



DOCTORAL CLINIC
AIX GLOBAL JUSTICE

Legal Clinic for
International Human Rights
Law

www.aixglobaljustice.org

**DEMOCRATIC
REPUBLIC OF
CONGO**

**Information about
health's, women's, and
minor's situation.**

January 2023

This work was carried out under the coordination of members of the Doctoral Clinic for International Human Rights Law and with the assistance of law students.

This document is presented by Aix Global Justice with the utmost dedication to promote and protect human rights globally. However, it is essential to acknowledge that the information contained herein is based on available sources, including interviews, documents, and other publicly accessible materials. While we strive for accuracy and objectivity, Aix Global Justice does not guarantee the absolute veracity or completeness of the data presented in this report.

The report serves as a tool to raise awareness, advocate for human rights, and engage in constructive dialogue. It does not constitute legal advice or establish liability on the part of Aix Global Justice or its representatives. Therefore, Aix Global Justice disclaims any responsibility or liability for any errors, omissions, or inaccuracies in the report or for any actions taken in reliance upon its content. The members of the Aix Global Justice will therefore not be held responsible.

Aix Global Justice shall not be held liable for any direct, indirect, incidental, consequential, or punitive damages arising out of the use, interpretation, or reliance on the information provided.

The last update was February 03, 2023.

For any further questions on this matter, please contact:

Adeline Auffret and Indira Boutier, General Coordinator of Aix Global Justice Clinic

aixglobaljustice@gmail.com

aixglobaljusticeclinic@proton.me

TABLE OF CONTENT

GENERAL OVERVIEW	1
1. HEALTH SYSTEM	5
1.1. A HEALTH SYSTEM DIVIDED INTO THREE LEVELS	5
1.2. A FAILING HEALTHY SYSTEM DUE TO VARIOUS CAUSES.....	5
1.2.1. <i>The socio-political context of the country</i>	5
1.2.2. <i>Financing problems: very little funding and external assistance</i>	6
1.2.3. <i>Difficult access to care due to the poverty of the population combined to the geographical distance</i>	6
1.3. CONSEQUENCES OF THE HEALTH SYSTEM'S FAILURE	7
2. THE TRIVIALISATION OF PROSTITUTION IN DRC	9
2.1. SOCIAL AND LEGAL CONTEXT	9
2.2. POVERTY AS THE MAIN REASON FOR RESORTING TO PROSTITUTION.....	9
2.3. RISKS AND CONSEQUENCES OF PROSTITUTION	10
2.3.1. <i>Health risks</i>	10
2.3.2. <i>Violence risks</i>	11
2.4. CHILD PROSTITUTION	11
2.5. NGO WORK ON PROSTITUTION.....	12
3. WOMEN'S SITUATION: BETWEEN DISTRESS AND PRECARIOUSNESS, INITIATIVES OFTEN INSUFFICIENT AND POORLY IMPLEMENTED.....	13
3.1. WOMEN, VICTIMS OF MULTIPLE VIOLENCE	13
3.1.1. <i>Sexual violence</i>	13
3.1.2. <i>Sexual slavery</i>	16
3.1.3. <i>Early marriages and forced marriages</i>	16
3.1.4. <i>Mental health</i>	17
3.2. MARGINALISATION OF WOMEN IN SOCIETY	20
3.2.1. <i>In public and political life</i>	20
3.2.2. <i>In access to employment and economic life</i>	21
3.2.3. <i>In access to justice</i>	22
3.2.4. <i>In access to education</i>	24
3.2.5. <i>In marriage and family relationships</i>	25
3.2.6. <i>Abortion ban and exceptions</i>	26
4. INSECURE SITUATION OF MINOR CHILDREN IN THE DRC CAUSED BY INTERCONNECTED ISSUES.....	28
4.1. OVERVIEW OF MINOR CHILDREN'S SITUATION IN THE DRC	28
4.2. SURROUNDING ENVIRONMENT OF MINOR CHILDREN.....	29
4.2.1. <i>Education</i>	29
4.2.2. <i>Security and standard of living of minor children</i>	30
4.2.3. <i>Familial situation</i>	30
4.3. PARTICULAR CONCERNS OF SITUATIONS OF MINOR CHILDREN IN THE DRC	32
4.3.1. <i>Child soldiers</i>	32
4.3.2. <i>Sexual exploitation</i>	33
4.3.3. <i>Forced labor</i>	34
ANNEXES.....	36
SOURCES CONSULTED	39
1. INTERNATIONAL/GOVERNMENTAL ORGANIZATIONS AND INSTITUTIONS	39
2. JURISPRUDENCES	41
3. NGOS, THINK TANKS	41

