



**Convention on the  
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COMMITTEE ON THE RIGHTS OF THE CHILD  
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**WRITTEN REPLIES BY THE GOVERNMENT OF THE REPUBLIC  
OF THE CONGO CONCERNING THE LIST OF ISSUES RELATING  
TO THE CONSIDERATION OF THE INITIAL REPORT OF THE  
REPUBLIC OF THE CONGO (CRC/C/COG/1)\***

[Received on 10 August 2006]

In accordance with the arrangements in operation in the Committee on the Rights of the Child, the Congo, having submitted its initial report on implementation of the Convention on the Rights of the Child in July 2005 and having been invited to present the report to this Committee at its forty-third session, in September 2006, was required to reply to questions from the Committee experts.

The following responses are presented in the order of the questions put by the experts. Those questions in response to which no information was available are followed by the comment “No data available” and in their case the Government is required, where possible, to provide such data in its next report.

The present report, which is essentially statistical in nature, complements the initial report. It is an expression of the constantly reiterated determination of the Congolese Government to work across all sectors for the protection and promotion of the rights of the child in the Republic of the Congo.

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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.

## PART I

## A. Data and statistics

1. **Disaggregated data (by sex, age groups, urban, rural and remote areas) covering the years 2003, 2004 and 2005 on:**(a) **Number of children under the age of 18 living in the Congo**

Updated data not available. Only available information dates back to 1984.

(b) **Number and proportion of children belonging to minority groups (e.g., Pygmy), refugees, children affected by armed conflicts and asylum-seekers**(b) 1. **Table 1: Number of refugee children**

Year	Number of refugees	Number of children (65% of total number of refugees)	%
2003	68 532	44 546	65
2004	66 980	43 537	65
2005	61 242	39 808	65
Total	196 754	127 891	

*Source:* UNHCR office in Brazzaville; OCHA calculation method.

(b) 2. **Children affected by armed conflict**

In the absence of any specific study, the United Nations Children's Fund (UNICEF) estimates that close on 5,000 children have been involved in fighting during the civil wars in the Congo.

(b) 3. **Asylum-seeking children**

There are no asylum-seeking children in the Congo as children enjoy the same status as their parents. When children are described as "unaccompanied children", every effort is made to reunite them with their families, whether immediate or extended.

2. **In the light of article 4 of the Convention, please provide additional disaggregated data on budget allocations and trends (in absolute figures and percentages of the national and regional budgets) devoted to the implementation of the Convention, evaluating also the priorities for budgetary expenditures given to the following for the years 2004, 2005 and 2006:**(a) **Education (different types of education, i.e., pre-primary, primary and secondary). Please also indicate the expenses of the private sector with regard to education**

**(a) 1. Table 2: Regular State expenditure by education level in 2005**

Education level	Total allocated
Preschool	533 038 677
Primary	1 865 933 333
Middle school	2 243 704 657
High school	2 442 878 333
Literacy	545 000 000
NRPD	4 239 000 000
<b>Total</b>	<b>11 869 615 000</b>

*Source: Statistical Yearbook 2004-2005.*

**Table 3: Breakdown of private school funding**

Education level	Operating costs	Investment	Transfers	Others	Total
Primary	40 928 501	22 525 953	31 504 470	16 852 577	111 811 500
Middle school	17 466 242	3 883 299	8 321 698	6 986 761	36 658 000
High school	6 026 330	4 108 939	1 940 492	1 731 739	13 807 500
<b>Total</b>	<b>64 421 073</b>	<b>30 518 190</b>	<b>41 766 660</b>	<b>25 571 077</b>	<b>162 277 000</b>

*Source: Statistical Yearbook 2004-2005.*

- (b) Health care (different types of health services, i.e., primary health care, vaccination programmes, adolescent health care and other health-care services for children). Indicate also the expenses of the private sector, as well as programmes and services for children with disabilities**

**(b) 1.** The main areas of the national health policy adopted by the Congo in 2000 are based on the national health-care development plan adopted in April 1992. This plan provides the only terms of reference for health-care work.

The national health policy aims to improve the health status of the Congolese people so that they can participate more fully in the country's social and economic development. Among the policy's main focuses, we may note the definition of the role of the State and, in particular, acceptance that the health system must be opened to the private sector.

The national health development plan builds on the primary health-care strategies and the Bamako Initiative (aimed at boosting the efficiency and cutting the costs of services and ensuring continuous care).

The Congolese health-care system still has much to do to improve its operation, including in such areas as providing essential health care of good quality to a greater proportion of the population and to the most vulnerable social groups, primarily mothers and children.

The system for the delivery of health care comprises three operational structures, namely, the outpatient centres, hospital units and specialized centres, all of which take in children.

The outpatient units are the first link in the health-care system, providing an interface between the health service and the community to which it is delivering primary health care. In 2004, there were 578 public and 186 private health units, comprising health centres and clinics, doctors' surgeries and paramedical health-care centres. There are also many illegal health-care outfits: doctors' practices and nursing centres primarily situated in the large towns.

The 1992-1996 national health development plan undertook to develop a network of 199 integrated health centres. Ultimately, the country was to have a total of 266 health centres. The 2002 survey of the country's health-care situation found, however, that only 60 integrated health centres, or 21 per cent of the target, had been restructured and were offering the full "minimum package" of health services. Since only very few such centres have been established, the health system still depends on a large number of centres and clinics that have not been restructured, some of which have been forced to close by lack of resources.

The extent of the country's health-care coverage, as revealed by the survey, falls far short of that targeted in the 1992 plan (quality health care available to at least 80 per cent of the population). Hopes for the speedy implementation of the plan were based on the existence of a close-knit network of health units, which were to be converted into integrated health centres, but these proved insufficient to ensure quality health cover for the country's population.

The use of the integrated health centres is assessed on the basis of the results of health-care consultations, antenatal attendance, growth monitoring and the extended routine immunization programme, particularly for BCG, DPT3-P3, VAR and VAT 2. Surveys conducted in the restructured integrated health centres showed the following:

1. The average take-up rate for health-care consultations is 0.3 new cases per inhabitant per year for urban areas and 0.18 new cases per inhabitant per year for rural areas;
2. The take-up rate for antenatal consultations is around 54.3 per cent;
3. The coverage of under-five clinics is 52.5 per cent in rural areas and 35 per cent in urban areas;
4. The immunization coverage achieved by the integrated health centres for reference antigens is 44.0 per cent for DPT3-P3 and 42.6 per cent for VAT 2.

#### **(b) 2. Programmes and services for children with disabilities**

Expenditure relating to programmes for the disabled are set out below.

**(b) 2.1 Public sector**

**Table 4: Expenditure on public sector programmes and services for disabled children in 2003, 2004 and 2005**

No.	Name	Year			Total
		2003	2004	2005	
1.	Pointe-Noire Institute for the Hearing Impaired	10 000 000	10 000 000	20 000 000	40 000 000
2.	National Vocational Rehabilitation Centre for the Disabled	25 000 000	43 000 000	50 000 000	118 000 000
3.	Brazzaville Orthopaedic Appliances Centre	40 000 000	40 000 000	45 000 000	125 000 000
4.	Brazzaville Functional Retraining Centre	15 000 000	15 000 000	15 000 000	45 000 000
5.	Disabled students	5 000 000	10 000 000	10 000 000	25 000 000
6.	Brazzaville Institute for Young Deaf People	5 000 000	10 000 000	25 000 000	40 000 000
7.	National Institute for the Blind	7 000 000	7 000 000	15 000 000	50 000 000
8.	Institute for Educational Psychology	16 000 000	20 000 000	30 000 000	66 000 000
9.	Rehabilitation assistance and support fund	10 000 000	20 000 000	20 000 000	50 000 000
10.	International Day of Disabled Persons	5 000 000	5 000 000	5 000 000	15 000 000
11.	National Coordination and Monitoring Committee	0	0	5 000 000	5 000 000
12.	Dolisie Functional Retraining Centre	0	0	5 000 000	5 000 000
13.	Nkayi Functional Retraining Centre	0	0	5 000 000	5 000 000
14.	Mindouli Functional Retraining Centre	0	0	5 000 000	5 000 000
15.	Ouessou Functional Retraining Centre	0	0	5 000 000	5 000 000
16.	Djambala Functional Retraining Centre	0	0	5 000 000	5 000 000
	Total	138 000 000	180 000 000	265 000 000	604 000 000

*Source:* Ministry of Social Services annual activity reports.

**(b) 2.2: Private sector**

- Caritas Brazzaville: CFAF 11,158,300 in 2003; CFAF 14,769,150 in 2004 and CFAF 24,381,247 in 2005;
- Salvation Army: CFAF 14,784,063 in 2006.

**(b) 3. Policy, programmes and services**

An action plan for the African Decade of Disabled Persons has been in operation in the Congo since 2005. The plan has the following goals:

- To raise awareness of the causes of disabilities and the social circumstances of disabled persons and to promote early intervention measures;
- To enhance the organizational capacities of institutions and community bodies to care for the disabled;
- To improve access by disabled persons to quality education and schooling adapted to their needs;
- To promote the integration of disabled persons in society and the development of support services;
- To give disabled persons access to permanent employment;
- To create conditions conducive to the enhanced implementation of programmes to support disabled persons through continuing support and the improved understanding and strengthened participation of stakeholders.

The bodies involved in implementing the action plan may be divided into three categories, in accordance with their legal status.

**(b) 3.1 Public bodies**

These include:

- Nkayi, Ouesso, Dolisie and Brazzaville functional retraining centres;
- Brazzaville National Orthopaedic Appliances Centre;
- Brazzaville Institute for Educational Psychology;
- Pointe-Noire Institute for the Hearing Impaired;
- National Vocational Rehabilitation Centre for the Disabled, which has a tricycle assembly workshop in Brazzaville, being set up in partnership with the Netherlands Stichting Op Gelijke Voet (Equal Footing Foundation).

### **(b) 3.2 Hybrid public-private bodies**

These are run in partnership with such agencies as the Salvation Army and Caritas Congo, on the basis of a signed memorandum of agreement, and include:

- Brazzaville Institute for Young Deaf People, which includes early education and parental guidance units;
- National Institute for the Blind, whose resource centre prepares specially adapted teaching materials;
- Mindouli polio and appliances centres.

### **(b) 3.3 Private bodies**

These are exclusively run by religious organizations, associations and some individuals. Some are based on partnership agreements. Primary among them are the following:

- Polio centres in Mougali, Bacongo district in Brazzaville, Pointe-Noire and Owando (currently being refurbished);
- Brazzaville Centre for Medical and Psychological Education (MEDIPSYP);
- Brazzaville Centre for Speech and Hearing Therapy and for the Observation and Treatment of Learning Disorders (CROPAL-OTDS);
- Brazzaville Special School;
- Pointe-Noire Special Centre for Speech and Hearing Therapy (CSROO).

These establishments are unevenly distributed around the country, some two thirds of them being situated in Brazzaville.

In addition, where educational facilities for disabled children and young people are concerned, there is a programme to integrate blind pupils into ordinary schools in Brazzaville, run in partnership with the Salvation Army, arrangements to provide seeing escorts for blind students at, for instance, Marien Ngouabi University and to assist blind pupils attending ordinary schools.

## **(c) Support programmes for families, including specific programmes for Pygmy families**

### **(c) 1. Support programmes for families**

Responsibility for families, in particular, needy families, rests with the Ministry of Family Affairs. Targeted actions to benefit families are implemented under the auspices of the ministry, in addition to those conducted under the action plan for the family currently being elaborated on the basis of the 2005 survey of family needs in the Congo.

