



Convention on the Rights of the Child

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Committee on the Rights of the Child

Consideration of reports submitted by States parties in application of article 44 of the Convention

Second periodic reports by States parties due in 1999

Central African Republic*

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Introduction

1. The submission of this periodic report reflects the respect of the Central African Republic for its international commitments. Under article 44 (b) of the Convention on the Rights of the Child, States parties undertake to submit reports on the measures they have adopted which give effect to the rights recognized in the Convention and on the progress made in the enjoyment of those rights.

2. The Convention on the Rights of the Child was adopted by the General Assembly in its resolution 44/25 of 20 November 1989. It was opened for signature in New York on 26 January 1990 and entered into force on 2 September 1990, the thirtieth day after the deposit with the United Nations Secretary-General of the twentieth instrument of ratification or accession. As at 22 June 2004, 194 States had ratified or acceded to the Convention.

3. As a Member State of the United Nations, the Central African Republic signed the Convention on 30 July 1990 and ratified it on 25 July 1991. The instrument of ratification was deposited with the United Nations Secretary-General on 23 April 1992 and the Convention entered into force in the Central African Republic on 23 May 1992. In becoming a State party, the Central African Republic took on commitments that it is obliged to meet, including the preparation and submission of reports on the implementation of the Convention to the Committee on the Rights of the Child and respect for the principle of the primacy of the Convention over domestic laws, but above all the obligation to harmonize its national legislation with the provisions of the Convention as an indication that it is honouring its commitments in good faith.

4. Following the World Summit for Children and the adoption of the Convention, the Heads of State and Government of many countries collectively committed themselves to preparing a better future for children. This strong, active commitment led to an international social mobilization to establish institutions and implement policies for children.

5. Together with other countries, the Central African Republic campaigned for the organization of the first World Summit for Children, which was held in New York in September 1990. As a result of the Summit, world leaders committed themselves to achieving a set of goals for children by 2015 and adopted an action plan to that end. The Central African Republic has worked actively to fulfil its commitments towards children and has managed to make significant progress in the area of children's rights in recent decades. Nowadays, the child mortality and child malnutrition rates have fallen and more children are attending school.

6. The Central African Republic offers greater opportunities to children, whose situation has improved over the past decade in the areas of health, education and protection. In particular, significant progress has been made in the legal field to safeguard the rights of children.

7. In 2005, in an effort to safeguard children's rights, a reform of the Criminal Code, the Code of Criminal Procedure and the Labour Code was undertaken and legislation was drafted on children at risk, among many other ongoing reforms.

8. However, much remains to be done to ensure that children can fully enjoy their rights and find human and social fulfilment. For example, according to MICS 3 (Multiple Indicator Cluster Survey 3), only 49.5 per cent of children under the age of 18 are registered in the civil registry, while many of those live in poverty and a great many struggle to meet their basic needs. Fundamentally, the overall objective the Central African Republic has set itself is to create conditions that enable Central African children to enjoy equal opportunities to develop fully as they start out in life.

9. The political situation in the Central African Republic remained the same as that described in the State party's initial report until 15 March 2003, when General François Bozize overthrew the regime of Ange Félix Patasse in a coup d'état. Following the coup, the new regime brought to an end the institutions of the Fifth Republic by suspending the Constitution (art. 1 of Constitutional Act No. 1), dismissing the functions of the Head of State and of Government (art. 2) and dissolving the National Assembly (art. 3).

10. Following the coup, Major General François Bozize took over the functions of President of the Republic as Head of State (art. 4). In that capacity, he legislated by decree passed by the Council of Ministers pending the establishment of new institutions. However, according to article 6 of Constitutional Act No. 1, duly ratified treaties, agreements, conventions and laws take precedence over such decrees. That was the situation until the referendum that led to the adoption of the new Constitution, promulgated by Decree No. 04.392 of 27 December 2004, which culminated in the return to constitutional legality through the holding of democratic elections in 2005.

11. The end of the transition period was marked by the establishment of democratic institutions and powers, most notably the election by direct universal suffrage of the President of the Republic and the deputies of the National Assembly, the Mediation Council of the Republic, the Constitutional Court, the Economic and Social Council and other institutions of State.

12. This periodic report of the Central African Republic to the Committee on the Rights of the Child follows on the initial report submitted in 2000, and provides information that takes into account the recommendations made by the Committee based on the following areas of concern:

- General measures of implementation;
- Definition of the child;
- General principles;
- Civil rights and freedoms;
- Family environment and alternative care;
- Basic health and welfare;
- Education, leisure and cultural activities;
- Special protection measures.

I. General measures of implementation

A. Measures taken to harmonize domestic law and practice with the provisions of the Convention

13. In the light of studies and surveys conducted on the situation of children, there is a need for certain aspects of Central African legislation and regulations relating to minors to be brought into line with international legal instruments, in particular the Convention. It should be recognized, however, that the rights of children are broadly guaranteed in the domestic legal order and that there is a wide range of institutions, sectoral programmes and action plans, inspired and based on the Poverty Reduction Strategy Paper.¹ These all aim to

¹ Poverty Reduction Strategy Paper, that defines broad policies with which all programmes must comply and align their actions, in accordance with the Paris Declaration on Aid Effectiveness. The

forge an attitude whereby the rights of children will no longer be considered as privileges and efforts will have to be made to find legislative and political solutions to achieve them.

14. As part of the legal reform undertaken at the legislative level under the 2004 Constitution, the 1997 Central African Family Code, the 2009 Labour Code, the Criminal Code and the 2010 Code of Criminal Procedure have been harmonized and establish children's rights in the areas of food, health, education, work and leisure. The role of parents, guardians and educational institutions has been clearly highlighted, insofar as they are now required to ensure respect for the rights of children, while the State has been made explicitly responsible for creating conditions conducive to respect for the dignity of children and the full exercise of their rights. In order to guarantee the full development of children, article 7 of the Central African Constitution provides that everyone has the right to access sources of knowledge. The State guarantees children and adults access to education, culture and vocational training, while parents have the obligation to provide for the education and instruction of their children up to at least the age of 16. Education is free of charge in public schools for all levels of education. The aim is to protect and guarantee respect for children's fundamental rights. However, it must be recognized that further reforms will be necessary to ensure access to justice for children and to pave the way for public policies that guarantee the rights enshrined in the Convention.

15. Since most violence against children is committed in the home and/or a family setting (according to a study on community violence conducted in 2006), new laws on domestic violence and victim assistance are in the process of being enacted and will provide the legislative framework under which the problem will be addressed. Domestic violence has now been criminalized under the Criminal Code.

16. On the other hand, the Government has not yet provided for the possibility of children to take part in legal proceedings that concern them without being accompanied. This prevents a rapid response to the child's needs. In fact, as children are not considered subjects of law, in many proceedings that affect them, their wishes are not taken into account and the interests of their parents or guardians prevail. Consideration must also be given to amending all laws and regulations that do not yet allow children to be heard by the judicial authorities in matters that affect them.

17. At present, prostitution, corruption of minors, child pornography and trafficking in persons are listed as criminal offences under the Criminal Code and the Code of Criminal Procedure.

18. Article 72 of the Constitution moreover stipulates that duly ratified international treaties or agreements shall, once published, take precedence over domestic legislation, subject to implementation of each agreement or treaty by the other party. Thus, duly ratified or approved international treaties and agreements, the Constitution and related legislation constitute the law of the Republic.

19. In the hierarchy of norms, international treaties are in second place, just after the Constitution and before domestic legislation. This interpretation of article 72 of the Constitution stems from the fact that such international commitments are assumed by the Central African State as a whole and therefore apply to all public authorities.

20. This is why constituents have empowered the President of the Republic to sign international treaties in his capacity as Head of State and the National Assembly to intervene as representing the will of the people. The Convention on the Rights of Child is thus part of domestic legislation, serves as the legal basis for all litigation before the national courts and must be applied by judges.

first phase of the strategy was implemented from 2007 to 2010. The second phase is currently being developed and takes into account child protection issues.

B. Steps taken to adopt a comprehensive national children's strategy

21. In the light of the Committee's recommendation concerning the need for close cooperation between the Government and civil society in the design and implementation of policies and programmes, the Government has prepared a policy document on child protection and a bill on the protection of children at risk. This draft policy document and bill placed particular emphasis on the participation, survival, development and protection of children, with the involvement of civil society organizations working in this field. It should be stressed that civil society made an essential contribution to the preparation of this report.

22. These specific projects are based on the principles adopted at the Special Session of the General Assembly on Children, which was held in 2002. The adoption of the document *A World Fit for Children* provided the opportunity for the Central African Republic to renew its commitment towards children. It is in this spirit that the Central African Republic strives, in accordance with its commitments, to enhance the well-being of children, to provide them with quality education and to protect them against ill-treatment, exploitation, violence and HIV/AIDS, so that they have better chances and equal opportunities to develop their full potential. Civil society organizations, academics and experts from ministerial departments participated actively in the drafting of the bill and draft policy document on protection.

C. Existing and planned mechanisms to ensure implementation of the Convention, coordinate policy on children and monitor progress

23. In 2000, the Committee on the Rights of the Child recommended that the Central African Republic should give the National Commission for the Follow-Up of the Convention on the Rights of the Child the authority to receive and investigate complaints.² In order to implement this recommendation, and following a study on the abuse, sexual exploitation and trafficking of children conducted in 2006, the Commission, the Ministry of Social Affairs and the United Nations Children's Fund (UNICEF) proposed establishing an interministerial committee responsible for the protection of children under the direct authority of the Prime Minister and Head of Government. This process involved the participation of government bodies at various levels of the administration as well as social and private sector bodies whose activities are relevant to the objectives of the Convention. The Commission is already working with its decentralized branches to receive reports of violations of children's rights across the country, and to process them and refer them either to the juvenile courts if the child is the perpetrator of an offence, the ordinary courts if the child is a victim or a party to the proceedings, or care services if the situation so requires. The Commission has 16 prefectural committees and 8 district committees in Bangui responsible for monitoring children's rights, which are coordinated by the Commission's general secretariat. There are in addition specific committees such as those dealing with orphans and vulnerable children. On account of this leading role, the Commission is among the agencies that is most present throughout the country. It is independent and enjoys freedom of action and access to the public and private media whenever a child falls victim to ill-treatment. Its cooperation with relevant government authorities is transparent and does not face any difficulties.

² The Commission was established in 1993 with the primary mission of ensuring and monitoring implementation of the Convention on the Rights of the Child. To that end, it organizes and coordinates the preparation of country reports on children's rights in partnership with civil society and the government bodies involved. It comprises two categories of membership and is coordinated by a bureau elected for a term of four years. It receives reports and complaints, which it processes and refers to the competent services.

D. Dissemination

24. The Central African Government, through the National Commission for the Follow-Up of the Convention on the Rights of the Child, has undertaken various activities aimed at promoting children's rights. In particular, it has disseminated information on the role and place of children, who are now subjects of law. This information has focused in particular on issues such as civic education, health, sexual and reproductive rights, sexual exploitation for commercial purposes, domestic violence and child participation.

25. The Government has included children's issues among its priorities and, with the support of UNICEF, has adopted an action plan on the abuse, sexual exploitation and trafficking of children. During a workshop on the prison system and juvenile justice held in Bangui in 2009, judges developed proposals to improve the living conditions of children in detention. A mission to Burkina Faso was organized in November 2010 to share experiences and learn about the methods used in that country.

26. Various workshops have been organized and studies conducted to document the different violations of children's rights. These important actions have played a key role in raising awareness of children's fundamental rights. The main topics covered include juvenile offenders, child labour and domestic violence. International workshops and forums relating to children have also been organized in cooperation with UNICEF, with the participation of Central African stakeholders.

27. Between 2004 and 2008, several actions were undertaken in the interests of children, including studies on community violence against children and child labour and an analysis of the situation of orphans and vulnerable children, followed by validation workshops involving all stakeholders. Training seminars on children's rights have been organized at the request of the public services, the police, gendarmerie, teachers, local elected officials, and students of the *grandes écoles* wishing to train staff dealing with this vulnerable category of the population within their services.

28. Between 2008 and 2009, 1,422 persons³ reported cases of violations of children's rights to the Commission secretariat, which after review channelled the cases to the competent services.

29. The Commission has also conducted various activities to raise awareness of and promote the human rights of children, including disseminating the Convention on the Rights of the Child, celebrating the Day of the African Child and the fight against the worst forms of child labour.

30. A steering committee in the Ministry of Social Affairs plans and coordinates efforts to develop and promote draft legislation and to harmonize existing laws to guarantee and strengthen respect for the human rights of children.

31. Since 2002, in the context of implementing the cooperation programme between the Central African Republic and UNICEF, the Government has undertaken capacity-building activities for judicial staff, which has enabled them to become familiar with and implement international legal instruments on children's rights.

³ These 1,422 persons are Central Africans who had been trained or followed broadcasts on children's rights and later witnessed serious violations. The facts were reported either by telephone or by anonymous letter, but before any action was taken the facts were verified. Reports turned out to be well-founded in 90 per cent of cases.

E. Specific actions undertaken to implement the Convention

32. In the 20 years since the adoption of the Convention, the Government has adopted the following measures and made the following progress:

- Establishment of the National Commission for the Follow-Up of the Convention on the Rights of the Child in 1993;
- Adoption of Act No. 97.014 of 10 December 1997 on education policy.

33. Adoption of Decree No. 04.392 of 27 December 2004 promulgating the new Constitution enshrining guarantees of specific protection for children;

- Adoption of Act No. 02.011 of 25 July 2002 on the organization and functioning of the juvenile courts;
- Establishment of the Children's Parliament in 1998;
- Election of ambassadors for peace in schools;
- Adoption of Act No. 97.013 of 11 November 1997 on the Family Code of the Central African Republic;
- Adoption of Act No. 09.004 of 29 January 2009 on the Labour Code of the Central African Republic;
- 2007 national action plan for the prevention and protection of children against abuse, sexual exploitation and trafficking in the Central African Republic;
- Act No. 06.005 of 20 June 2006 on reproductive health;
- Promulgation of Act No. 00.007 on the status, protection and advancement of persons with disabilities, December 2000;
- Promulgation of Act No. 10.001 of 6 January 2010 on the Criminal Code of the Central African Republic;
- Promulgation of Act No. 10.002 of 6 January 2010 on the Code of Criminal Procedure of the Central African Republic;
- Establishment of 14 new reception centres offering counselling and guidance to orphans and other vulnerable children in difficult situations in every prefecture (except Vakaga and Haut Mbomou);
- Studies on street children and community violence against children in 2004, sexual exploitation, abuse and trafficking of children in November 2005, study on violence in schools in 2009, and violence linked to child labour in 2005, and on orphans and other vulnerable children in 2005; mapping of actions taken in favour of orphans and vulnerable children;
- Organization of national consultations on education and training in 1994;
- Drafting of the Act on education policy in 1996;
- Effort to achieve gender parity in introductory courses by reducing initial disparity. There are now 7 girls for every 10 boys in a class;
- Increase in the gross enrolment rate to 81 per cent (69.5 per cent for girls and 93.6 per cent for boys);
- Reversal of the trend and reduction of infant and child mortality rates (estimated respectively at 106 per thousand and 176 per thousand);
- Creation of the minors' unit in the Criminal Investigation Department;

- Agreement on the demobilization, disarmament and reintegration of children involved in armed forces and groups;
- Action plan for the demobilization, disarmament and reintegration of children associated with armed forces and groups;
- Act No. 06/26 of 30 November 2006 on the protection of women against violence.