4. MEDIA.....	43
5. OTHERS	45

General Overview

Democratic Republic of Congo (DRC) is a francophone country located in Central Africa, bordered by the Republic of Congo, Central African Republic, South Sudan, Uganda, Rwanda, Burundi, Tanzania, Zambia, Angola and the Cabinda exclave of Angola. The population of DRC is around 108 million. The capital is Kinshasa, which is also the nation's administrative, economic and cultural center. More than 200 African ethnic groups live in DRC but the majority is Bantu peoples [See [Annex 1](#)].

DRC was **colonised** by Belgium and achieved independence in 1960. Then, it faced a lot of secessionist movements, which led to a *coup d'État* in 1965. The country changed its name to Republic of Zaire, in reference to the Congo's River. The First Congo War led to the overthrow of the dictator in 1997, and the name of Democratic Republic of Congo was reinstated. Then, DRC faced a civil war from 1998 to 2003.

The DRC's **rate of natural increase is among the highest in the world**. However, life expectancy is limited and far below the global average because of lack of medical care, poverty, violence and endemic diseases. The country suffers from political instability, lack of infrastructure, corruption, colonial exaction and exploitation.

The Constitution adopted by referendum in 2005 transferred a lot of power to provincial administrations and increased the number of provinces from 10 to 26 (including Kinshasa, a province in itself), though the new provincial structure was not implemented until 2015.

1. The problematic status of women and children in DRC, an unstable and precarious country

The Democratic Republic of Congo is **one of the five poorest nations in the world**. In 2021, nearly 64% of the country's population - approximately 60 million people - lived with less than \$2.15 a day. Thus, **nearly one in six people in extreme poverty in sub-Saharan Africa live in the DRC**. Indeed, the country has high levels of poverty, high unemployment, especially among youth, and inadequate access to basic social services for the majority of the population, especially in rural areas.

The Congolese system is a precarious and fragile system because of the **lack of public funds**, the **political context**, the **poverty of the population** and the **geographical distribution**. This is reflected at different levels, starting with the quality of the health system, which is very deficient.

In addition to the problems affecting the general population, the situation of women and girls in DRC is also deplorable. Indeed, Congolese **women suffer massive discrimination in access to education, health care and justice**. Their country **ranks 149th out of 153 countries** in the World Economic Forum's **gender equality index**. It is, moreover, the **last African country** on the list.

In fact, **access to education is much less for women**, who generally spend less time in school than boys. This difference in the length of schooling, perceptible from a very young age, **increases progressively until high school** due to the fact that girls drop out of school more often. This is **linked to harmful social norms** such as early marriage and pregnancy, but also to other negative effects such as gender-based violence.

It is noteworthy to mention that early marriage appears to be strongly related to girls' level of education. In general, the lower the level of education, the higher the risk of early marriage.

Another issue affecting Congolese women is prostitution. It should be noted that the problem underlying all of these issues and discriminations is largely related to the extreme poverty of the population and particularly of women who, having had no access to education, are often forced to prostitute themselves.

Prostitution is not, strictly speaking, illegal, although some activities around it are criminalized. If it has such an important place, it is **largely because of poverty**. It is sometimes the only solution for the survival of women and their families. It is not uncommon to see a woman prostitute herself to support her children.

