



# Convention on the Rights of the Child

Distr.: General  
17 November 2016  
English  
Original: French  
English, French and Spanish only

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## Committee on the Rights of the Child

### Seventy-fourth session

16 January-3 February 2017

Item 4 of the provisional agenda

Consideration of reports of States parties

## List of issues in relation to the combined third to fifth periodic reports of the Democratic Republic of the Congo

### Addendum

## Replies of the Democratic Republic of the Congo to the list of issues\*

[Date received: 16 October 2016]

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\* The present document is being issued without formal editing.



## Part I

### 1. General measures to implement the Convention

#### (a) Implementation of the Child Protection Code of 10 January 2009

##### *Training of officials responsible for implementing the Code*

- Several training modules have been developed and approved by stakeholders at the national and provincial levels.
- A core group of trainers has been trained at the national and provincial levels.
- The training has involved ministries with responsibilities related to children, in particular the Ministry of Primary and Secondary Education and the Introduction of the New Citizenship Model, the Ministry of Social Affairs, the Ministry of Youth, Sport and Leisure, the Ministry for Women, Families and Children, the Ministry of Health and the Ministry of the Interior (traditional leaders, State employees and police officers), with the support of such partners as the United Nations Children's Fund (UNICEF), World Vision, the United Nations Population Fund (UNFPA), the Belgian Red Cross, the European Union, the United States Agency for International Development (USAID) and Belgian cooperation bodies. By way of example, the Ministry for Women, the Family and Children provided training in the area of participation to 420 provincial trainers and 480 children in 2015. In September 2016, all recently appointed juvenile court judges and prosecutors, i.e. around 50 persons, were trained.

##### *Civil society organizations and children*

- A national institute of social workers was established in 2013.

##### *Raising public awareness*

1. A number of awareness-raising campaigns have been organized in connection with the celebrations held to mark special events, including the Day of the African Child, World AIDS Day, the International Day of Persons with Disabilities, Human Rights Day, the anniversary of the adoption of the Convention on the Rights of the Child, Global Handwashing Day and the International Day of the Girl Child.

2. The following areas have been addressed: the elimination of violence against women; ending child marriage and preventing early pregnancy; birth registration; improving girls' and boys' education; cleaning up the environment and improving access to hygienic toilets and drinking water; primary health care and exclusive breastfeeding; and civic responsibility and citizenship.

##### *Allocation of appropriate resources*

3. Every year, the State budget includes lines of expenditure for the promotion and protection of the rights of the child. This envelope is complemented by the contributions of such technical and financial partners as UNICEF, UNFPA and the European Union.

**(b) Functioning of the National Council for Children established pursuant to article 74 of the Child Protection Code**

4. The National Council for Children will start functioning when the Prime Minister, the Head of Government, signs the decree on the matter in the near future. The Government is committed to making the Council operational in collaboration with its partners.

**(c) Adoption of a national child protection policy**

5. The Government has made great efforts to establish sectoral child protection policies, including a national gender policy, a national social protection policy, a national policy for the protection of youth and a national policy on education for all.

6. The overarching national child protection policy, which is to be drawn up in the medium term, will be based on all these sectoral policies.

**2. Low level of birth registration (25 per cent), which is declining, especially in Nord-Kivu**

**(a) Efforts to improve the national birth registration system**

7. To this end, a strategy document and a national action plan for revitalizing the civil registration services (2014-2018) have been developed and are being implemented in collaboration with UNICEF.

8. The revitalization strategy document has five components: advocating to obtain commitments from national and provincial civil registration authorities; improving the infrastructure and performance of civil registration services; bringing such services closer to the public; improving communication in the area of civil registration; and coordinating the civil registration process as effectively as possible. To date, the following activities have been carried out:

- The training of 598 civil registration officials and focal points, maternity hospital staff and neighbourhood leaders, including 236 women;
- The training of civil registry inspectors;
- The inspection of 107 registries;
- The development of provincial civil registration action plans;
- The establishment of 1,107 secondary registries;
- Activities intended to raise awareness regarding birth registration;
- The strengthening of synergies among the services involved (the Ministry of Health, the Ministry of the Interior and the Ministry for Women, Families and Children).

**(b) Mechanisms used to determine the age of children who were not registered at birth**

9. In this regard, there are two legal benchmarks:

- The Child Protection Code, relating to children who have committed offences under the Criminal Code:

Article 110: "In order to investigate the case, the judge may, at any time, summon the child and those persons who have parental authority over the child.

The judge shall check the child's identity and, if appropriate, refer him or her for an examination of his or her physical and mental health.

If there is any doubt concerning his or her age, the child shall be presumed to be a minor ...”.

- The Criminal Code in relation to victims of sexual violence:

Article 167: “ ... any sexual molestation committed without the use of violence, deception or threats against or with the assistance of a child under the age of eighteen years shall be punished by imprisonment of between 6 months and 5 years. In the absence of a birth certificate, the age of the child may be determined by medical examination”.

10. In practice, information such as attendance lists and school reports, provided by the educational institution attended by the child, is often relied upon to determine the age of children who were not registered at birth.

**3. Information on the implementation of Act No. 11/008 of 9 July 2011 concerning the establishment of torture as a separate offence, including:**

**(a) Torture of children in detention**

11. In order to prevent children in detention from being tortured, a police unit charged with protecting children and combating sexual violence has been established. Its members have been trained in the rights of the child in general and the law against torture in particular.

12. In the case of children accused of witchcraft or of committing immoral acts, the Government has trained community organizers to raise the awareness of church pastors and of the public about the need to protect children in general and those accused of witchcraft in particular.

**4. Taking into account the different provisions on corporal punishment (Criminal Code, art. 46; Family Code, art. 325; Child Protection Code, art. 57), please:**

**(a) Indicate whether the State party plans to harmonize these provisions and explicitly prohibit the use of corporal punishment in all settings**

13. Consideration may be given to harmonizing laws on corporal punishment. However, the main challenge will be to change the public mindset.

**5. In the light of the reported high incidence of rape and other forms of sexual violence against girls, including in conflict zones where rape is frequently used as a weapon of war, please inform the Committee of measures taken by the State party to:**

**(a) Address the root causes of sexual violence**

14. To address the root causes of sexual violence, a national strategy to combat sexual and gender-based violence and a corresponding national action plan and priority operational plan have been developed.

15. The strategy has eight components:

- (1) Take urgent measures to spur the international community to end all forms of war in the Democratic Republic of the Congo; and strengthen the operational capacities of the armed forces in the country;
- (2) Improve understanding and knowledge of the issue of sexual violence and gender-based violence among government, traditional and religious leaders;

- (3) Increase the quality and scope of interventions on the ground and the comprehensive care provided to victims;
- (4) Mainstream issues of sexual and gender-based violence in governance and leadership;
- (5) Promote mechanisms intended to facilitate the emergence of women in decision-making bodies;
- (6) Promote the protection and security of vulnerable persons;
- (7) Promote actions intended to bring about the socioeconomic reintegration of women and girls;
- (8) Address the vulnerability of women and girls;
- (9) Promote effective and efficient communication in the fight against sexual and gender-based violence.

**(b) Prosecute all acts of violence and punish the perpetrators of such acts, including acts of sexual violence committed by the State party's contingents in the context of peacekeeping missions abroad**

16. Cases of sexual violence brought to the attention of the judicial authorities are investigated and prosecuted and sentences are handed down by the competent courts.

17. The table below summarizes judicial proceedings for the years 2014 and 2015. In 2014, a total of 2,765 cases were opened, 548 persons were acquitted and 1,384 were sentenced across the whole of the country. In 2015, a total of 2,219 cases were opened, 304 persons were acquitted and 659 were sentenced.

