in the village of Paris; 6,615 cases of yaws were treated; and 1,000 childbirth kits (maternal and child health week) were distributed.

817. The implementation of the decentralized plan of action in Likouala department in 2009 achieved the following outcomes: 925 children were immunized, 541 children received vitamin A supplements, 493 children were deparasited, 420 pregnant women were immunized and 236 cases of leprosy were treated.

*“For the purpose of designing such policies, the Committee recommends that States parties collect data on the family situation of indigenous children, including children in foster care and adoption processes.”*

818. The survey of indigenous people's knowledge, attitudes and practices (KAP) with regard to HIV/AIDS and their access to basic social services and the analysis of the situation of indigenous children and women in the Congo, carried out jointly by the Ministry of Social Affairs, Solidarity, Humanitarian Action and the Family and UNICEF, helped identify the basic problems facing community members in general and children in particular. These include problems related to: education (absence from school or distance from school, school fees and excessive schooling costs, hostility of Bantu pupils and teachers, mismatch between the school year and semi-nomadic life); health (persistence of yaws, cases of diarrhoea, minimal protection against malaria, very limited access to drinking water, sanitation, alcoholism and drugs); HIV/AIDS, which is still a taboo, little known issue; and protection (access to citizenship, cultural identity, access to land and natural resources and capacity-building, subjugation by Bantus, sexual violence against indigenous women).

*“The Committee recommends that maintaining the integrity of indigenous families and communities be a consideration in development programmes, social services, health and education programmes affecting indigenous children. The Committee reminds States parties, in cases where it is in the best interest of the child to be separated from his or her family environment, and no other placement is possible in the community at large, institutionalization should only be used as a last resort and be subject to a periodic review of placement. In accordance with article 20(3) of the*



*Convention, due regard shall be paid to ensuring continuity in the child's upbringing and to his or her ethnic, religious, cultural and linguistic background."*

819. The Congo has a UNICEF-supported child protection programme, comprising four major projects, one of which is for the protection of indigenous children. The 2009–2013 national plan of action for improving the quality of life of indigenous people is being implemented, covering education, health and HIV/AIDS, water and sanitation, access to citizenship, strengthening of legislation and law enforcement, cultural identity, access to land and natural resources, capacity-building and programme support.

*"Health*

18. *Recommends that States parties take all necessary measures to implement the right to health of indigenous children, in view of the comparatively low indicators regarding child mortality, immunization and nutrition that affect this group of children. Special attention should also be paid to adolescents regarding drug abuse, alcohol consumption, mental health and sex education. The Committee also recommends States parties to develop and implement policies and programmes to ensure equal access for indigenous children to culturally appropriate health services."*

820. See recommendation 59(j) in section VI.

*"Education*

19. *Recommends that States parties ensure access for indigenous children to appropriate and high quality education while taking complementary measures to eradicate child labour, including through the provision of informal education where appropriate. In this regard, the Committee recommends that States parties, with the active participation of indigenous communities and children:*

(a) *Review and revise school curricula and textbooks to develop respect among all children for indigenous cultural identity, history, language and values in accordance with the Committee's General Comment No. 1 on the aims of education;*

(b) *Implement indigenous children's right to be taught to read and write in their own indigenous language or in the language most commonly used by the group to which they belong, as well as in the national language(s) of the country in which they live;*

(c) *Undertake measures to effectively address the comparatively higher drop out rates among indigenous youth and ensure that indigenous children are adequately prepared for higher education, vocational training and their further economic, social and cultural aspirations;*

(d) *Take effective measures to increase the number of teachers from indigenous communities or who speak indigenous languages, provide them with appropriate training, and ensure that they are not discriminated against in relation to other teachers;*

(e) *Allocate sufficient financial, material and human resources to implement these programmes and policies effectively."*

821. These concerns about indigenous people's education are taken fully into account in the national plan of action for improving the quality of life of indigenous people, drawn up in 2008 with UNICEF support.