II. Definition of the child

34. In line with article 1 of the Convention, all national laws provide a clear definition⁴ of the child, including Act No. 97.013 of 11 November 1997 on the Family Code, Act No. 09.004 of 29 January 2009 on the Labour Code of the Central African Republic, Act No. 02.011 of 25 July 2002 on the organization and functioning of the juvenile courts, Act No. 10.001 of 6 January 2010 on the Central African Criminal Code, and Act No. 10.002 of 6 January 2010 on the Code of Criminal Procedure of the Central African Republic. Under all of these laws, a child is considered to be any person under 18 years of age.

35. Article 7 of the Constitution of 27 December 2004 provides that everyone has the right to access sources of knowledge. The State guarantees children and adults access to education, culture and vocational training; parents have the obligation to provide for the education and instruction of their children up to at least the age of 16. Education is free of charge in public schools at all levels of education. In practice, education entirely free of charge is not applied because of the country's economic situation.

36. Under articles 209 and 211 of the Family Code, no person may marry before the age of 18, unless an exemption is granted by the Public Prosecutor on serious grounds at the request of the person concerned. Similarly, minors under the age of 18 cannot contract marriage without the consent of the persons who exercise parental authority over them. In the event of dissent between them, consent to division is assumed.

37. However, there are no legislative provisions on the minimum age for consent to sexual relations in the Central African Republic.

38. With regard to the minimum age of employment, article 259 of Act No. 09.004 of 29 January 2009 on the Labour Code provides that children may not be employed in any enterprise, even as apprentices, before the age of 14, except with a derogation issued by decree of the Minister for Labour after consultation with the Standing National Labour Council, taking into account local circumstances and the tasks that may be required.

39. In the Central African Republic, Act No. 02.011 of 25 July 2002 on the organization and functioning of the juvenile courts sets out the procedures for minors in conflict with the law. However, further improvements need to be made to the administration of juvenile justice and steps should be taken to prevent juvenile delinquency by creating rehabilitation and reintegration centres. Chapter VII, section 1, of Act No. 10.001 of 6 January 2010 on the Criminal Code also defines crimes and offences against children and the corresponding penalties. Article 9 of the Criminal Code provides that minors under the age of 18 who commit an offence shall be brought before the juvenile court judge, who shall inquire into the matter with the powers of an investigating judge. According to the last paragraph of this provision, however, minors under the age of 14 may be subject only to correctional measures under conditions established by a special law.

⁴ According to the definitions in section II of the Labour Code, a child is any person under the age of 18. Other texts are consistent with this definition.

40. Under article 3 of Act No. 09.016 of 2 October 2009 on the Electoral Code, the entitlement to vote is attributed to men and women who have Central African nationality, who are over the age of 18, who are entitled to their civil rights and who are duly registered on the electoral list or in receipt of a decision of the High Court ordering their registration on the electoral list. A bill on the protection of children at risk and a draft national policy on child protection are pending adoption by the National Assembly but have already been validated in the course of a national workshop for all stakeholders, taking into account the definition of the child contained in the Convention on the Rights of the Child.

41. Act No. 10.002 of 6 January 2010 establishing the Code of Criminal Procedure in article 233 et seq. provides that the juvenile court and juvenile criminal court cannot sentence minors over the age of 15 to a custodial sentence of more than half of the sentence applicable to adults. Under the Criminal Code, minors up to the age of 13 are exempt from all criminal liability. After that age, the criminal judge, based on his or her personal conviction, may pass a criminal sentence on a child aged between 14 and 16, depending on the seriousness of the offence committed by the juvenile offender.

III. General Principles

42. The National Child Protection Policy⁵ is based on the following principles: non-discrimination; the best interests of the child; survival and development; and the views of the child.

A. Non-discrimination

43. Discrimination is understood as any distinction, exclusion or restriction that, based on ethnic or national origin, sex, age, disability, social or economic status, health condition, pregnancy, language, religion, opinions, sexual preferences, civil or any other status, has the effect of impeding or nullifying the recognition or exercise of a person's rights or genuine equality of opportunity.

44. Article 5 of Constitution of the Central African Republic provides that: "All human beings are equal before the law without distinction as to race, ethnic or regional origin, sex, religion, political affiliation and social status." The law guarantees men and women equal rights in all areas. In the Central African Republic, there is no restriction or privilege connected with a person's place of birth, identity or descent.

45. The objective is to ensure that every child may benefit from:

- Equal consideration and treatment;
- Equal opportunities;
- Gender equity.

46. Despite this provision, disparities persist, and there have been cases of discrimination.

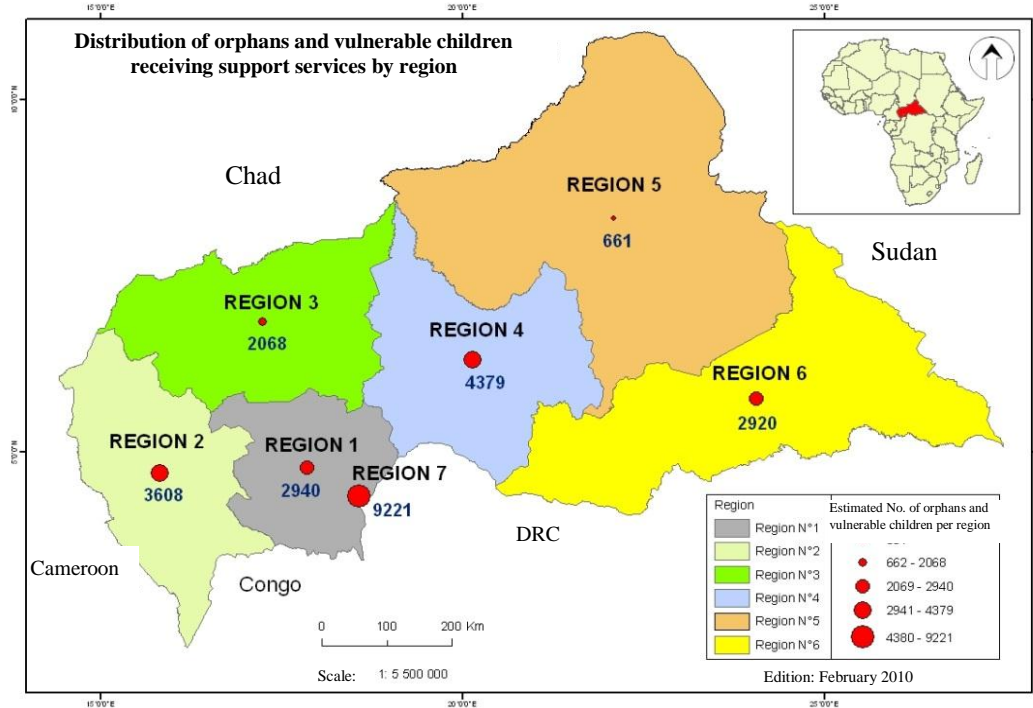
47. Discrimination on grounds of illness, infirmity or poverty is in fact widespread. Many children are victims of discrimination as a result of their health or social status, a situation that makes them even more vulnerable. Such is the case of Pygmy children, Fulani children, children with disabilities, poor children and above all children with or affected by HIV/AIDS (see survey on orphans and vulnerable children). This discrimination is much

⁵ The National Child Protection Policy, which was approved in 2009, reflects the major policies and view of the child held by Central African society.

more evident in the case of orphans and other children made vulnerable by HIV/AIDS, who are located as shown on the map below.

Map 1

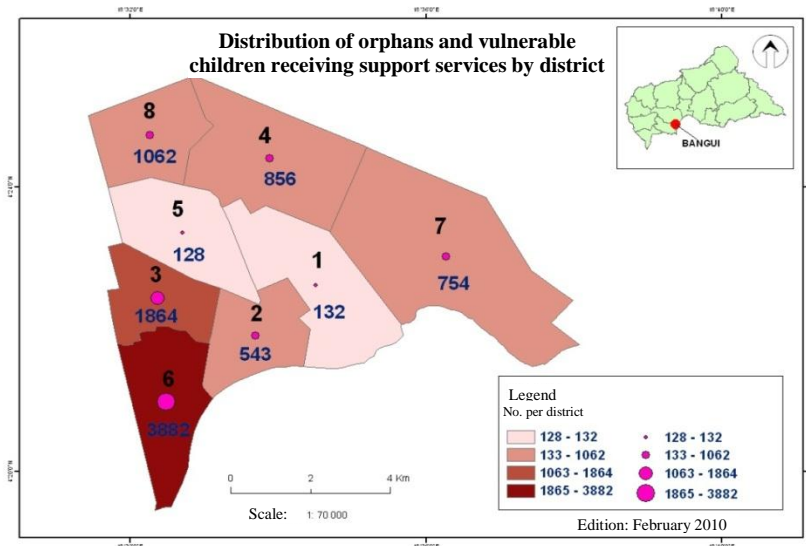
Numbers of orphans and vulnerable children receiving care by region



Source: Cartographic report on the support services received by orphans and vulnerable children with or affected by HIV/AIDS

Map 2

Number of orphans and vulnerable children receiving support services by district (arrondissement)



Source: 2009 survey of orphans and vulnerable children.

48. Actions have been planned to reduce disparities and inequalities among children. They include the following strategies:

- Encouraging the promotion of equal opportunity and equality among children;
- Adopting an affirmative action policy for children from minority and other disadvantaged groups by promoting free access to basic social services;
- Adopting a special policy to protect child victims of discrimination and stigmatization;
- Promoting the provision of support services for orphans and vulnerable children suffering from and/or affected by HIV/AIDS;
- Strengthening the economic capacities of poor families.

B. Best interests of the child

49. Since 2006, judges and officials of the three appellate courts of the Central African Republic have received training on how to try family and criminal cases, particularly those related to divorce, the recognition of parental rights or domestic violence, and the procedures to be followed in the event of violations of a person's physical integrity and sexual freedom, attacks causing injuries and homicides committed within the family. The judgments handed down under international instruments related to the rights of children and women, which are now part of the relevant Central African jurisprudence, will help judges to try cases on the basis of the principles of equality between men and women and, as set out in the Convention, the best interests of the child.

50. The aims are to:

- Involve children in all decisions affecting them;
- Take into consideration children's views and their freedom of expression, association, conscience and religion.

51. Priority has been given to children in all political and administrative actions affecting them, since traditionally many decisions have been made in what is not their best interest. If they are to find fulfilment, however, taking them into account in all decisions is fundamental.

C. Survival and development

52. Article 3 of the Constitution of 27 December 2004 enshrines the right to life: everyone has the right to life and bodily integrity. These rights may be restricted only in application of the law. The right to life is recognized as a fundamental principle in the Constitution. Its provisions are also intended to ensure the survival and development of the child to the fullest extent possible.

53. Article 25 of Act No. 06.005 of 20 June 2006 on reproductive health states that abortion should not, under any circumstances, be regarded as a method of contraception. It may be authorized by specialists, a panel of doctors or, if necessary, by a single doctor only in the following cases:

- If the continuation of the pregnancy poses a danger to the pregnant woman's life and health;
- If the fetus is found to have a particularly severe congenital defect;

- If the pregnancy is the outcome of rape or an incestuous relationship, at the request of the pregnant woman and by court order.

54. Article 56 (2) of the country's Criminal Code defines the murder or assassination of a newborn child as infanticide, and article 58 states that the perpetrator is liable to the death sentence.

55. This means that all children have the right to live in conditions favourable to their healthy and harmonious growth, whether physical, mental, material, spiritual, moral or social.

56. The aim is to provide:

- Appropriate high quality care for children up to 5 years of age;
- Free care for children up to 5 years of age;
- A balanced diet for children;
- Access to health services;
- Free access for children to education;
- Access to safe drinking water and sanitation.

IV. Civil rights and freedoms

A. Right to a name and nationality

1. Right to a name

57. The Act establishing the Family Code of the Central African Republic, promulgated on 11 November 1997, entered into force in October 1998. Under articles 64 to 68 of the Code, everyone has a surname and a given name or more than one given name. The surname may be a single name, a composite name or one associated with another name (art. 64). The following components of these articles should be kept in mind:

- Every person has the right to a surname and a given name or more than one given name;
- The name may be a single name, a composite name or one associated with another name;
- Any name may be chosen;
- The name may be that of the father, the mother or any of the forebears or relatives.

58. Article 69 of the Code provides that children born in wedlock bear their father's name or a name chosen by their parents. In the event of repudiation, they bear a name chosen by their mother.

59. Articles 69 to 75 of the Family Code determine what the name may be, according to the following cases: children born in wedlock; children born out of wedlock whose mother alone is known; children born out of wedlock whose father alone is known; children whose parentage is unknown, and the case of full adoption, which confers the adoptive parent's name on the adopted child, or, in the event of adoption by both spouses, the husband's name.

2. Right to a nationality

60. The initial report of the Central African Republic outlined the provisions of Act No. 61.212 of 27 May 1961 on the Central African Nationality Code, as amended by Order No. 66/64 of 30 August 1966, and the requirements for the acquisition of Central African nationality. Articles 134 to 140, on the other hand, contain the rules on birth registration. Every birth must be registered within one month of delivery by the father, mother, one of the closest relatives or, failing that, by the doctor, midwife or any person who was present at the delivery.

B. Preservation of identity

61. The right to identity consists of:

- The right to have a first name and the family name of the parents from the time of birth and to be entered in the civil registry;
- The right to a nationality, in accordance with the terms laid down by the Constitution;
- The right to know one's descent and origin, except in cases prohibited by law;
- The right to belong to a cultural group and share with its members their customs, religion or tongue, without this giving rise to any denial of rights.

62. To ensure children's full enjoyment of the right to the preservation of their identity.

63. Each municipality may implement the legislative and regulatory arrangements necessary to enable the children's mother and father to register them, without any distinction based on the circumstances of their birth.

C. Difficulties

64. All children have the right to birth registration. This right is also recognized internationally under article 7 of the Convention on the Rights of the Child, which the Central African Republic ratified by Act No. 91.007 of 25 July 1991, and domestically under articles 101, 131, 134, 135, 137 and 140 of Act No. 97.013 of 13 November 1997 establishing the Family Code of the Central African Republic. Birth registration was the theme of a conference of the States of West and Central Africa in Dakar in 2004, during which major concerns were discussed, along with recommendations and strategies to be implemented by States parties in their respective countries.