Besides, the **public health risk of prostitution** is undeniable: transmission of HIV and other sexually transmitted diseases in addition to the risk of unwanted pregnancies and clandestine and dangerous abortions are all situations to which people who prostitute themselves are exposed. Indeed, they have **no means of protection against both sexually transmitted diseases and unwanted pregnancies**. Yet, in the DRC, clandestine abortion is devastating. It is even one of the three main causes of maternal mortality in the country. In theory, it is true that since 2018, access to abortion has become more flexible. The Maputo Protocol recognizes access to medical abortion under certain conditions, in cases of rape, incest or when the mother's life is in danger, as a human right that women should enjoy without restriction. Unfortunately, the reality is quite different.

Moreover, and even more seriously, women are not the only ones concerned by prostitution. Undeniably, minors, even more vulnerable, are victims of this failing system. The **situation of children in the DRC remains as complex and problematic as that of women**. Indeed, extreme poverty, economic crisis, conflict situations, food insecurity, health conditions and many other factors have a negative impact on the social situation and well-being of Congolese women and children.

Regarding **child prostitution**, it is **not as widespread as in other countries**. However, increasing access to the Internet is also creating **new spaces for criminals** to contact and sexually exploit children anonymously. There is a **lack of regulation in the DRC to protect children in the digital sphere**.

2. Instability and precariousness worsened by the conflict context

The history of conflicts and its actuality remains a major source of concern in DRC. As the country is already **one of the poorest countries** in the world, the situation can only worsen

the trend, locking itself into a vicious circle. In consequence, **instability is a pretext for all forms of violence against the population**, and since the population undergoes conflicts, it cannot go ahead to tackle these violences.

Since 1996, the Democratic Republic of Congo (DRC) has been in conflict. From 1998 to 2003, the DRC was the battleground of what some have called Africa's First World (or Continental) War. After 2003, there were some respites, but the conflict continues to cause victims and it is estimated that the Congolese conflict has claimed more than 5 million lives.

The origins of this conflict lie in the Rwandan genocide of 1994. At the time, two different populations lived on the same territory and after the decolonization of Rwanda. The Hutus then took power from the Tutsis, with great resentment towards the Tutsis who were privileged by the Belgian colonists.

One of the **major problems is that African armies remain semi-professional and lack resources**. For this reason, the war **becomes particularly cruel for the civilian population** and, by its nature, especially **difficult to stop**.

Despite a cease-fire in 2003, which marked the end of the official war, the international community interprets the Congolese situation as post-conflict. However, the **violence continues and remains present today**, particularly in the **east of the country**. The violence is not only motivated by **national and regional causes** but by **local conflicts over resources**, land and political power. Indeed, the Kivu region in the east of the country is known for its many **mineral resources**: the DRC is the leading producer of cobalt, a material found in all our cell phones, and currently these resources are controlled by armed militias.

Moreover, in light of the alert issued by UNICEF in December 2022, it would appear that the humanitarian situation in the DRC is getting worse by the day. **Congolese children are facing increasing danger in the east of the country** as armed conflict, cholera and measles epidemics spread.

The **spread of epidemics** is, in fact, to be feared since **more than 5.6 million people are internally displaced** in the DRC, making it the country with the **largest IDP** (internally displaced people) population in the world. As of August 2022, more than one million refugees and asylum seekers on the African continent are from the DRC. Since April 2022, the number of internally displaced Congolese has increased due to renewed hostilities in Ituri, North Kivu, and South Kivu provinces.

Indeed, children are, for some, separated from their families. They are in serious danger of being **recruited into the army**. In addition, they are also exposed to an **ever-increasing level of gender-based violence**. Nonetheless, children in the DRC **continue to endure many grave violations** as a result of the conflict, including increased armed activity by a growing number of armed groups, particularly in Ituri and North Kivu. Just as some are **exploited to become soldiers**, others are **sexually exploited**: as women are subjected to sexual violence, mass rape and sexual slavery, girls are victims too.