<i>Provinces</i>	<i>Registered cases</i>		<i>Ongoing cases</i>		<i>Number of sentenced persons</i>		<i>Number of acquitted persons</i>		<i>Total</i>	
	<i>2014</i>	<i>2015</i>	<i>2014</i>	<i>2015</i>	<i>2014</i>	<i>2015</i>	<i>2014</i>	<i>2015</i>	<i>2014</i>	<i>2015</i>
Maniema	138	78	97	70	17	4	18	5	<b>132</b>	<b>79</b>
Sud-Kivu	86	118	56	112	20	4	16	2	<b>92</b>	<b>118</b>
Nord-Kivu	239	177	30	72	209	105	0	0	<b>239</b>	<b>177</b>
Katanga	312	205	119	41	191	62	93	93	<b>403</b>	<b>196</b>
Kasaï-Occidental	108	76	47	69	23	4	33	3	<b>103</b>	<b>76</b>
Kasaï-Oriental	139	136	36	69	80	44	23	23	<b>139</b>	<b>136</b>
Bas-Congo	419	338	112	160	256	144	51	33	<b>419</b>	<b>337</b>
Bandundu	119	102	57	77	73	40	20	17	<b>150</b>	<b>134</b>
Prov-Oriental	207	177	64	112	76	46	63	16	<b>203</b>	<b>174</b>
Kinshasa	932	747	279	435	425	201	224	102	<b>928</b>	<b>738</b>
Équateur	76	65	19	10	14	5	7	10	<b>40</b>	<b>25</b>
<b>Total</b>	<b>2 765</b>	<b>2 219</b>	<b>916</b>	<b>1 227</b>	<b>1 384</b>	<b>659</b>	<b>548</b>	<b>304</b>	<b>2 848</b>	<b>2 190</b>

*Source:* Office of the Special Representative of the Head of State on combating sexual violence and the recruitment of children into the armed forces and armed groups.

(c) **Provide assistance and rehabilitation services for child victims of sexual violence, including legal aid and medical and psychological support**

18. In order to provide comprehensive care to victims of sexual violence, various mechanisms have been put in place with the support of partners such as UNFPA. Accordingly, the following steps were taken in 2012:

- Awareness-raising campaigns aimed at political, administrative, traditional, military, police and religious authorities as well as opinion shapers and community leaders were carried out to support the fight against sexual violence.
- The technical capacity of 90 health-care facilities in the provinces of Nord-Kivu and Sud-Kivu was improved.
- Medical treatment was provided in at least 14,000 cases of sexual violence, at least three quarters of which involved fistula repair.
- Psychosocial care was provided to around 12,000 victims with a view to reintegrating them into their families and communities.
- 90 community networks were strengthened.
- Legal and judicial assistance was provided to at least 700 victims and their families.
- Socioeconomic support aimed at reintegrating and rehabilitating victims of sexual violence was provided to at least 2,520 persons.

(d) **Protect victims and their families from reprisals by rapists or their families**

19. Victims and witnesses benefit from overall protection pending the outcome of a discussion on the drafting of a special law for the protection of victims and witnesses of offences.

6. **With reference to the Committee's earlier recommendation (CRC/C/COD/CO/2, para. 44):**

(a) **Please describe the measures taken to provide adequate assistance to ensure that families living in poverty are able to take care of their children**

20. This concern is addressed in article 69 of the Child Protection Code, which stipulates that "parents unable to ensure the survival of their children shall receive material or financial assistance from the State. An interministerial order issued by ministers with responsibilities related to the family, children and social affairs establishes the conditions in which the State takes action".

21. Pending the signing of this order, several projects aimed at supporting socioeconomic networks are providing assistance to families living in poverty so that they are able to take care of their children.

22. Assistance to families may involve the provision of materials, funds or labour-intensive work opportunities. A decree to that end is being drawn up.

(b) **Please also explain the State party's policy on children without parental care, especially with regard to placement, conditions for admission to residential care institutions, staff training, and options for placement in foster families or other family structures**

23. Children without parental care fall within the category of children in difficult situations, and are thus entitled to special protection under article 62 of the Child Protection Code. Such protection is provided through public guardianship mechanisms, foster care or

other appropriate care mechanisms. Conditions for admission to residential care institutions, staff training, and options for placement in foster families or other family structures are set out in the norms and standards governing the care of children in difficult situations and in the ministerial order of 19 November 2009 regulating the fostering of children in difficult situations.

24. Thus, fostering can take place only when it is in the best interests of the child. It is strictly an interim measure that is subject to the supervision of the courts.

**7. Please provide more details of the national policy on care for vulnerable persons, including children living with disabilities, mentioned in the State party report, including:**

- Its scope, nature, objectives and envisaged funding
- The measures taken to combat discrimination against children living with disabilities and their integration in inclusive education

**8. Please inform the Committee about measures taken to:**

**(a) Set up accessible and adequate health centres, at affordable cost, in all regions of the country, including in rural areas**

25. The establishment of 516 health districts has provided the public with affordable access to health-care facilities.

**(b) Provide health centres and hospitals with sufficient human and financial resources, equipment, medicines and adequate infrastructure**

26. The allocation of adequate staff, funds, equipment, medicines and infrastructure to health centres and hospitals is provided for in the health centre implementation plan drawn up by the central office of each health district.

27. Since 2013, the Government has equipped and refurbished 66 hospitals and 330 health centres with the support of UNICEF and other partners.

**(c) Address the high rates of malnutrition**

28. In order to improve the nutritional situation of the population and to achieve food security, the Democratic Republic of the Congo joined the Scaling Up Nutrition movement in May 2013 and pledged to strengthen nutrition-oriented activities in order to contribute to socioeconomic development and accelerate progress towards achieving the Millennium Development Goals.

29. The National Nutrition Programme is responsible for the following activities:

- Promote good nutritional practices for infants and young children.
- Conduct Vitamin A supplement and mebendazole deworming campaigns (every six months).
- Lead campaigns to raise awareness of iodized salt consumption.
- Revitalize programmes for health consultations for all children under the age of 5 years and increase community reliance on such consultations.
- Implement a programme to treat acute malnutrition through therapeutic units and nutritional supplement units as well as the establishment of a nutrition surveillance system to provide timely warnings of nutritional crises.

**(d) Improve immunization rates, including by disseminating information on immunization campaigns**

30. Several communication means and strategies are being used to increase the immunization rate. Based on the Expanded Programme on Immunization (EPI), the Government has adopted a strategic plan with two main thrusts:

- The mobilization of funds and logistics. To this end, the Congolese Parliamentary Network for Immunization Support advocates for the inclusion in the national budget of increased funding for the purchase of vaccines.
- Social mobilization. Interpersonal communication with community leaders is ongoing in order to educate and raise the awareness of the public as a whole.

31. The communication channels being used, including churches, associations, community radio stations, non-governmental organizations and opinion shapers, have made it easier to reach the target population.

**(e) Disseminate information on reproductive health and adolescent development, the prevention of early pregnancies, and drug, alcohol and tobacco abuse**

32. The National Programme for Adolescent Health adopted its strategic plan for 2013-2015, whose many activities included campaigns to raise awareness of sexual and reproductive health issues among adolescents and young persons. These campaigns focused on the prevention of early pregnancy, sexually transmitted diseases and HIV/AIDS, the consumption of drugs, tobacco and alcohol, victims of sexual violence, female genital mutilation, abortion and early marriage. The capacities of peer educators and service providers operating in health facilities that have incorporated the so-called “minimum care package” relating to the sexual and reproductive health of adolescents and young persons, have been strengthened. In addition, a number of communication tools, including picture boxes, leaflets and posters, have been produced.

33. The National Programme to Combat Drug Addiction and the National Reproductive Health Programme have adopted strategic plans in their respective areas and work in synergy with the National Programme for Adolescent Health in carrying out activities related to young children’s health.

34. In accordance with the Framework Convention on Tobacco Control of the World Health Organization, both ministerial and administrative guidelines on tackling drug abuse have been adopted. Specifically, on 31 March each year, on the occasion of World No-Tobacco Day, the National Programme to Combat Drug Addiction seeks to raise awareness of the dangers of tobacco consumption through advertisements and radio and television broadcasts.