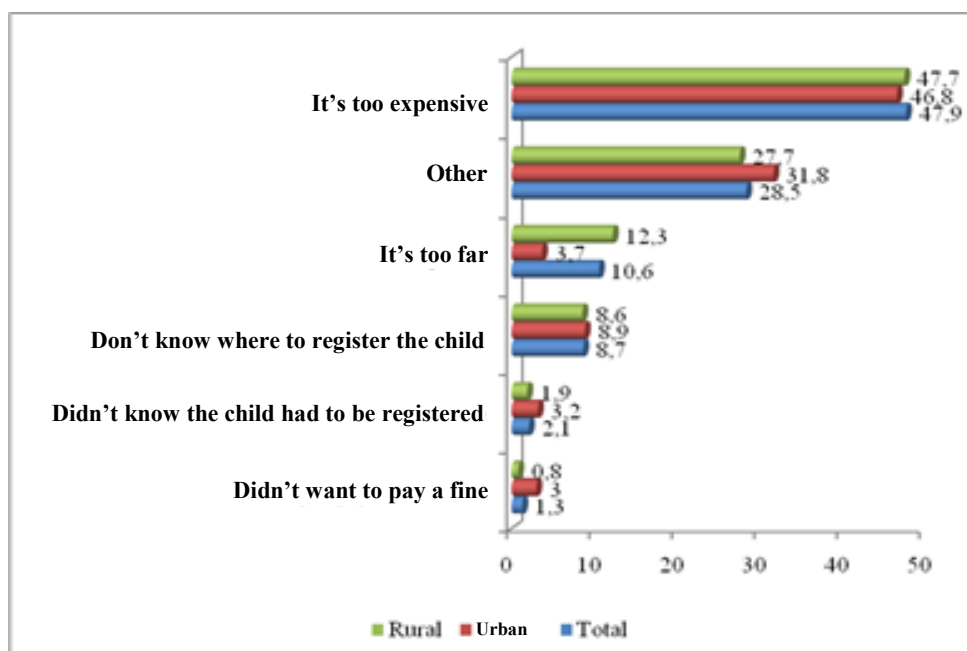
1. Birth registration

65. Before this conference, and according to the Multiple Indicator Cluster Survey for 2000 (MICS 2000), 72.5 per cent of births were registered nationwide (87.5 per cent in urban areas and 63.1 per cent in rural areas). For the city of Bangui, the rate was 88.6 per cent. Children accounted for 59.8 per cent of the population, or 2,100,168 out of a total population estimated at 3,513,590 in 2003.

66. Five years after the conference, MICS 2006 shows a very low rate. Nationwide, 49 per cent of births are registered in the Central African Republic, including 72 per cent of births in urban areas and 35.8 per cent in rural areas. In Bangui, the rate fell from 88.6 per cent in 2000 to 76.2 per cent in 2006. The breakdown by sex shows that boys (51 per cent) are slightly more likely to be registered than girls (48 per cent), although the gap is not wide. This fall is due to cost, which is considered too high (48 per cent) and is the main

deterrent in both urban (49 per cent) and rural areas (48 per cent). Other causes include the distance from civil registry offices (11 per cent), ignorance (2 per cent), the information gap (9 per cent) and administrative delays (29 per cent). In this area, there is clearly a need to review strategies and recapture or improve on the higher earlier rates.

2. Accessibility, quality and use of services



67. The problem of accessibility, quality and use of service in this sector is one of the obstacles to better birth registration. In the Central African Republic, there are 7 regions, 16 sub-prefectures, 71 prefectures, 2 administrative control areas and 174 communes. Every commune has at least one civil registry office. Some communes have secondary civil registry offices in addition to the main offices. The number of communes per sub-prefecture ranges from one to eight.

68. The fact that 11 per cent of the survey respondents mention the distance from civil registry offices as one of the obstacles to registration shows that the population is experiencing difficulties in accessing registration services. Administrative delays (29 per cent) undermine the quality and use of civil registry services. These shortcomings contributed to the drop in birth registration rates from 72.5 per cent in 2000 to 49 per cent in 2006.

69. In rural areas, the distance from registry offices (17.1 per cent), the cost of registration (9.3 per cent) and lack of knowledge regarding registration (6.6 per cent) are the main reasons for the failure to register.

70. The survey also shows that the higher the mother's level of educational attainment is, the more likely she is to register her children: birth registration rates are 91.7 per cent for mothers with secondary education or more, 80.7 per cent for mothers with primary education and 63.9 per cent for mothers with no education at all.

71. The main reasons mentioned for unregistered births depend on the mother's level of education. The distance from the civil registry office is more frequently mentioned by mothers who have never been to school (16.3 per cent) and by those who only completed primary school (10.4 per cent).

72. However, the cost of registration is mentioned more often by mothers with secondary education or more. In addition, such mothers are the most likely not to give reasons for the failure to register.

D. Solutions within the framework of cooperation between the Central African Republic and the United Nations Children's Fund (UNICEF)

73. To remedy this situation, and with a view to improving birth registrations, the Government, with the support of UNICEF, has planned to provide computer equipment to eight districts in the city of Bangui and to equip a number of communes in the sub-prefecture of Boda with civil status registries for birth registrations. This support comes within the framework of the decentralization of activities undertaken by the municipality of Bangui for the benefit of children.

74. The National Commission for the Follow-Up of the Convention on the Rights of the Child, with the support of UNICEF, organized awareness-raising seminars on the right to registration at birth in Bangui and the provinces. Special attention was paid to the situation of children of minorities.

E. Freedom of expression

75. Article 13 of the Constitution guarantees the freedom to convey information and to express and impart opinions by speech, in writing or in pictures, subject to respect for the rights of others.

76. However, there is no specific provision guaranteeing children this right. The Children's Parliament will nonetheless continue to be an effective means of allowing children to express their views. The Children's Parliament was established with the support of UNICEF, as was the Association des Ambassadeurs de la Paix (Peace Ambassadors' Association), which was created with the support of UNESCO (United Nations Educational, Scientific and Cultural Organization) to promote freedom of expression among young people.

77. The national radio and television broadcaster, in addition to Radio Ndeke Luka and other denominational radio stations, often give airtime to young people to talk about their rights.

F. Freedom of conscience and religion

78. As mentioned in the initial report, this right is guaranteed in article 8 of the Constitution in the following terms: "Freedom of conscience, of assembly and worship are guaranteed to all under the conditions established by law". But no specific provisions have been adopted in the Central African Republic with respect to children. However, there are still concerns with respect to parents, who, in view of the proliferation of sects and religious fundamentalism, are reluctant to allow their children to adhere to any given religion or association, which would present the risk of sending them to join a criminal group or association.

G. Freedom of association and peaceful assembly

79. Freedom of association and peaceful assembly is guaranteed in article 12 of the Constitution, which states that all citizens have the right to freely form associations, groups,

societies and charitable corporations, provided that they comply with the relevant laws and regulations.

80. However, the Act of 27 May 1961, which regulates associations in the Central African Republic, does not allow persons under 18 years of age to establish an association. According to this law, then, no minor can establish an association. Nonetheless, to circumvent this obstacle, the National Commission for the Follow-Up of the Convention on the Rights of the Child organizes children in associations and gives them the opportunity to defend their rights. This is the case, for example, with the foundation Les Enfants d'abord (Children First), which functions freely, without being recognized by the Ministry of the Interior. Its objective is to promote and protect children's rights in the Central African Republic. In that capacity, it receives various kinds of support in the context of international aid and has taken advantage of the opportunity to expand in the interior of the country.

81. Although this is derived from the National Commission, children are still the primary beneficiaries and actors. These different forums enable them to participate in public life and express their views on all matters affecting them. This is also the case of the Children's Parliament, which advocates for the rights of children and counts children of all classes among its members.

H. Protection of privacy

82. Other than provisions in the Criminal Code that protect the family home, no legal text specifically addresses the protection of children's privacy in the Central African Republic. Only the Act on the protection of children in the Central African Republic who are in the process of being adopted has taken these concerns into account.

83. Furthermore, the lack of juvenile rehabilitation centres sometimes forces the judicial police authorities to place some children in conflict with the law in pretrial detention in the same rooms or quarters as adults. As a result of this cohabitation, children are very often the victims of brutality on the part of adults. The same is true in some families, where child abuse is still habitual. Cases of violence among children are also often noted during recreational and community activities and among children living and working on the streets, where the weakest are exposed to physical attacks or even ill-treatment.

I. Access to appropriate information

84. In the Central African Republic, despite efforts to inform and raise awareness among the public of the rights of the child, poverty prevents parents from giving their children the means necessary to access information. Only public or private radio and television stations sometimes give them information. Similarly, when issues arise regarding the rights of children, the latter may contact and inform their peers directly by radio. In other words, access to information by children and for children is still a major problem in the country.

J. Information and publicity

85. The Convention on the Rights of the Child was translated into and disseminated in Sango, which was the national language in 1998, but not into the indigenous and local languages. The Convention has not been translated into the languages spoken by refugees, who are mostly Sudanese, Congolese and Rwandan.

86. Numerous seminars, meetings, workshops and radio and television broadcasts have been organized to explain the Convention. In this regard, the children themselves, under the leadership of the general secretariat of the National Commission for the Follow-Up of the Convention on the Rights of the Child, host broadcasts on children's rights and produce radio segments from the field on news items relating to those rights. A seminar for school district teaching supervisors was organized at the Ministry of Education in order to ensure that the Convention was included in school curricula. In addition, information seminars have been held for people responsible for children, heads of NGOs and law enforcement personnel, including police officers, judges and social workers.

87. In order to enable the general public to understand the principles and provisions of the Convention, Junior Parliamentarians and the board of Les Enfants d'abord, in partnership with the network of journalists working for children's rights, organize weekly broadcasts on public and private radio stations, in which the public is invited to participate. In schools, NGOs working for children produce sketches, recitals and discussions to promote familiarity with the Convention.

88. Since 2002, the National Commission for the Follow-Up of the Convention on the Rights of the Child has organized seminars on methods of explaining the Convention on the Rights of the Child to District Children's Rights Committees, persons of note, Prefectural Children's Rights Committees and the actual children's associations. The Commission produces a broadcast devoted to dissemination of the provisions of the Convention entitled; "The Children's Programme", broadcast in the national language, which gives child victims of violence or ill-treatment and their parents an opportunity to report incidents to the competent protection authorities. In addition, the Convention has become part of the training modules given to trainee judges nearing the end of their studies at the National Civil Service and Judiciary Training School (ENAM).

89. To prepare this report, the involvement of all interested parties was encouraged, as it was in the preparation of the initial report, that is, by setting up working groups to explore the various themes, opening a seminar workshop to conduct a review, by adopting the report at a national seminar and by transmitting it to the competent authorities.

V. Family environment and alternative care

90. The aim in this respect is to provide information on family structures within society and indicate the measures that have been taken to ensure respect for responsibility, law and duty by parents or, where applicable, the members of the extended family or the community according to local custom, legal guardians or any other persons legally responsible for providing children with advice and guidance.

A. Parental guidance

91. In the absence of any legal text explicitly addressing the subject, providing guidance to children is a natural responsibility that should be assumed by parents as progenitors, the extended family, foster institutions or any other person legally responsible for a child, as well as by the ministerial departments concerned, human rights organizations in general and organizations working with and for children in particular.

92. Social workers are responsible nationally for mentoring families to enable them to provide a better upbringing for their children. Their action is conducted through instruction programmes on family life delivered through door-to-door outreach initiatives or through radio broadcasts on such local stations as Radio Centrafrique, Radio Ndeke Luka, Radio La Voix de la Grâce and Radio Évangile Néhémie.

93. The implementation of the Convention on the Rights of the Child has not only strengthened this achievement but it has also helped towards greater understanding by parents, who are now more dedicated to providing guidance for their children and respecting their views. Many children, for example, do not belong to the same religion as their parents. The choice of a programme of study will depend more on each student's aptitude, and parents play only an advisory role.

B. Parental responsibility

94. Primary responsibility for ensuring the education of their children lies with parents, who receive support from the Government for that purpose.

95. According to article 6 (4) (5) (6) and (7) of title 1 of the Constitution of 24 December 2004 ("On the fundamental bases of society"), parents have the natural right and essential duty to raise and educate their children, in order to develop in them sound physical, intellectual and moral aptitudes. They are supported in this task by the State and other public administrations.

96. The Family Code of 11 November 1997, in article 567, provides that parental authority over legitimate children is exercised jointly by the father and the mother, with the aim of ensuring the enjoyment by the child of a number of rights, including the right to health, to education and to sound morals.

97. Many parents are making more effort for their children's education despite their limited means. Since the participatory approach has gained ground, the State's intervention in educating children has been limited to providing educational facilities and teachers.

98. There is no national welfare programme or social funding for the poor. All school expenses must be covered out of parents' own resources. Consequently, a large number of children between the ages of 7 and 17 do not attend school.

C. Separation from parents

99. By law, children may be separated from one or both of their parents only in the following circumstances:

- In the event of the divorce, judicial separation or death of the parents;
- In the event of the declared absence of one or both of the parents.

100. In the cases mentioned above, a child may be naturally separated from one of his or her parents or both of them.

101. Under the Family Code, and in all cases, a judge's decision will determine the children's situation. To that effect, the judge settles all matters relating to the rights and obligations inherent in parental authority, the loss, suspension or limitation thereof, and especially the custody and care of the children. Either ex officio or at the request of one of the parties to the proceedings, the judge gathers all the necessary elements to this effect, hears the views of both parents and the children, in order to avoid any form of family violence or any other circumstance giving rise to the measure, considering the best interests of the children. In all cases, the judge ensures that the children's right to live with their parents is protected and respected, unless doing so exposes them to danger. The protection of minors includes the security measures, supervision and therapeutic care necessary to prevent or mitigate domestic violence.

102. The obligation to provide maintenance is a joint responsibility of both the father and mother or the person with custody of the child. In the event of divorce, the judge decides what monthly sum should be paid for maintenance and takes steps to ensure that it is paid.

103. In divorce cases, nonetheless, the views of children between the ages of 15 and 17 about the parent with whom they feel more comfortable and would prefer to live are often taken into account.

104. In addition, there is the growing phenomenon of children living on the street, which results in the separation of those children from their parents. The number of children living on the street in the country is estimated at 6,000, which shows clearly that separation from parents is a reality in the Central African Republic, which, for want of sufficiently wide-ranging initiatives, is far from being eradicated.

D. Family reunification

105. The measures taken or envisaged by the Government to receive applications by a child or by his or her parents to enter or leave a country for the purpose of family reunification are covered by the rules regulating the work of the immigration authorities.

106. For example, there are laws that regulate migratory flows into and out of the country. Applications for residence or exit permits are sent to the Ministry for the Administration of the Territory, which will grant a residence permit or a passport only subject to review.

107. With a view to combating trafficking in children and other persons, the Government of the Central African Republic, like its counterparts in the subregion of Central and West Africa, signed a multilateral agreement on combating trafficking in persons, especially women and children, on 6 June 2006 in Abuja. This agreement provides for stronger border controls over children entering and leaving the country.

108. In 2007, the country passed a law on refugee protection, establishing the requirements for asylum and refugee status.

109. In the light of this ample legal framework, applications for entry or exit made by children, parents or their legal representatives for the purpose of family reunification will be accepted so long as they are considered legitimate by the competent services. From 2007 to 2010, for example, 15 applications for child exit permits were considered legitimate and enabled adopted children to join their new families in Europe.

E. Illicit transfer and non-return

110. The measures taken to prevent and combat the illicit transfer or non-return of children abroad are guaranteed under the Multilateral Cooperation Agreement to Combat Trafficking in Persons, Especially Women and Children, in West and Central Africa.

111. This Agreement, which includes an action plan, delineates the strengthening of border control mechanisms in States parties and the reception of trafficking victims, in addition to the penalties to be imposed on the alleged traffickers involved.

112. In the Central African Republic, children's departures require prior approval by an interministerial committee, made up of representatives of the ministries of Social Affairs, the Interior, Public Security and Justice, before they are submitted to the competent administrative office, in order to combat possible trafficking in children. The problem is that the border police in all cities across the country are not represented on the committee. The porous nature of the country's borders prevents the monitoring of children departing from border towns.