To conclude, for the remaining Congolese in the country, the already **precarious situation of women and children as a result of systemic violence and discrimination**, can only be reinforced when armed conflicts take place. In particular, women and children are **principal targets of mass rapes or sex slavery**.

It should also be noted that there is a **significant gap in access to reparation for victims of conflict-related sexual violence**. Indeed, the lack of an adequate national policy to allow victims to access remedy, the exorbitant cost of the process, and the fear of stigma and retaliation prevent victims from seeking redress. These are all factors that reduce victims to silence. Therefore, since access to justice is largely hindered for victims, the question of its effectiveness could be asked.

1. Health system

The health system in Democratic Republic of Congo is **divided into three levels** of decentralisation : **central level**, **provincial level** and **operational level**. However, **the system is very deficient**. This dysfunction is due to many factors, among them are the **lack of public funding, the political context, the poverty of population, or the geographical distribution**. Because it is **expansive and flawed**, the population tends to **neglect it**, making it vulnerable to **major pandemics**. In response to these difficulties, the government has taken steps in recent years with international organisations, in particular to **create a social coverage** that would allow the population to access health care more easily.

1.1. A health system divided into three levels

In the DRC, the health system is divided into three levels. First, the **national level** is essentially **normative**, for the Minister. Second, the **provincial level** is composed of **provincial health departments** and is responsible for technical and logistic support. Third, the **operational level** is composed of both **health centres and district hospitals**.

Source: Commission africaine des droits de l'homme, République Démocratique du Congo, *Rapport périodique 2005-2015*, November, 2017.

“La RDC se divise en **11 provinces (maintenant 26)**, elles-mêmes subdivisées en **districts administratifs, à leur tour répartis en zones de santé**. Une zone de santé correspond au concept internationalement utilisé de district de santé : un **réseau de centres de soins de santé primaires**, chapeauté par un **hôpital de district** pour le traitement de toutes les affections qui dépassent les moyens et les compétences des centres de santé. [...] Dans l'ensemble, le pays compte 515 zones de santé réparties dans toutes les provinces.”

1.2. A failing healthy system due to various causes

The inefficiency of the health care system has different causes: the socio-political context of the country, financing problems, population poverty and a poor geographical distribution.

1.2.1. **The socio-political context of the country**

The country is facing a period of great **instability** due to a **history of conflict** that has led to a **lack of governance and a socio-political**. This has affected the health care system.

Source: World Health Organization, *Improving health system efficiency*, 2015.

“To a large extent, inefficiencies in the DRC health sector find their origin in the **collapse of the state and the economy** after three decades of non-governance. [...] Recapitulating efforts over the last 10 to 15 years shows that the **inefficiencies created by the collapse of the health system in the DRC were interlinked and complex**. It also shows how diverse the responses had to be.”

Source: Ministère de la Santé, *Stratégie de renforcement du système de santé*, 2006.

“Cette désarticulation est en grande partie due à l'**environnement dans lequel a évolué le**

système de santé (mauvaise gouvernance, conflit armé, marginalisation des ressources humaines pour la santé qui en RDC sont gérées par la Fonction Publique, etc.).”

1.2.2. Financing problems: very little funding and external assistance

The inefficiency of the health system is mostly a result of the **lack of public funding**. In addition, the country benefited from **external humanitarian aid**, which turned out to have a **negative impact on the system**, since it had a selective approach. Finally, the **private sphere** took advantage of this inefficiency of public health care to **create its own system**. The result today is the **overlay of different financing systems that undermine the proper functioning** of the country's health system.

Source: World Health Organization, *Improving health system efficiency*, 2015.

“First, government public funding withered as of 1990. **Health financing became almost totally dependent on out-of-pocket payments and external aid**, the latter essentially based on humanitarian assistance. Second, with **no public funding and weak national leadership**, regulation of the health sector evaporated.”

Source: Ministère de la Santé, *Stratégie de renforcement du système de santé*, 2006.