**(f) Protect children, especially girls aged 15 years and over, from infection with HIV/AIDS**

35. In order to protect children, especially girls aged 15 years and older, from becoming infected with HIV/AIDS, the National AIDS Control Programme has adopted a strategic plan to tackle this pandemic. It includes preventive and promotional measures such as:

- Communication for behavioural change;
- Awareness-raising and distribution of condoms in health facilities and in the community;
- The promotion of access to HIV services;
- Voluntary counselling and testing;



- The strengthening of community-based activities with innovative approaches to monitoring the retention of mothers and children in the prevention of mother-to-child transmission programme.

**(g) Promote breastfeeding**

36. Breastfeeding is promoted through media messages, the establishment of community-based nutrition programmes and the expansion of preschool health consultations. These activities, in conjunction with the distribution of micronutrients, the promotion of preschool health consultations and continuous communication, have helped to overcome deficiencies.

**9. Please indicate the measures taken to combat harmful traditional practices such as early and forced marriage, especially in areas of conflict, including systematic and regular awareness-raising**

37. In order to combat harmful traditional practices, including early and forced marriage, the Democratic Republic of the Congo joined the African Union campaign to end child marriage in May 2015. The Government then developed a national action plan aimed at accelerating progress towards ending child marriage. The plan includes the following elements: the involvement of key actors, including young people, as agents of change; increased political support and resources and the strengthening of the legal framework; the improvement of the information and evidence base on child marriage; and the establishment of a system to coordinate actions at the national, provincial and local levels.

**(a) With reference to the information provided by the State party on the efforts made by the court and tribunals with regard to the implementation of legislation prohibiting such practices, please specify the number of cases considered and the penalties imposed**

38. The Democratic Republic of the Congo has opted to prioritize awareness-raising over repressive measures.

**10. Measures have been taken to:**

**(a) Promote compulsory schooling for girls, children in rural areas and children from vulnerable groups**

39. Since the first World Education Forum, held in Dakar in 2000, the Government has strengthened actions to promote girls' education with the support of the UNICEF "All Girls to School" campaign.

40. The distribution of school kits, in which the highest political authorities have been personally involved, demonstrates a political will to provide children, including those from poor families, with access to education.

**(b) Increase expenditure in the education sector and do away with hidden costs**

41. The share of the national budget allocated to primary and secondary education is steadily increasing and reached 15 per cent in the 2015 budget.

**(c) Improve the quality of education, reduce gender-based disparities and prevent non-completion of school in rural areas**

42. The Government continues to take steps to improve the quality of teaching through the provision of teacher training and textbooks, among other initiatives.

**(d) Build schools in rural areas in order to reduce the distance that children have to travel**

43. The plan first launched in 2011 to build 1,000 schools per year aims to cover the entire national territory, including rural areas.

**(e) Provide free education**

44. Since the start of the 2010/11 school year, the Government has progressively implemented measures for free primary education in order to accelerate progress towards universal primary education in accordance with article 43 of the Constitution.

**(f) Measures taken to end the use of schools for military purposes**

45. On 3 May 2013, the Government issued Ministerial Directive No. VPM/MDNA/CAB/0909/2013, which prohibits the occupation of schools by the military on pain of disciplinary and criminal sanctions. This Directive was issued in accordance with an action plan to combat the recruitment and use of children and other grave violations of children's rights by the armed forces and the security services of the Democratic Republic of the Congo. The action plan was signed by the Government and the United Nations Task Force on Children and Armed Conflict.

**11. Efforts made by the State party to ensure that refugee and displaced children are provided with adequate and appropriate assistance, including food, medical and psychological care and access to education**

46. The National Commission for Refugees is responsible for refugee and displaced children.

**12. Please explain how the State party is implementing the 2002 Labour Code, which prohibits the worst forms of child labour; how violations are identified; and which penalties apply**

47. Under Interministerial Decree No. 12/MIN/TPS/AR/34/2006 of 10 June 2006, the Government has set up a committee to combat the worst forms of child labour. It has also developed the 2012-2020 National Action Plan with the technical and financial support of the International Labour Organization through the International Programme on the Elimination of Child Labour. The plan focuses on six areas: the strict application of the law; awareness-raising and social action; promotion of education for all; improved living conditions for vulnerable families; support and protection; and enhanced coordination.

**(a) How violations are identified**

48. This task is carried out by the Labour Inspectorate, which reports to the courts and tribunals.

**(b) Which penalties apply**

49. In accordance with article 187 of the Child Protection Code, the worst forms of child labour are punishable by 1 to 3 years' imprisonment and a fine of between 100,000 and 200,000 Congolese francs.

50. However, the recruitment or use of children under the age of 18 years in the armed forces, armed groups or the police is punishable by 10 to 20 years' imprisonment.

- (c) **Please also indicate whether the State party is cooperating with private enterprises to end the worst forms of child labour**

51. Collaboration between the State party and enterprises to eliminate the worst forms of child labour is provided for in the “awareness-raising and social action” component of the above-mentioned National Action Plan.

13. **Please explain the mechanism in place for determining a child’s age in the absence of a birth certificate**

52. Please refer to the answer given in paragraphs 9 and 10 above.

- (a) **Information about implementation of the provisions of the Child Protection Code that favour the placement of children who are in conflict with the law in community-based facilities, rather than in detention centres**

53. The courts are working with the Department of Social Affairs, which has provided a map of the private centres that can accommodate children in conflict with the law. Care for such children is provided with the financial support of the World Bank and UNICEF, among other partners.

- (b) **Please indicate whether the State party intends to increase the number of tribunals and to improve the training of judges in children’s rights**

54. As can be seen below, the number of juvenile courts and judges has increased steadily since they were first established, in 2011:

- 2011: 6 courts and 12 judges;
- 2013: 16 courts and 54 judges;
- 2016: 18 courts and 63 judges.

55. These numbers remain insufficient to cover the entire national territory, despite the substantial support provided by UNICEF and the European Union. Clearly, the availability of human resources is a further challenge.

56. In accordance with article 84 of the Child Protection Code, 166 juvenile courts will be established: 21 in cities and 145 in the regions.

14. **With reference to the concluding observations concerning the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/COD/CO/1), please inform the Committee about measures taken to implement its recommendations, in particular in order to:**

- (a) **Ensure that no killings and maiming of civilians, especially children, take place during military operations. To achieve this, the Civic Education and Social Action Service of the Armed Forces of the Democratic Republic of the Congo has trained 350 peer training officers in human rights and international humanitarian law in the various military districts**

- (b) **Halt the recruitment and use of children in the State party’s armed forces**

57. The Government of the Democratic Republic of the Congo and the United Nations Task Force have jointly signed an action plan to end the recruitment and use of children in armed forces and groups.

(c) **Prevent the recruitment of children by non-State armed groups**

58. Please see the answer given in paragraph 57 above.

(d) **Ensure that the demobilization, rehabilitation and reintegration of children associated with the armed forces or non-State armed groups become a priority and are addressed in all peace and ceasefire negotiations and agreements with armed groups**

59. Please see the answer given in paragraph 57 above.

(e) **Put an end to the impunity that perpetrators of recruitment and use of children continue to enjoy, and ensure the prompt and impartial investigation of all allegations against all suspected officers of the State party's national armed forces, including those listed in the reports of the Group of Experts on the Democratic Republic of the Congo**

60. Please see the answer given in paragraph 57 above.

## **Part II**

### **15. Update on the information regarding:**

(a) **New bills and legislation and their respective regulations**

*Legislation:*

- Act No. 16/008 of 15 July 2016, amending and supplementing Act No. 87-010 of 1 August 1987 on the Family Code
- Act No. 15/013 of 1 August 2015 on approaches to realizing women's rights and equality
- Framework Law No. 14/004 of 11 February 2014 on education
- Act No. 13/024 of 27 July 2013 on the ratification by the Democratic Republic of the Congo of the Convention on the Rights of Persons with Disabilities and its Optional Protocol
- Organic Law No. 13/011 of 21 March 2013, in accordance with the Paris Principles
- Decree No. 13/008 of 23 January 2013 on the establishment of a national humanitarian coordination framework
- Organic Law No. 13/027 of 30 October 2013 establishing the Economic and Social Council
- Organic Law No. 13/026 of 15 October 2013 on the organization and functioning of the Constitutional Court
- Organic Law No. 13/011-B of 11 April 2013 on the organization, functioning and competences of the judicial authorities
- Act No. 15/022 of 31 December 2015, amending and supplementing the decree of 30 January 1940 on the Criminal Code
- Act No. 15/023 of 31 December 2015, amending and supplementing Act No. 24/2002 of 18 November 2002 on the Military Criminal Code
- Act No. 15/024 of 31 December 2015, amending and supplementing the decree of 6 August 1959 on the Criminal Code

- Act No. 15/025 of 31 December 2015, amending and supplementing Act No. 023/2002 of 18 November 2002 on the Military Criminal Code

**(b) New institutions and their mandates, and institutional reforms**

61. The Democratic Republic of the Congo, through Organic Law No. 13/011 of 21 March 2013, established the National Commission for Human Rights in accordance with the Paris Principles.