822. The problem of languages of instruction is very different in the Congo from in other parts of the world, such as Latin America (with the Amerindians) or Australia (with the Aborigines). First of all, since the language of instruction is that of the former colonial

Power (French), the entire population of the Congo is taught in a foreign language: no ethnic group is more discriminated against than another. Secondly, there are no languages specific to the indigenous BaAka population, who in fact speak the same languages as the Bantus, with whom they share the same geographical area.

## **IX. Optional Protocols to the Convention on the Rights of the Child**

### **Reply to the recommendation in paragraph 91 of the Committee's concluding observations**

823. The Additional Protocols were ratified on 6 and 31 May 2006 respectively and the Child Protection Code adheres to their provisions.

## **X. Follow-up and dissemination**

824. See recommendations 9, 11 and 19 in section II.

## **XI. Conclusion**

825. Despite some progress, the situation of children in the Republic of the Congo remains cause for concern. Children's rights to protection are still far from being achieved. Children and young people from weakened, marginalized or excluded groups are a primary concern. They do not enjoy sufficient basic solidarity guaranteeing their rights to survival, development, protection and a decent life. In child protection, the problem is not just legal instruments but, above all, their application. Child protection instruments are not sufficiently publicized. Lack of financial resources, erosion of professional ethics, lack of motivation and job dissatisfaction all undermine the enforcement of child protection laws.

826. Tackling the underlying causes of children's vulnerability in the Congo also means combating poverty, improving family incomes and putting in place an effective child protection policy.

827. For this reason, the Government plans to instruct the ministerial departments concerned to redouble their efforts:

- (a) With regard to general measures and principles:
  - Continue publicizing and disseminating the Convention on the Rights of the Child;
  - Publicize and disseminate the Child Protection Code;
  - Complete the modernization of the judicial system and the ongoing reforms with a view to adapting, harmonizing, publicizing and applying the amended legislation;
  - Relaunch, reactivate and decentralize the National Children's Committee, transforming it into an additional instrument for monitoring the situation of mothers and children throughout the country;
  - Substantially increase the resources allocated, in order to ensure real progress in all areas covered by the Convention;
  - Support existing data-collection systems (education) and in other sectors (health, protection, youth, culture and leisure, justice) organize rigorous and

effective systems for collecting data on mothers and children, incorporating initiatives by associations, individuals and communities;

- Systematically develop a culture of monitoring and evaluation;
- Promote and support action plans and programmes aimed at opening up remote rural areas and ensuring that the principle of non-discrimination is observed, children's views are respected and the best interests of the child are upheld.

(b) With regard to health:

- Support the implementation of the National Health-Care Development Plan 2007–2011, particularly the reduction of maternal, neonatal and child mortality in keeping with the presidential measures of December 2008 and August 2010;
- Offer the population good-quality services through the deployment of the following strategies: (i) national roadmap; (ii) integrated management of childhood illness; (iii) prevention of mother-to-child transmission.

(c) With regard to education:

Implement decisively and methodically the strategy for the education sector that is currently being developed, placing particular emphasis on:

- Substantially increasing the funds allocated for education in general and primary education in particular, ensuring the effective implementation of free schooling;
- Effectively implementing special measures for the education of poor children, girls, indigenous children, children with disabilities and other marginalized children;
- Improving the quality of education and training by increasing the number of qualified, motivated teachers, adapting educational contents and methods, increasing learning time, making available the necessary educational materials, etc.;
- Strengthening and strictly enforcing legislation aimed at combating all forms of discrimination and violence in the educational environment.

(d) With regard to protection:

- Implement effectively: (i) the national plan of action for improving the quality of life of indigenous people 2008–2012; (ii) the strategy framework for vulnerable children in the Congo; (iii) the national plan of action for persons with disabilities;
- Take special measures for the protection of children and women victims of violence and abuse;
- Reactivate the Interministerial Committee against Drugs;
- Follow up initiatives by associations, individuals and communities.

828. Assisted by UNICEF, the country adopted a cooperation programme for 2009–2013 aimed at improving the situation of children in the Congo. The Government, with the support of the Committee and of bilateral and multilateral cooperation agencies, undertakes to assist its implementation.