113. Owing to the lack of statistics, no quantifiable information is regrettably available.

F. Recovery of maintenance

114. Under articles 729 and 730 of the Family Code, the duty of maintenance is a legal obligation. It is enforced by means of the recovery of maintenance, which is a court procedure brought against a parent who owes maintenance to his or her child. The recovery is executed by court order, at the request of one of the spouses, to recover maintenance for a child in the applicant spouse's custody. The court orders an ex-officio garnishment of the debtor spouse's wages. The money seized is paid in to the court for the benefit of the spouse having custody of the child.

115. The garnishment order may be revoked if the debtor spouse shows that the money received by the plaintiff is used for purposes other than those of the child's interest.

116. However, enforcement of the garnishment order runs up against two drawbacks: either because payment to the beneficiaries of the money recovered is delayed owing to an administrative malfunction, or because the debtor spouse is insolvent. In the latter case, the law provides for the seizure of harvests or any other items belonging to the debtor. In all cases, the child is always the victim of these kinds of drawbacks.

G. Children deprived of their family environment

117. Children deprived of their family environments are those who have generally either been abandoned by their parents or been separated from their families as a result of the death of their mother at birth and who have been placed in an institution, or, in the case of abandoned children, as a result of parental neglect.

118. All children deprived of their family environment are being victimized. In the Central African Republic, there are several public and private reception centres for children deprived of a family environment. The problems experienced by these centres have mainly to do with their lack of financial and human resources (qualified staff members).

119. Children deprived of their family environments are taken in and placed in an orphanage, where they receive appropriate treatment until they are returned to the family. Where appropriate, they may remain there until they are 4 years old before being transferred to another similar centre that receives children over that age.

H. Adoption

120. Adoption, which is covered by article 522 of the Family Code, creates a legal filiation link which is independent of the child's origin.

121. Under article 555 of the Family Code, an application for adoption must be submitted by the person who intends to adopt to the *tribunal de grande instance* (court of major jurisdiction) of his or her place of residence or, if he or she resides abroad, to the court of the place of residence of the child to be adopted. If the child is abandoned or a foundling, jurisdiction may, if appropriate, pertain to the court which received the child.

122. Despite this provision, full or simple adoption proceedings must be referred to the Adoption Committee established by the Interministerial Decree of 21 April 1996.

123. This Committee is responsible for reviewing applications and transmitting reasoned opinions to the competent court of major jurisdiction.

124. The Committee came into existence owing to the fact that, before it was set up, the police dismantled a child trafficking network organized by a local NGO. This NGO was using adoption procedures to traffic Central African children to countries in Europe.

125. Regrettably, some legal professionals, including judges, have refused to consult the Committee prior to making adoption decisions, deeming the opinions expressed by the Committee to be null and of no effect, which has been considered by the latter to be in breach of the provisions of the Family Code.

126. This controversy ultimately led to the outright dissolution of the Committee. However, strong recommendations have been made for urgent steps to be taken to re-establish the Adoption Committee under the new Family Code, currently in the process of being reviewed.

127. To date 15 children from the Mothers' Centre, the Oblate Sisters' orphanage and the NGO Action Chrétienne pour la Compassion (Christian Action for Compassion) have been adopted by foreign families, most of them of French origin.

I. Periodic review of placement

128. The information provided under this heading relates to the measures taken to place children in institutions where they can receive appropriate care. Act No. 89.003 of 23 March 1989 on health lays down the general principles in connection with health in the Central African Republic but introduces community participation in health-care costs.

129. The Act recognizes the right to health care of target groups such as mothers and children and disadvantaged populations. But for disadvantaged groups such as abandoned children, the problem of paying for health care still applies.

130. Children who have experienced trauma as a result of rape or of having been thrown into latrines by their parents just after birth and who are later found by the emergency services (the police and firefighters) are immediately taken to a centre for appropriate intensive care, including the Neonatal Department of the Paediatrics Complex. These children sometimes spend one to two weeks there, depending on the seriousness of the cases, before being transferred to other centres after they have recovered. Generally care is provided free of charge and funded from the Paediatric Complex's budget.

131. Such cases are fairly frequent, but we do not have statistics to quantify the extent of the phenomenon.

J. Abandonment and neglect, including physical and psychological rehabilitation and social reintegration

132. In articles 129 and 130, the new amended Criminal Code provides for prison sentences ranging from 1 to 5 years or forced labour for anyone found guilty of crimes or offences against children. Alongside the Criminal Code, the Government has also tabled a bill on the protection of children in danger before the National Assembly. Children who are considered to be in danger include abandoned children, children who are victims of rape, violence or abuse and children who are not enrolled in school or included in the civil registry.

133. The bill on the protection of children in danger has two objectives, namely, administrative protection and administrative and judicial protection, which is provided by social workers in the event of child abuse.

134. When a case is reported, the social worker may ask the judge either to order the child to be withdrawn and placed in another institution, or to seek a compromise with the parents to take responsibility for the child and ensure that the child is supervised.

135. Judicial protection, on the other hand, relates more to children in conflict with the law, who are subject to a special, flexible procedure.

136. Articles 1382 et seq. of the French Civil Code, still in force in the Central African Republic, provide for the payment of damages for any victim who has suffered bodily harm or material and non-material damages. In such cases, child victims of violence of any kind may occasionally be awarded damages.

137. Furthermore, administrative measures also make provision for psychosocial and psychological and social care for child victims of violence and neglect, with a view to assisting better social rehabilitation.

VI. Health and well-being

138. The Government of the Central African Republic, by ratifying the Convention on the Rights of the Child, has signalled its determination not to turn its back on children, who are tomorrow's future.

139. To enable children to fully assume the responsibilities of the adults of tomorrow, the children of today have, and will continue to have, the right to enjoy good physical, mental and social health.

140. It is in this light that this report attempts to assess the progress made and the difficulties encountered in implementing health and welfare actions for children since 2000, when the initial report was submitted, to date. Future prospects in that regard are also presented in this part, which is structured along the following themes:

- Children with disabilities;
- Health and medical services;
- Social security and childcare services and facilities;
- Standard of living.

A. Children with disabilities

141. For the Central African Republic, the 2003 General Population and Housing Census (RGPH) counted 39,355 persons with disabilities out of a general population of 3,895,139 inhabitants, which means that one out of every hundred people of the Central African Republic lives with a disability. The proportion of persons with disabilities seems to have decreased over 15 years, falling from 1.06 per cent in 1988 to 1.01 per cent in 2003. Persons with disabilities are predominantly male (50.3 per cent) and young (35 per cent aged 5-9 years, amounting to a total of 13,777, and 30 per cent aged 10-14 years, a total of 11,806). Rural areas house 56.4 per cent of persons with disabilities, compared with 43.6 per cent who live in urban areas. Children are mostly affected by deafness (39 per cent), paralysis of an upper or lower limb (19 per cent) and muteness (12 per cent). Physical disability also entails a social disadvantage: 6 out of every 10 children with disabilities from 6 to 16 years (58.9 per cent) have never been to school, as compared with 45.5 per cent nationwide. School attendance is even lower among children who are deaf, mute or totally paralyzed.

142. Despite the low level of care available to persons with disabilities, limited actions continue to be implemented for children with disabilities.

Actions in favour of children with disabilities

Political and institutional actions

143. The establishment in 1998 of the Ministry of Social Affairs, the Family and Persons with Disabilities, which is responsible for managing this vulnerable group.

144. The enactment of Act No. 00.007 of 20 December 2000 on the status, protection and advancement of persons with disabilities and its regulatory Decree No. 02.205 of 6 August 2002. Title III, articles 26 to 30, 32 and 33, of the regulatory Decree on specific provisions establishes special assistance for pupils and students with disabilities in the area of education and vocational training.

145. The opening of an observatory to combat poverty within the Strategic Framework for Combating Poverty (CSLP) to facilitate the collection of necessary data on persons with disabilities, which are essential for drawing up suitable policies and strategies, and for monitoring and evaluating actions in this regard.

146. The National Organization for Disabled Persons (ONAPHA), which defends the interests of its members in several respects:

At the social level

- The establishment of medical and functional rehabilitation centres within the country's university hospitals and dioceses;
- The establishment of education and training centres for persons with disabilities (deaf-mute and blind people).

In the area of education

- A public education and training centre is available for students with sensory disabilities (deaf-blind persons). This centre provides general education, in addition to vocational training for these children;
- These schools are attended by 136 pupils, 125 of whom at the school for deaf-mute persons and 11 at the school for the blind. The training given in these two specialized schools stops at the last year of primary school. There is currently no possibility for students with disabilities to continue studying at lower secondary education level for reasons of the lack of specialized teachers and the inclusion policy;
- There are no specialized centres in the country for children with mental disabilities. There are only some centres for persons with motor disabilities in certain towns and in Bangui, all of which are run by charitable organizations.

In the area of health

- Article 13 of the regulatory decree of Act No. 00.007 of 20 December 2000 on special assistance and benefits for persons with disabilities stipulates in paragraph 2 that medical assistance for persons with disabilities recognized as indigent and holding a disability card includes total or partial coverage for consultations, examinations and medical care, hospitalization, functional rehabilitation, and medical evacuations in accordance with current regulations. It may be noted that to date the interministerial order setting out the exemption rates has not yet been

adopted, so that persons with disabilities, including children, are subject to the same cost recovery plan.

B. Health and medical services

147. This chapter is structured into two sections, namely the major problems relating to health and social services faced by children, and the actions carried out to date by the Government with the support of its partners.

1. The major health problems of children

148. In order to better ascertain children's health problems, our approach will follow their stages of development, from conception to adolescence.

1.1 Prenatal period and maternal survival

Health status

149. The risk of maternal death is quite high in the Central African Republic. The rate varies with age. It rises from 10 per cent between the ages of 15 and 19 to 13 per cent between the ages of 25 and 29; it falls between 30 and 34 years and then reaches its peak between 35 and 39 years, where almost one in seven women's deaths (14 per cent) is due to maternal causes.

150. The maternal mortality rate went from 948 maternal deaths per 1,000 live births in 1995 (EDS 1994/1995) to 1,355 maternal deaths per 100,000 live births in 2003 (RGPH 2003). The level is still high and the associated risk factors remain significant. In fact, only 19 per cent of women use any method of contraception, while practically 1 woman in 10 (8.6 per cent) uses modern contraception. Almost 7 out of 10 pregnant women receive antenatal care from qualified staff; only 5 women in 10 (53.4 per cent) are assisted by qualified staff during delivery; and only half of all women give birth in a health-care facility. There are very marked disparities affecting women living in rural areas, not only in terms of prenatal care (56 per cent compared with 90 per cent) but also with regard to assistance during childbirth from qualified staff (35 per cent compared with 90 per cent) and delivery in a health-care facility (36 per cent compared with 83 per cent).

Infant and maternal health services

151. Service coverage is not sufficient. According to the annual bulletin of health statistics, only 30.2 per cent of pregnant women had at least four antenatal check-ups before delivery in 2004, compared with 34.6 per cent in 2000, according to the multiple indicator survey, and fewer than in 1994-1995 (EDS). In rural areas, 42 per cent of pregnant women do not receive any services at all, compared with 12 per cent in urban areas (MICS 2000).

HIV/AIDS control

152. Women's knowledge of ways to prevent transmission of this disease remains poor: only one in two women received information on HIV/AIDS as part of antenatal care, at least once during pregnancy. Women in rural areas receive information on HIV/AIDS half as often as those in urban areas (38 per cent compared with 70 per cent). There is a 35 per cent risk of mother-to-child transmission, as in most countries of the subregion. Contamination during childbirth is all the more likely, given that the risk factors identified through international research are heavily present in the Central African Republic. Such factors include vaginal infections (30 per cent) and prolonged labour (26 per cent). The risk of postnatal contamination increases during the breastfeeding period, which presents a

serious problem in a country where extended breastfeeding is the norm and behaviour is difficult to change, both negative factors for an effective national response to the epidemic.

1.2 Early childhood

Children's health in the Central African Republic

153. Studies have shown an increase in the risk of death among children less than 5 years old. Current data from the MICS 2006 survey indicate a reversal of the downward trend. Rates of infant and young child mortality are estimated at 106 per thousand and 176 per thousand respectively.

154. The main causes of morbidity and mortality are parasites, infections and deficiencies, more specifically:

Malaria

155. Malaria remains one of the main causes of death among children under 5 years in the Central African Republic. The spread of the disease remains a concern. The percentage of very febrile children remains high both in Bangui and in the provinces (35 per cent). In addition to the capital, it is also noted that the prevalence of malaria is higher than the national average in the prefectures of Ombelle Mpoko (23 per cent), Nana Gribizi (24 per cent), Lobaye (25 per cent), Kémo (25 per cent), Ouham (25 per cent) and Ouaka (27 per cent).

Diarrhoeal diseases

156. The prevalence of diarrhoeal disease is relatively higher in urban areas than in rural areas (23 per cent compared with 16 per cent). This inversion in the prevalence of the disease in relation to area is the opposite of that observed in the MICS 2000 (27 per cent in rural areas, compared with 24 per cent in urban areas).

157. In the prefectures, the prevalence of diarrhoeal diseases ranges from 10 per cent in the Sangha-Mbaéré to 30 per cent in Bangui. Furthermore, it should be noted that the prevalence is above the national average of 19 per cent in Lobaye (23 per cent), Ombelle Mpoko (21 per cent), Ouaka (21 per cent) and the Haut Mbomou (20 per cent).

158. In the administrative regions, this prevalence of diarrhoeal diseases is also higher than the national average in regions Nos. 1, 4 and 7. The incidence of diarrhoeal diseases is highest among children aged 6 to 23 months (59 per cent) with a peak among those aged 12 to 23 months (30 per cent). There are no significant differences according to the children's sex, the mothers' level of education or the economic status of households.

159. Between MICS2 and MICS3 a decline may be noted in the prevalence of diarrhoeal disease among children from under 26 per cent in 2000 to 19 per cent in 2006.

Acute respiratory infections

160. The prevalence of acute respiratory infections has been decreasing, falling from 15 per cent in 1996 to 10 per cent in 2000 and to 0.7 per cent in 2006.

161. The percentage of children under 5 years who suffer from suspected pneumonia is estimated to be 7 per cent at the national level. There is no difference between urban and rural areas.

162. However, the prevalence of suspected pneumonia is lower in Nana-Mambéré (2 per cent), whereas it is notably higher in Kémo (15 per cent). Similarly, this disease occurs

more frequently in regions Nos. 1, 4 and 7. There are no significant differences according to the children's sex, the mothers' level of education or the economic status of households.

The diseases targeted by the Expanded Programme on Immunization

163. The vaccination coverage rate significantly improved in late 2006. The key indicators are respectively: 76 per cent for Bacillus Calmette-Guérin (BCG), 82 per cent for diphtheria, tetanus and pertussis (DPT3), 81 per cent for polio (VPO3), and just over 100 per cent for the measles vaccine. Thanks to these results, the Central African Republic obtained the excellence and encouragement prize, awarded on 29 November 2006 in Maputo (Mozambique).

Malnutrition

164. Child malnutrition remains a major health concern. A deterioration has been noted in nutritional indicators. In 2006 there was an increase in the rate of moderately underweight children, which rose from 23.2 per cent in 1995, to 24.2 per cent in 2000, and to 28.3 per cent by 2006. With regard to breastfeeding during the hours following delivery, barely 39.1 per cent of women began breastfeeding their babies during the hour following childbirth and 76.2 per cent began breastfeeding 24 hours after delivery. Vitamin A supplementation coverage rose from 9.5 per cent in 2000 to 60.2 per cent in 2006.