62. The leaders of the National Commission for Human Rights were selected by their peers, approved by the National Assembly, appointed by the President of the Republic and sworn in before the Constitutional Court in July 2015.

63. The budget of the National Commission for Human Rights is funded from the national budget.

64. It is responsible for:

- Investigating all violations of human rights
- Providing guidance to complainants and victims and helping them to initiate legal action in respect of all proven violations of human rights
- Conducting periodic visits to prisons and detention centres throughout the Democratic Republic of the Congo
- Ensuring that the rights of women and children are respected
- Ensuring that the rights of persons with disabilities are respected
- Ensuring that the rights of older persons, victims of disasters of all kinds and other vulnerable groups are respected
- Educating citizens about their basic rights
- Contributing to the promotion of civic education and the culture of human rights in order to improve public awareness
- Strengthening the response capacities of human rights associations
- Ensuring the implementation of domestic legal norms and regional and international legal instruments relating to human rights that have been duly ratified by the Democratic Republic of the Congo
- Addressing specific cases of human rights violations through conciliation
- Drawing up recommendations for the ratification of regional and international human rights instruments
- Promoting and ensuring the harmonization of legislation, regulations and practices with international human rights treaties that have been duly ratified by the Democratic Republic of the Congo
- Drawing up reports on the status of application of domestic norms and international legal instruments in the area of human rights
- Contributing to the preparation of reports that the Democratic Republic of the Congo is required to submit to international organizations, pursuant to its human rights treaty obligations
- Reviewing domestic legislation on human rights and proposing changes to the country's legal system

- Issuing opinions and making proposals to Parliament, the Administration and other institutions on matters relating to the promotion and protection of human rights, international humanitarian law and humanitarian action
- Developing networks and cooperative relations with the institutions of the Republic and local, national and international organizations which pursue the same objectives
- Performing any other function or activity falling within the scope of its mandate

**(c) Newly implemented policies, programmes and plans of action and their scope and financing**

- National Education Strategy, which has led to the construction and rehabilitation of 1,000 schools and the distribution of free school textbooks
- Plan for the gradual implementation of free primary education
- 8 per cent increase in the education budget (from 8 per cent to 16 per cent of the overall budget) which has made it possible to build and renovate several educational facilities, distribute free school textbooks and substantially increase school enrolment rates
- 2016-2020 National Health Plan
- 2012 action plan for the protection of children in situations of armed conflict
- Third-generation growth and poverty reduction paper
- National agricultural investment plan incorporating the Bukanga Lonzo pilot project
- Programmes and projects aimed at supporting the development of rural infrastructure
- 2012-2016 strategic and financial plan for mobilizing resources for various social projects, including those concerning the protection of children
- Action plan to tackle the recruitment and use of children and other grave violations of children's rights by the armed forces and the security services of the Democratic Republic of the Congo
- 2015-2018 national action plan to end child marriage
- 2012-2020 national strategic plan for developing literacy and informal education
- 2016-2020 national action plan for orphans and vulnerable children

**(d) Recent ratifications of relevant human rights instruments**

65. The Democratic Republic of the Congo acceded to the Convention on the Rights of Persons with Disabilities and its Optional Protocol by Act No. 13/024 of 7 July 2013.

## Part III

### Statistics and other information

16. Consolidated budget information for the last three years on the budget lines for children and the social sector, indicating the percentage of each budget line in terms of the total national budget and gross national product, and geographical distribution

#### Classification by main area and sub-area of responsibility

Year	General budget	Main area		Sub-area	
		Social protection and family affairs	Percentage	Family and children	Percentage
2014	CGF 7 449 004 345 919				
2015	CGF 7 586 218 963 428	CGF 110 653 550 447	1.46%	CGF 49 412 224 962	0.45
2016	CGF 7 282 077 472 329	CGF 73 658 669 281	1.01%	CGF 13 534 602 357	0.19

Source: SG Budget.

#### Classification by department

Year	Main area		Sub-area	
	Ministry of Gender, Family and Children	Percentage	Directorate of Child Protection	Percentage
2014			CGF 38 962 000	
2015	CGF 47 386 305 124	0.72%	CGF 37 863 956	0.0008
2016	CGF 11 863 003 696	0.16%	CGF 26 341 610	0.19

Source: SG Budget.

17. Updated statistical data, disaggregated by age, sex, ethnic origin, national origin, geographic location and socioeconomic status, for the past three years, on:

- (a) The number/percentage of children who were married, and the follow-up provided

66. According to a 2013-2014 survey, 43 per cent of women and 7.1 per cent of men aged 25-49 were married before the age of 18. Follow-up will be carried out as part of the national action plan to end child marriage.

- (b) The number/percentage of children registered at birth

67. The number of births registered between 2011 and July 2015: 1,067,121 boys, 1,125,379 girls, for a total of 2,192,500.

- (c) The number of allegations of abuse and violence against children, including all forms of corporal punishment, with additional information on the type of assistance given to the victims and the follow-up provided, including prosecution of the perpetrators and the sentences handed down
- (d) The number of allegations of acts of sexual violence and rape committed against children and adolescents, the number of investigations and legal proceedings instituted, and the outcome of trials, including information on the penalties imposed on perpetrators and the redress and compensation afforded to victims
- (e) The mortality rate among children under 5 years, and infant and maternal mortality rates (disaggregated by cause of death)

68. The results of the 2003-2013 demographic and health survey include the mortality rates of children under 5 years of age according to certain socioeconomic characteristics:

<i>Socioeconomic characteristics</i>	<i>Neonatal mortality (NN)</i>	<i>Post-neonatal mortality (PNN)</i>	<i>Infant mortality (1q0)</i>	<i>Child mortality (4q1)</i>	<i>Infant/child mortality (5q0)</i>
Residence					
Urban	28	31	59	40	96
Rural	31	37	68	54	118
Province					
Kinshasa	16	34	50	36	83
Bas-Congo	46	35	81	47	124
Bandundu	26	31	57	34	89
Équateur	28	37	65	72	132
Orientale	32	36	69	46	112
Nord-Kivu	25	16	41	25	65
Sud-Kivu	47	46	92	51	139
Maniema	32	30	62	46	105
Katanga	35	38	72	53	121
Kasaï Oriental	30	33	63	63	122
Kasaï Occidental	23	49	72	68	135

Source: Demographic and health survey II 2012-2013.

<i>Economic well-being quintiles</i>					
Lowest	27	38	65	56	117
Second	30	36	66	57	119
Medium	33	37	69	57	122
Fourth	39	34	73	46	116
Highest	22	28	50	27	76

Source: Demographic and health survey II 2012-2013.

69. The risk of dying before the age of 5 varies significantly depending on whether a child lives in an urban or rural environment. In general, the infant mortality rate is much lower in urban areas (59 per 1,000 live births) than in rural areas (68 per 1,000 live births).



Similar differences are observed in the other types of child mortality, except for neonatal mortality, which varies little.