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## Annex II

### Statistical information

Table 1  
**Growth in public spending on programmes for children with disabilities, orphans and street children 2003–2010**

(In millions of CFA francs)

No.	Name	Year								Total
		2003	2004	2005	2006	2007	2008	2009	2010	
1	Pointe-Noire Institute for the Hearing Impaired	10	10	20	24	24	34	50	50	<b>222</b>
2	National Vocational Rehabilitation Centre for Persons with Disabilities	25	43	50	65	77 829	100	130	130	<b>620 829</b>
3	Brazzaville Orthopaedic Appliances Centre	40	40	45	55	55	60	60	60	<b>415</b>
4	Brazzaville Functional Retraining Centre	15	15	15	25	25	35	35	35	<b>200</b>
5	Students with disabilities	5	10	10	20	20	40	60	60	<b>225</b>
6	Brazzaville Institute for Young Deaf People	5	10	25	30	35	45	55	55	<b>260</b>
7	Congo National Institute for the Blind	7	7	15	15	20	30	30	30	<b>154</b>
8	Institute for Educational Psychology	16	20	30	40	40	50	50	50	<b>296</b>
9	Rehabilitation and Support Assistance Fund	10	20	20	20	20	50	80	80	<b>300</b>
10	International Day of Persons with Disabilities	5	5	5	5	5	5	10	10	<b>50</b>
11	National Coordination and Monitoring Committee	0	0	5	5	5	5	5	5	<b>30</b>
12	Dolisie Functional Retraining Centre	0	0	5	6	6	6	6	6	<b>35</b>
13	Nkayi Functional Retraining Centre	0	0	5	5	5	5	5	5	<b>30</b>
14	Mindouli Functional Retraining Centre	0	0	5	5	5	5	5	5	<b>30</b>
15	Ouessou Functional Retraining Centre	0	0	5	5	5	5	5	5	<b>30</b>
16	Djambala Functional Retraining Centre	0	0	5	5	5	5	5	5	<b>30</b>
17	Street children Programme	0	0	0	20	20	20	20	20	<b>100</b>

No.	Name	Year								Total
		2003	2004	2005	2006	2007	2008	2009	2010	
18	Assistance to mothers and children	15	40	50	50	50	50	50	50	355
19	Centre for the Integration and Rehabilitation of Vulnerable Children	5	20	25	42 984	42 984	42 984	92 984	92 984	235 968
20	Social support centre	15	35	35	63.05	63.05	88.05	88.05	88.05	475.25
21	National assistance	10	30	40.25	40.25	40.25	40.25	40.25	40.25	281.5
22	Early childhood development (crèches)	32.5	32.5	32.5	32.5	32.5	50	50	40	302.5
23	Integration and reintegration assistance programme	0	0	0	25	25	25	25	25	125
24	Day of the African Child	0	0	0	5	5	10	10	10	40
25	Free distribution of birth certificates operation	0	0	0	70	70	70	70	70	350
<b>Total</b>		<b>215.5</b>	<b>337.5</b>	<b>477.75</b>	<b>678 784</b>	<b>646 613</b>	<b>876 284</b>	<b>1 027 284</b>	<b>1 027 284</b>	<b>5 193 047</b>

Source: Supplementary report on the implementation of the Convention on the Rights of the Child, August 2006; Finance Act 2006–2010.

Table 2  
Public spending in social sectors 2004–2008

(Basis: spending orders; functional classification of expenditures)

Sector	In billions CFAF					As a percentage of total public spending excluding debt servicing					
	2000	2005	2006	2007	2008	2004	2005	2006	2007	2008	2004–2008
Education	56.7	66.6	85.9	92.3	111.1	10.4 %	11.7 %	8.5 %	7.8 %	10.4 %	9.4 %
Health	24.6	43.3	178.0	491	92.7	4.5 %	7.6 %	17.7 %	4.1 %	8.6 %	8.8 %
Social Affairs (social welfare)	12.0	9.0	4.1	12.7	16.7	2.2 %	1.6 %	0.4 %	1.1 %	1.6 %	1.2 %