1.3 Pre-adolescence and adolescence

165. The periods of pre-adolescence and adolescence cover the age groups 5 to 12 years and 13 to 19 years respectively.

166. In addition to the above-mentioned diseases, which affect these two categories of the population less severely, reproductive health problems are noted related to fertility and particularly early sexual intercourse and pregnancies, and sexually transmitted diseases, especially during adolescence.

167. A look back at the survey on vitamin A deficiency, iron deficiency and the consumption of iodized salt (MSP/UNICEF, June 1999) shows that fertility has increased compared to DHS (Demographic and Health Survey) data for 1994-1995 (3.4 and 2.9 children per woman). It is reckoned that 65 per cent of women have been pregnant before 18 years of age, 14 per cent of whom during pre-adolescence (before age 15); the proportion of young mothers is above the national average (43.4 per cent) in health regions Nos. 1 and 2; 13.1 per cent of women in rural areas compared with 9.3 per cent of those living in Bangui reported being pregnant.

168. The lack of data at the national level on sexually transmitted diseases does not allow the scope of the problem among this vulnerable group to be determined. Pregnant women, children under 5 years of age and adolescents, in addition to specific problems (such as lack of appropriate services), share common difficulties with regard to access to basic essential services. The main problems are:

Limited access to health services

169. Despite significant efforts made over the past decade to incorporate a special focus on child-mother programmes into the general health-care system, health-care coverage and use of services remains low in the Central African Republic. It is estimated that the proportion of the Central African population with access to a health facility within a five-kilometre radius rose from 45 per cent in 1994-1995 (DHS) to 65.2 per cent in 2000 (MICS). In the area of prevention, the proportion of children aged between 0 and 11 months whose growth was monitored in health centres is 39 per cent at national level. The average number of medical check-ups per newborn is 5.2, far below the standards recommended by

the World Health Organization (15 check-ups). The determinants for doctor's visits for newborns are the same as those for pregnant women. By prefecture, the rate of use of curative care is on average 0.01 to 0.2.

Low availability of services

170. The Government has made efforts, with the support of its development partners, to make inputs more available to improve the quality of services. Such is the case for essential generic medicines and medical consumables, the policy for which was introduced in 1994. Despite the significant progress made in this subsector, a large proportion of the population does not have access to medicines owing to the people's low purchasing power and organizational problems in health facilities. The main problem facing the health services is one of human resources. Both the numbers and quality of health personnel is inadequate, as evidenced by the ratio of health personnel to population according to World Health Organization standards: 1 doctor per 21,342 inhabitants, 1 pharmacist per 339,341 inhabitants, 1 midwife per 16,159 inhabitants, 1 nurse per 3,733 inhabitants and 1 assistant midwife per 13,152 inhabitants. That is in addition to the insufficient and dilapidated health-care infrastructure.

1.4 Access to drinking water, basic sanitation and the environment

171. Drinking water is a basic necessity for good health. Every person should dispose of at least 20 litres of water a day.

172. A trend analysis of drinking water consumption and its main modern supply sources showed an improvement in accessibility to drinking water in 2006, at 52 per cent compared with 39 per cent in 2000 according to MICS 2, and 31 per cent in 1996 according to MICS 1.

173. There has been a slight increase in water supply from public fountains or water kiosks (21 per cent in 2000 compared with 20 per cent in 2006).

174. Despite this progress, the coverage in the country of drinking water (52.1 per cent) and safe water (64 per cent) remains insufficient. Unfortunately, only 3.8 per cent of households use an appropriate method of water treatment for all water sources at the national level.

1.5 Major actions undertaken in the areas of children's social services and health

Improvement in health care

- Generally speaking, the primary health-care strategy covers the whole country. The degree of implementation of the strategy in each district depends on the commitment of the political, administrative and health authorities. The second National Health Development Plan 2006-2015 has been activated, based on the following four pillars: capacity-building of the institutional framework; the promotion of reproductive health; the strengthening of disease control and emergency and disaster management; and the promotion of a healthy environment. This second National Health Development Plan is part of the strategic poverty-eradication framework. Previously the Government's health programmes followed the National Health Development Plan 1994-1998 and the Interim Health Plan 1998-2005. All health development plans are based on the primary health care strategies and the Bamako Initiative, which give priority to mother and child health and well-being.
- The continuation and strengthening of the supply system of essential generic medicines introduced in 1994.

- In 2003, the Government adopted a reproductive health policy and standards that focus on the reproductive health of women, adolescents and children, as well as the reproductive health of men and women. These documents were developed with the support of the United Nations Population Fund.
- The organization of an external review of the Expanded Programme on Immunization in 2002, which helped to diagnose the diseases addressed by this major programme. The report of this review was used to develop the multi-year plan of the Expanded Programme on Immunization adopted by the Government, which covers the period from 2003 to 2008. It is against this background that the Government requested and obtained from the Global Alliance for Vaccines and Immunization financial and material support with a view to strengthening immunization services, ensuring the safety of injections, and promoting and introducing new and underused vaccines. Within the framework of its cooperation programme with UNICEF, the Ministry of Public Health and the Population received substantial support in the form of cold chain equipment, vaccines and other consumables, technical capacity-building, and vehicles to revive the routine Expanded Programme on Immunization, which suffered significant setbacks during the military-political unrest during 2002 and 2003. The World Health Organization also contributed through capacity-building of the monitoring system and the relaunch of the routine Expanded Programme on Immunization. Other partners such as the International Committee of the Red Cross and the European Union also participated in the relaunch of the Expanded Programme on Immunization at the end of the crisis of 2002-2003. Thanks to this major partner support, it was possible to increase the number of permanent immunization centres, from 220 in 2002 to 445 in 2006. Nearly 60 per cent of the 750 public and private health facilities in the country have included vaccinations in their minimum health-care package.
- In order to remedy the deficiency of routine immunization and enable the country to fulfil its commitments with regard to polio eradication and measles control, the Government has organized additional polio immunization activities since 1996 and launched the national measles vaccination campaign for children aged 6 months to 14 years in October 2005 and January 2006. During these campaigns, almost 100 per cent of children aged 0 to 5 years of age were vaccinated against polio and around 90 per cent against measles. This robust action by the Government with the support of its partners has stopped the spread of wild poliovirus since November 2004. No measles epidemic has been recorded since January 2006.
- The renovation and equipment of health facilities in eight health prefectures in the country with the support of the European Union.
- Lastly, in order to improve coverage of health personnel in the country and despite the unfavourable economic and financial climate, special attention has been given to the health sector. For example, over 1,000 health workers of all categories were recruited between 1998 and 2010 and assigned mainly to the interior of the country.

1.6 Prevention and treatment of HIV/AIDS

175. With regard to the fight against HIV/AIDS, the programme to reduce parent-to-child transmission of HIV has been implemented since March 2001 and is being gradually expanded across the country. Furthermore, the Government sought and obtained funding from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria to help it step up its preventive actions (with the establishment of voluntary screening and counselling centres in the prefectures), to increase treatment for opportunistic infections, and to offer triple therapy for people living with HIV/AIDS. There are altogether 76 antiretroviral treatment centres in the country. The provision of antiretroviral therapy to eligible persons living with

HIV/AIDS has been one of the problematic aspects of the fight against HIV/AIDS in the Central African Republic. Of the 40,000 persons living with HIV/AIDS eligible for antiretroviral therapy, only 14,000 receive such treatment, i.e. 35 per cent. More significant shortcomings have been observed in paediatric care due mainly to problems with diagnoses.

1.7 Nutrition

The main achievements are:

- The organization and dissemination of the results of the survey on vitamin A and iron deficiencies and the consumption of iodized salt conducted by the Ministry of Public Health and Population to a broad section of the population, representing all health regions of the country and including: the political and administrative authorities, health structures, the ministries responsible for planning, finance, agriculture and social affairs, university staff; and representatives of United Nations system agencies, bilateral organizations and NGOs.
- The development and adoption by consensus by an interministerial committee of a national strategy to combat micronutrient deficiencies (iodine, vitamin A, iron, folic acid) in March 2002. The strategies set out in this document are based on (a) the distribution of supplements during routine health activities (curative and preventive); (b) vitamin A supplementation during mass immunization campaigns (national and subnational immunization days); (c) systematic deworming; (d) technical capacity-building of health workers; (e) provision of vitamin A capsules and iron-folate tablets in health facilities; (f) social mobilization, focusing particularly on the consumption of foods rich in vitamin A and iron; and (g) improvement of national authorities' level of knowledge of the alarming magnitude of vitamin A deficiency and anaemia among children under 5 years of age and women (68.2 per cent of children aged between 6 and 36 months and 17 per cent of pregnant women are vitamin A deficient; 84.2 per cent of children from 6 to 36 months and 55 per cent of pregnant women are anaemic), which has led to the latter's closer involvement and has led to the development and dissemination of the national strategy against micronutrient deficiencies.
- The development and adoption of a handbook and guidelines on the introduction of vitamin A in the Expanded Programme on Immunization; the holding of a series of training sessions for health workers on supplements and their incorporation into the routine Expanded Programme on Immunization. Training was provided for 176 workers from vaccination centres from health regions No. 1, 2 and 7 during November and December 2003. During these training sessions in the prefectures and sub-prefectures, the political and administrative authorities (prefects, sub-prefects, mayors) attending the sessions were made aware of the need to mobilize their communities to combat vitamin A deficiency.
- The launch of campaigns on vitamin A supplementation for children aged 6 to 59 months since 2001 and systematic deworming of children aged 12 to 59 months in Mebendazole in 2005 and 2006 as part of additional immunization activities and National Child Survival Day in 2006.
- Particularly significant progress has been made regarding the consumption of iodized salt, as shown in figure 4: the rate of consumption of iodized salt has significantly improved, rising from 28 per cent in 1995 to 65 per cent in 1996, reaching 85 per cent in 1998, and 86.5 per cent in 2000 (concentration rate + 15 parts per million).

2. Integrated Management of Childhood Illnesses

176. The Central African Republic, like other developing countries, adopted the Integrated Management of Childhood Illnesses (IMCI) strategy in January 2003 with a view to reducing morbidity and mortality of children less than 5 years of age due to malaria, acute diarrhoea, measles, acute respiratory infections, malnutrition and HIV/AIDS. The IMCI strategy comprises three components:

- Strengthening the competencies of health workers;
- Strengthening the health system;
- Improving family and community practices.

2.1 The main achievements are:

- The preliminary visit by a World Health Organization expert in January 2003 followed by the first guidance workshop for decision makers, senior officials from the Ministry of Health and partners, aimed at raising their awareness of the implications of adopting the IMCI strategy for the health system and to secure their acceptance of the strategy.
- A working group, chaired by the Director-General of public health and composed of representatives of the programmes concerned (National Malaria Control Programme (PRONAPAL), programmes on nutrition, diarrhoeal illnesses, acute respiratory infections and HIV/AIDS, and the Expanded Programme on Immunization), partners and training schools, was set up by order of the Minister of Public Health and Population in March 2003; the coordination of activities was entrusted to the directorate of preventive medicine and disease control and a national coordinator was appointed.
- Three pilot districts have been identified for the initial implementation: Lobaye, Mbomou and Lower Kotto.
- A multi-year strategic plan covering the period 2003-2007 was drafted and approved in August 2003.
- The generic tools of the IMCI strategy were adapted to the epidemiological and sociocultural context of the country in March 2004.
- National consensus on the proposed adjustments was obtained during a workshop held in May 2004.
- The first national training session was held in December 2004, in which 16 national trainers were trained in IMCI strategy.
- Training in facilitation techniques took place in January 2005, leading to the training of 10 IMCI strategy facilitators.
- The first district-based course took place in June 2005, in which 23 health providers in Lobaye were trained in the proper care of sick children.
- The second district-based course was held in July 2005 in Kongbo in Lower Kotto, in which 24 health providers were trained.
- Training in monitoring techniques for trained health workers took place in December 2005 in Mbaïki, with the training of six supervisors of IMCI strategy-trained health workers.

- Teachers of the Faculty of Health Sciences were given guidance in April 2006 on the integrated management of childhood illnesses to prepare them for the introduction of the IMCI strategy into the training curricula of health professionals.
- Health workers in the districts of Lower Kotto and Mbomou trained in IMCI strategy received a first follow-up visit in June 2006.

177. With regard to the second component of IMCI strategy relating to the strengthening of the health system, the main achievements have been:

- Five peripheral health facilities of the Boda sub-prefecture received an initial allocation of essential generic medicines.
- Oral rehydration therapy for diarrhoeal children was administered in 12 health facilities in the Lower Kotto and Mbomou districts, and these facilities each received 1,000 sachets of oral rehydration salts.

178. With regard to the third component, which is the improvement of family and community practices, the main achievements are:

- Organization of a national guidance and planning workshop relating to the community component of the IMCI strategy in May 2005;
- Development and validation of community IMCI strategy training modules;
- Development and validation of community IMCI strategy communication tools;
- The training and retraining of 120 volunteers from the Boda sub-prefecture in community-based IMCI strategy.

2.2 Improvement of child welfare

179. In the Boda sub-prefecture, the Government, with the support of partners, has developed a strategy for the comprehensive development of young children. This is a holistic strategy that seeks to ensure comprehensive development for all children, i.e. physical, psychosocial and environmental, including the home, parents, community and society. It guarantees for all children a good start in life, particularly by providing them with the necessary stimuli for the development of their awareness during the first three years of life, to produce a new generation of successful responsible citizens. This process goes hand in hand with implementation of the rights of children to survival, i.e. to health, physical development, a healthy environment, and their rights to development through unimpeded access to “Child-friendly and girl-friendly schools” and nurseries. The overall process is supported by United Nations Development Assistance Framework strategies, consisting of:

- Participatory development with strong involvement of women;
- Improved status for women and mothers;
- A transfer of know-how and technology to parents and communities.

180. The strategy for the comprehensive development of young children contributes towards meeting the six Millennium Development Goals, which are:

- Reducing poverty;
- Reducing infant and child mortality;
- Reducing maternal mortality;
- Improving girls’ school enrolment and the status of women;
- Reducing the impact of HIV/AIDS;

- Improving access to drinking water.

2.3 The main achievements of the strategy for the comprehensive development of young children are:

- Community capacities have been strengthened through the introduction of new technologies;
- More than 2,000 children aged 2 to 5 years attend early-learning community centres and show encouraging signs in terms of development, health and nutrition;
- Operational early-learning community centres for 18 out of 19 communities;
- Lasting materials used to build 10 women's shelters as the premises for the early-learning community centres;
- Seven community schools supplied with drinking water;
- Improvement of health care and the referral system;
- International approval of the strategy for the comprehensive development of young children of the Central African Republic.

181. Unfortunately, owing to a lack of financial resources, the strategy for the comprehensive development of young children was discontinued half way through.

2.4 Challenges regarding child survival

182. There are many varied challenges in this area.

In primary health care

183. Coverage of basic health services needs to be increased with a quality minimum health-care package, to which the majority of children must have access in accordance with the principle of equity. The most cost-effective programmes (Expanded Programme on Immunization, and programmes on acute respiratory infections, diarrhoeal illnesses, and infant and maternal health etc.) must be promoted and prioritized within the framework of the IMCI strategy. The Government must allocate substantial resources to primary health care and further involve the population in the development, implementation, follow-up and evaluation of primary health care programmes. A major challenge to confront is the improvement of community-based management. However, the status of children in the Central African Republic will be improved not only by improving geographical access to basic social services, but also by acting on all the factors that determine such status. Household poverty reduction programmes will be necessary to guarantee financial access to basic social services, as well as programmes to improve women's status based on the improvement of girls' education.