70. Disparities also exist between the provinces. For children aged between 0 and 5, the highest mortality rates (over 30 per 1,000 live births) have been recorded in Sud-Kivu (over 139 per 1,000 live births), Kasai Occidental (135 per 1,000 live births) and Équateur (132 per 1,000 live births). With regard to infant mortality, the provinces where the mortality rates of children under 1 year of age are highest are Sud-Kivu, Bas-Congo, Katanga and Kasai Occidental (92 per 1,000 live births, 81 per 1,000 live births, 72 per 1,000 live births and 72 per 1,000 live births, respectively). The lowest recorded mortality rates for children aged between 0 and 5 years and 0 and 1 year are in Nord-Kivu (65 per 1,000 live births and 41 per 1,000 live births, respectively) and Kinshasa (83 per 1,000 live births and 50 per 1,000 live births, respectively). Attention should be drawn to the atypical case of Équateur province, where the mortality rate of children aged between 1 and 4 years is higher than that of children aged between 0 and 1 year (72 per 1,000 live births compared to 65 per 1,000 live births).

**(f) Immunization coverage**

71. Immunization data are collected every month in each province. The results are as follows:

**Routine immunization in the Democratic Republic of the Congo 2013**

<i>Provinces</i>	<i>BCG</i>	<i>DPT-HepB- Hib1</i>	<i>DPT-HepB- Hib3</i>	<i>Pneumo 1</i>	<i>Pneumo 3</i>	<i>OPV 3</i>	<i>VAR</i>	<i>TT 2+</i>	<i>YF*</i>
Bandundu	86%	96%	91.1%	92.4%	85.8%	92%	90.4%	88.2%	75.9%
Bas-Congo	98%	99%	92.7%	98.9%	92.2%	93%	86.2%	83.8%	82.5%
Équateur	86%	91%	82.6%	21.8%	2.2%	84%	86.4%	86.8%	66.8%
Kasai-Occidental	97%	98%	91.8%	70.8%	33.8%	94%	91.6%	93.4%	81.9%
Kasai-Oriental	98%	99%	92.9%	84.7%	40.1%	93%	90.1%	103.5%	74.6%
Katanga	109%	102%	93.8%	43.1%	11.8%	94%	93.5%	88.2%	74.9%
Kinshasa	91%	87%	81.8%	84.9%	79.6%	82%	76.7%	68.8%	63.8%
Maniema	92%	96%	91.1%	85.1%	53.9%	91%	88.3%	97.5%	87.4%
Nord-Kivu	99%	105%	99.5%	103.4%	98.2%	97%	92.0%	72.5%	89.9%
Orientale	95%	96%	87.0%	18.4%	1.3%	83%	85.6%	89.4%	69.7%
Sud-Kivu	92%	101%	95.2%	78.8%	73.1%	90%	83.6%	82.4%	70.6%
National	95%	97%	90.4%	64.4%	44.0%	90%	88.0%	86.9%	74.6%

*Source:* Annual report/EPI 2013.

**Routine immunization in the Democratic Republic of the Congo 2014**

<i>Provinces</i>	<i>BCG</i>	<i>DPT-HepB- Hib1</i>	<i>DPT-HepB- Hib3</i>	<i>Pneumo 1</i>	<i>Pneumo 3</i>	<i>OPV 3</i>	<i>VAR</i>	<i>TT 2+</i>	<i>YF</i>
Bandundu	95%	99%	93.3%	91.9%	85.3%	91.8%	94.3%	89.0%	87.0%
Bas-Congo	94%	100%	94.0%	99.6%	92.3%	93.0%	87.9%	79.6%	85.9%
Équateur	74%	89%	80.4%	88.0%	74.0%	79%	75.8%	87.2%	65.3%
Kasai-Oc.	98%	104%	98.1%	82.7%	70.3%	100%	97.7%	100.8%	84.4%
Kasai-Oriental	90%	102%	97.3%	78.0%	69.2%	97%	96.5%	102.0%	80.9%

<i>Provinces</i>	<i>BCG</i>	<i>DPT-HepB- Hib1</i>	<i>DPT-HepB- Hib3</i>	<i>Pneumo 1</i>	<i>Pneumo 3</i>	<i>OPV 3</i>	<i>VAR</i>	<i>TT 2+</i>	<i>YF</i>
Katanga	99%	103%	96.6%	88.6%	76.9%	96%	92.3%	90.6%	55.2%
Kinshasa	87%	89%	84.4%	88.4%	83.5%	83.7%	79.2%	73.4%	74.0%
Maniema	86%	99%	93.2%	97.9%	91.2%	94%	85.2%	98.5%	79.3%
Nord-Kivu	91%	103%	92.8%	81.3%	68.9%	91%	90.6%	63.4%	84.5%
Orientale	95%	103%	95.6%	81.6%	58.5%	92%	90.8%	93.8%	80.8%
Sud-Kivu	72%	102%	96.5%	86.4%	70.6%	93%	86.9%	83.0%	81.0%
National	89.8%	99.3%	92.8%	86.2%	74.2%	91.7%	89.2%	88.0%	76.1%

Source: Annual report/EPI 2014.

### Routine immunization in the Democratic Republic of the Congo 2015

<i>Field offices (Provinces)</i>	<i>BCG</i>	<i>DPT-HepB- Hib1</i>	<i>DPT-HepB- Hib3</i>	<i>Pneumo 1</i>	<i>Pneumo 3</i>	<i>OPV 3</i>	<i>IPV</i>	<i>VAR</i>	<i>TT 2+</i>	<i>YF*</i>
Bas Uele	58%	98%	87%	86%	72%	82%	47%	81%	85%	83%
Équateur	86%	91%	82%	90%	80%	82%	62%	81%	80%	78%
Haut Katanga	95%	101%	94%	97%	90%	94%	55%	94%	84%	87%
Haut Lomami	99%	102%	98%	84%	76%	102%	59%	101%	97%	97%
Haut Uele	66%	105%	96%	76%	60%	83%	47%	80%	97%	76%
Ituri	73%	102%	94%	82%	68%	81%	6%	87%	96%	85%
Kasai Central	100%	103%	97%	102%	96%	94%	59%	99%	99%	98%
Kasai	101%	109%	101%	105%	96%	99%	55%	100%	111%	97%
Kasai-Oriental	83%	98%	93%	97%	91%	90%	33%	93%	100%	93%
Kinshasa	92%	98%	91%	98%	91%	91%	63%	87%	82%	87%
Kongo Central	87%	98%	92%	97%	92%	92%	60%	86%	79%	84%
Kwango	92%	97%	91%	87%	81%	94%	84%	96%	95%	91%
Kwilu	93%	98%	93%	97%	93%	92%	86%	93%	95%	94%
Lomami	90%	100%	96%	98%	93%	92%	53%	96%	103%	96%
Lualaba	103%	111%	106%	110%	105%	106%	64%	100%	101%	96%
Maindombe	83%	96%	90%	93%	87%	95%	74%	86%	88%	86%
Maniema	93%	97%	92%	98%	93%	92%	55%	93%	108%	89%
Mongala	77%	88%	81%	91%	81%	66%	58%	76%	86%	75%
Nord-Ubangi	80%	105%	97%	103%	95%	96%	72%	96%	94%	83%
Nord-Kivu	83%	108%	104%	88%	77%	101%	0%	99%	72%	99%
Sankuru	63%	103%	96%	91%	82%	98%	57%	98%	95%	82%
Sud-Kivu	71%	99%	93%	96%	90%	90%	0%	84%	83%	82%
Sud-Ubangi	94%	89%	81%	85%	77%	83%	86%	85%	90%	59%
Tanganyika	92%	93%	87%	87%	78%	90%	62%	91%	93%	79%
Tshopo	64%	96%	88%	93%	85%	88%	42%	83%	97%	84%
Tshuapa	89%	95%	84%	88%	79%	77%	70%	89%	89%	87%
National	86%	100%	93.5%	93.6%	85.7%	91.4%	48%	91%	91%	88%

Source: Annual report/EPI 2015.