Table 3  
Number of recipients of income-generating assistance by activity

City	Activities supported					Total
	Retailing	Farming/market gardening	Small-scale livestock production	Catering/baking	Other	
Brazzaville	84	3	1	5	24	117
Pointe-Noire	3	1				4
Dolisie	1	5	1		2	9
Djambala (Plateaux)	1					1
Kinkala					2	2
Mindouli			1		1	2
Sibiti	1			1	3	5
Oyo	3					3

City	Activities supported					Total
	Retailing	Farming/market gardening	Small-scale livestock production	Catering/baking	Other	
Impfondo		1			1	2
Ouesso	1	1				2
Owando		1				1
Ngo (Plateaux)		1				1
Kelle					1	1
<b>Total</b>	<b>94</b>	<b>13</b>	<b>3</b>	<b>6</b>	<b>34</b>	<b>150</b>

*Other*: equipment for hairdressing salons, mechanical tools, carpentry equipment, equipment of telephone booth.

Total amount: CFAF 48,054,190.

*Source*: DGASF: List of recipients of promotional assistance 2005–2009, DGASF: report for first six months of 2010.

Table 4

**Growth in number of vulnerable children cared for by CIREV 2002–2010**

Year	Number of children		Status		Total
	Boys	Girls	Non-boarding	Boarding	
2002	07	00	00	07	07
2003	27	00	00	27	27
2004	11	01	04	08	12
2005	31	03	23	11	34
2006	39	08	08	39	47
2007	19	04	08	21	29
2008	45	06	16	35	51
2009	55	06	24	37	61
2010	54	08	26	36	62

*Source*: Statistical report on vulnerable children cared for by CIREV 2003–2010, August 2010.

N. B. This table shows that the number of children cared for by CIREV is not static and does not grow exponentially. The number of boarders can vary from one day to the next, depending on whether the Centre receives or reintegrates many children at once.

Table 5

**Growth of budget allocated to the integration and rehabilitation programme for vulnerable children**

Name	Year									Total
	2003	2004	2005	2006	2007	2008	2009	2010		
Integration and rehabilitation assistance programme	0	0	0	25 000 000	25 000 000	25 000 000	25 000 000	25 000 000	25 000 000	125 000 000

*Source*: Finance Act (directories) of the Directorate of Social Action and the Family and the Directorate of Social Affairs and the Family.

Table 6  
**School enrolment of children with disabilities: schools and pupil numbers**

<i>School</i>	<i>City</i>	<i>Number of pupils</i>	<i>Year</i>
Institute for Young Deaf People	Brazzaville	233	2007
Institute for the Hearing Impaired	Pointe Noire	120	2005
Congo National Institute for the Blind	Brazzaville	25 to 35*	2000–2005
Institute for Educational Psychology	Brazzaville	70	2000–2006
Special school for children not enrolled in school and children with mental disabilities	Brazzaville	1 300 to 1 854	2000–2005

\* Of whom 11 children are being monitored during their integration in school.

Source: Strategy framework for the school enrolment and re-enrolment of children with disabilities, MSASF, March 2007. National Plan of Action for Persons with Disabilities, MSASF, February 2009.

Table 7  
**Budget allocated to purchase of ARVs**

<i>Year</i>	<i>Allocated</i>	<i>Disbursed</i>
2008	4 000 000 000	2 597 936 514
2009	3 000 000 000	746 553 392
2010	3 000 000 000	(as at 31.7.2010)

Source: COMEG: Activities report, first six months of 2010.

Table 8  
**UNICEF/PMTCT activities carried out in 2008 (voluntary testing service)**

<i>Activity</i>	<i>Voluntary testing</i>									<i>Total (1)+(2)+(3)</i>
	<i>Pregnant women</i>			<i>Adults</i>		<i>Young people</i>				
	<i>Adults 25 and over</i>	<i>Young people under 25</i>	<i>Total (1)</i>	<i>Men</i>	<i>Women</i>	<i>Total (2)</i>	<i>Boys</i>	<i>Girls</i>	<i>Total (3)</i>	
HIV advice	170	230	<b>400</b>	161	746	<b>907</b>	158	362	<b>520</b>	<b>1827</b>
Pre-test counselling	162	189	<b>351</b>	434	1009	<b>1443</b>	361	925	<b>1286</b>	<b>3080</b>
HIV testing	150	169	<b>319</b>	423	889		294	715	<b>1009</b>	<b>2636</b>
Positive result	15	19	<b>34</b>	30	87	<b>117</b>	10	24	<b>34</b>	<b>185</b>
Negative result	135	150	<b>285</b>	393	798	<b>1191</b>	267	708	<b>975</b>	<b>2451</b>
Post-test counselling	140	125	<b>265</b>	324	811	<b>1135</b>	185	475	<b>660</b>	<b>2060</b>
Clients referred	15	19	<b>34</b>	30	87	<b>117</b>	10	24	<b>34</b>	<b>185</b>