“La situation d'urgence, consécutive aux troubles sociopolitiques que connaît le pays depuis 1990, a donné lieu à **l'introduction des interventions humanitaires** dont l'approche a été essentiellement une **approche sélective des problèmes de santé**. Ces interventions [...] démasquent au fil de temps leur vrai visage : un **outil de déstructuration du système de santé de la RDC**.”

“Le système de financement du secteur de la santé en RDC repose principalement sur un trépied constitué du **budget de l'Etat**, des **apports extérieurs** (bilatéraux et multilatéraux) et du **recouvrement des coûts des soins et services de santé auprès des usagers** (jusqu'à 70% des frais de fonctionnement).”

“**Un privé à but lucratif non régulé s'est installé**. Dans un contexte d'absence des mécanismes pour assurer la qualité des soins, le développement anarchique du privé constitue un **facteur de danger pour la santé des populations** et un **facteur d'explosion des coûts des soins de santé** et partant de l'accentuation de la pauvreté (les grands contributeurs étant les ménages).”

Source: Justice et Paix, *L'évolution des soins de santé en RD Congo de 1960 à ce jour*, 30 June 2020.

“En RD Congo, notamment au Sud-Kivu, on peut même aller plus loin et se demander sérieusement si ces **efforts privés** ne sont pas en réalité un **soutien aux dysfonctionnements et dérèglements des services publics de santé**, les acteurs publics se demandant, parfois en toute bonne foi s'il faut agir là où d'autres agissent déjà efficacement.”

1.2.3. Difficult access to care due to the poverty of the population combined to the geographical distance

Two major difficulties seem to limit or prevent access to health care in the DRC: the lack of financial means while the health care is not free, and the geographic distance from the

infrastructures, especially of rural populations. This results in **low utilisation of the health system**, which contributes to **maintaining its failure**.

Source: Affaire Maniraguha de 2011, cited in *Recueil de jurisprudence congolaise en matière de crimes internationaux*, Avocats sans frontières, 2013.

“Il ressort du jugement qu’aucune allusion n’est faite aux expertises médico-légales dont les victimes des viols auraient bénéficié [...]. Le **défaut des expertises médico-légales** est dû entre autres à la **modicité des moyens des victimes** pour accéder aux soins médicaux, à **l’éloignement des centres de santé de leurs villages**, etc.”

Source: Agence française de développement, *Le système de santé à l’est de la République Démocratique du Congo reprend des forces*, May 6, 2021.

“**Dégradation des services de santé, moyens financiers limités** des ménages, **infrastructures vétustes, manque d’équipement et de personnel...**, autant d’éléments expliquant l’état sanitaire critique en RDC.”

Source : Jeune Afrique, *EN RDC, un système de santé à bout de souffle*, 2019.

“**Premier problème : l’accès aux soins**. [...] ‘**Sans argent, pas de soins**’, commente un médecin, fataliste. ‘C’est le défi le plus important du système de santé congolais, confirme Félix Kabange Numbi, ancien ministre de la Santé, d’où l’importance **d’aller vers la couverture santé universelle**’[...].”

“Et lorsque ce n’est pas l’argent qui pose problème, les patients se trouvent confrontés à **l’éloignement géographique** : la RD Congo est divisée en 600 zones de santé et ne compte, au total, que **250 hôpitaux généraux de référence**. Totalement insuffisant pour couvrir un territoire aussi vaste et répondre aux besoins d’une population de plus de 80 millions d’habitants.”

Source: Action Santé Alimentation Développement, *Santé au Congo*, 2020.

“Les pauvres souffrent d’une multitude de privations qui se traduisent par des niveaux élevés de mauvaise santé. **Ils se trouvent donc piégés dans un cercle vicieux : la pauvreté engendre la mauvaise santé et la mauvaise santé entretient la pauvreté.**”

Source: Contrepoints, *La santé à l’agonie en République démocratique du Congo*, 2012.