These include income-generating activities conducted under the implementation of the orphans and children-at-risk component of the HIV/AIDS and health promotion project.

**Table 5: Numbers of families receiving support, by district covered by the project and by economic activity**

District	Retail business	Agriculture and vegetable growing	Small livestock	Total
Makélékélé	30	20	9	59
Moungali	70	65	0	135
Talangai	9	0	10	19
Loandjili	24	1	1	26
Total	133	86	20	239

*Source: Médecins d'Afrique (2005).*

Attention may also be drawn to the support provided to families as part of the social assistance for large and needy families, to ensure improved child support.

Table 6 below sets out the 2003, 2004 and 2005 budget allocations for the family assistance programmes, which come under the Ministry of Social Affairs budget.

**Table 6**

No.	Name	Year			Total
		2003	2004	2005	
1.	Mother and child assistance	15 000 000	40 000 000	50 000 000	CFAF 105 000 000
2.	Integration and rehabilitation of children at risk	5 000 000	20 000 000	25 000 000	CFAF 50 000 000
3.	Social support centres	15 000 000	35 000 000	35 000 000	CFAF 85 000 000
4.	National assistance	10 000 000	30 000 000	40 250 000	CFAF 80 000 000
5.	Early childhood development (crèches)	32 500 000	32 500 000	32 500 000	CFAF 97 500 000
	Total	77 500 000	157 500 000	182 750 000	CFAF 417 750 000

*Source: Ministry of Social Affairs annual activity reports.*



**(c) 2. Assistance programmes for Pygmy families**

A number of activities have been launched to benefit Pygmies, designed primarily to ensure that Pygmies have access to basic social services. To this end, under the UNICEF cooperation programme with the Congo, a project has been developed for the welfare of the Pygmies, to be run by civil society.

The following actions benefiting the Pygmy community have already been conducted under this project:

- Preparation of a documentary film entitled “We the Pygmies” and of a photo album as part of an extensive advocacy campaign for the Pygmies;
- Restoration and construction of five schools and two community health centres;
- Provision of teaching materials and textbooks (five school kits);
- 1,000 children placed in schools (650 in Sangha and 350 in Likouala);
- Promotion of the “Child-friendly and girl-friendly schools” strategy in three villages;
- Training of schoolteachers and health extension workers;
- Donations of essential supplies (tools, lamps, mosquito nets, clothing), soap, medication, communication equipment, canoes, etc.;
- Distribution of 1,250 farm implements and of seed;
- Treatment administered to 1,512 Pygmies suffering from yaws, 60 per cent of whom are children;
- 3,000 children vaccinated;
- Installation of 20 hand-operated water pumps.
- Promotion of development-oriented community structures: local development committees, communal fields;
- Training in small trades (86 women trained in soap production).

A vehicle has been donated to the project by UNICEF, to support field activities (under a loan agreement).

In addition, the Government has decided to launch an extensive civil registration programme for the Pygmies. As a result, some 200 children received birth certificates in 2005 and 2006 and are now able to take full advantage of their civil rights.

**(d) Support for children living below the poverty line; specify also the criteria for “poverty”**

During the preparation of the poverty reduction strategy paper for the Republic of the Congo, certain working definitions were developed, to take into account the real situation in the country. For example:

“Poverty is reflected in the health sector through: lack of access to quality health services and care; inadequate health, hygiene and sanitation infrastructure; resurgence of malnutrition and low quality diets and lack of access to drinking water.” (Study on health and poverty reduction, by Dr. Edmond Malalou, Brazzaville, January 2003, p. 3.)

“Poverty is manifested in the level of access to quality of life (access to income, and therefore to income-generating jobs) or to living conditions (access to certain food products, to water, to health or to education, etc.) or in the form of range of potential (physical, financial, human and social capital).” (Education, training, employment and poverty reduction, final report by Dr. Bethuel Makosso, consultant, March 2005.)

**(e) Protection of children who are in need of alternative care, including the support of care institutions**

In the Government’s view children in need of alternative care are vulnerable children, namely, children who, by virtue of their physical or mental state or their unfavourable social or economic circumstances are subject to various forms of discrimination and ill-treatment.

In this context, following a study carried out in the Congo in 2003, some 30 different categories of so-called “vulnerable children” were identified. These included street children, abused children and children with no registration papers. The proportion of vulnerable children in need of assistance is estimated at 4 per cent of all those aged under 18. To tackle this problem, a number of specific actions have been mounted.

The HIV/AIDS prevention and health promotion project also includes measures to assist children in this group, under its “Orphans and other children at risk” component, designed to help create an environment conducive to the development of orphans and other vulnerable children.

The project operates by supporting orphans and other children at risk through improving their access to basic social services (basic health care, school attendance, vocational training for children heads of households who have dropped out of school, psychological support, provision of start-up funding or support for income-generating activities, and provision of social protection).

It has the following priority areas:

- Orphans: this is taken to mean children aged up to 18 who have lost one or both parents by any cause, and is not restricted to children orphaned by AIDS. The number of AIDS orphans in the Republic of the Congo is estimated at 78,000, constituting 47 per cent of all the country’s orphans. The problem of orphans has

been exacerbated in the Congo by the ravages of the successive civil wars in 1997 and 1998, the collapse of the primary health-care system and of programmes to control endemic diseases, such as tuberculosis and malaria, and to combat the recurrent Ebola epidemics.

Most of these orphans, when they have lost both parents, are taken in by members of their immediate or extended families.

- Children with an attested medical vulnerability, such as HIV-positive children, even where both parents are still alive, disabled children and albino children.

In addition to children benefiting from the UNICEF protection programme and children with an attested medical vulnerability, support for orphans is targeted at the socially and economically most vulnerable. These include the following categories:

- Orphans who have lost both parents and who do not receive any support from any adult, including orphans who are heads of households;
- Children living in orphanages who do not receive the full range of social services (school attendance, access to health care, adequate diet);
- Orphans who have lost one parent and whose surviving parent is incapable of meeting the child's needs in terms of education, nutrition and health care;
- Orphans who have lost both parents and who are living in economically very deprived families (in which the child receives one meal per day or less, does not attend school for lack of funds and has no access to basic health care).

This component of the project provides support both to the children and to their foster families. With children placed in orphanages, the component either supplements or enhances the range of services provided directly to the child.

The following services are provided:

### **Education**

- Civic, moral and health education, information, education and communication (IEC)
- Cultural and sporting activities

### **Psychological support**

- Listening and engaging in dialogue
- Self-expression workshops
- Parenting groups

### **Social welfare**

- Personal and clothes' hygiene
- Literacy
- Resumption of schooling
- School attendance
- Apprenticeship in small trades

### **Medical welfare**

- Medical examinations and treatment
- Medical monitoring

### **Family reintegration and vocational rehabilitation**

- Family mediation
- Family reintegration
- Job placement
- Follow-up.

#### **(f) Programmes and activities for the prevention of and protection from child abuse, child sexual exploitation, child trafficking and child labour**

Violence against women and children has been on the increase over the past 10 years in different forms, preventing women and children from fully exercising their rights. As indicated in the analysis of the July 1999 and June 2001 post-conflict surveys carried out by the Department for the Advancement of Women and the Population Department, more than 3,917 women and girls have been the victims of rape. This is still only a small fraction of the actual victims of this problem, the precise extent of which is difficult to measure, since many women and girls will never admit to having been raped.

Where violence against children is concerned, according to the same source, 1,507 cases of violence involved children under 18.

In 2001 and 2002, some 138 women and children were the victims of rape and 80 women suffered from domestic violence. These rapes resulted in 41 births (report of the Congolese Association to Combat Violence against Women and Girls (ACOLVF), a non-governmental organization).

An analysis of the phenomenon in the Congo today reveals the following trends:

- Victims are increasingly children aged under 18;
- Aggressors are young people from within the family or the neighbourhood, alongside other aggressors who are exclusively adult and acting on the basis of cultural myths;
- Incest is increasingly widespread.

In view of the social and political turmoil through which the Congo has passed, the Government, working with assistance from United Nations agencies, has set in place a programme to combat violence, coordinated at the national level by the Central Population Office in partnership with national and international non-governmental organizations. This programme is concerned with:

- The welfare (medical, psychological and economic) of women and girls who are victims of violence;
- The prevention of violence in the community.

These organizations have jointly funded and carried out studies and activities to assess the prevalence of violence against women and girls in the Congo (3,917 victims of rape, including 1,507 children). With the return of peace to the Congo, violence-related efforts are increasingly focusing on prevention.

In addition, since 2004, under the Congo-UNICEF cooperation programme, ACOLVF has been implementing, with UNICEF support, a project to combat and prevent violence in the Congo. To this end, an observatory on violence against women and children has been set up to fill the large gaps in the data relating to violence against people in these categories. Information is fed to the observatory from field studies.

Accordingly, a study of violence against children in the Poto-Poto district of Brazzaville, conducted in January 2006 by ACOLVF, came up with the following findings, based on a sample population of 184 boys and girls:

Rape (accounting for 42.6 per cent of victims) and domestic violence (accounting for 37.7 per cent) are the two main forms of violence suffered by the children surveyed: some 80.3 per cent of the children questioned had been affected. Of these, 46.4 per cent were young girls who had been subjected to sexual violence, 20.0 per cent of whom had been the victims of incest. The second most widespread form of violence affecting girls is domestic violence, accounting for 29.3 per cent of victims. Although still regarded as a practice foreign to Congolese culture, 10.0 per cent of the girls questioned had suffered sexual mutilation. This could be attributed to the fact that the survey was conducted in the Poto-Poto district, which includes a large foreign community, primarily Muslim. At the same time, it cannot be ruled out that the children of mixed marriages are being subjected to such practices. A more detailed study is required to throw more light on the issue. Most of the victims of domestic violence are boys (86.0 per cent).

**Table 7: Child victims of violence, by sex and the type of violence inflicted**

Type of violence	Sex					
	Female		Male		Total	
	Total numbers	%	Total numbers	%	Total numbers	%
Sexual mutilation	14	10.0	0	0.0	14	7.7
Rape	65	46.4	4	9.3	69	37.7
Domestic violence	41	29.3	37	86.0	78	42.6
Early pregnancy	6	4.3	0	0.0	6	3.3
Early marriage	7	5.0	0	0.0	7	3.8
Prostitution	5	3.6	0	0.0	5	2.7
Internet sex and sex tourism	2	1.4	2	4.7	4	2.2
Total	140	100.0	43	100.0	183	100.0

*Source:* ACOLVF survey report.

The survey of child victims of violence covered a sample population of 184 children, 134 of whom - or 75.5 per cent - were girls and the remaining 24.5 per cent boys.

Of the girls surveyed, 62.6 per cent were aged under 18, and 32.4 per cent either 18 or 19.

Among the boys, the great majority - or 95.6 per cent - were under 18. The surveyed respondents were selected by random sampling, resulting in a preponderance of under-18s and of girls (table 8).

**Table 8: Child victims of violence, by sex and age**

Age group	Sex					
	Female		Male		Total	
	Total numbers	%	Total numbers	%	Total numbers	%
Under 18	87	62.6	43	95.6	130	70.7
18 and 19	45	32.4	2	4.4	47	25.5
20 and over	7	5.0	0		7	3.8
Total	139	100.0	45	100.0	184	100.0

*Source:* ACOLVF survey report.