Source: ACBEF, Activity report 2008.

Table 9

**Educational spending in the Congo (2007/08) by comparison with international benchmarks and the recommendations of the education sector strategy paper**

	<i>As % of total spending</i>	<i>As % of GDP</i>
Congo 2007/08	10.7	2
International benchmarks	20	6
Recommendations of education sector strategy paper	16 to 22	

Table 10

**Growth in number of general education pupils, teachers and schools 2003 to 2008**

<i>Level</i>	<i>Preschool</i>		<i>Primary</i>		<i>Lower secondary</i>		<i>Higher secondary</i>		<i>Total</i>	
	<i>2003</i>	<i>2008</i>	<i>2003</i>	<i>2008</i>	<i>2003</i>	<i>2008</i>	<i>2003</i>	<i>2008</i>	<i>2003</i>	<i>2008</i>
Pupils	13 256	38 187	575 959	628 081	137 826	205 741	26 411	57 708	<b>753 452</b>	<b>929 717</b>
Teachers	472	1 668	9 244	12 124	4 164	10 702	1 735	3 809	<b>15 615</b>	<b>28 303</b>
PTR	28.08	22.89	62.31	51.80	33.10	19.22	15.22	15.15	<b>48.25</b>	<b>32.85</b>
Schools	257	523	2143	3166	608	954	41	85	<b>3049</b>	<b>4728</b>

Key: PTR= Pupil/teacher ratio.

Source: MEPSA Statistical Yearbook 2007/08.

Table 11

**Growth in number of technical and vocational pupils, teachers and schools 2003 to 2008**

<i>Year</i>	<i>Pupils</i>			<i>Teachers</i>			<i>PTR</i>	<i>Schools</i>
	<i>Total</i>	<i>Girls</i>	<i>% Girls</i>	<i>Total</i>	<i>Women</i>	<i>% W</i>		
2003	<b>40 716</b>	22 071	54.21	<b>1 196</b>	254	21.24	34.04	101
2005	<b>42 908</b>	22 872	53.30	<b>3 368</b>	578	17.16	12.74	103
2008	<b>31 192</b>	18 277	58.60	<b>1 913</b>	412	21.54	16.31	104

Key: W= women; PTR = pupil/teacher ratio.

Source: METP Studies and Planning Department.

Table 12

**Growth in number of literacy centres, instructors and students (2000–2008)**

<i>Year</i>	<i>Centres</i>	<i>Instructors</i>	<i>Students</i>	<i>% Women</i>	<i>SIR*</i>	<i>SCR**</i>
2000	65	153	2 524	55.82	16.50	38.83
2001	82	106	3 093	59.33	29.18	37.72
2002	109	282	4 498	56.83	15.95	41.27
2003	86	220	3 356	57.57	15.25	39.02
2004	160	556	6 900	54.54	12.41	43.13
2005	179	254	7 444	57.27	29.31	41.59

<i>Year</i>	<i>Centres</i>	<i>Instructors</i>	<i>Students</i>	<i>% Women</i>	<i>SIR*</i>	<i>SCR**</i>
2006	176	449	8 214	58.6	18.29	46.67
2007	317	633	13 772	54.24	21.76	43.44
2008	299	447	9 999	59.5	22.37	33.44

Key: \*SIR: student/instructor ratio; \*\*SCR: student/centre ratio.

Source: Department of Literacy Education (DGEBA, MEPSA).