**Routine immunization in the Democratic Republic of the Congo (January-June 2016)**

<i>Field offices (Provinces)</i>	<i>BCG</i>	<i>DPT-HepB- Hib1</i>	<i>DPT-HepB- Hib3</i>	<i>Pneumo 1</i>	<i>Pneumo 3</i>	<i>OPV 3</i>	<i>IPV</i>	<i>VAR</i>	<i>TT 2+</i>	<i>VAA*</i>
Bas Uele	67%	98%	86%	71%	60%	81%	42%	83%	76%	77%
Équateur	74%	90%	80%	89%	80%	76%	16%	83%	83%	76%
Haut Katanga	113%	106%	97%	104%	94%	91%	95%	101%	90%	98%
Haut Lomami	100%	107%	101%	88%	80%	97%	105%	101%	108%	102%
Haut Uele	75%	104%	96%	97%	90%	75%	41%	95%	98%	83%
Ituri	79%	102%	94%	95%	86%	75%	39%	86%	97%	86%
Kasai Central	80%	98%	93%	96%	90%	88%	94%	93%	93%	93%
Kasai	103%	102%	96%	96%	88%	66%	91%	91%	102%	90%
Kasai-Oriental	96%	103%	98%	102%	96%	61%	87%	99%	105%	97%
Kinshasa	95%	96%	90%	96%	90%	90%	74%	89%	81%	89%
Kongo Central	93%	98%	90%	98%	90%	90%	77%	87%	82%	88%
Kwango	94%	89%	83%	85%	78%	83%	62%	84%	91%	87%
Kwilu	86%	92%	86%	93%	87%	85%	49%	87%	85%	77%
Lomami	102%	104%	100%	102%	97%	67%	100%	99%	108%	100%
Lualaba	98%	107%	100%	105%	100%	94%	98%	94%	100%	94%
Maindombe	83%	94%	80%	84%	79%	87%	86%	71%	85%	78%
Maniema	93%	98%	93%	98%	93%	92%	94%	91%	103%	92%
Mongala	81%	94%	86%	94%	86%	72%	79%	83%	92%	83%
Nord-Ubangi	105%	108%	101%	108%	100%	98%	86%	98%	106%	93%
Nord-Kivu	92%	106%	99%	101%	99%	73%	54%	93%	69%	91%
Sankuru	100%	111%	107%	110%	104%	89%	72%	107%	107%	101%
Sud-Kivu	74%	97%	91%	93%	87%	84%	25%	84%	81%	83%
Sud-Ubangi	87%	112%	98%	112%	98%	100%	30%	106%	114%	108%
Tanganyika	91%	102%	95%	98%	91%	93%	103%	95%	102%	96%
Tshopo	78%	100%	90%	87%	75%	90%	46%	83%	85%	83%
Tshuapa	90%	95%	88%	92%	84%	83%	85%	87%	102%	88%
National	90.3%	100.5%	93.3%	96.5%	89.6%	82.8%	69.2%	91.3%	91.5%	90.0%

*Source:* Activity report for the first half of 2016 of the EPI.

**(g) The number of children infected with or affected by HIV/AIDS and malaria**

72. Where children infected with HIV/AIDS are concerned, a breakdown by gender and age group of 101,324 patients, registered in the cohort as at 31 December 2014, is shown in the table below:

**Table: Distribution of the 2014 cohort by gender and age group according to province**

No. of province		Patients still receiving antiretroviral treatment					
		<15			>15		
		M	F	Total	M	F	Total
1. Bandundu	3 172	76	94	170	1 078	1 924	3 002
2. Bas-Congo	5 085	100	119	219	1 481	3 385	4 866
3. Équateur	3 091	78	56	134	952	2 005	2 957
4. Kasai occidental	2 475	44	48	92	755	1 628	2 383
5. Kasai oriental	4 977	152	138	290	1 827	2 860	4 687
6. Katanga	19 702	2 038	2 297	4 335	5 071	10 296	15 367
7. Kinshasa	35 376	255	1 512	1 767	8 574	25 035	33 609
8. Maniema	2 532	51	76	127	785	1 620	2 405
9. Nord-Kivu	6 978	272	329	601	1 837	4 540	6 377
10. Prov. Orientale	11 293	226	238	464	3 613	7 216	10 829
11. Sud-Kivu	6 643	125	199	324	1 436	4 883	6 319
Total DRC	101 324	3 417	5 106	8 523	27 409	65 392	92 801

*Source:* Annual report, National AIDS Programme 2014.

73. As indicated in the table, 50.8 per cent of children under 5 years of age who are infected with HIV/AIDS live in Katanga province; 20.7 per cent, 7 per cent and 5 per cent, respectively, live in the provinces of Kinshasa city, Nord-Kivu and Orientale.

74. In general, the number of children receiving antiretroviral treatment rose from 6,238 in 2011 to 8,508 in 2014. However, it should be noted that, between 2011 and 2012, 1,487 children disappeared from the cohort due to a database validation process which allowed only those children who were still receiving antiretroviral treatment to be retained. The provinces which contained the majority of cases receiving paediatric care were Katanga, the city and province of Kinshasa, Nord-Kivu, Province Orientale and Sud-Kivu.

75. Since 2010, the cohorts of patients receiving antiretroviral treatment have steadily increased, demonstrating the significant investment made in this area. Specifically in 2014, the increase of the cohort was in part due to the fact that the two ports of entry for coinfection were accounted for and antiretroviral treatment was administered to pregnant women as part of the services aimed at preventing mother-to-child transmission.

76. The proportional morbidity rate due to malaria remained almost static between 2010 and 2013, declined in 2014 and rose again in 2015, when it reached 39 per cent.

77. The mortality rate remained static between 2010 and 2012 and then fluctuated between 2013 and 2015. In 2015, the rate was 42.6 deaths per 100,000 population.

78. The proportional mortality rate due to malaria remained static between 2010 and 2012 and rose from 2013 onwards.

79. These data are not wholly reliable as the statistics received from some provincial health departments (Tshuapa, Mongala and Bas Uélé) are incomplete. The fatality rate of malaria fell between 2010 and 2012, remained steady between 2013 and 2011 and rose again in 2015, when it reached 3.2 persons per thousand. Through the Integrated Disease Surveillance and Response framework, which operates under the Disease Control Directorate, weekly surveys of malaria cases and deaths were conducted in 2015. A total of

11,861,620 cases were reported, with a proportional morbidity rate of 72.3 per cent in relation to all potentially epidemic diseases.

Proportional morbidity rate of diseases in 2015:

- Acute respiratory infections 22
- Typhoid fever 5
- Measles 0
- Other 15
- Malaria 72

80. Malaria remains the main reason for consultations.

Proportional mortality rate of diseases in 2015:

- Acute respiratory infections 9
- Meningitis 3
- Measles 2
- Neonatal tetanus 2
- Cholera 1
- Typhoid fever 1
- Other 1
- Malaria 81

**18. Data disaggregated by age, sex, socioeconomic background, ethnic origin and geographical location, on the situation of children deprived of a family environment. Please indicate, for the last three years, the number of children:**

- (a) Separated from their parents;
- (b) Living in child-headed households;
- (c) Placed in institutions;
- (d) Placed with foster families;
- (e) Adopted domestically or abroad.

