



Children's Rights in the Democratic Republic of Congo
Stakeholder Report on DRC - Submission by World Vision
For Universal Periodic Review, Sixth Cycle, November 2009

The human rights situation in the Democratic Republic of Congo continues to remain a cause of great concern, especially for women and children. The promising legal frameworks and strategies related to the protection of women and children have yet to be translated into substantial progress in terms of the respect for human rights, especially in the East of the country.

On January 10, 2009, the Congolese Government adopted the Law on the Protection of the Child, which builds on previous commitments to international conventions. However, the institutional framework, particularly law enforcement services and the judicial institutions, to guarantee these rights remains weak or absent throughout the country. These severe deficiencies are coupled with a social and economic environment in which women and children are particularly vulnerable to abuse, deprivation, and the life-threatening situations inflicted by poverty throughout the country.

Recruitment of children into armed groups

There are an estimated 3500 children in the ranks of armed groups in DRC, most of them in the two Kivu provinces. The recent cessation of hostilities and consequent peace agreements between the Congolese Government and prominent rebel groups has facilitated increased levels of child demobilization since January, with approximately 478 children being released in the first two months of 2009.¹ However, only 15 were girls.² It is of concern that armed groups are reluctant to release the young girls that have been kidnapped and forced to become soldiers' wives against their will. Furthermore, the total number of children in armed groups remains quite high, and there is ongoing child recruitment, especially related to the LRA crisis in Oriental Province.

Recommendations:

- The capacity of the governmental body responsible for DDR, the *Unité d'exécution du programme national de désarmement, démobilisation et réinsertion* (UEPNDDR), should be enhanced to ensure it has robust specialized technical gender and child protection expertise
- Additional resources should be channeled towards long-term community-based reintegration support for conflict-affected youth, notably in the areas of vocational training, accelerated learning, psycho-social support, and income-generating programmes
- Support to child-friendly spaces and youth activities in internally displaced person (IDP) camps should be enhanced, as they provide activities and protection for children and youth vulnerable to potential recruitment

¹ Michelle Faul, "Traumatized Child Soldiers Return Home in Congo," San Francisco Chronicle, March 7, 2009. <http://www.sfgate.com/cgi-bin/article.cgi?f=/n/a/2009/03/07/international/i112410S06.DTL>

² Ibid.

- Measures must be taken to end the culture of impunity for those who recruit children through strengthening the law enforcement and justice sectors and fully implementing the National Plan of Action on disarmament, demobilization and reintegration of children, in accordance with the Monitoring and Reporting mechanism of Security Council resolution 1612

Peace Process in the Eastern DRC

- The DRC government should fully support an inclusive peace process that guarantees core human rights provisions, especially for children, women and displaced populations, as well as in disarmament, demobilization and reintegration. This support should include the implementation of the Amani programme and the International Conference on the Great Lakes Region's Pact on Stability, Security and Development.

Sexual Violence

Sexual violence against women and children of all ages, and abduction for sexual slavery is prevalent throughout the country, but particularly in the east³. There is a culture of almost total impunity for such crimes, whether committed by government or civilian actors. War and poverty have forced many women and girls - particularly orphans - into prostitution as a means of survival. Domestic violence in communities has further increased due to the high levels of poverty, alcohol abuse, and the militarized nature of the society.

Recommendations:

- In order to be successfully implemented, all actors⁴ involved in the 2006 Comprehensive Strategy on Sexual Violence must adapt their approaches to the strategy that was developed in consultation with them. Donors need to encourage their implementing partners to rally behind the global strategy and dedicate adequate resources to coordination mechanisms.
- One simple data collecting tool and user-friendly database must be established to replace the many different tools currently being used to analyze the problem of sexual violence, developing trends, and target responses. Improved coordination mechanisms must be established to prevent duplication and minimize gaps in GBV responses.
- Mobile teams or community-based responses by NGOs should be supported to assist victims in remote and marginalized communities, particularly in Eastern DRC.
- All actors should work collaboratively to develop or update national protocols to ensure in accountability and quality in the areas of primary health care, mental health, and reintegration assistance for survivors of sexual violence
- All actors should immediately develop and support programmes aimed at the prevention, recovery and reintegration of child victims of sexual exploitation, assisting sexually exploited children to access education as well as initiatives that address the root causes of this growing trend.
- More efforts must be made to ensure regular payment to the FARDC and much stronger control measures must be put in place to control the behavior of the armed forces, and address impunity for