Table 13

**Growth in number of pupils in lower general secondary education 2003 to 2008  
(all, public, private)**

<i>Year</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
All	91 571	124 030	144 899	136 794	137 826	167 399	190 133	193 238	201 295	205 741
Growth	0	35.45 %	16.83 %	-5.59 %	0.75 %	21.46 %	13.58 %	1.63 %	4.17 %	2.21 %
Public	82 575	103 638	126 858	115 886	117 133	120 228	128 814	127 185	132 206	135 124
Growth		25.51 %	22.40 %	-8.65 %	1.08 %	2.64 %	7.14 %	-1.26 %	3.95 %	2.21 %
Private	8 996	20 392	19 041	20 908	20 693	47 171	61 319	66 053	69 089	70 617
Growth		126.68 %	-6.63 %	9.81 %	-1.03 %	127.96 %	29.99 %	7.72 %	4.60 %	2.21 %

Source: RESEN and MEPSA Statistical Yearbook 2007/08 (plus growth rate calculation).

Table 14

**Growth in number of pupils in higher general secondary education 2003 to 2008  
(all, public, private)**

<i>Year</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
All	22 879	26 918	31 958	27 709	26 411	27 956	39 502	52 296	53 806	57 708
% growth		17.65	18.72	-13.30	-4.68	5.85	41.30	32.39	2.89	7.25
Public	22 282	26 151	29 486	25 905	24 596	24 487	31 148	31 432	34 780	37 054
% growth		17.36	12.75	-12.14	-5.05	-0.44	27.20	0.91	10.65	6.54
Private	597	767	2 472	1 804	1 815	3 469	8 354	20 864	19 026	20 654
% growth		28.48	222.29	-27.02	0.61	91.13	140.82	149.75	-8.81	8.56

Source: RESEN and MEPSA Statistical Yearbook 2007/08 (plus growth rate calculation).

Table 15

**Trends in secondary school gross enrolment rates 2000 to 2008**

<i>Year</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2008</i>
Lower secondary	46	52	48	46	55	61	62
Higher secondary	15	17	14	13	14	19	26

Table 16  
**Situation of preschool education 2008**

<i>Area</i>	<i>Sector</i>	<i>PEC</i>	<i>Pupils</i>	<i>B</i>	<i>G</i>	<i>G/B PI</i>	<i>T</i>	<i>PTR</i>
Urban	Public	42	5 471	2 735	2 736	1.00	408	13.41
	Private	352	29 205	14 599	14 606	1.00	1 098	26.60
	Government regulated	8	456	228	228	1.00	28	16.29
<b>Sub-total</b>		<b>402</b>	<b>35 132</b>	<b>17 562</b>	<b>17 570</b>	<b>1.00</b>	<b>1 534</b>	<b>22.90</b>
Rural	Public	35	2 136	1 064	1 072	1.01	96	22.25
	Private	12	670	335	335	1.00	18	37.22
	Government regulated	3	249	125	124	0.99	20	12.45
<b>Sub-total</b>		<b>50</b>	<b>3 055</b>	<b>1 524</b>	<b>1 531</b>	<b>1.00</b>	<b>134</b>	<b>22.80</b>
All	Public	77	7 607	3 799	3 808	1.00	504	15.09
	Private	364	29 875	14 934	14 941	1.00	1 116	26.77
	Government regulated	11	705	353	352	1.00	48	14.69
<b>Total</b>		<b>452</b>	<b>38 187</b>	<b>19 086</b>	<b>19 101</b>	<b>1.00</b>	<b>1 668</b>	<b>22.89</b>

Key: PEC (preschool education centre); B (boys); G (girls); G/B PI (girl/boy parity index); T (teachers); PTR (pupil/teacher ratio).

Table 17  
**Projected growth in number of preschool pupils according to the sectoral strategy paper**

<i>Sector</i>	<i>2008</i>		<i>2020</i>	
	<i>Pupils</i>	<i>%</i>	<i>Pupils</i>	<i>%</i>
Public	7 607	19.92	13 000	9.24
Private	30 580	80.08	47 750	33.93
Community	0	0.00	80 000	56.84
<b>Total</b>	<b>38 187</b>	<b>100.00</b>	<b>140 750</b>	<b>100.00</b>