The following measures are taken for the benefit of victims of violence:

- Provision of medical and psychological care, economic welfare and legal protection for women and girls who have been subjected to violence;
- Acquisition of premises to house a shelter for women and girls who have been subjected to sexual violence, with support from UNICEF;

- Medical and psychological assistance for 563 women and girls who have been the victims of violence, with support from the following:
  - Congolese Government, by seconding qualified medical staff to the shelter (gynaecologist, psychologist and midwife);
  - UNICEF, with financial, material and technical resources;
  - World Health Organization (WHO), with medication;
  - ACOLVF, with suitably trained resource staff.

The activities have involved 154 women and girls who have been victims of rape, 29 of whom are aged under 15, and have covered the following areas:

- Gynaecological consultations: screening for sexually transmitted infections and HIV/AIDS, treatment and follow-up;
- Psychological consultations: counselling sessions, listening and advising, guidance and follow-up, group counselling, experience-sharing with other women victims, discussion sessions to enable victims to talk through their traumatic experiences and to discuss such issues as domestic violence, mother-child relations, etc.

Measures to promote the economic welfare of women in distress include:

- Training of 60 women and girls in dressmaking, bag-weaving and embroidery (UNICEF);
- Training of 40 women and girls in running small-scale businesses and support provided to them in income-generating activities (UNDP and UNICEF);
- Training of 30 women and girls in baking (funded by ACOLVF itself).

Where the provision of legal services is concerned, the taboos surrounding the issue of rape are such that only 22 women and parents of young girls who have been raped have received legal aid (drafting of complaints and financial aid for the processing of their cases, etc.), with a view to receiving reparations for their suffering.

The following IEC, awareness-raising and social mobilization activities have been conducted:

- Extensive public awareness-raising campaign in markets, schools and churches, on the issue of violence in the Congo;
- Outreach activities in communities to change attitudes and behaviour (in zones, districts and neighbourhoods);

- Broadcasting of radio and television programmes in French and in local languages, on the issues of violence and trauma;
- Contributing to the making of a film on sexual violence in conflict situations, with the Senegalese film-maker Traoré Moussa.

Group discussions have been held with the following:

- Zone, district and neighbourhood leaders, market managers and school superintendents for Brazzaville's seven urban districts on the impact of violence on women and children, the victim's environment and the role of all citizens in combating violence against women and children;
- Media professionals and members of the judiciary on the issue of the role of the legal system and the media in combating violence against women and children;
- Appointing community-level focal points for ACOLVF on the prevention of violence and developing communication skills to change people's behaviour.

Workshops have been held on the following topics:

- For national police officers, on the involvement and role of the police in combating violence against women and in data gathering (67 police officers trained);
- Training in legal aspects of sexual violence and in women's and children's rights, including the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, for the victims of violence and the parents of victims;
- Training for members of ACOLVF and for health professionals in stress counselling and data gathering (17 health workers trained from seven health centres);
- Training for female victims of violence in managing everyday stress.

**(g) Programmes and services for street children and abandoned children**

In 2003, the Government adopted a strategic framework on the vulnerability of children, which is based on the following principles:

- **The best interests of children and their participation in decision-making on issues of direct concern to them** must lie at the heart of the programmes, projects and services developed at individual, institutional and community levels;
- **The management of programmes, projects and services must be rights-based and they must result in** continuing and sustainable achievements for the benefit of all children;



- **The family as the preferred environment for the development of the child:** the environment best suited for the full development of the child has always been and remains the family and every effort must be made to protect it in that role. The placing of children in institutions should be regarded as an exceptional measure to be undertaken on an interim basis only;
- As for **adoption**, this remains the prerogative law, in conformity with the legislation in force; the underlying principle here is not to place children in families but rather to provide welcoming and affectionate families for children;
- **Government entities and private partners may, when the need arises, establish and run temporary shelters for children in difficulty**, primarily in the large towns;
- **Promotion of the obligations and duties of children themselves:** The child does not only have rights, but also duties (article 319 of the Family Code: “Children, at all ages, must show honour and respect and provide assistance and support to their mothers and fathers and to their collateral relatives and ascendants.”).

The welfare of street children is attended to by both public and private bodies. Among the former, a temporary shelter called the Centre for the Integration and Rehabilitation of Vulnerable Children (CIREV) has been in operation since 2002, with the capacity to accommodate up to 50 children at any one time. Since 2004, with support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), this centre has been working on a project for the social rehabilitation of street children by training them in small trades. The project received budget allocations amounting to CFAF 7,500,000 in 2003, CFAF 10,000,000 in 2004 and CFAF 10,000,000 in 2005.

In addition, a project for the rehabilitation of street children was launched in Brazzaville and Pointe-Noire in 2005, with support from UNICEF and in coordination with civil society organizations, with a budget of CFAF 73,035,000. Within the private sector, a number of non-governmental organizations are involved in work with street children. These include, in Brazzaville, Espace Jarrot, Education en Milieu Ouvert, Don Bosco, International Rescue Committee (IRC) and Voix du Cœur and, in Pointe-Noire, Caritas, IRC, Espace Enfants and African Nutrition Leadership Programme (ANLP). In Pointe-Noire, in 2006, the municipal authorities launched an experimental project to rehabilitate street children, known as the “SAMU Social-Pointe Noire” project, together with the organization SAMU Social International.

To coordinate all these activities, a network of those involved in working with street children, known by the acronym REIPER, was set up in 2004.

For abandoned children, there are three crèches and nurseries in the Congo - two in Brazzaville and one in Pointe-Noire, operating since 2003 on an annual budget of CFAF 32,500,000.

In addition, there are some 30 privately run shelters and homes, including: the La Semence shelter, the Marie Miséricorde house, the Sœur Clotilde home, the Joseph Gaston Céleste orphanage, the children's Maison de Lumière, the Espérance Sœur Dorcas home, the Notre Dame de Nazareth orphanage, the Sainte Face de Jésus orphanage, the Yamba Ngai orphanage, the Sainte Claire orphanage, the Les Cataractes orphanage, and the Béthanie shelter.

**(h) Juvenile justice**

**(h) 1. Annual budgets of the Office for the Legal Protection of Children (DPLE)**

**Table 9**

Year	Amount
2004	CFAF 5,000,000
2005	CFAF 4,000,000
2006	CFAF 4,000,000

**(h) 2. Budgets of the children's courts**

The juvenile courts of Dolisie and Pointe-Noire do not have their own budget lines. Their budgets are subsumed under those of the regional court to which they report. Since 2004, the Brazzaville juvenile court has, however, had its own budget, of CFAF 2,570,000 per year.

**(h) 3. Budget of the non-institutional educational outreach services**

Since 2004, the non-institutional educational outreach services have received the following annual allocations:

- Brazzaville: CFAF 5,916,000;
- Pointe-Noire: CFAF 4,930,000;
- Dolisie: CFAF 2,464,000.

The Brazzaville Reception Centre for the Stability and Shelter of Minors (currently being refurbished) has had an annual budget of CFAF 40,000,000 since 2004.

**3. With reference to children deprived of a family environment, and separated from parents, please provide disaggregated data (by sex, age and minority groups, urban and rural areas) for the years 2003, 2004 and 2005 on the number of children:**

**(a) Separated from parents**

In the absence of any specific study on this issue, children separated from their parents may be taken to refer to children placed in shelters, as listed in table 10 below.

**(b) Placed in institutions**

**Table 10: Children placed in institutions (orphanages and shelters)**

Year	Number of orphanages and shelters	Total numbers			Age group	Source
		Boys	Girls	Total		
2003	11	59	126	185	5-9	Orphanage reports
		51	80	131	10-14	
		9	45	54	15-19	
2004	20	1	4	5	5-9	DGASF report
		20	38	58	10-14	
		9	21	30	15-19	
		3	7	10	20 and over	
2005	21	8	16	24	5-9	UERPOD survey
		35	42	77	10-14	
		15	24	39	15-19	
		01		01	20 and over	
Total		614				

**(c) Placed with foster families**

Data not available.

**(d) Who are street children**

The issue of street children is a cause of great concern in the Congo. Two partial surveys conducted in Brazzaville and Pointe-Noire in 1999 and 2002 provide the following figures:

**Table 11: Street children, by sex and area**

Area	Boys	Girls	Total	%
Brazzaville	711	22	733	59.6
Pointe-Noire	458	39	497	40.4
Total	1 169	61	1 230	100

**Table 12: Street children, by age group**

Area \ Age	0-4	5-8	9-12	13-15	16-18	19-21	Total	%
Brazzaville	0	20	137	255	160	161	733	10
Pointe-Noire	1	3	42	92	136	130	414	
Total	0							100
%	0	3	19	35	22	22	100	

**Tables 13 and 14: Street children, by place of origin**

Brazzaville			Pointe-Noire		
Urban areas	Total	%	Urban areas	Total	%
Kinshasa	360	49.1	Kinshasa	184	47.67
Brazzaville	329	44.8	Brazzaville	75	19.43
Makélékélé	128	17.5	Makélékélé	21	5.44
Bacongo	65	8.9	Bacongo	18	4.66
Poto-Poto	43	5.9	Poto-Poto	6	1.55
Moungali	25	3.4	Moungali	6	1.55
Ouenzé	15	2.0	Ouenzé	7	1.81
Talangai	17	2.3	Talangai	7	1.81
Mfilou	36	4.9	Point-Noire	86	22.28
Point-Noire	14	1.91	Tié Tié	26	6.74
Tié Tié	11	1.5	Mvoumvou	12	3.11
Mvoumvou	1	0.1	Loandjili	31	8.03
Loandjili	2	0.3	Lumumba	6	1.55
Other: Pool	29	4.0	Other: Pool	41	10.62
Other: Nkayi	1	0.1	Total	386	100
Total	733	100			

**(e) Adopted domestically and through intercountry adoptions**

Adoptions are governed by the Family Code. As there is no central clearing-house, however, data are hard to come by. The following data for 2003, 2004 and 2005 are drawn from a number of different sources:

**Table 15: Adopted children, by sex and age group**

Year	Age group	Sex		Total
		Male	Female	
2003	0-7	10	9	19
2004	0-10	6	10	16
2005	0-10	15	6	21
Total		31	25	56

Source: Béthanie shelter.

**Table 16**

Year \ Sex	Male	Female	Total
2003	11	7	18
2004	17	12	29
2005	12	09	21
Total	40	28	68

Source: Brazzaville Juvenile Court.

**(f) Living in a female-headed household**

No data available.

**(g) Living in an orphan-headed household**

No data available. These children are considered, however, as falling into the category of “children at risk”.

**4. Please specify the number of children with disabilities, up to the age of 18, disaggregated data by sex, age groups, ethnic and minority groups, and if possible rural and urban areas covering the years 2003, 2004 and 2005:**

**(a) Living with their families**

The overwhelming majority of disabled children live with their families, since the Congo’s policy on the care of children at risk favours their being kept at home.

**(b) Placed in institutions**

Children are placed with foster families or, by way of exception, in boarding schools (separation from parents). This explains the very small number of children living outside the home. These include children from upcountry, who attend the Yengué home for the blind (in Kinsoundi, Brazzaville), and students at the Brazzaville Institute for Young Deaf People, who live on the outskirts of Brazzaville to attend the Ephata centre, as set out in the table below.