³ "Justice, Impunity, and Sexual Violence in Eastern Democratic Republic of Congo," Report of the International Parliamentary-Expert Mission Addressing Impunity for Sexual Crimes in the Democratic Republic of Congo, November 2008 reported that in the medical centers supported by UNICEF and its partners in Eastern DRC, 18 505 individuals – 30% of whom were children -- received treatment for cases of sexual violence between January to October, 2008. This total does not include the many victims who are unable to access health services.

⁴ Such actors include UN agencies and MONUC sections, International NGOs, the Sexual Violence Task Force, respective humanitarian clusters and counterparts in the DRC Government, such as Ministries of Justice, Defense, Interior, Gender and Health.

acts of violence. In particular, the number of proper barracks must be increased, so that all soldiers can be housed and more effectively controlled.

- The Government must take strong measures including through widespread campaigns, to address the culture of almost total impunity for acts of rape and sexual violence, whether perpetrated by state or non-state actors. Those who commit such acts must be brought to justice.
- More resources and technical assistance must be provided towards strengthening capacity of the judiciary to respond to acts of sexual violence, and the provision of free legal services for those who have been sexually abused.

Early Marriage

Early child marriage is a serious child protection concern in the DRC. A total of 51 cases of early child marriage were reported in six child friendly spaces supported by World Vision in the months of February and March 2009. Early child marriage denies girls to their rights to education and the opportunity to realize their full potential. While parents may hope to protect their girls' economic and personal security through marriage, it frequently has the opposite effect.

Recommendation:

- The new DRC Law on the Protection of the Child which outlaws the marriage of children before 18 years is a welcome step, but must be accompanied by awareness-raising measures throughout the country in order to be fully implemented.

Education

The Constitution of DRC establishes universal free access to education for all children of primary school age, however the vast majority of families must pay school fees to pay the salaries of teachers who are not paid by the state. This is a major obstacle especially for children of the hundreds of thousands of displaced families with no possessions or livelihoods. The quality of education is poor. Many schools throughout the country are in a deplorable state without materials, sanitation and transportation to school.

In North Kivu, only 34% of children currently have access to basic education while the national level is 52%.⁵ In a comprehensive needs assessment completed by World Vision DRC in twenty-three communities across various districts in South and North Kivu in June 2008, every focus group consulted named lack of access to education among the highest concerns in their community.⁶ The Education Cluster for North Kivu has devised a strategy, focusing primarily on assisting displaced children to access education, but the funding to support emergency response in this sector is amongst the lowest in DRC.⁷

Recommendations:

⁵ Refugees International, "Break the Routine of Humanitarian Assistance," May 19, 2008, www.refugeesinternational.org/policy/field-report/dr-congo-break-routine-humanitarian-assistance.

⁶ World Vision EDRC Comprehensive Assessment Report, July 2008.

⁷ In the 2007 Humanitarian Assistance Plan, only 10% of education sector request was funded, and according to 2009 Humanitarian Assistance Plan, 5.2% of combined CERF and Pooled Fund for DRC in 2008 were allocated to the education sector.

- Donors must work with the DRC government to provide more assistance to emergency education initiatives in Eastern DRC to ensure that displaced and especially vulnerable children can access education
- The government must increase the budget allocation to the education sector to remove the burden of payment of teachers' salaries from parents.
- More support must be provided to parent-teacher committees that work to develop income-generating activities that will support families to send their girls to school

Birth registration

The very low levels of birth registration have decreased further in recent years to 31% in 2007. Lack of a birth certificate limits access to most public services. DRC law provides for free birth registration, but an administrative cost remains, and the system is open to abuse from the under-paid civil servants who administer it.

Recommendations:

- All administrative costs relating to birth registration must be removed and abuses of the system addressed through ensuring that civil servants are adequately remunerated for their work, and subject to judicial proceedings should abuses take place.
- Donors along with the DRC government should work to ensure that there are mobile birth registration teams to help those in particularly rural areas to access these services.
- Sensitization campaigns among the wider population in DRC to make them aware of the importance of registering their children should be enhanced.