Prevention and treatment of HIV/AIDS

184. The challenge will consist in ensuring that combating this pandemic does not only fall to the Ministry of Health but also to other sectors, civil society and communities.

185. The development of strategies aimed at changing people's behaviour (information, education and communication activities, screening and control) is essential. Thus, emphasis must be placed on ensuring a sense of responsibility and involvement of communities in the fight against HIV/AIDS. The last challenge will be the expansion across the country of action programmes to reduce mother-to-child transmission.

Control of waterborne and environmental diseases

186. The Government must fulfil its commitments through the various steering plans and policies (water, sanitation and environment) it adopts. The challenge that remains is doing everything to ensure, firstly, sufficient resources to meet objectives and, secondly, the determination of the State to ensure that drinking water coverage extends across the country and that the actions undertaken with the support of partners are sustainable.

2.5 Nutrition

187. Permanent food security must be ensured through: sufficient coverage of calorie requirements; information, education and communication with the majority of the population to overcome taboos and negative ideas about food; adequate breastfeeding practices; an increase in purchasing power; and effectively combating illiteracy particularly among women.

2.6 The Integrated Management of Childhood Illness strategy

188. Challenges to be overcome are:

- Insufficient resources (financial and material) for the implementation of activities;
- Insecurity, which jeopardizes the expansion of the strategy to other districts in the country.

2.7 The strategy for the comprehensive development of young children

189. The challenges to be overcome are:

- Reassigning the necessary resources for resuming the programme's activities;
- Motivating volunteers engaged in the early-learning community centres;
- Insecurity, which jeopardizes the scaling-up of the strategy for the comprehensive development of young children;
- The problem of preserving institutional memory within a context of institutional instability.

C. Social security, childcare services and facilities

190. The legal system described in the previous report of the National Committee to monitor application of the Convention in September 1997 remains in place; however, the application of the various regulations is insufficient. For example, social welfare is not yet universal: it covers only the children of civil servants and of private sector employees who have made contributions or who receive a retirement pension. The children of subsistence farmers, unemployed persons and poor families, who make up the majority of the population, are not covered by the system. No cash transfer programmes for children from poor households are planned. The Central African Republic is beset by financial and economic difficulties, which have driven poverty rates up to 73 per cent; consequently, the Government has been forced to reduce to five the number of children for whom a civil servant can receive family benefits. These benefits, valued at the meagre sum of 10,500 CFA francs (CFAF), are not sufficient for parents to cover even the most basic needs of their children.

D. Standard of living

191. Although no recent data is available, the difficult situation facing the country undoubtedly affects the lives of communities, families, and by extension, children. Standards of living have fallen in economic and social terms, with children the first to be affected in their physical, mental and social development.

192. The real gross domestic product (GDP) growth rate dropped from 7.2 per cent in 1995 to 4.1 per cent in 1996, and then to 3.4 per cent in 1999. Per capita GDP dropped from 125,939 CFAF in 1995 to 120,150 CFAF in 1996, a fall of around 4 per cent. Since then, there has been a slight increase, although this has not been enough to return to the growth levels seen before the mutinies.

193. The poor performance of public finances and the resulting decline of the primary budget balance from -0.3 billion CFAF in 1995 to -5.6 billion CFAF in 1996 led to significant arrears in both internal and external debts. Following sustained Government efforts to clean up public finances, in 2009 the country met the eligibility criteria for the Heavily Indebted Poor Countries Initiative, which reduced the public debt burden by 80 per cent.

194. In terms of social development, the Central African Republic is among the poorest countries in the world, ranking 165th out of 174 countries in the 2010 Human Development Index of the United Nations Development Programme. Its per capita income is the lowest in the world, standing at US\$ 330. Living standards continue to decline, hampering the take-off of the economy and the harmonious development of the population.

VII. Education, leisure and cultural activities

195. The rights to education, leisure, rest and cultural activities are guaranteed under the Constitution. According to article 7 of the Constitution, every person has the right to access sources of knowledge. The State guarantees access to education, culture and vocational training for adults and children. Parents are obliged to provide for their children's education until they reach at least the age of 16. Education is free of charge in public institutions at all levels.

A. Measures taken to recognize and guarantee children's right to education

196. The aim of education is to achieve universal school enrolment. To this end, the target is for all children receive a full education by 2015. The indicators for the achievement of this goal are: (1) the net school enrolment rate; (2) the school completion rate, and (3) the literacy rate. Equity and gender also need to be factored in when presenting this data.

197. The education system in general, and primary education in particular, remain among the main concerns of both the Government and the population. In this respect, Central Africans from all fields have come together on a number of occasions, including the national seminar on education, training and employment in 1982 and the national consultations on education and training in 1994. The recommendations resulting from the latter exercise led to the drafting of the Act on national education policy in 1996. Education also formed part of the regional consultations for the drafting of the Poverty Reduction Strategy Paper in 2006.

198. Despite the emphasis seemingly placed on education, not all school-age children are currently enrolled: out of every 10 students in Grade 1, 7 are newly enrolled, including 3 girls (Biennial Statistics Report, 2008).

199. These figures are valid for the country as a whole.

200. In rural areas, almost 6 out of 10 students in Grade 1 are boys and 4.5 are girls.

201. Rates are recovering slowly, as only 56 per cent of children aged 6-11 are enrolled in school in 2007. The gender parity index shows that nationally, 7 out of 10 students are girls. For Bangui, as many girls are enrolled as boys (1.02) (Biennial Statistics Report, 2008). In rural areas, however, 4 girls attend school for every 10 boys. This situation does not help towards achieving gender equality, as rural women always receive less education and will therefore not be admitted to decision-making bodies.

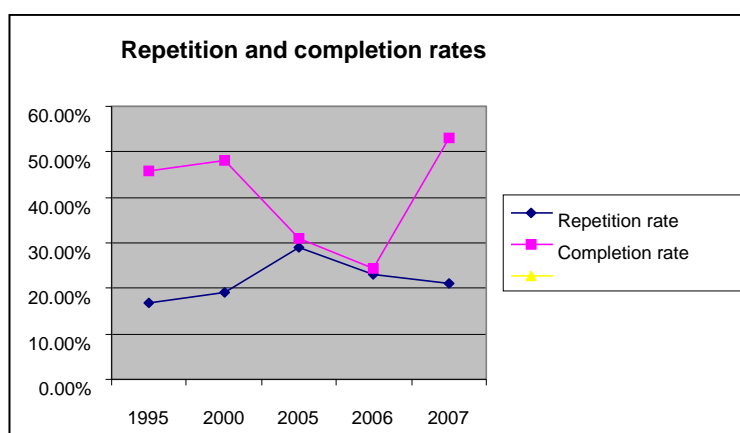
Table 1
Gender parity by school inspectorate

<i>Inspectorate</i>	2000	2002	2004	2006
Bangui	0.97	0.88	0.98	0.97
Central	0.6	0.62	0.6	0.66
Central Eastern	0.58	0.58	0.58	0.66
Southern	0.68	0.71	0.73	0.75
Northern	0.54	0.67	0.52	0.56
North Eastern	0.44	0.38	0.49	0.62
Western	0.58	0.65	0.63	0.69
South Eastern	0.56	0.5	0.62	0.61
National	0.68	0.69	0.69	0.72

Source: Statistical Yearbooks.

202. In terms of gender equality, at the primary level there are only 7 girls for every 10 boys. The proportion rose from 0.63 in 2004 to 0.72 in 2006. While the rate in the Bangui School Inspectorate is 0.97, the proportion in the Northern School Inspectorate is alarming, with 5.5 girls for every 10 boys. Efforts are still needed in all areas, and particularly in rural areas, to achieve gender equality in terms of schooling.

Figure 2



Source: Statistical Yearbooks.

203. After rising from 19 per cent in 2000 to 31 per cent in 2005, the repetition rate has fallen over recent years: in 2007, it was down to 21 per cent. However, this average figure hides wide disparities: in some rural schools the repetition rate stands at more than 30 per cent of the enrolment rate. As a corollary, the completion rate has followed a similar pattern: it stood at 45.7 per cent in 1995, rose to 48.2 per cent in 2000, fell to 24 per cent in 2006, and then climbed again strongly to 53 per cent in 2007. While there are measures in place to reduce the repetition rate, these will not lead immediately to a 100 per cent completion rate: the rate will merely increase gradually.

204. In basic secondary and general secondary school, equality is not close to being achieved: for all these cycles, there are only 6 girls for every 10 boys. Leaving aside the Bangui School Inspectorate, which has more than 8 girls for every 10 boys, and the Central Southern School Inspectorate, which has at least 5 girls for every 10 boys, all other school inspectorates have on average 3 girls for every 10 boys (Biennial Statistics Report, 2008). As the completion rate for girls depends on non-discriminatory access (World Bank Country Status Report on Education), implementation of the Integrated Communication Programme is essential.

205. The literacy statistics are hardly any better. The literacy rate increased from 37.2 per cent in 1988 to 49.6 per cent in 2000. Since then, there has been a steady decline to 41.4 per cent in 2003 and 35.5 per cent in 2006 (MICS 3 report, 2009). In urban areas, however, 66 per cent of men and 46 per cent of women are literate, compared with only 24 per cent of men and 6 per cent of women in rural areas.

206. With a view to measuring the progress made in the education system, MICS 2000 examined the features of basic education for children and the level of education of the population. The results of the Survey showed that the Central African Republic had experienced an alarming decline in terms of the global goal of education for all by the year 2000. The net primary enrolment rate fell sharply from 63 per cent in 1996 to 43 per cent in 2000. This drop in the rate of school attendance is a significant problem for the country. The gap in enrolment between girls and boys remains wide. The inefficiency of the education system is reflected in the very low numbers of children in primary school progressing from Grade 1 to Grade 6 (7 per cent). Dropout is a serious problem. The high levels of illiteracy among adults, and particularly among women, hamper effective participation in the management of community-based activities.

207. Private and religious-based schools do, however, address girls' education.

208. The performance of the education system in the Central African Republic is still poor. Less than 2 per cent of children attend preschool.

209. At the primary level, the poor performance of the education system is evidenced by low levels of access, leading to one of the lowest gross enrolment rates in Africa, at 75 per cent, compared to 82 per cent in the Central African Economic and Monetary Community. The inefficiencies in the system result in:⁶

- High dropout rates (11 per cent);
- Extremely high repetition rates (30 per cent);
- Low retention rates (64 per cent);
- Low completion rates (31 per cent);
- Very low internal efficiency rate (53 per cent);
- Low standard of learning;

⁶ Education statistics.

- Low educational achievements.

210. Learning outcomes are too weak to achieve the irreversible literacy growth needed to build human capital: only 60 per cent of Grade 6 students can read without difficulty.

211. The education system is unequal, with discrimination between the sexes (gross enrolment rates: 61 per cent for girls, 88 per cent for boys), social selectivity (gross enrolment rates: 32 per cent for children from poor households, 121 per cent for children from rich households), and geographical inequalities (gross enrolment rates: 50 per cent for rural children, 107 per cent for urban children).

212. Working conditions are poor:

- An average of 99 students per classroom;
- One reading book for every 8 children;
- An unattractive school environment;
- Lack of separate toilets for boys and girls;
- Lack of drinking water outlets in schools;
- Insufficient numbers of qualified teachers;
- A steadily growing number of parent-teachers;
- Difficulties in the teaching profession;
- A rapidly ageing workforce;
- Teaching staff suffering the impact of HIV/AIDS: an estimated 480 teachers per year will need to be replaced by 2015 due to AIDS-related deaths.

B. The goals of education

213. According to article 12 of Act No. 97.014 of 10 December 1997 on national education policy, the aim of primary education is to ensure that all children receive a general and practical basic education, adapted to the environment.

214. Subparagraph (2) of the article sets out the details as follows: the objectives⁷ of primary education are to master the basic learning blocks of language, reading, writing and arithmetic. It must develop children's intellectual, manual and physical skills and entrepreneurial spirit, convey moral and civic values, promote family life education and prepare children for the world of work.

215. To this end, the aim should be to improve the quality of professional development through the provision of continuous support in order to help primary school teachers refresh their knowledge and improve their teaching skills at further training courses and teacher centres.

216. At further training seminars, primary school teachers can improve their knowledge of the subjects they teach, learn to develop teaching strategies and course plans and become familiar with educational content and pedagogic methods.

⁷ These objectives follow the spirit of article 29 of the Convention.

C. Measures adopted to make primary education compulsory and free of charge

217. As we saw earlier, under the provisions of article 7 of the Constitution, every person has the right to have access to sources of knowledge. The State guarantees access to education, culture and vocational training for adults and children. Parents are obliged to provide for their children's education and training until they reach at least the age of 16. Education is free of charge in public establishments at all levels.

218. These provisions were strengthened by Decision⁸ No. 190/MENAESR/MDENPS/CAB/SG/DGENA of 2 September 2004, which established the amount of fees for public primary and secondary schools.

219. Article 1 of the Decision lays down the following fees in public schools:

- Primary schools
 - School Mutual Insurance Society of the Central African Republic fees: 250 CFAF;
 - Report book: 150 CFAF;
 - School identification card: 200 CFAF;
 - Total: 600 CFAF.
- Secondary, general and technical schools
 - School Mutual Insurance Society of the Central African Republic fees: 250 CFAF;
 - Report book: 500 CFAF;
 - Sports fees: 500 CFAF;
 - School identification card: 250 CFAF;
 - Total: 1,500 CFAF.

220. The intention of this Decision is to set a universal rate for all, in order to avoid abuse by dishonest school principals. Those in charge of the education system believe that these charges do not call into question the principle of free education. There is also the problem of parent-teachers, who have to be paid 200-300 CFAF per child and per month. However, some doubts have been expressed regarding the payment of fees, as some principals demand the money before allowing the children to be admitted to school. In many cases, failure to pay leads to the systematic exclusion of the pupils concerned. This practice is rife throughout the country and is a grave violation of the principle of free education, as provided for in the Constitution and the Convention on the Rights of the Child.

D. Technical and vocational training and development of basic capacities

221. According to article 24 of the Act on national education policy, the aim of technical, professional and agricultural education is to extend students' knowledge, develop their manual and technical skills and provide them with a recognized qualification, which will help them find employment. Such education is delivered at technical, vocational and

⁸ This Decision is one of the texts adopted after the change that occurred on 15 March and reflects the determination of the authorities to provide free, compulsory education for children.

agricultural colleges in conjunction with businesses in the primary, secondary and tertiary sectors.

222. Technical training, which is delivered in technical schools, lasts three years and leads to a Vocational Aptitude Certificate (CAP). Three quarters of such schools are located in Bangui. While there are more private than public technical schools, the public ones have more students.

223. Technical colleges provide a further three years of training to students who have completed Grade 10 or who have passed the Vocational Aptitude Certificate. The training offers a number of pathways and leads to a Technical Baccalaureate.

224. The Women's Vocational College, formerly the Women's Technical School, takes in girls from Grade 9. The first cycle lasts three years and leads to a Certificate of Technical Education. The second cycle is open to students in Grade 11 or those who have passed the Certificate of Technical Education and offers a three-year course leading to a Vocational Certificate of Technical Education.