**(c) Attending regular schools**

The Congo does not have information on the schooling of disabled children. A survey is planned for next year, as part of the 2005-2009 national plan of action for the African Decade of Disabled Persons (schooling for disabled children and literacy component). That said, a survey of some 24 schools carried out in Brazzaville in 2005 showed that 102 disabled students had received various types of targeted assistance under the project to support the schooling of disabled children, sponsored by UNESCO.

**(d) Table 17: Attending special schools**

Age and sex School years	0-4		5-9		10-14		15-19 and over		Total	
	F	M	F	M	F	M	F	M	F	M
2002/03	04	11	41	49	68	110	47	85	160	255
2003/04	09	07	70	104	134	185	93	146	306	442
2004/05	20	23	80	114	143	116	69	137	312	390
Total									1 865	

Source: Reports IJSB; INAC; E.Sp.IPP; IDA; CSROO; CROPAL/OTDS; CNR PPH.

**(e) Not attending school**

No data available.

**5. With reference to child abuse, including sexual abuse, please provide disaggregated data (by sex, age groups, and type of abuse reported) covering the years 2003, 2004 and 2005 on:**

**(a) Table 18: Number of reported cases of child abuse**

Age groups and sex Number of reported cases	Sex					
	2-5		6-11		12-17	
	M	F	M	F	M	F
Total	0	19	1	33	2	57

*Source:* Makélékélé base hospital records office, Brazzaville, 2004.

**Table 19: Distribution by sex and type of offence**

Type of offence reported	Sex	Sex and nationality	
		M	F
Sexual assault		0	109
Sodomy		3	0
Total		3	109
		112	

*Source:* Makélékélé base hospital records office, Brazzaville, 2004.

Of the 112 offences reported, 2 were committed against foreign children.

**(b) Number and percentage of reports that have resulted in either a court decision or other type of follow-up**

No data available.

**6. Please provide disaggregated statistical data (by sex, age groups, if possible urban and rural areas) covering the years 2003, 2004 and 2005 on the:**

**(a) Rates of infant and child mortality**

The country's health situation is characterized by high rates of infant mortality (81 deaths per 1,000 live births in 2003), of infant and child mortality (100-108 deaths per 1,000 in 2003) and of maternal mortality (1,100 deaths per 100,000 live births in 2003). Life expectancy is low

(46.3 years for men, 50.8 years for women) and the morbidity levels due to communicable diseases and malnutrition (average low birth-weight prevalence of 13.3 per cent) are also a cause of concern.

The main causes of mortality among Congolese children are closely related to poverty. These include perinatal disorders, diarrhoeal diseases, acute respiratory infections, malaria, AIDS and sickle cell disease.

**(b) Rates of immunization**

More specifically, with regard to the six target diseases of the expanded programme on immunization (EPI), the Congo achieved certification of the eradication of poliomyelitis in 2000. There has, however, been a re-emergence of some of these diseases in certain parts of the country, especially measles and tetanus, owing to lower immunization coverage levels for specific antigens.

Immunization coverage levels have improved every year since 2003, following the country's eligibility for support from the Global Alliance for Vaccines and Immunization (GAVI). The Global Alliance was launched in 2000 to improve access to existing and new priority vaccines in low-income countries on the one hand, and to optimize immunization delivery services (introduction of new vaccines, organization of local or national immunization days in tandem with other States in the subregion, revision and dissemination of standard surveillance, monitoring and logistics management tools, strengthening mobile and advanced strategies), on the other. For example, in the first quarter of 2006, the average immunization rates were better than those for the same period in 2005. By and large they reached or exceeded the national targets for 2006, namely 87 per cent (BCG), 71 per cent (DPT3-P3), 65 per cent (VAR), 65 per cent (VAA), 71 per cent (VAT2+) and 65 per cent (VitA). Nonetheless, some disparities remain between the country's different departments, particularly with regard to coverage for DPT3-P3 and vitamin A.

**(c) Rates of malnutrition**

An assessment of the Congo's nutritional status carried out in 1999 showed an average low birth-weight prevalence of 13.3 per cent, which varied between 13.6 per cent in rural areas and 9.4 per cent in urban areas. Some 30.4 per cent of children aged between 0 and 71 months in rural areas suffered from chronic malnutrition, as compared with 15.3 per cent in urban areas.

In addition, one in five adolescents was shown to be affected by severe malnutrition, demonstrating the limited access to a balanced diet, in terms of quality and quantity, above all in poor rural areas.

Children aged between 6 and 29 months in Brazzaville suffer from diseases caused by undernourishment: in 2002, between 6.6 and 9.9 per cent of children in that age group were affected. (*Source*: annual report of the Ministry of Health and Population, Department of Disease Control.)

**(d) Adolescent health, including early pregnancies and sexually transmitted infections (STIs), drug, tobacco, other substance abuse, mental health and suicide**

In the area of adolescent health, care and information support are provided by the Congolese Family Welfare Association, a community-based body. In 2004, a young people's centre responsible for providing quality information to adolescents on sexual and reproductive health, with particular emphasis on the prevention of STIs and early pregnancies, was set up within the Association. The data for 2005 are set out in the table below.

**Table 20: Types of STIs by age and sex**

Types of STIs	Young people aged between 10 and 19 years	
	Boy	Girl
Gonorrhoea	1	3
Syphilis	0	0
Trichomoniasis	5	31
Chancroid	0	0
Condyloma	0	5
Mycoses	12	72
Chlamydia	6	16
Genital herpes	0	8
HIV	0	0
Granuloma	04	14
Coccal infections	13	35
Candidiasis	0	01
Number of young people by sex	41	188
Total number of young people	239	

*Source:* Congolese Family Welfare Association, 2005.

**Table 21: Pregnancies by age**

	Young people aged between 10 and 19 years	Total
Unwanted pregnancies	72	72
Early pregnancies	28	28
Total	100	

*Source:* Congolese Family Welfare Association, 2005.

**7. With reference to the right to education, please provide disaggregated statistical data (by sex, age groups, if possible urban and rural areas) covering the years 2003, 2004 and 2005 in percentage of the relevant age group on:**

**(a) Rates of literacy, below and over the age of 18 years**

No data available.



**(b) Rates of enrolment in pre-primary, primary and secondary schools**

**Table 22**

School year	Preschool			Primary school			Lower secondary school			Upper secondary school		
	Total	Girls	%	Total	Girls	%	Total	Girls	%	Total	Girls	%
2003	8 156	4 185	51.31	509 507	245 457	48.18	137 826	52 245	37.91	26 411	9 265	35.08
2004	21 647	11 135	51.44	584 370	281 266	48.13	164 679	75 500	45.85	27 178	10 694	39.35
2005	23 320	11 805	50.62	597 304	286 226	47.92	190 708	89 059	46.70	40 154	8 139	20.27

**(c) Percentage of children completing primary and secondary education**

**Table 23**

Education level	Primary	Lower secondary	Upper secondary
Rate	57.5	20.8	8.0

*Source:* Performance indicators for primary and secondary education in 2004.

**(d) Number and percentage of dropouts and repetitions**

The number of children repeating years is very high at all levels of education, especially in the public sector. Sometimes more than 30 per cent of children repeat a year, especially CE-1 - the second year of primary school. (*Source: Educstat No. 001-2003-2004.*)

**(e) Teacher per child ratio and number of children per class**

The pool of teachers is unevenly distributed owing to the fact that it does not keep up with changes in the numbers of pupils. For example, in 2004, the average teacher per child ratio reached, and even exceeded, 100 children per class in urban areas. In rural areas, the ratio is reasonable, largely because there is no systematic establishment of schools. In Plateaux department, the teacher per child ratio is 5.7 per cent. (*Source:* Performance indicators for primary and secondary education in 2004.)

As for the number of classes taught by each teacher, it should be noted that, over at least the last 10 years, the number of teachers has not kept pace with changes in the total number of pupils, or therefore with the number of new classes being set up. There is a chronic shortage of teachers, which in rural areas has reached dramatic levels. Statistics on the number of classes per teacher in 2004 are headed by Plateaux department, with an average of 19 classes per teacher, followed by Niari (rural), with 7 classes per teacher. This has led to the introduction of mixed-level classes in upcountry areas. By contrast, the towns have an almost balanced ratio close to one teacher per class. (*Source:* Performance indicators for primary and secondary education in 2004.)

**8. Please provide disaggregated statistical data for the years 2003, 2004 and 2005 (by sex, age groups, urban and rural areas) on the number of children:**

**(a) Infected with HIV/AIDS**

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the epidemiological situation of HIV/AIDS in the Congo at the end of 2001 was as follows:

- National seroprevalence was estimated at 7.2 per cent of the population aged between 15 and 24 years, ranging from 5.1 to 10.5 per cent for women, and 2.1 to 4.4 per cent for men;
- The number of persons infected or living with HIV during this period stood at 110,000, of whom 59,000 were women and 15,000 were children;
- The number of AIDS orphans was estimated at 78,000, i.e. 43.2 per cent of the total number of orphans;
- Seroprevalence among pregnant women was estimated at 7.2 per cent in Brazzaville from 1990 to 1996, and between 7 and 11 per cent in Pointe-Noire during the same period.

This trend now seems to have been reversed. According to the final report of the national survey on the seroprevalence of HIV infections and syphilis submitted in 2004 by the HIV/AIDS prevention and health promotion project supported by the World Bank, the Japan Policy and Human Resources Development Fund (PHRD) and the National HIV/AIDS Council, in November 2003 HIV/AIDS seroprevalence was particularly high among adults aged between 15 and 49 years living in large towns, with between 36,000 and 55,000 persons infected, or some 4.1 per cent of the total number of infected persons.

According to estimates for the country as a whole, 4.2 per cent of the population is infected with HIV, including children and young people aged between 10 and 35 years. While these surveys do not provide full information, since they concern the metropolitan areas only, the breakdown of the data by sex and age shows the scale of the problem among young people, as seen in the table below.

According to this survey, women are affected more than men. The percentage of seroprevalence increases according to the age groups in question. Young people are seriously affected by the disease.

According to hospital sources, AIDS is the primary cause of mortality among 15-45-year-olds. Among children aged between 0 and 4 years, 7 per cent of deaths may be attributed to AIDS. The mother-to-child transmission rate in the Congo is close to 3.0 per cent.

**Table 24: Distribution of HIV seropositive rates by sex and age**

Prevalence rate	HIV 95% confidence interval (CI)	Number of persons tested
Sex		
Men	3.9	1 796
Women	4.7	1 657
Age (years)		
15-19	1.2	750
20-24	3.2	822
25-29	4.3	653
30-34	4.7	466
35-39	8.1	335
40-44	7.8	237
45-49	5.7	190

*Source:* HIV/AIDS prevention and health promotion project, World Bank, Japan PHRD and the National HIV/AIDS Council (2004).

**(b) Affected by HIV/AIDS**

**(b) 1. By age groups and sex**

**Table 25**

Period	1-5 years	6-10 years	11-18 years	Sex		Total
				M	F	
2003-2004	230	554	1 007	906	885	1 791
2005	3 232	4 144	7 975	7 844	7 507	15 351
Total	3 462	4 698	8 992	8 750	8 392	17 142

*Source:* *Enquête Médecins d'Afrique.*

**(b) 2. By urban districts in 2005**

**Table 26**

Districts	1-5	6-10	11-15	16-18	Sex		Total
					M	F	
Makélékélé (Brazzaville)	1 087	1 367	1 772	1 016	2 717	2 525	5 242
Talangai (Brazzaville)	1 003	1 108	1 300	747	2 070	2 088	4 158
Loandjili (Pointe-Noire)	549	744	1 019	663	1 504	1 471	2 975
Total							5 242

*Source:* *Enquête Médecins d'Afrique.*

**(c) Heading households due to HIV/AIDS**

Between 2003 and 2005, 166 orphans (108 boys and 58 girls) were reckoned to be heading households, in the area covered by the project for the care of orphans and other children at risk.