Children Accused of Witchcraft

A widespread belief in witchcraft, the harsh economic conditions, and strong religious influences in Eastern DRC all combine to create a social climate where it is common to find cases of children being accused of demonic possession and tortured or swiftly disowned for allegedly partaking in sorcery, usually because a misfortune has befallen the family. They are often forced to leave their homes and often end up living on the street. Such children have been beaten or tortured during violent "exorcisms." Local sources suggest some have been killed or their parents' houses have been burned by community members.

Recommendations:

- Sensitization campaigns working with respected community leaders to promote children's rights and condemning the practice of accusing others of witchcraft must be supported
- To set community level structures who will take actions in preventing the abandonment of children

Health & Nutrition

Maternal mortality rates remain high, and 1 in 8 children die before their first birthday. Only 31% of children under the age of 5 receive the vaccinations available for preventable diseases. Although efforts to address water sanitation and hygiene have been made through the provision of latrines, water collection points and wells in special units in conflict zones, many displaced children are unable to access the services. Healthcare workers face security threats in conflict zones. Rates of HIV/AIDS continue to rise despite national programmes to combat it.

In a comprehensive needs assessment completed by World Vision DRC in twenty-three communities across various districts in South and North Kivu in June 2008, all survey areas indicated that the lack of medicines and supplies, the long distance to a health facility, and the inability to pay clinic or hospital fees were their top concerns related to health care.⁸

Of great concern in DRC are the alarmingly high levels of infant, under-five, and maternal mortality and malnutrition rates present. In Eastern DRC in recent months, there have been large waves of returnees⁹ coming back to areas that are more secure, particularly in Rutshuru and Masisi territories.¹⁰ However, these individuals and households are returning home to find their houses and fields destroyed, with very little resources to buy new seeds and equipment. Such conditions are having a direct impact on nutrition levels in communities.¹¹

Recommendations:

- More support must be immediately provided to rebuild and restock primary health clinics that have been looted and vandalized during the ongoing conflict in Eastern DRC
- Primary health care must be affordable and accessible to all.
- Increased measures to address malnutrition must be supported, including sustained health and nutrition education activities and access to health care in rural areas.
- Donors and the DRC government must increase their support for livelihood and food security programmes targeting areas of high returnee populations in Eastern DRC in order to help communities recover and meet the food needs of children.

Malaria

World Bank estimates of 2005¹² stated that almost 200,000 people die of malaria each year in DRC, making the disease the country's biggest killer. 97% of the 60 million population lives in areas permanently affected by malaria. The remaining 3% are vulnerable to malaria epidemics. An estimated 180,000 die of malaria each year, and 1 in 5 children die before age 5 as a result of malaria. The disease kills 10 % of infants before their first birthday.

Recommendations

The Government is to be commended for its decision in 2008 to launch a mosquito net campaign, to distribute about 2 million long-lasting insecticide impregnated nets in and around the capital of Kinshasa and another 1.5 million in rural areas. However, it is imperative that this campaign is accompanied by efforts to improve access to and affordability of malaria treatment. Quinine costs around 5 dollars a day for a 7-day course, and other more effective drugs are usually too expensive for the average Congolese.

⁸ World Vision EDRC Comprehensive Assessment Report, July 2008.

⁹ (according to UNOCHA, over 300 000 recent returns in North Kivu as of March 27, 2009)

¹⁰ UNOCHA, "Nord Kivu: Mouvement des Populations, Janvier – Mars 2009 », March 27, 2009

¹¹ World Vision EDRC Nutrition Survey, Rwanguba Health Zone, North Kivu Province, March 2009 – This survey in Rwanguba health zones, one of the highest areas of return in North Kivu - found a global malnutrition (GAM) level of 14.6% -- considerably higher than the 10% considered acceptable in sub-saharan Africa. Furthermore, the survey found a 5.0% severe malnutrition (SAM) rate, an alarming situation given that the acceptable level is 2%.

¹² (2005 World Bank financed study entitled *Santé et Pauvreté en République Démocratique du Congo.*)