**Kinshasa Juvenile Court, headquarters**

<i>Year</i>	<i>Total no. of adoptions</i>	<i>International adoptions</i>	<i>Domestic and foreign adoptions</i>
2015	95, of which 39 were boys and 56 were girls	50, of which 24 were boys and 26 were girls	45, of which 15 were boys and 30 were girls
2014	124, of which 58 were boys and 66 were girls	72, of which 35 were boys and 37 were girls	52, of which 23 were boys and 29 were girls
2013	667, of which 352 were boys and 315 were girls	554, of which 296 were boys and 258 were girls	113, of which 56 were boys and 57 were girls

19. Please provide data, disaggregated by age, sex, type of disability, ethnic origin and geographical location, for the last three years, on the number of children with disabilities:
- (a) Living with their families;
  - (b) Living in institutions;
  - (c) Attending regular primary schools;
  - (d) Attending regular secondary schools;
  - (e) Attending special schools;
  - (f) Not attending any school;
  - (g) Abandoned by their families.
20. Please provide data, disaggregated, inter alia, by age, sex, socioeconomic background, geographical location and ethnic origin, for the last three years, on:
- (a) The enrolment and completion rates, in percentages of the relevant age group, in pre-primary schools, primary schools and secondary schools

Table: Distribution of schools by province and type of funding

Province	Public sector									Private sector	Total	Percentage
	ENC	ECC	ECP	ECK	ECI	ECS	ECF	Other	Total			
Kinshasa	149	180	303	47	17	34	11	35	776	1 356	2 132	9.0
Bas-Congo	180	350	320	134	10	70	11	26	1 101	147	1 248	5.3
Bandundu	1 276	832	2 301	408	107	17	1	107	5 049	48	5 097	21.5
Équateur	890	611	736	214	163	28	8	22	2 672	148	2 820	11.9
Orientale	368	491	607	77	7	15	4	15	1 584	198	1 782	7.5
Nord-Kivu	225	299	526	29	24	0	1	65	1 169	243	1 412	5.9
Sud-Kivu	204	224	694	53	11	3	1	25	1 215	263	1 478	6.2
Maniema	136	138	405	83	91	0	0	18	871	38	909	3.8
Kasaï-Oriental	401	328	476	57	20	1	0	50	1 333	269	1 602	6.7
Kasaï-Occidental	549	349	860	134	90	20	2	253	2 257	142	2 399	10.1
Katanga	473	446	1 027	108	6	5	0	46	2 111	769	2 880	12.1
DRC	4 851	4 248	8 255	344	546	193	39	662	20 138	3 621	23 759	100.0
Percentage	20.4	17.9	34.7	5.7	2.3	0.8	0.2	2.8	84.8	15.2	100.0	

ENC = Non-subsidized school; ECC = subsidized Catholic school; ECP = subsidized protestant school; ECK = subsidized Kimbanguist school; ECI = subsidized Islamic school; ECS = subsidized Salvation Army school; ECF = *École de la fraternité*.

**Table: Distribution of enrolled pupils by province and type of funding**

Province	Public sector								Public sector	Private sector	Total	Percentage
	ENC	ECC	ECP	ECK	ECI	ECS	ECF	Other				
Kinshasa	64 114	110 385	63 934	11 506	3 294	14 562	3 743	4 664	276 202	309 386	<b>585 588</b>	13.3
Bas-Congo	36 622	86 355	60 679	22 019	4 625	9 004	4 172	4 834	228 310	24 377	<b>252 687</b>	5.8
Bandundu	169 254	161 813	408 367	49 496	9 213	2 814	339	8 776	810 072	7 426	<b>817 498</b>	18.6
Équateur	116 014	91 230	83 815	23 324	17 612	4 075	1 546	3 645	341 261	26 826	<b>368 087</b>	08.4
Orientale	58 857	102 308	99 848	12 608	2 163	2 396	547	1 728	280 455	44 145	<b>324 600</b>	7.4
Nord-Kivu	55 069	89 138	124 077	5 922	6 162	0	516	12 402	293 286	55 945	<b>349 231</b>	8.0
Sud-Kivu	43 220	63 105	133 370	11 698	1 827	295	95	3 908	257 518	47 803	<b>305 321</b>	7.0
Maniema	22 064	26 280	50 403	10 707	12 970	0	0	2 192	124 616	7 823	<b>132 439</b>	3.0
Kasaï-Oriental	72 266	96 513	69 783	8 923	2 128	57	0	8 580	258 250	81 201	<b>339 451</b>	7.7
Kasaï-Occidental	78 155	62 924	109 823	16 728	10 695	3 340	161	25 458	307 284	26 859	<b>334 143</b>	7.6
Katanga	97 124	119 479	155 919	19 583	987	454	0	7 107	400 653	178 727	<b>579 380</b>	13.2
DRC	812 759	1 009 530	1 360 018	192 514	71 676	36 997	11 119	83 294	3 577 907	810 518	<b>4 388 425</b>	100.0
Percentage	18.5	23.0	31.0	4.4	1.6	0.8	0.3	1.9	81.5	18.5	<b>100.0</b>	

**Table: Gross school enrolment rate (GSER) by sex and by province**

Province	Pupils enrolled in secondary education			Estimates for the population aged between 12 and 17			GSER in % terms		
	Boys	Girls	Boys and girls	Boys	Girls	Boys and girls	Boys	Girls	Boys and girls
Kinshasa	294 336	291 252	585 588	474 944	470 089	945 033	62.0	62.0	62.0
Bas-Congo	147 938	104 749	252 687	291 443	288 464	579 907	50.8	36.3	43.6
Bandundu	539 599	277 899	817 498	636 857	630 346	1 267 203	84.7	44.1	64.5
Équateur	252 037	116 050	368 087	572 092	566 244	1 138 336	44.1	20.5	32.3
Orientale	199 792	124 808	324 600	626 063	619 662	1 245 725	31.9	20.1	26.1
Nord-Kivu	190 720	158 511	349 231	458 754	454 063	912 817	41.6	34.9	38.3
Sud-Kivu	178 728	126 593	305 321	420 973	416 670	837 643	42.5	30.4	36.5
Maniema	89 316	43 123	132 439	156 516	154 915	311 431	57.1	27.8	42.5
Kasaï-Oriental	218 416	121 035	339 451	474 944	470 089	945 033	46.0	25.7	35.9
Kasaï-Occidental	228 307	105 836	334 143	404 782	400 644	805 426	56.4	26.4	41.5
Katanga	375 005	204 375	579 380	879 727	870 733	1 750 460	42.6	23.5	33.1
DRC	2 714 194	1 674 231	4 388 425	5 397 096	5 341 918	10 739 014	50.3	31.3	40.9

**Table: Parity index**

Province	GSER in % terms		GSER girl/boy parity ratio
	Boys	Girls	
Kinshasa	62.0	62.0	1.0
Bas-Congo	50.8	36.3	0.7

<i>Province</i>	<i>GSER in % terms</i>		<i>GSER girl/ boy parity ratio</i>
	<i>Boys</i>	<i>Girls</i>	
Bandundu	84.7	44.1	0.5
Équateur	44.1	20.5	0.5
Orientale	31.9	20.1	0.6
Nord-Kivu	41.6	34.9	0.8
Sud-Kivu	42.5	30.4	0.7
Maniema	57.1	27.8	0.5
Kasaï-Oriental	46.0	25.7	0.6
Kasaï-Occidental	56.4	26.4	0.5
Katanga	42.6	23.5	0.6
DRC	50.3	31.3	0.6