**(d) Orphans of HIV/AIDS living in extended families or institutions**

No data available.

**9. Please provide disaggregated statistical data (including by sex, age groups and type of crime) covering the years 2003, 2004 and 2005, in particular on the number of:**

**(a) Persons under the age of 18 who have allegedly committed a crime, reported by the police**

**Table 27: Brazzaville**

Ground	No.	Sex		Nationality		Follow-up given to complaints				
		M	F	Congolese	Foreign	Released	Returned to family	In police custody	Acquitted and discharged	With police
Theft or possession of stolen goods	53	50	3	48	5	43	1	1	7	1
Robbery	3	3	0	3		3	0	0	0	0
Intentional bodily harm	12	9	3	11	1	11	0	1	0	0
Performing and complicity in illegal abortions	2	2	0	2	0	2	0	0	0	0
Fare-dodging (filouterie)	6	6	0	5	1	4	1		1	0
Breach of trust	3	3	0	3	0	3				0
Incitement of minors to immorality	1	1	0	1	0	1	0	0	0	0
Domestic violence	1	1	0	1	0	1	0	0	0	0
Consumption of cannabis and cannabivarol (CBV)	4	4	0	4	0	4	0	0	0	0
Threatening and aggressive behaviour	5	4	1	5	0	5	0	0	0	0
Rape	4	2	2	2	2	4	0	0	0	0
Fare-dodging (grivèline)	2	1	1	1	1	2	0	0	0	0
Falsification of documents	2	2	0	2	0	2	0	0	0	0
Accessory to fraud	1	1	0	1	0	1	0	0	0	0
Blackmail	1	1		1	0	1	0	0	0	0
Total number	100	90	9	90	9	86	2	2	8	1

**Table 28: Pointe-Noire**

Ground	Number	Sex		Nationality		Follow-up given to complaints
		M	F	Congolese	Foreign	Police custody for 24 hours
Theft	18	13	5	16	2	18
Sale of cannabis	1		1	1	0	0
Consumption and sale of cannabis	2	2	0	0	0	2
Rape	2	1	1	2	0	2
Rape and abduction of minors	1	1	0	1	0	1
Disorderly conduct	1	1	0	1	0	1
Sale and consumption of cannabis	1	1	0	1	0	1
Abandonment of parental home	1		1	1	0	1
Corruption of minors	2	2	0	0	0	2
Prostitution	2		2	1	1	2
Intentional bodily harm and rape	1	1	0	1	0	1
Intentional bodily harm	5	5	0	5	0	5
Vagrancy	3	2	1	3	0	3
Indecent assault	1	1		1	0	1
Child theft	2		2	0	2	2
Possession of stolen goods	1	1	0	0	0	1
Total number of offences	44	31	13	38	6	44

**Table 29: Dolisie**

Ground	No.	Sex		Nationality		Follow-up given to complaints									
		M	F	Congolese	Foreign	Police custody for 12 hours	Police custody for 20 hours	Police custody for 24 hours	Police custody for 48 hours	Police custody for 72 hours	Complaint withdrawn	Referred to a medical centre	Referred to a juvenile court	Imprisoned for 13 hours	Not specified
Theft	16	16	0	16	0	0	2	8	1	0	2	0	2	1	0
Lost children	1	1		1	0	0	0	0	0	0	0	0	0	0	1
Sexual intercourse	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Incitement to immorality	2	2		1	1	0	0	1	0	0	0	0	0	0	1
Rape	1	0	1	1	0	0	0	0	0	0	1	0	0	0	
Disappearance	1	0	1	1	0	0	0	0	0	0	0	0	0	0	1
Violence and assault	1	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Destruction of property	1	1		1	0	0	0	1	0	0	0	0	0	0	0
Intentional bodily harm	2	2		2	0	1	0	0	0	0	0	1	0	0	0
Aggressive behaviour, public disturbance	1	1		1	0	0	0	1	0	0	0	0	0	0	0
Attempted rape	4	4		4	0	0	0	4	0	0	0	0	0	0	0
<b>Total</b>	<b>31</b>	<b>28</b>	<b>3</b>	<b>29</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>15</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>7</b>

**Table 30: Owando**

Ground	Number	Sex		Nationality		Follow-up given to complaints
		M	F	Congolese	Foreign	Not specified
Theft	1	1		1		1
Rape	1	1		1		1
Intentional bodily harm	6	6		6		6
Disobeying parents	1	1		1		1
<b>Total</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>9</b>	<b>0</b>	<b>9</b>

**(b) Persons under 18 who have been charged with a crime, and the number of those sentenced, and the type of punishment or sanctions related to offences including length of deprivation of liberty**

**Table 31: Brazzaville**

Ground	Number	Sex		Nationality		Follow-up given to complaints	
		M	F	Congolese	Foreign	Admission to Brazzaville prison	Returned to family
Theft	18	17	1	18	0	1	17
Assault	1	1	0	1	0	0	1
Rape and incitement to immorality	1	1	0	1	0	0	1
Fake drowning	1	1	0	1	0	0	1
Threatening behaviour	1	1	0	1	0	0	1
Intentional bodily harm, attempted rape	1	1	0	1	0	1	0
Rape	5	5	0	5	0	2	3
Intentional bodily harm	13	13	0	13	0	1	12
Abduction of girls	2	2	0	2	0	0	2
Intentional bodily harm (loss of an eye)	1		1	1	0	1	0
Possession, consumption of cannabis	1	1	0	1	0	0	1
False accusation	1	1	0	1	0	0	1
Abortion	1	1	0	1	0	0	1
Bodily harm	1	1	0	1	0	0	1
Possession of stolen goods	1	1	0	1	0	0	1
Total	49	47	2	49	0	6	43

**Table 32: Pointe-Noire**

Ground	Number	Sex		Nationality		Follow-up given to complaints	
		M	F	Congolese	Foreign	Case under investigation	Not specified
Theft	2	2		2			2
Intentional bodily harm and death threats	2		2	2		2	
Rape (incest)	2	1	1	2		2	
Intentional bodily harm	2	2		2		1	1
Not specified	3	3		3			3
Total	11	8	3	11	0	5	6

**(c) Detention facilities for persons under the age of 18 in conflict with the law, and these facilities' capacity**

Since the closure of the Louvakou Centre for the Rehabilitation of Minors, in 1994, and of the Brazzaville Centre for Monitoring Minors, in 1997, the Congo no longer has any detention facilities for persons under the age of 18.

Children in Brazzaville, however, who are in conflict with the law are detained in a special section of Brazzaville prison.

**(d) Persons under 18 detained in these facilities and persons under 18 detained in adult facilities**

**Table 34**

Year	Number
2003	5
2004	60
2005	20

*Source:* Report on the evaluation of the juvenile justice system, 2005.

**(e) Persons under 18 kept in pretrial detention and the average length of their detention**

At the time of writing, nine children are being held in pretrial detention, for an average period of six months.

**(f) Reported cases of abuse and maltreatment of persons involving persons under 18 that occurred during their arrest and detention**

When they are arrested, children are often subjected to physical and psychological violence. According to a survey carried out in 2005 on the evaluation of juvenile justice, 67.3 per cent had been subjected to violence at the time of their arrest and 44 per cent during their detention.

Since 2005, the special area for minors was rehabilitated and cases of ill-treatment of children in detention no longer occur.

**(g) Persons under 18 tried and sentenced as adults**

Persons under 18 may be tried only in juvenile courts.



**(h) Persons under 18 who have served their sentence, have been released and are involved in social reintegration programmes**

Since the closing of the re-education and observation centres for minors, no minor has benefited from a social reintegration programme. In the context of the implementation of the Congo-UNICEF cooperation programme 2006, entitled "Protection of women and children", a package of reintegration services has been defined and is beginning to be implemented.

**10. With reference to special protection measures, please provide statistical data (including by sex, age groups and, if possible, urban and rural areas) for the years 2003, 2004 and 2005 on the number of children:**

**(a) Involved in sexual exploitation, including prostitution, pornography and trafficking, and the number of children provided with access to recovery and other assistance**

There are no reliable data on sexual exploitation, prostitution or trafficking, since no studies of those phenomena have been undertaken. That is why the Government has programmed such studies for 2006 and 2007 in order to obtain a real picture of the situation.

**(b) Involved in substance abuse, and the number of children who received treatment and recovery assistance**

With regard to children with drug problems, in the absence of a study that would give an idea of the scope of this phenomenon, it can be said that "the first contact with drugs occurs mostly around the age of 8; 2.8 per cent of substance abusers are under the age of 18". This information comes from observations made of a population of 239 persons in Brazzaville, Dolisie and Ouessou in 2005 (*Enquête épidémiologique sur les usagers des drogues en République du Congo* (Epidemiological study of drug users in the Republic of the Congo) by Dorothée Sianard).

**(c) Involved in child labour, indicating type of work**

The survey of child labour in the Congo, conducted in September 2002, revealed that there are 3,155 child labourers in the Congo.

The nature of the activities in which the children are involved varies greatly. The most predominant economic activity in which children are employed is sales (76 per cent), of which 58.1 per cent of child labourers work in shops and 17.9 per cent are engaged in street trade.

**(d) Working and living in the street**

**Table 35: Distribution of working children by locality, sex and age**

Columns Localities	Number of working children		Total	Age group
	Girls	Boys		
Brazzaville	214	687	901	5 to 16
Pointe-Noire	288	1 302	1 590	
Dolisie	62	176	238	
Nkayi	45	185	230	
Ouessou	85	111	196	

*Source:* UNICEF-DGERH survey, 2001.

**11. Please provide statistical data (disaggregated by sex and age groups) of children:**

**(a) Demobilized from armed groups**

Between 2002 and 2005, 4,607 former child soldiers were identified. (*Source:* National Demobilization, Disarmament and Reintegration Programme (PNDDR), Office of the High Commissioner for the Reintegration of Ex-Combatants.)

**(b) Who received counselling services**

With a view to reintegrating former child soldiers, a joint Government/ILO/International Programme on the Elimination of Child Labour (IPEC) project, entitled “Prevention and reintegration of children involved in armed conflicts”, was carried out during the period 2004-2005.

Of the 5,120 former child soldiers involved in the project, 241 between the ages of 17 and 25 were considered to be traumatized and were placed in psychosocial rehabilitation programmes. (*Source:* *Rapport annuel 2004-2005 du projet “Processus de Réhabilitation psychosociale et prise en charge des enfants traumatisés”*.)

**(c) Reunited with their families and/or integrated within their communities**

Nine hundred and sixty-five former child soldiers received financing for their socio-economic reintegration. (*Source:* *PNDDR, Commissioner for Economic Reintegration (HRCREC)*.)

**B. General measures of implementation**

**1. Please provide the Committee with information on cases, if any, in which the Convention has been directly invoked in domestic courts and, if so, provide examples of such cases.**

No data available.