225. It is important to note that these courses are often more theoretical than practical. The main criticism of the sector includes the lack of course materials, the absence of opportunity for training while at work, and the unsuitability of course content for the needs of businesses (workshop report). Nevertheless, the training is noteworthy not only because of its contribution to the number of qualified workers available, but also because it empowers people to combat poverty. In the education strategy it falls under objective 4, the development of vocational short courses, and objective 5, the professionalization of higher education streams (National Education Sector Strategy 2008-2020).

226. In order to find an answer to the above criticism, the Ministry has chosen not to undertake this type of training work alone. As part of a sector strategy, it is working instead: (i) to revitalize short vocational training courses in partnership with master craftsmen and agricultural sector employers, and (ii) to streamline traditional technical education pathways in partnership with the Central African Agency for Vocational Training and Employment, employers in general and the Central African Investors' Group.

E. Preparation for entry to the job market

227. Vocational training is not sufficiently well organized. A plan is being prepared to restructure the information and management systems (World Bank Country Status Report on Education, 2007). This concerns the Central African Agency for Vocational Training and Employment Promotion and related vocational training centres, the placement of jobseekers and in-service training. The main objective is the harmonization of programme content and the duration of training. It is also worth mentioning that at present most youngsters (70 per cent of each year group) enter the job market without a sustainable level of literacy (National Education Sector Strategy 2008-2020).

228. Some training centres are attached to ministerial departments. These centres recruit young people for training who have at least a Certificate of Secondary Education (formerly the certificate of completion of the first stage of secondary education). This vocational training is often tailored to the requirements of the various ministries.

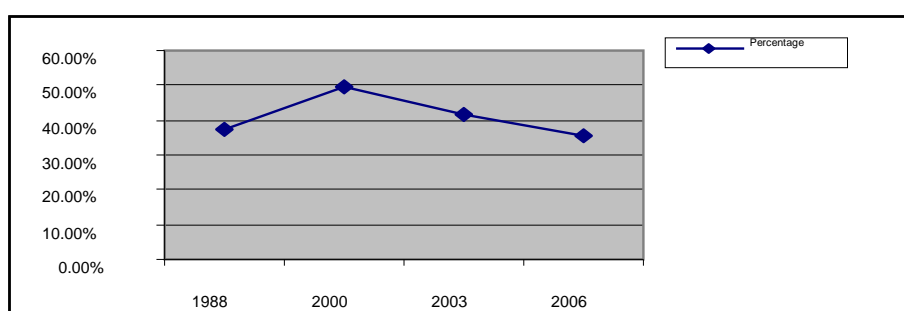
229. Practical Vocational Training Centres offer courses lasting nine months, by the end of which young people acquire skills such as masonry, carpentry, metalworking, basketry or sculpture. These training centres are the responsibility of the Ministry of the Civil Service, Labour, Social Security and Youth Employment rather than the Ministry of Education. They are accounted for separately because no chronological data are available for them (World Bank Country Status Report on Education).

230. The National Young Pioneers group has a training camp outside Bangui, where young people receive agropastoral training, which is practical rather than theoretical. At the end of the training, armed with modest equipment, the participants form cooperatives and go into production.

F. Literacy

231. Socioeconomic development took literacy rates to new heights in the Central African Republic, with nine programmes in place between 1993 and 2000 which trained 639 instructors. They were employed by NGOs and taught literacy to 8,737 people (literacy status report, 2009). However, these activities have been put on hold since 2000 due to the slowdown in agropastoral development programmes.

Figure
Literacy trends (percentages)



232. The literacy rate, which stood at 37.2 per cent in 1988, reached 49.6 per cent in 2000. Since then it has been in free fall, currently standing at 35.5 per cent (MICS 3) in the Central African Republic. Between political problems and armed conflict on the one hand, and the poor image of education on the other (Study of community advantages and drawbacks to promote girls' schooling, 2005), whole groups of children are not enrolled in school. As a result, almost half of males and almost a quarter of females aged 15 to 24 are literate (66 per cent of men and 46 per cent of women in urban areas; only 24 per cent of men and 6 per cent of women in rural areas — MICS 3). The survey found a literacy rate of 41 per cent among young people and 50 per cent among the older generation.

233. The Government always keeps a place for literacy in all education policy documents. It must be admitted, however, that the implementation of the National Literacy Development Policy has been ineffective, due in part to the lack of commitment on the part of political, administrative and education authorities.

234. In establishing the Ministry of Education, the current Government wants to meet the challenge posed by education in the Central African Republic. Accordingly, the "educate a girl, educate a nation" motto will be duly integrated in the education development plan, which has now become a national priority.

G. Rest, leisure and cultural activities

235. Article 9 of the Constitution of 27 December 2004 guarantees for every citizen of the Central African Republic the right to a healthy environment, and to rest and leisure activities subject to the requirements of national development.

236. It guarantees for citizens conditions favourable to their personal development through an efficient employment policy that takes into account essential factors in their

development and growth, as well as the right to enjoy cultural and artistic events and activities organized in their community.

VIII. Special protection measures

A. Children in emergency situations

1. Refugee children

237. The Central African Republic has long been a host country for refugees and is currently home to more than 20,000 refugees from different countries, including Sudan, Chad, the Democratic Republic of the Congo, Rwanda, Senegal, Burkina Faso, Sierra Leone, Cameroon, Guinea and Togo.

238. Refugees are housed in three camps in Bambari, Batalimo and Zemio. The Batalimo and Zemio sites are reserved for refugees from the Democratic Republic of the Congo, while the Bambari camp hosts Sudanese refugees, 60 per cent of whom are children, including unaccompanied minors.⁹

239. The Office of the United Nations High Commissioner for Refugees (UNHCR) provides refugee children with humanitarian assistance in the form of school kits, medical care and subsidies.

240. Under the law on the protection of refugees, which was enacted in 2007, management of refugees is entrusted to the National Commission for Refugees, which is the only entity empowered to assess and issue opinions on applications for asylum or refugee status in the Central African Republic.

2. Children in armed conflicts

241. Article 38 of the Convention on the Rights of the Child provides that States parties must take all feasible measures to ensure that persons who have not reached 15 years of age do not take a direct part in hostilities and that no child under 15 years of age is recruited into the armed forces. States parties shall also ensure the protection and care of children affected by armed conflict, in accordance with international law.

242. In recent decades, however, the Central African Republic has experienced military and political upheaval, from which even children have not been spared. Faced with the recurring mutinies in 1996 and the rebellions in the north and northeast of the country, many children have been forced to take an active role in the conflicts, in violation of the aforementioned provisions.

243. In recognition of that risk, positive steps have been taken by the Government and other stakeholders to prevent a repeat of the phenomenon of children being recruited by armed forces at times of armed conflict. The Georges Bangui military school for child soldiers, for example, has been closed in order to prevent any such recurrence, and, on 16 June 2007, 1,500 children involved in conflicts by the armed branch of the Union of Democratic Forces for Unity were demobilized.

244. Supported by its partners in the United Nations system, the Government developed and initiated a contingency plan in 2010 for the demobilization, disarmament and social reintegration of 1,200 children associated with armed groups.

⁹ Source: National Commission for Refugees.

B. Children in conflict with the law

1. The administration of juvenile justice (art. 40)

245. The initial report of the Central African Republic did not provide detailed information on this subject. The following is the information available at the time of writing.

246. Since 1995, notable progress has been made in the area of the administration of juvenile justice. It is expected that the following measures will lead to better protection of children in conflict with the law:

- Establishment of a juvenile court under Act No. 95-0010 of 22 December 1995 on the organization of the judiciary of the Central African Republic (arts. 36 and 37);
- Inauguration of the first juvenile court in Bangui, with part of the Court of Cassation's premises being turned into a juvenile court thanks to support from the United Nations Children's Fund (UNICEF);
- Training of four magistrates as children's judges, one of whom went on to be appointed President of the juvenile court in 1998 and was reappointed to the same position in 2000;
- Decentralization of the juvenile justice system through the creation of eight provincial juvenile courts, which are in the process of becoming operational;
- Ratification of the African Charter on the Rights and Welfare of the Child;
 - Enactment of Act No. 02-011 on the organization and functioning of the juvenile courts;
 - Promulgation of a code of criminal procedure that includes specific provisions regarding juvenile delinquents;
 - Adoption of a criminal code that provides for custodial sentences for perpetrators of offences against juveniles;
 - Initiation, by the Ministry of Social Affairs, of a bill on the protection of children in danger in the Central African Republic;
- Training seminars on the Convention on the Rights of the Child for magistrates, senior law enforcement officers and social workers;
- Appointment of four assessors at the juvenile court in Bangui.

2. Children deprived of their liberty

The Code of Criminal Procedure

247. Several of the provisions of the new Code of Criminal Procedure deal with proceedings against juveniles. As to the conduct of investigations and trials, and to judgments in cases of ordinary offences and misdemeanours, the Code reproduces almost in their entirety the provisions contained in Act No. 02-011 of 25 July 2002 on the organization and functioning of the juvenile courts, and also contains certain provisions omitted from that law.

248. It also makes provision for juveniles to be released pending trial, with the requirement that they regularly attend hearings. The Public Prosecutor conducts periodic monitoring of prisons.

249. Regarding police custody, flexible arrangements are made for children, under the supervision of a senior law enforcement officer who, regrettably, can place a child in a

prison with adults in the event of misbehaviour, a state of affairs that is currently of concern to the Government. Parents have the right to communicate with their detained children.

250. There are no detention centres specifically for children, who are treated as adults.

251. The National Commission for the Follow-Up of the Convention on the Rights of the Child, the Central African Human Rights League, the Central African Human Rights Observatory and NGOs specializing in the protection of children all regularly visit detention centres.

252. When a child is sick, the parents and a doctor are called upon to provide care. Regarding education, preferential treatment is sometimes granted by prison governors to some children to enable them to sit examinations and competitions at institutions outside the detention centre.

253. The decisions handed down by the juvenile courts between 2007 and 2010 in respect of criminal or civil penalties involving children are as follows:¹⁰

- 2007: 8 decisions in criminal and civil matters;
- 2008: 99 decisions, of which none related to criminal matters;
- 2009: 8 decisions in criminal matters, 90 in civil matters;
- 2010: 3 decisions in criminal matters.

254. As data from the other juvenile courts in the province are not available; disaggregated data cannot be provided at this time.

255. In addition, with regard to ensuring the appropriate social reintegration of children in conflict with the law, in November 2010 a study mission composed of magistrates, senior law enforcement officers and social workers visited the Lahaye centre in Burkina Faso in order to find out about that country's experience in this respect.

C. Children in situations of exploitation, including their physical and psychological recovery and social reintegration

1. Economic exploitation and child labour

256. The Labour Code prohibits and punishes child labour for children under 14 years of age and the worst forms of child labour that carry a health, safety or moral risk (new Labour Code, arts. 259 to 263).

257. Regrettably, aside from the largest companies, these Labour Code provisions are almost entirely unknown to the majority of businesses.

258. Because of poverty, some parents send their children to work in the diamond mines for Muslim traders, often for long hours without breaks and for small sums of money, which affects the children's development and their education. In rural areas, agricultural work, in particular during the harvesting and planting periods, and the hunting and fishing seasons, are often the causes of school dropouts.

259. With a view to increasing awareness of and combating the problem, two surveys were undertaken by the Ministry of the Family, Social Affairs and National Solidarity with funding from UNICEF. The following data is taken from the first of those surveys and relates to the number of children living and working in the streets:

- Bangui: 1,633 children;

¹⁰ Source: Juvenile court of Bangui.

- Bimbo: 152 children;
- Béguoa: 227 children;
- Berbérati: 80 children;
- Bouar: 205 children;
- Kaga-Bandoro: 129 children;
- Bambari: 123 children;
- Sibut: 120 children;
- Bossembélé: 130 children.

260. For data from the second survey, known as MICS 2000, gives the following data on child labour (pages 192-194 of the MICS 2000 survey).

261. The results of these surveys clearly show that child labour is very common in both urban and rural areas. To date, there are no structures specializing in providing support for children victims of economic exploitation other than certain local NGOs that work in this field, often despite technical and financial difficulties.

2. Brutality and neglect, including physical rehabilitation and social reintegration

262. The Constitution of 27 December 2004, recognizing the sacred character of the human person, enshrines the right to care and education for all children without exception.

263. The Criminal Code contains penalties for, among others, the physical, sexual and moral abuse of children, ill-treatment, sexual offences (including child molestation, rape and incitement to immorality) and the abduction of children.

264. Notwithstanding these provisions, many children are frequently victims of brutality, violence and abuse, including sexual abuse and negligence. Between 2007 and 2010, the child protection section of the Department for Social Reintegration registered 25 abandoned children — 12 girls and 13 boys — 13 of whom had been thrown into latrines, rubbish dumps or pits.

265. Such cases are also reported in certain of the larger hinterland towns. Owing to the lack of data, it is impossible to quantify the exact number of abandoned children. In the majority of cases, child victims of negligence aged under 5 years receive medical care from the service of the Paediatric Complex and psychological support from the Mother and Child Care Centre (the only national public orphanage) and the Oblate Sisters' Yamba Mbi orphanage.

266. Other than the Mother and Child Care Centre, there are, strictly speaking, no public centres for the social rehabilitation of children of this category. There are, however, a number of charitable organizations such as Saint Gabriel, Voix du Coeur and Don Bosco that provide care and support for abandoned children, the majority of whom end up in the street.

267. The main programmes developed by these centres focus on catch-up classes for children who have dropped out of school, hygiene and personal care, general school education and vocational training through small trades apprenticeships.

D. Children belonging to a minority or indigenous group

268. There are two categories of indigenous groups or ethnic minorities in the Central African Republic, the Pygmies, who live in the forests, and the Fulani people, who live in

the savannahs. These two minority groups have their own specific cultures. There are, however, no discriminatory texts in the Central African Republic excluding any particular category of persons from the enjoyment of their human rights, in accordance with paragraphs 4 and 5 of the preamble to the Constitution of 27 December 2004, in which it is stated that the Central African Republic is resolved to construct a State of law founded on a pluralist democracy, guaranteeing the security of persons and goods, the protection of the weakest, notably vulnerable people and minorities, and the full exercise of fundamental rights and liberties. It should be noted, however, that these minority groups marginalize themselves of their own accord, which has implications for the survival and education of their children.

269. Analysis of the sociodemographic and economic characteristics of these populations has shown that they are minority groups in the Central African Republic and concentrated in certain geographical areas. According to the census results, there are 38,589 Mbororo people, 12,393 Pygmies and 6,574 refugees, accounting for 1 per cent, 0.3 per cent and 0.2 per cent of the total population respectively. They are geographically concentrated in certain prefectures located almost exclusively in rural areas. Their fertility rate is slightly higher than the national average. Mbororo women average 5.7 children and Pygmy and refugee women 5.3, compared with a national average of 5.1. Illiteracy is high among these minority groups: 85 per cent of the Mbororo, 95 per cent of Pygmies and 67 per cent of refugees over 10 years of age do not know how to read or write.

270. As to social and health aspects, these peoples experience a very high mortality rate and lack access to drinking water. For every 1,000 Mbororo children born, more than a fifth (212) die before reaching the age of 5. This rate is even higher among Pygmies (283 per thousand) and refugees (334 per thousand). Just 53 per cent of Mbororo households, 52 per cent of Pygmy households and 42 per cent of refugee households have access to water.