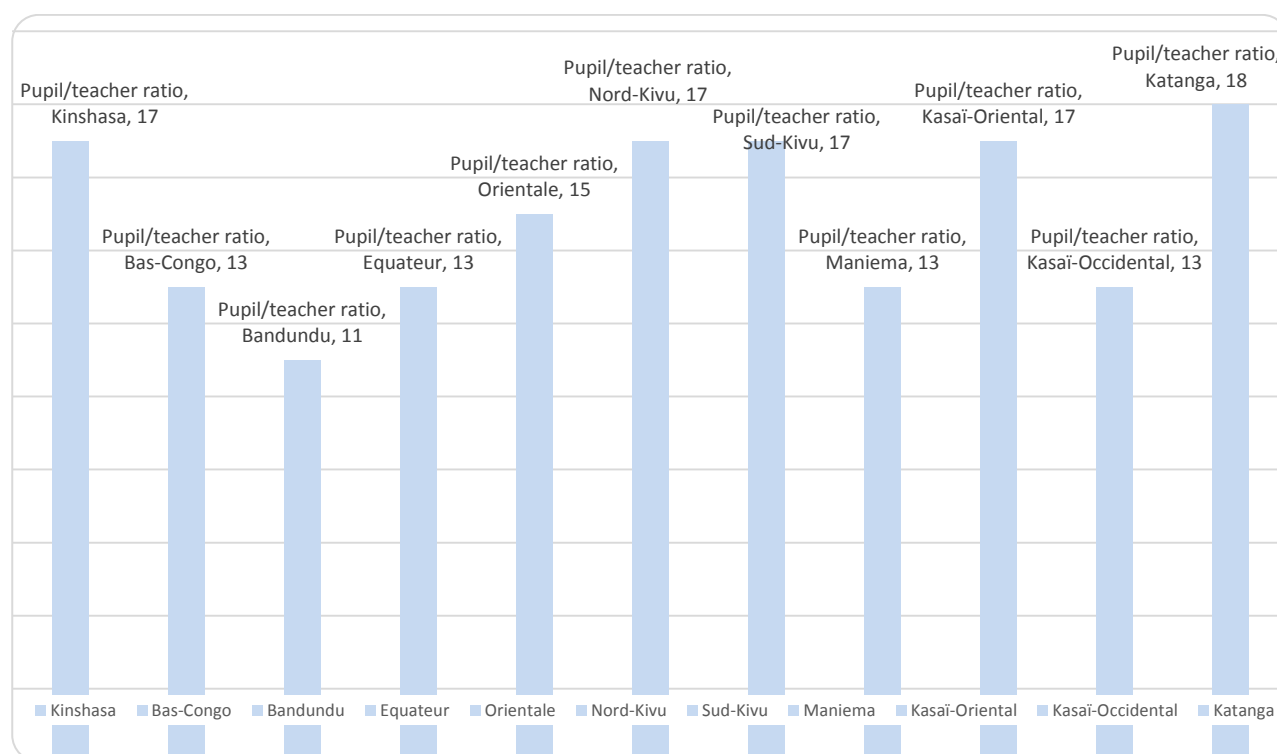
(b) **Number and percentage of dropouts and repetitions.**

(c) **Pupil-teacher ratio.**

**Table: Pupil/teacher ratio**

<i>Province</i>	<i>Enrolled pupils</i>	<i>Teacher</i>	<i>Pupil/teacher ratio</i>
Kinshasa	585 588	33 550	17
Bas-Congo	252 687	18 789	13
Bandundu	817 498	73 819	11
Équateur	368 087	27 888	13
Orientale	324 600	21 238	15
Nord-Kivu	349 231	20 305	17
Sud-Kivu	305 321	17 535	17
Maniema	132 439	10 455	13
Kasaï-Oriental	339 451	19 550	17
Kasaï-Occidental	334 143	26 114	13
Katanga	579 380	31 476	18
DRC	4 388 425	300 719	15





21. Please provide data, disaggregated, inter alia, by age, sex, socioeconomic background, ethnic group and geographical location, for the last three years, on:

(a) The number of children engaged in child labour, including the worst forms of child labour, and the number of investigations conducted, indicating, in particular, the follow-up of those cases, the sentences imposed on the perpetrators, and the redress and compensation afforded to the victims

81. See the demographic and health survey results.

(b) The number of children involved in armed conflict by the State party's armed forces and non-State actors

82. During the period between 4 October 2012 and 30 June 2013, the Government of the Democratic Republic of the Congo carried out an action plan whereby it removed 2,894 children, of whom 365 were girls and 2,529 boys, from the armed forces and armed groups. Information on 1,538 of these children was verified in accordance with the monitoring and reporting mechanism provided for by Security Council resolution 1612 (2005).

83. Of this number, 52 children (31 boys and 21 girls) were removed from the national armed forces and 1,486 (299 girls and 1,187 boys) were removed from armed groups.

84. In addition, 111 children were released by the intelligence services, which had detained them for their involvement in various insurrectional movements.

85. Between the second half of 2013 and the first half of 2014, the Implementation Unit of the National Disarmament, Demobilization and Reintegration Programme, a specialized structure of the Ministry of Defence, Veterans and Reintegration, with the support of UNICEF, identified a total of 5,609 children (4,858 boys and 751 girls) who had left the armed forces and armed groups.

86. The identification process took place in the provinces of Bas-Congo, Nord-Kivu, Sud-Kivu and the former provinces of Katanga, Équateur and Orientale.

(c) **The number of allegations of recruitment and use of children in the State party's armed forces, the number of investigations conducted, sentences handed down, and instances of redress provided and rehabilitation of children, including girls, associated with the armed forces carried out**

87. The number of allegations of recruitment and use of children within the armed forces of the Democratic Republic of the Congo is cited above.

88. With regard to the number of investigations conducted, sentences handed down, instances of redress provided and rehabilitation of children, it should be noted that approximately 70 per cent of the 5,609 children were placed in transitional and orientation centres and 25 per cent were placed in local youth homes.

89. After receiving medical assistance, counselling and psychosocial support, they all returned to school.

90. During this process, 4,817 children, including 713 girls, were reunited with their families or legal guardians.

91. As part of efforts to provide multisectoral assistance, 1,806 child victims of sexual violence (1,768 girls and 38 boys) received support from the Government and its partners.

92. Sixty-one per cent of these victims were given medical care within 72 hours of being sexually assaulted.

93. With regard to investigations, on 11 November 2013, the Chief Justice of the Military High Court instructed senior military prosecutors of the military courts of Équateur and Sud-Kivu to seek, detain and charge with child recruitment Messrs. Gwitti, Muchoma Bahani, Ussama Ndukuche and Marcel Habarugira Rangirai, all of whom were members of the Nyatura armed group.

94. To date, only Mr. Gwitti Muchoma Bahani has been placed in detention.

95. In addition, Colonel Mahanga Niko Kasai, alias Manga of the Maï Maï Shetany group, was arrested for the abduction and conscription of children.

96. In April 2013, during the events in Minova in Sud-Kivu, military officials suspended 12 unit commanders in order to facilitate judicial investigations into serious harm related to grave violations of children's rights allegedly committed by the national armed forces.

97. In May and July 2013, the Chief Justice of the Military High Court issued four international arrest warrants against the political-military leaders of the Mouvement du 23 mars, known as "M23", for their involvement in the recruitment of children and other serious crimes.

98. On 28 October 2013, the Deputy Prime Minister and the Minister of National Defence, Veterans and Reintegration stated in an official communiqué that persons who had committed violations of the rights of the child and who had allegedly been, or were in the process of becoming, members of the national armed forces would be prosecuted.

99. With regard to the sentences handed down, it should be noted that the Operational Military Court of Nord-Kivu, by its judgment of 5 May 2014, sentenced Corporal Kabiona Ruhingiza to 20 years' imprisonment for the rape of a minor.

100. Moreover, judicial statistics collected for the same period show that 24 members of the armed forces and security services (12 members of the national armed forces, 10 members of the Congolese National Police and 2 members of the National Intelligence

Agency) were arrested for sexual violence against minors and sentenced to terms of imprisonment ranging from 5 to 20 years.

101. As can be seen, the action plan for the protection of the rights of children in situations of armed conflict is a truly new development that reflects the willingness of the Government to strengthen the protection afforded to children in the country.

102. With regard to the execution of this plan, two directives are particularly noteworthy: that of the Minister of Defence and that of the General Director of the National Intelligence Agency, under which the national armed forces and the security services gave the United Nations Task Force on Children and Armed Conflict, and child protection agencies, access to military facilities and other sites (detention cells) with a view to identifying the presence of children and, if necessary, separating and removing them.

103. These data indicate that significant progress has been made in the protection of children in situations of armed conflict.

104. While the involvement of children within the national armed forces and security services has effectively been addressed, the same cannot be said of their involvement in armed groups.

105. The volatility of the security situation in the areas where such groups operate makes this situation all the more challenging.

**22. Please provide data, disaggregated, inter alia, by age, sex, ethnic origin, geographical location and type of crime, for the last three years, on:**

**(a) The number of children and adolescents who have allegedly committed a crime reported to the police**

106. The number of children and adolescents who have been sentenced and the type of punishment or sanctions related to the offence committed, including the length of deprivation of liberty.

**(b) The number of detention facilities and of reception and rehabilitation facilities for minors in conflict with the law, and their capacity**

**(c) The number of adolescents and young adults held in those centres and the number of minors detained in adult detention facilities**

**(d) The number of children and adolescents placed in provisional detention and the average lengths of such detention**

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