2. **Please provide the Committee with further information on the mandate of the National Commission on Human Rights, in particular whether it can receive individual complaints and conduct inquiries. Give information on the guarantees of independence it has, and the resources it has been provided with.**

The mandate of the National Commission on Human Rights:

- Undertake measures to raise the general public's awareness of human rights;
- Prepare, collect and disseminate documentation on human rights;
- Provide, in a consultative capacity, advice, recommendations, proposals or reports concerning any human rights question to the Government, the Parliament or any other competent body, either at the request of the authorities concerned, or using its power to act on its own motion;
- Prepare and publish the report on any pertinent question relating to human rights;
- Have access to places of detention and, where necessary, make appropriate recommendations to the competent authorities;
- Conduct inquiries, either directly or at the request of individuals or groups of citizens, into violations of human rights and fundamental rights when no other body is dealing with the matter.

3. **Please provide information on the activities of the Congolese Child Rights Centre and its human and financial resources.**

There is no formally established child rights centre in the Congo. However, in 1993, the national action plan for children was adopted; the plan responds to a universal concern expressed in the declaration of the World Summit for Children. In this document, the Congo underscored its commitment to child survival, development and protection.

The national action plan for children takes account of all the concerns regarding ways of enabling children to develop their full potential. The plan contains major strategies in the fields of (i) health, such as the reduction of maternal and child mortality, immunization coverage and promotion of nutrition and food security; (ii) education; (iii) drinking water supply and sanitation; (iv) social protection of children in difficult circumstances; and (v) advancement of women. However, the implication of this very ambitious programme has encountered difficulties.

While the preparation of the national action plan reflects the Government's willingness to address in a consistent manner the main concerns of the Convention on the Rights of the Child, the implementation of the plan as a frame of reference remains problematical. With the support of UNICEF, the Government is currently studying the most rapid and effective means of making the plan operational.

**4. Please provide more information on the results of the activities of the Parliament of Congolese Children (number of meetings, composition, impact on policy development and implementation).**

The Convention on the Rights of the Child, in its fundamental principles, recommends that States parties provide forums in which children can express their opinions, in order to enable them to participate in the decision-making process. In this context, the first forum of Congolese children was held in Brazzaville on 25 September 2003; the forum led to the establishment of the Parliament of Congolese Children. This young institution, composed of an equal number of girls and boys, participated in and organized the following activities:

- Participation in the eighth session of the Parliament of Malian Children in December 2003;
- Holding in Brazzaville of the first meeting of the Parliament of Congolese Children in September 2004, at which it took stock of the past year and considered ways of organizing departmental children's parliaments;
- Establishment of departmental parliaments in the departments of Kouilou, Brazzaville, Plateaux and La Cuvette;
- Holding in Brazzaville of the second meeting in September 2005. At the meeting, problems relating to child abuse were included in the agenda and discussed. During the meeting, the bureau was re-elected owing to the age of some of its members;
- Participation, since its establishment, in all activities relating to the observance of the Day of the African Child and the launching of UNICEF *State of the World's Children* reports;
- Participation in the Education for All Week in April 2004;
- Organization of a panel discussion at the United Nations Information Centre on the outcome of the activities conducted in Dolisie in 2006 to observe the Day of the African Child which, at the continental level, had the theme "Right to protection: stop violence against children" and, at the national level, "No to violence in schools".

It should be pointed out that this young institution has an annual budget of CFAF 20 million, which is allocated by the Government, and that all the meetings of the Parliament are presided over by a chairperson.

**5. Please provide information on the means and powers of the Mediator of the Republic (the Ombudsman) regarding the handling of the complaints received.**

The Mediator of the Republic is an independent authority established by Act No. 9-98 of 31 October 1998 on the establishment, powers and activities of the Mediator.

Within the scope of his or her responsibilities, the Mediator of the Republic does not receive instructions from any authority.

The Mediator of the Republic intercedes between the authorities and private persons regarding the latter's claims concerning the operation of the public administration.

The Mediator of the Republic is appointed for a three-year term, which is renewable by a decree of the Council of Ministers.

The task of the Mediator of the Republic is:

- To simplify and humanize relations between the governed and the Government;
- To facilitate the amicable settlement of disputes outside the judicial system.

When a claim is admissible and it falls within his or her competence, in each case, the Mediator of the Republic makes:

- All the recommendations, where appropriate, that he or she believes can result in an equitable settlement of the dispute;
- Any proposal to amend any regulatory or legislative text with a view to improving the operation of the body concerned.

The Mediator of the Republic is informed of the measures taken to follow up his interventions. If the Mediator does not receive a satisfactory reply within the established time limit, the Mediator makes public his or her recommendations and proposals in an annual report submitted to the President of the Republic and the Parliament. The annual report does not contain any information that would make it possible to identify persons whose names have been communicated to the Mediator.

The body in question may publish its reply and, where appropriate, the decision that it took pursuant to the intervention of the Mediator of the Republic.

The Mediator of the Republic may order the administration to comply with a court decision.

The Mediator of the Republic manages the funds placed at his or her disposal by the State budget. He submits his accounts for inspection to the Court of Audit and Budgetary Discipline.

The Mediator of the Republic freely appoints his associates and departmental representatives.

The Mediator of the Republic is competent to consider disputes between the governed, a natural person (individual) or legal entity (a legally constituted association, trade union, commercial company, local authority) and State administrations, territorial authorities, public establishments or any other public service organization in cases involving the poor functioning of these services or failure to execute a court decision.

The Mediator of the Republic may not intervene in:

- Disputes between private natural persons or between private legal entities;

- Conflicts between State administrations, territorial authorities, public establishments or any other public service organization and their representatives, except when the latter have terminated their employment;
- Disputes with a foreign administration;
- Proceedings brought before a court of law.

The Mediator of the Republic may not question the correctness of a court decision.

Exceptionally, the Mediator may request the administration to reconsider its decision when the decision, although justified, involves consequences that he or she deems to be intolerable for the claimant. He or she then submits an equitable recommendation.

Any natural person or legal entity, of whatever nationality, who considers, in connection with a matter concerning it, that a Congolese public institution has not acted in accordance with its public service mission, may apply to the Mediator of the Republic.

Any injured natural person or legal entity may submit an individual complaint directly to the Mediator of the Republic.

The complaint must be preceded by the necessary steps with the administrations concerned and must not observe the time limits for filing appeals with the competent courts.

The Mediator of the Republic may request the responsible minister or competent authority to communicate to him or her any document or file relating to the matter under investigation. The secret or confidential nature of the evidence that he or she is requesting cannot serve as grounds for refusal to provide such information, except when such information relates to national defence or the internal or external security of the State.

The ministers and any public authority must facilitate the Mediator's task. The personnel under his or her orders are bound to reply to notifications and questions from the Mediator and to carry out the monitoring, verifications and inquiries requested by the Mediator of the Republic.

If necessary, the President of the Supreme Court and the President of the Court of Audit shall make any study that is deemed necessary, at the request of the Minister of the Republic.

- 6. Please provide further information on the Strategic Programme aimed at improving the situation of children and the Framework for Operations 2004-2008 established with the support of the United Nations Children's Fund, in particular whether it covers all the areas of the Convention and takes into account the objectives and goals of the document of the United Nations General Assembly special session on children in 2002, entitled "A world fit for children".**

The 2004-2008 Congo-UNICEF cooperation programme, which was drawn up in 2003 by the Government of the Congo and UNICEF, takes account of the national priorities as defined in the New Hope socio-economic programme (social programme of the President of the Republic) and the economic adjustment programme (2004-2010). These priorities are based on good governance, measures to combat poverty and exclusion, and respect for the rights of

children and women. The Congo-UNICEF cooperation programme is also based on the strategic frameworks of the national programmes to combat HIV/AIDS and malaria, the national plan of action to ensure education for all, and the guidelines of the United Nations Development Assistance Framework (UNDAF; 2003-2004). Within the framework of the regional strategy to speed up implementation of the medium-term strategic plan and the main collective commitments of UNICEF in emergency situations, the programme will help the Government to assess and update the national action plan for children and to strengthen the mechanism for disseminating the annual report on the situation of children and women.

The priority areas of this programme contribute to the implementation of the Millennium Development Goals relating to the elimination of disparities between girls and boys in the field of education; to the reduction of the under-five mortality rate and of the transmission and spread of HIV/AIDS; to the elimination of violence against women and children, and the protection of the most vulnerable. In the framework of measures to combat poverty, the programme takes account of the priorities of the New Partnership for Africa's Development (NEPAD) and the guidelines of the strategic framework for reducing poverty, particularly through investment in basic social services. The programme helps the Government to establish the follow-up mechanisms of the world plan of action with the restructuring and launching of the national follow-up committee of the Global Movement for Children.

The Congo-UNICEF cooperation programme comprises the following five main subprogrammes:

#### **Subprogramme 1: Development and survival of the young child**

**Objective:** To reduce, by 2008, child and juvenile and maternal mortality by 20 per cent and to ensure that children live in a healthy environment and have an adequate framework that ensures their education and optimum physical and psychomotor development.

The subprogramme comprises four projects:

1. The Immunization Plus project: The expected result is that, by 2008, 90 per cent of children under the age of 1 will be immunized and the principal illnesses that can be avoided by immunization will be eliminated or under control. The target groups are children under the age of 1 (160,000) and children under the age of 5 (650,000). The immunization coverage indicators (anti-tuberculosis (BCG) vaccine, diphtheria, tetanus and whooping cough (DPT) vaccine, Polio3, VAR), vitamin A supplement coverage, and morbidity (elimination of poliomyelitis, neonatal tetanus and deaths from measles) will make it possible to follow up this result. In order to achieve this, the following outputs have been included in the framework of cooperation with UNICEF: (1) establishment of 350 permanent immunization centres (supplies of vaccines, safety of injections and cold chain, training of staff); (2) provision of logistical means (vehicles, motorbikes, bicycles) for supervision and advanced and mobile strategies; (3) organization of social mobilization sessions; (4) organization of immunization campaigns against poliomyelitis and measles and provision of vitamin A supplements; (5) comprehensive monitoring of illnesses. Special attention will be given to institutional support in terms of (6) strengthening of national capacities (management training, development of management and follow-up tools),

(7) strengthening of decentralized planning, support for microplanning at the level of health districts, and ongoing technical support with a view to implementing the “Reach Every District” strategy.

2. The Comprehensive Management of Childhood Diseases project: The anticipated result is the control of diseases - particularly malaria, diarrhoea, acute respiratory infections and malnutrition - that are fatal for children under 5. The follow-up indicators are: specific mortality rates, time limit for treatment, length of hospitalization, cost of treatment and rate of use of impregnated bed nets. In order to achieve these results, measures will be taken at three levels: (1) training parents to recognize the first signs of childhood diseases (malaria, diarrhoea, respiratory infections, malnutrition) and to respond appropriately; (2) improving the quality of care in health centres and reference hospitals with the participation of the community and civil society; (3) strengthening the management capacities of the district team in microplanning, supervision and coordination with other sectors. UNICEF will support activities relating to the planning, standardization of diagnoses and treatment of common childhood diseases (diagnosis and therapy guides), social mobilization, training and development of human resources, provision of basic generic medicines, vitamin A, oral rehydration salts and micronutrients. At the community level, UNICEF will support activities to strengthen interface between the health centres and families through community support networks and local development and management committees for health, water and the environment.

3. The Safe Motherhood project: The anticipated result is that, by 2008, 80 per cent of pregnant women will be immunized against tetanus and will be adequately monitored during their pregnancy and have optimum conditions for delivery, with a view to reducing maternity-related risks. The follow-up indicators are: rate of prenatal consultation for at least three quality visits, rate of assisted delivery, Caesarean rate. In order to achieve these results, the following outputs will be attained: (1) maternal and child health kits and basic medicines will be provided to 200 health and maternity centres in the convergence zone; (2) some 400 health workers will be trained; and (3) equipment will be provided to operating theatres for emergency obstetrical treatment. There will be a close link with the programme to combat AIDS, within the framework of the comprehensive communication plan and with a view to strengthening health staff capacities and community support networks.