271. These results show that the fertility rates and living conditions of the Mbororo, Pygmies and refugees make them more vulnerable to health risks and socioeconomic deprivation than the rest of the Central African Republic population. This vulnerability could hinder their full development and limit their participation in the country's development process. The public authorities and their development partners have started to combine efforts with a view to improving the living conditions of the Mbororo and Pygmy peoples, in particular by providing better access to drinking water, health-care infrastructure and basic and functional education. Where the refugees are concerned, urgent steps have been taken with a view to providing camps with adequate shelter facilities to ensure their survival, as well as improving food hygiene and developing and enhancing health education.

1. Mbororo people

272. The analysis of the size and distribution of the Mbororo population gives a measure of their demographic weight (in terms of numbers), disaggregated by gender, at different geographic levels: national, regional, prefectural and place of residence.

273. The 2003 census recorded a population of 39,299 Mbororo, comprising 19,610 men and 18,979 women. The Mbororo therefore represent 1 per cent of the population of the Central African Republic. This figure is 30 per cent higher than previous estimates. Data on gender distribution by place of residence reveals that the Mbororo are more concentrated in rural areas, where they represent 1.4 per cent of the population, compared to just 0.2 per cent in urban areas. Their demographic weight also varies noticeably depending on the region. They account for a greater proportion of the population in the savannah regions, which are more conducive to their pastoral activities, than in forested areas. This is most noticeable in regions 2, 3 and 6, where they represent 1.7 per cent, 1.6 per cent and 2 per cent of the population respectively.

Sociodemographic characteristics

274. The sociodemographic characteristics studied are: composition by gender and age, marital status, literacy, fertility rates and structure, and child mortality rates.

Marital status

275. Of the 22,704 Mbororo residents over 12 years of age who live in ordinary households and have declared their marital status, almost two thirds (63 per cent) are married and two fifths are single. Previously married persons (including widowed, separated and divorced persons) account for just 4 per cent of the Mbororo population. This distribution is almost identical to that of the general population in the Central African Republic.

276. Significant differences are revealed when marital status is disaggregated by sex: nearly two-thirds of women compared to less than half of men are married. Likewise, the proportion of divorced women (5.3 per cent) is higher than that of men (2.0 per cent). The higher prevalence of marriage among Mbororo women is due more to sociocultural norms, which place greater emphasis on women being married, and to their low standard of education, which leaves them more likely to marry than men.

277. Two fifths of married Mbororo women live in monogamous relationships, while 30 per cent are married to men who have at least two wives. The high rate of polygamy is probably the reason for the gender differences observed above. This partly reflects the influence of Islam, the religion practised by the majority of Mbororo (87 per cent) and under which polygamy is permitted. The high level of polygamy among the Mbororo is due, on one hand, to the fact that men marry later in life than women (which in turn is due to the gender disparity in education) and, on the other hand, to the significant age differences between Mbororo spouses.

Literacy

278. The definition of literacy is the ability to read and write a text in a particular language. Based on that definition, in 2003 the illiteracy rate among the Mbororo population aged 10 years and over stood at 84.5 per cent, markedly above the rate for the Central African population as a whole, which was 59 per cent.

279. Illiteracy affects Mbororo women much more (89.5 per cent) than men (80 per cent) and is also much more widespread in rural areas (86.5 per cent) than in urban areas (59.5 per cent), owing to, among other factors, gender inequality in education, problems of access to the education infrastructure in rural areas and, in particular, the specific constraints related to the main activity of the Mbororo people (livestock farming).

Fertility rate

280. The fertility rates of women according to age is subject to errors due to faulty birth and age declarations. Fertility among Mbororo women peaks at around 25-29 years of age (253 per thousand) before steadily declining to a low of 36 per thousand at 45-49 years old.

281. A general comparison of the fertility rates¹¹ of Mbororo and Central African women shows that the former have, on average, more children than their Central African counterparts (5.7 compared with 5.1 children per woman, respectively). The average age of maternity (26.9 years old), on the other hand, is the same for both groups of women.

¹¹ Source: RGPH thematic analysis report: Mbororo, Pygmies and Refugees.

Infant mortality

282. Child survival is one of the three priority areas prescribed by the Convention on the Rights of the Child. For developing countries the target set at the World Summit for Social Development, which was held in Copenhagen in 1995, was to reduce by two thirds the mortality rate for children under 5 between 1990 and 2015. In the case of the Central African Republic, that would mean bringing the rate down to around 88 per cent. The mortality rate of children under 5 is a useful indicator for measuring a country's or a specific population's development. Three indicators are estimated in order to measure the mortality rate among children:

- The infant mortality rate (1q0), which measures, at birth, the likelihood of dying before reaching 1 year of age;
- The child mortality rate (4q1), which measures, for children aged exactly 1 year of age, the likelihood of dying before reaching 5 years of age;
- The child and infant mortality rate (5q0), which measures, at birth, the likelihood of dying before reaching 5 years of age.

283. The mortality rates for Mbororo¹² and Central African children show that there is no difference between the two groups in terms of mortality. When the figures are disaggregated by gender, however, two facts appear: first, that the mortality rates for Mbororo girls are higher than for Mbororo boys and compared with the national average; and second, that the mortality rate for Mbororo boys is below the national average, while the reverse is true for Mbororo girls.

2. Pygmy population

284. The 2003 General Population and Housing Census gave a population of 12,393 Pygmies,¹³ which represents 0.3 per cent of the total population of the Central African Republic. The gender breakdown shows that the numbers of Pygmy men and women are equal. Practically all the Pygmies (98 per cent) live in rural areas, where they account for 0.5 per cent of the population, while they represent only a negligible proportion of the Central African urban population.

285. The demographic weight of the Pygmies varies considerably from region to region. They are more numerous in forested areas, which facilitate their hunting, gathering and fishing activities. Thus they are more present in Region 1 (made up of the prefectures of Lobaye and Ombella-M'Poko) and Region 2 (made up of the prefectures of Nana-Mambéré, Mambéré-Kadéï and Sangha-Mbaéré). Despite a tendency towards sedentarism along communication channels and close to villages, the forest remains the Pygmies' favourite habitat.

Sociodemographic characteristics of the Pygmy population

286. The age pyramid¹⁴ of the Pygmy population shows a broad base and a tapering top, which is typical of a still young and very fertile population. An irregularity occurs, however, insofar as the proportion of women compared with men increases sharply from the 25-29 age group onwards. This is apparently due partly to a marked tendency for Pygmy men to emigrate to the Republic of the Congo, the Democratic Republic of the Congo or Cameroon, and partly to high maternal mortality starting with the 25-29 age group. This anomaly might

¹² Source: RGPH03: Mbororo, Pygmies and Refugees, which gives specific data on ethnic minorities.

¹³ According to data of the Coopi (2004) survey, there would be some 15,000 Pygmies in the region of Lobaye alone.

¹⁴ Study of Pygmy population (main document only); Age pyramid of the Pygmy population.

also, however, reflect the poor quality of age data, as mentioned in the section on methodology.

Marital status

287. As a social practice marriage seems to be very popular among the Pygmies. Out of 7,975 Pygmies aged 12 or over, almost two thirds (62 per cent) were married at the time of the survey. Only 27 per cent are single and these are mostly young (75.9 per cent). The small percentage of those whose partnerships have broken up (either divorced, separated or widowed) may be due to a high rate of remarriage. Polygamy is rarely practised among the Pygmies, as only 4 per cent of those aged 12 and over live in polygamous couples.

288. The gender structure of matrimony shows a few differences. Celibacy is more frequent among men (31.6 per cent) than among women (23.4 per cent). On the other hand, the proportion of women who have broken up their partnerships (11.5 per cent) is greater than among men (3.3 per cent). There is no noticeable difference in the proportions of married men and women.

Literacy

289. Access to education is relatively rare among the Pygmies, as 9 out of 10 Pygmies aged 10 or more can neither read nor write any language. Illiteracy affects Pygmy women (98 per cent) much more than men (93 per cent). It is also more widespread in rural areas (96 per cent) than urban (86 per cent).

Fertility rate

290. The current fertility rate among Pygmy women tends to rise faster from the ages of 15-19, reaching a peak around 30-34 years (239 per thousand) and then falling off fairly rapidly to a minimum rate of 23 per thousand.

291. The fertility rate of Pygmy women compared with that of Central African women in general shows that they have on average rather more children than other Central African women (5.3 children per woman compared with 5.1). There is a considerable difference, moreover, between the two populations regarding the average age of maternity, which is 29.5 years for Pygmy mothers, clearly older than for other Central African women (26.9 years). This implies that even though maternity is early among the Mbororos, women bear more children as they grow older, until 49 years.

Mortality among Pygmy children

292. Based on 2003 General Population and Housing Census data on infant mortality among Pygmies relative to deaths of the last 12 months, an estimate has been made of life expectancy at birth. This is the average number of years of a person's life at the moment of birth, which is 38.6 years for that population, lower than the national figure (42.7 years).

293. One of the three priority areas prescribed by the Convention on the Rights of the Child is the survival of the child. The rate of mortality among children under the age of 5 provides a useful indicator for measuring the level of development of a country and a specific population.

294. Three types of indicator are estimated in order to measure the rate of mortality among Pygmy children:

- The infant mortality rate (1q0), which is the probability of newborn children dying before reaching their first birthday;

- The child mortality rate (4q1), which measures the probability among children aged exactly 1 year of dying before reaching their fifth birthday;
- The child and infant mortality rate (5q0), which measures the probability at birth of children dying before reaching their fifth birthday.

295. Significant differences remain between the mortality rate among Pygmy children and that of the Central African population as a whole, with the mortality rate among Pygmy children tending to be much higher.

296. The breakdown of mortality by gender shows a higher mortality rate among males than among females, the mortality rate among Pygmy boys being higher than among Pygmy girls. As far back as 1985, when he studied infant and infant/child mortality rates, Akoto noted that boys were more vulnerable at birth. Another study showed that the main sicknesses among Pygmies were pulmonary infections.¹⁵ Thus, according to Waldron (1983), quoted by Patricia Rakotondrabe in 1996, the higher male mortality rate among Pygmies can be attributed to biological factors, namely, lower resistance among boys to infectious diseases in general, and a higher prevalence of respiratory disease among boys.

297. The mortality rates among Pygmy boys and girls are higher than the national average. This may be explained by the poorer access of Pygmy women to health facilities for prenatal consultations and delivery, a lower life standard, and the poorer standard of care received by Pygmy children compared with the rest of the population.

298. The general picture to emerge from the study is that the Mbororo, Pygmies and refugees in Central African society live in fairly precarious conditions. This vulnerability is likely to hold back the development of these sub-populations and to limit their contribution to the development of the country.

Mbororo

299. The Mbororo are herdsman who mostly live a nomadic lifestyle in rural areas, where they account for 1.4 per cent of the total population, compared with only 0.2 per cent in urban areas. They are more numerous in the savannah regions, such as regions 2, 3 and 6, which are more conducive to their pastoral activities than forested areas.

300. From the point of view of gender structure, there is a marked imbalance in favour of men at all ages, probably due to faulty age declarations.

301. The illiteracy rate among the total Mbororo population aged 10 or more is 84.5 per cent, and affects women (89.5 per cent) much more than men (80 per cent). Illiteracy is more widespread in rural areas (86.5 per cent) than in urban areas (59.5 per cent).

302. The infant/child mortality rate (217 per thousand) is higher than the national average. Moreover, life expectancy at birth among the Mbororo is estimated at 40.1 years, which is below the national average.

303. Two thirds of Mbororo households live in the traditional type of simple housing, mainly built with local materials, in 41 per cent of cases using external toilets.

304. A relatively high proportion of Mbororo households (47 per cent) do not have access to drinking water in Central Africa, a proportion that rises to 51 per cent in rural areas.

¹⁵ Source: Père Joseph-André of Bolémboké village 1 and 2 in Nola, quoted by PHILIPPART DE FOY G. in "Les pygmées d'Afrique centrale" (the Pygmies of Central Africa); Paris éditions Parenthèses, 1984, p. 15.

305. The gross employment rate among the Mbororo is 38.7 per cent. The specific rate is of the order of 59 per cent, below that observed among the Central African population as a whole.

Pygmies

306. Pygmies account for 0.3 per cent of the Central African population. They are more numerous in forested areas, which are more conducive to their hunting, gathering and fishing activities.

307. More than 9 Pygmies out of 10 aged 10 or more can neither read nor write in any language.

308. The life expectancy of a Pygmy at birth is 38.6 years, which is well below that of the rest of the population (42.7 years). Similarly the infant/child mortality rate remains high (at 265 per thousand) compared with the national average.

309. The main housing unit of more than two thirds of Pygmy households is of a simple traditional type, mainly built out of wood, straw, bamboo, beaten earth (banco) and lianas. Toilet facilities are provided mainly by the natural surroundings (72 per cent). Ponds, rivers and streams provide the main sources of drinking water supply for the Pygmies and are used by two fifths of Pygmy households. A little over half of Pygmy households (52 per cent) have access to drinking water in the country as a whole.

310. Agriculture is the principal economic activity and occupies 88 per cent of Pygmies.

Conclusion

311. Following the presentation of the initial report on the rights of the child, the Central African Republic, which has always paid particular attention to the question of children, has spared no effort to achieve the objectives of the 1990 World Summit.

312. This report shows that the political leaders have always shown the necessary will. The international community and more particularly the organizations of the United Nations System, such as UNICEF, continue to give their full support to the Government for the promotion of children's rights. It is easy to see, however, that the Central African Republic has been for a decade now caught up in military-political turmoil, which has not helped to implement the various programmes for children.

313. On the other hand, the worsening economic and social situation has had the effect of impoverishing households, which renders children even more vulnerable. The Demographic and Health Survey has shown that the country has suffered an alarming setback in terms of the survival and development of children, and the rate of infant/child mortality rose from 157 per thousand in 1994-1995 to a higher figure by the year 2000. The same happened to the infant mortality rate, which rose from 97 per thousand in 1995 to 130.6 per thousand in 2000 and 220 per thousand by 2003 (2003 General Population and Housing Census). Vaccination cover for the 6 childhood diseases, which stood at around 80 per cent in 1990-1991 had fallen to less than 50 per cent by 2000. Access to basic education also shows a very marked drop in school attendance, with a school enrolment rate that fell from 63 per cent in 1996 (MICS 1) to 43 per cent by the year 2000 (MICS 2).

314. The end-of-decade results show that the Government needs to meet many challenges to ensure the well-being of children. The partial results of the study on household poverty clearly show the impact of poverty on the vulnerability of children. The efforts undertaken by the Government, however, for the forthcoming implementation of a strategic anti-

poverty drive require the constant support of the international community to help achieve a lasting improvement in the welfare situation of the children of Central Africa.

315. While appreciable efforts are being made to improve children's health, a great deal remains to be done to ensure that children enjoy physical, mental and social well-being in such a financially and economically difficult environment.

316. This means that children cannot at the moment fully enjoy their right to health and a satisfactory standard of living. In view of this situation the political deciders, together with the communities and families, are combining their efforts to define a vision for the development of the Adult of tomorrow through the effective implementation of the Convention on the Rights of the Child with regard to health. It must be realized, of course, that such efforts need to be intensive and urgent in view of the worsening socioeconomic situation of the country, which has been adversely affected in addition by recurrent military and political crises, the last of which occurred on 25 October 2002. The turmoil that followed the failed coup d'état has had particularly serious effects, on account of the widespread destruction of social infrastructures in most of the northern areas of the country, as well as the physical damage caused by serious attacks against women and children. The Government, together with its development partners, is currently assessing the situation in order to take urgent measures without delay.