4. The Young Child Nutrition and Development project: By 2008, the anticipated results are: (1) a national strategy on the comprehensive development and survival of young children will be drafted and approved, and a universalization plan will be drafted; (2) 20 per cent of children under the age of 6 months will receive adequate breastfeeding and children between the ages of 6 months and 8 years will receive healthy, diversified and balanced meals and will have a harmonious development. The indicators for following up these results include: an approved document on a strategic plan for the comprehensive development and survival of young children, exclusive breastfeeding rate, rate of malnutrition.

## **Subprogramme 2: Basic education**

**Objective:** “To ensure that, by 2015, all children - particularly girls, children in difficult circumstances and those belonging to ethnic minorities - have access to free and compulsory primary education of good quality.” More specifically, in the framework of the current cooperation programme, the goal is to ensure that, by 2008, 80 per cent of children (with special



attention to equal treatment of girls and boys, rural and urban children, Pygmies and Bantus, as well as children in difficult circumstances) complete a full course of primary education with an adequate level of knowledge. The main indicators for the achievement of this objective will be school attendance rates (gross and net), promotion by level, survival in the fifth year (CM1) and awarding of the certificate of primary studies.

This subprogramme comprises the following three projects:

1. The education planning project. The desired result is: improvement of the data collection and processing system at all decision-making levels, which will make it possible to monitor disparities with respect to girls, minors and rural areas. The achievement of this objective will be measured by the availability of reliable and disaggregated school statistics according to the relevant criteria (sex, age, urban/rural, Pygmy/Bantu, etc.). The planned outputs are: (1) availability of reliable statistical data at all decision-making levels; (2) teachers, trainers and statisticians master data collection and processing methods. The project will be managed by the Department of Studies and Planning of the Ministry of Primary Education. The World Bank will cooperate closely with the project.
2. The primary education project. The desired result is that all schools in the convergence zones have basic teaching aids (programmes, manuals and other materials) and teachers and trainers provide quality education. The follow-up indicators are the number of materials for each pupil and teacher, training or refresher courses for each teacher and the school completion rate. The anticipated outputs are: (1) basic teaching aids (programmes, manuals and other teaching, sports and cultural materials) are made available in all schools in the convergence zones by cost recovery; (2) teachers and trainers master active and participatory methods and life skills, education and peace; teachers are regularly trained (at least once a year) and sent on refresher courses (at least three days a year for each teacher). The project will be managed by the National Pedagogical Research and Action Institute and the Directorate of Primary Education represented in the field by departmental directorates in the convergence zones.
3. The Child-Friendly School project. The desired result is that, in the concentration zones, schools are classified as “child-friendly”: drinking water, latrines and sanitation, sports and cultural equipment, school canteens, first-aid kits, and health and awareness-raising measures to prevent AIDS; and each community has a school with a maximum of 50 pupils per class and per teacher and is involved in school management. The achievement of this objective will be measured by the number of schools that have water-points, latrines, playgrounds, trees and flowers; the teacher-pupil ratio and the existence of management committees will also be taken into account. The anticipated outputs are: (1) the school environment is protected, healthy, hygienic and pleasant (water and sanitation, playgrounds, trees, flowers, etc.); (2) school canteens are available and operational; (3) school emergency treatment facilities are operational and accessible; (4) each community is organized and involved in managing the school and promoting community initiatives and learning areas; (5) each school has teachers and classrooms for a maximum of 50 pupils per teacher and per class. The project will be managed by the Directorate of Primary Education represented in the field by departmental directorates in the convergence zones, in close partnership with the health administration and associations of parents of schoolchildren and with the support of the World Food Programme and national and international non-governmental organizations.

### **Subprogramme 3: Protection of children and women**

**Objective:** To ensure that, by 2008, at least 40 per cent of children and women victims of violence, ill-treatment and exclusion benefit from special protection measures concerning their rights to identity, education, care and safety.

This subprogramme comprises the following three projects: protection of the dignity of the child; protection of orphans and vulnerable children; rehabilitation of women and children victims of violence.

1. The project to protect the dignity of the child: The anticipated result is to ensure that (1) all children in conflict with the law are treated fairly by the judicial system and are reintegrated into society; (2) 90 per cent of newborns are registered, and children who were not registered at birth are systematically registered. The follow-up indicators are: percentage of children in conflict with the law who receive assistance, and percentage of unregistered children.

In order to achieve these results, the following outputs will be attained: (1) evaluation and study of juvenile justice; (2) support for the reform of the judiciary, tools and procedures; (3) dissemination of information about the judicial system; (4) extension of local registration services; (5) development of advocacy campaigns to facilitate conditions for registering births; (6) development of a partnership to strengthen capacities and modernize registration services. This partnership will be developed, on the one hand, with such donors as the European Union and the French Cooperation and, on the other, with non-governmental organizations and the many associations active in this area.

2. The project to protect orphans and vulnerable children: The anticipated result is to ensure that, by 2008, 40 per cent of orphans and vulnerable children, including AIDS orphans, live in a harmonious family environment and have access to a suitable education and skill formation. The follow-up indicators are: percentage of vulnerable children reintegrated into a family; percentage of school-age vulnerable children enrolled in schools. In order to achieve these results, the following outputs will be attained: (1) strengthening of the national policy framework on orphans and vulnerable children by including their right to live in a family; (2) strengthening of the network of non-governmental organization sponsors; (3) strengthening of the capacities of social services for providing quality care, and involvement of communities and families; (4) evaluation and dissemination of experience gained from joint projects (UNICEF, Doctors of Africa, World Bank).

3. The project to rehabilitate women and children victims of violence: The anticipated result is to ensure that, by 2008, at least 50 per cent of children and women victims of violence, discrimination and exclusion are identified, treated and rehabilitated, risks are prevented and these practices are socially and legally condemned. The follow-up indicators are: percentage of women victims rehabilitated; percentage of ill-treated children reintegrated.

In order to achieve these objectives, the following outputs will be attained: (1) creation of an observatory to monitor violence; (2) organization of a community violence alert and prevention response; (3) further strengthening of decentralized psychosocial rehabilitation (stress and trauma management) services in all convergence zones and operational units; (4) strengthening of the national stress-counselling network; (5) social communication plan,

with awareness-raising campaigns and promotion of the culture of peace, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (6) social skills training and support for the children's parliament.

The Ministry of Social Affairs, Solidarity, Humanitarian Action and Family is responsible for the overall coordination of the programme. For each project, a government official will be appointed and, in cooperation with his or her UNICEF counterpart, will assume general responsibility for operational planning, management and follow-up of project activities. The annual visits and reviews will be organized jointly with the General Directorate of Social Action, with the participation of development partners, non-governmental organizations and recipients.

#### **Subprogramme 4: Fight against HIV/AIDS**

**Objective:** To reduce, by 2008, the spread of HIV/AIDS among children, young people between the ages of 10 and 24 and women of childbearing age, and to improve the survival rate and quality of life of those affected.

This subprogramme comprises the following two projects:

1. The project on the prevention of AIDS among young people: The anticipated result is to ensure that 80 per cent of young people of both sexes between the ages of 10 and 24, in the convergence zones, adopt risk-free sexual behaviour. The following indicators will be used: percentage of young people who are aware of the three prevention methods; percentage of young people with access to information, education and appropriate, gender-specific health services; percentage of young people who have adopted healthy sexual practices; availability of a communication plan.

In order to achieve the first result, the following outputs will be attained: (1) evaluation and study of the situation of young people faced with HIV/AIDS, paying particular attention to adolescents; (2) strengthening of mechanisms for following up and evaluating their behaviour; (3) risk and vulnerability assessment to improve targeting of interventions; (4) development of counselling services and young people's clubs with their participation; (5) messages to raise young people's awareness and ability to protect themselves and others against HIV/AIDS; (6) extension of the AIDS prevention strategy to schools, particularly child-friendly schools; (7) strengthening of partnerships, particularly with non-governmental and community organizations, and United Nations agencies within the framework of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

2. The project on prevention of mother-to-child transmission: The anticipated result is the 20 per cent reduction, by 2008, of the proportion of seropositive infants and improvement of access to counselling and diagnosis for all women receiving prenatal consultation, as well as access to medical, nutritional and psychosocial treatment for seropositive children. The follow-up indicators are: proportion of women who receive prenatal consultations and who have access to voluntary screening; percentage of seropositive children treated.

In order to achieve the second result, the following outputs will be attained: (1) study of the transmission of HIV from mother to child; (2) improvement of the quality of prenatal consultation and maternity services; (3) training of staff in CIP and psychosocial treatment; (4) provision of basic medicines, reagents and technical equipment and materials to health facilities and laboratories; (5) development of community and family support networks for preventing the transmission of HIV; (6) development of partnerships for the availability and accessibility of antiretrovirals and basic medicines for treating opportunistic infections.

### **Subprogramme 5: Communication and social policy planning**

**Objectives:** Ensure, by 2008, that the situation of children and women is studied on a continual basis and that social policies are promoted; and that coordination, follow-up and evaluation mechanisms are promoted, and broad and diversified partnerships are established with the implementation of communication, mobilization, advocacy and participation activities for young people and social policies relating to the priorities of the medium-term strategic plan.

This subprogramme comprises two projects:

1. The communication and advocacy project: The anticipated result is that, by 2008, the participation of young people in the development of programmes will be promoted and the communication and advocacy strategy will be prepared, and the priorities of children will be taken into account in national policies and in official development assistance (ODA). The follow-up indicators are: percentage of projects involving young people; percentage of the government budget allocated for basic social services; percentage of the ODA budget allocated to basic social services.

In order to achieve the first result, the following outputs will be attained: (1) establishment of the children's parliament; (2) development and management by young people of institutions in which children can express their views, be heard and participate in the convergence zones; (3) drafting and implementation of an advocacy plan and a comprehensive communication plan at the various levels of decision-making with respect to multisectoral priorities; (4) drafting and implementation of a plan of activities in connection with major events; (5) implementation of a strategy for mobilizing resources with the involvement of government partners, non-governmental organizations, communities and donors.

2. The social policy planning project: The anticipated result is that, by 2008, the Government's planning, follow-up and evaluation capacities will be strengthened and mechanisms for ongoing data collection, processing and analysis are established at the national level and in the convergence zones. The follow-up indicators are: existence of development plans at the central and decentralized levels; existence of annual action plans; existence of operational information systems; existence of follow-up and evaluation plans.

In order to achieve this result, the following outputs will be attained: (1) a database for following up the indicators of the Millennium Development Goals and assessment of risk and vulnerability zones; (2) a multiple indicator cluster survey at the end of the programme; (3) three studies on gender, young people and AIDS, and quality of care; (4) departmental plans of action drafted, implemented and evaluated in the convergence zones; (5) missions and mechanisms for mobilizing resources.

7. **Please provide updated information on efforts made to provide training on, and awareness of, the Convention and human rights in general, to children, parents, teachers, social workers and other professionals working with and for children.**
- Organization of displays for providing information and raising awareness about the Convention on the Rights of Child at shows and fairs in Brazzaville and Pointe-Noire;
  - Establishment of groups and committees for promoting, implementing, following up and evaluating measures to promote children's welfare;
  - Establishment of a children's parliament, which will adopt resolutions on questions of concern to children;
  - Training of women and men who work in the media about the Convention on the Rights of the Child at Brazzaville and Pointe-Noire;
  - Training of social workers about the Convention on the Rights of the Child in Brazzaville, Pointe-Noire, Dolisie and Impfondo;
  - Raising awareness about the Convention on the Rights of the Child in Brazzaville schools;
  - Production of communication aids (leaflets, brochures, banners, posters, signs, mini-brochures, special sections in newspapers, T-shirts);
  - Raising awareness of junior deputies about the Convention on the Rights of the Child.
8. **Please provide updated information on cooperation between the State party and the international community, including non-governmental organizations, in the efforts to implement the Convention.**

With regard to cooperation in efforts to implement the Convention, the following organizations of the United Nations system provide effective technical and financial support to the Government of the Congo: UNICEF (Congo-UNICEF cooperation programme, currently in progress); WHO, through its support for the training of health workers, specifically in the areas of paediatrics and obstetrics; the United Nations Population Fund (UNFPA) provides support for safe motherhood and promotes responsible parenting; UNAIDS works closely with the Standing Executive Secretariat for Combating HIV/AIDS; UNESCO promotes quality education and supports specific programmes in favour of children in difficult circumstances; the Office of the United Nations High Commissioner for Refugees (UNHCR) provides assistance to child refugees; assistance from the United Nations Development Programme (UNDP) includes the "community action" project, which has made it possible to rehabilitate many infrastructures for children; the International Labour Organization (ILO) supports the national programme for demobilizing, disarming and reintegrating former child soldiers. It should be noted that, in addition to these United Nations organizations, civil society is making considerable efforts to support the Government's action in favour of children; these civil society bodies include Fondation Congo Assistance, Chaîne de l'Espoir (Congo section), Réseau des Intervenants sur la Problématique des Enfants des Rues (REIPER), the Lion's Club and the Rotary Club.

**9. Please indicate issues affecting children that the State party considers to be priorities requiring the most urgent attention with regard to the implementation of the Convention.**

- Health
- Education
- Protection of the family (widows and widowers; inheritance).

**PART II**

**Please provide the Committee with copies of the text of the Convention on the Rights of the Child in the official language of the State party as well as in other languages or dialects, when available. If possible, please submit these texts in electronic form.**

The text of the Convention is available only in French.

**PART III**

**Under this section, the State party is briefly (3 pages maximum) to update the Committee on the information provided in the report with regard to:**

**New bills or enacted legislation**

With regard to recently enacted laws or legislation, at its meeting on 2 February 2006, the Parliament adopted three acts relating to the rights of the child, namely:

- Act authorizing ratification of the African Charter on the Rights and Welfare of the Child;
- Act authorizing accession to the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict;
- Act authorizing accession to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography;
- Draft bill on a child protection code.

**New institutions**

A new institution is the Parliament of Congolese Children.

**Newly implemented policies**

The document on the interim poverty reduction strategy.

## PART IV

**The following is a preliminary list of major issues (which does not contain issues already covered in Part I) that the Committee may take up during the dialogue with the State party. They do not require written answers. This list is not exhaustive as other issues might be raised in course of dialogue.**

### **Overview of major issues**

The major issues that are cross-cutting to the extent that they affect all the subsectors, continue to be: poor access to education; low quality and low level of equity. The underlying factors include: insufficient care facilities, shortage of human and material resources, and lack of motivation among teachers. The development of young children continues to be a challenge. The admission rate at this level in 2004 was only 6 per cent. Please refer to the general information on school attendance contained in Part I, A, paragraph 7.

(In preparation.)

- 1. Non-discrimination in general and in particular, discrimination against girls, children affected by armed conflicts, street children and children belonging to the Pygmy ethnic group**
- 2. Corporal punishment (including in the family and in schools)**

In general, corporal punishment in schools is disappearing. However, there are still isolated occurrences of this practice.

Likewise, at their second meeting in September 2005 and in discussions held in workshops organized in 2006 on the occasion of the Day of the African Child, the Junior Parliamentarians condemned the corporal punishment of children in certain families, as contained in the final communiqué adopted on that subject. “We are victims of ill-treatment at the physical, verbal or psychological level, at the sexual level, from the viewpoint of different forms of privatization and various kinds of exploitation. And this is understandable, since there are still among us abandoned children, unregistered children, street children, child soldiers and children who are not enrolled in school.”

The junior deputies declared that they experienced ill-treatment on a daily basis in their homes, in their neighbourhoods and at school.

They recognize that the ill-treatment of children violates their rights and goes unnoticed because it is surrounded by a culture of silence when the acts are committed in the family environment.

- 3. Family environment, including children without parental care and in alternative care (in particular in orphanages)**
- 5. Health-care services**

6. **HIV/AIDS; access to antiretrovirals**
7. **Education, in particular children not attending schools (including those expelled); Strategy for assisting children who have left school and/or literacy**
8. **Children and access to information, including protection from material injurious to their well-being**

### **Access to information**

In accordance with article 13 of the Convention on the Rights of the Child, which provides that “the child shall have the right to freedom of expression”, in the Congo freedom of the press and information, which is guaranteed in article 19 of the Constitution, also applies to children.

Since free access to sources of information is guaranteed, all citizens have the right to information and communication. The State therefore grants children the right to information and communication.

In the Congo, the Ministry of Communication is responsible for relations with Parliament, which is entrusted with the management of information. To do this, it makes use of national radio, national television, print media and publishing, cyberjournalism and the Internet.

### **Radio**

National radio receives and disseminates information 20 hours a day, with programmes in national languages that enable all citizens to have access to information.

This station, like all other Congolese radio stations, broadcasts in three languages, namely French, Lingala and Kituba. Information on human rights and the rights of the child is often given special attention, with regard to the measures that are often taken in editorial offices with preliminary papers, the organization of special forums, particularly during related events, with a view to raising the interest of decision makers in the rights of the child.

The stations broadcast two weekly programmes for children:

- “Allô les enfants”, for children in nursery school, with poem recitals and songs with a view to stimulating children’s minds and improving their verbal skills;
- “Vision juvenile”, which devotes 30 minutes every week to discussions among children between the ages of 10 and 15 on matters of public interest, rights and duties, as well as a number of matters of concern to the children’s parliament. To this end, the moderator invites guests who are experts in the relevant fields to conclude the discussions.

Radio Brazzaville is a Congolese radio station which, every Thursday, devotes nearly an hour to the broadcast entitled “Salut, les petits”; during the broadcast, children express themselves freely on selected topics.



In addition, another broadcast, entitled “La parole aux enfants”, is aired from time to time in partnership with UNICEF. It is moderated by a child who talks with other children about problems that concern them.

During the school holidays, a recreational broadcast, entitled “Spécial vacances”, gives children yet another opportunity to use the airwaves to express their concerns. The broadcast is aired on Monday, Wednesday and Friday mornings.

Radio Pointe-Noire broadcasts “Forum scolaire”, which is prepared by the Kouilou and Pointe-Noire departmental education offices. The programme is broadcast on Wednesday afternoons. Here, children talk about school-related matters.

There is also “Univers des jeunes”, which is broadcast on Thursday afternoons. The programme is organized in partnership with the Kouilou youth office, which broadcasts interviews with schoolchildren conducted by the moderator during his or her visits to schools.

During the school holidays, there is “Molo molo”, which is broadcast live every Sunday, with contests and open telephones.

With regard to private radios, every Sunday afternoon during the school year Radio Liberté devotes an hour to the children’s programme “Voix d’enfants”.

During the school holidays, there is an additional broadcast, aired on Thursday mornings. The broadcast enables children to express themselves live from a radio studio on problems that affect Congolese children. This gives adults insight into the world of children and children’s rights.

DRTV 1 broadcasts the programme “Les enfants d’abord”, which visits schools and holds question-and-answer sessions on children’s issues. Children often also have an opportunity to express their views on various subjects, particularly those related to education, during open radio broadcasts.

Radio Sangu ya Mboté provides religious instruction for children in the programme “La Bible à petits pas”, which is broadcast on Monday and Thursday mornings.

## **Television**

Télé Congo broadcasts two programmes for children. On Saturday afternoons, it broadcasts “Club junior”, with a young female elementary schoolteacher as moderator. She takes the time to bring in comedians to entertain the children. This broadcast is filmed outdoors.

On Sundays, national television offers another children’s entertainment programme, “Dimanche recrée”. Children have an opportunity to give recitals, read poems and sing on live television broadcasts. Sometimes trainers take part in the programme.

Télé Pointe-Noire broadcasts:

- Wednesday evenings: “Jeunesse et société”, which deals with subjects affecting young people faced with diverse social phenomena;
- Thursday afternoons: “Télé dédicaces”, an entertainment programme broadcast live and with an open telephone;
- Friday evenings, “Science et vie”, which deals with religion and health;
- Saturday evenings, “Top danse”, “Maxi reflex” and “Dédie clips” are devoted to live discussions and sometimes telephone messages with dedications;
- Sundays, “Forum des enfants”, a cultural programme;
- “Les mots du champion”, with question-and-answer sessions and prizes.

DRTV (television) devotes 45 minutes on Sunday mornings to the broadcast “Ça se passe à l'école”, which introduces a series of questions relating to children's education.

### **Documentary films**

In order to keep public opinion, particularly children, better informed about certain negative social phenomena, the Ministry of Social Affairs has made four documentary films:

- “L'Enfance vulnérable”;
- “Opération, un enfant, une famille”;
- “Les enfants de la rue”;
- “L'histoire de TSIBA Je m'étonne”.

### **Print media**

Special reports have been published in national newspapers with wide circulation such as *Les Dépêches de Brazzaville* and *La Semaine Africaine*, on topics related to (i) birth registration; (ii) street children. The UNICEF Office in the Congo made a documentary film on street children, entitled *Poussière de ville*.

### **Foreign radio, television and print media**

Interviews were given to TV5 Afrique and Africa No.1 (universal registration of children at birth) and to the *Revue du Cercle d'Encadrement et de Formation des Femmes et des Jeunes* concerning problems of children and women.

All these documentary films are broadcast on national and departmental television stations. They are also shown in neighbourhoods and districts in large cities and in sub-prefectures.

**9. Trafficking in children belonging to West African communities living in the State party**

**Trafficking in children**

With regard to trafficking in children, it should be noted that a very limited survey conducted around Pointe-Noire by the Catholic Church's Justice and Peace Commission revealed evidence of the existence of this phenomenon.

For the Government of the Congo, this is a question of utmost importance, even if the Congo has, up to now, not been considered a country of destination and transit. The Government made a commitment at the Ministerial Conference held in Abuja, Nigeria, on 6 and 7 July 2006, to take vigorous measures to counteract that phenomenon, which will include the conduct of a national survey and the adoption of a national plan of action by December 2006.

**10. Child labour**

Currently in preparation.

**11. Sexual exploitation and abuse**

**12. Recovery and social reintegration of child soldiers and/or children affected by armed conflict**

**13. Juvenile justice**

- Problems related to the training of personnel (judges, police officers, educators, social workers, psychologists);
- Excessive recourse to the imprisonment of children in conflict with the law;
- Lack of a juvenile delinquency prevention programme;
- Lack of a rehabilitation and reintegration programme for children in conflict with the law;
- Lack of closed public or private closed establishments for children in conflict with the law or at risk.

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