“En l’absence d’un système d’assurance maladie organisée, les **ménages se sont vu assumer pratiquement toute la charge financière des services de santé.**”

1.3. Consequences of the health system’s failure

As a result of the above-mentioned difficulties, and mainly because there is no funding, the system faces a significant **lack of personnel, poor quality of services and a lack of coordination and management of infrastructures**. Therefore, it maintains a defective system that **cannot face major pandemic such as Ebola**.

Source: Contrepoints, *La santé à l’agonie en République démocratique du Congo*, 2012.

“**Les coûts des soins de santé étant élevés, par ricochet, l’utilisation des services de santé**

est faible.”

Source: Action Santé Alimentation Développement, *Santé au Congo*, 2020.

“La **baisse de la qualité de service** de santé, le **faible revenu des ménages** ainsi que **l’insuffisance des centres de santé** constituent la toile de fond d’un accès difficile de la population aux soins de santé.”

Source: World Health Organization, *Improving health system efficiency*, 2015.

“The inefficiencies took different forms: **disproportionate management costs**; waste, duplication and ineffectiveness because of **fragmented services and programmes**; **organizational and managerial inefficiencies**; **unproductive deployment** of the workforce; and **duplication of supply chains** for medicines and health products.”

Source: Ministère de la Santé, *Stratégie de renforcement du système de santé*, 2006.

“Le système de santé est caractérisé ainsi par la **désintégration** qui se traduit par la **désarticulation de ses éléments**, **l’exercice anarchique** des activités de santé, la production de **services de santé de qualité douteuse** et la **déshumanisation des services de santé**.”

“**L’hôpital semble avoir été « oublié »** comme élément structurant de la zone de santé et comme structure chargée de l’appui au développement des services de 1er échelon. La **séparation des responsabilités entre la gestion de l’hôpital et de la zone de santé** (médecin chef de l’hôpital et médecin chef de zone) constitue également un élément déstructurant du système.”

“**L’utilisation des services de santé reflète généralement la performance de ces derniers**. Comme on devrait s’y attendre, la **mauvaise qualité** des services de santé disponibles a eu un **effet très négatif sur l’utilisation** de ces derniers.”

Source: Medical and Health Humanities, *Africa, Health systems in DRC*, July 4, 2020.

“The emergency in the DRC demonstrates that despite all these positive changes, the **global response to containing Ebola outbreaks is undermined by the lack of health care and public health infrastructure**.”

Source: Solidarités international, *République Démocratique du Congo, entre affrontements armées et épidémies*.

“Les maladies sont de plus en plus répandues dans ce pays en raison de la **défaillance du système de santé**, de **pratiques d’hygiène à risque** et du **manque d’approvisionnement en eau potable** pour les personnes déplacées.”

2. The trivialisation of prostitution in DRC

Prostitution in the DRC is **widespread**, even trivialised. The socio-economic context has a lot to do with it. Indeed, poverty and the many armed conflicts raging in the region constitute a favorable environment to the development of prostitution. This scourge is the source of many problems: **health risks, sexual violence, child prostitution among others**. State authorities **do not make prostitution a priority** and **the regulation** of these parallel activities is **ineffective**. The presence of NGOs, particularly in conflict areas, represents **short-term solutions**, particularly for the supply of first aid or means of contraception. However, these are only short term solutions and do not solve the roots of the problem.

2.1. Social and legal context

As said before, the development of prostitution in the DRC is intimately **linked to both the social and legal context**. Indeed, the lack of financial means pushes women to fall back on this parallel activity to earn some money. Moreover, the **insecurity** that reigns in the DRC because of the various **armed conflicts** also plays a role in the trivialisation of prostitution. Finally, the legal context and the authorities do not act to solve the problems since **prostitution in itself is not prohibited**.

Source: Secure Livelihoods Research Consortium, *Women engaging in transactional sex and working in prostitution: Practices and underlying factors of the sex trade in South Kivu, the Democratic Republic of Congo*, 2016.

“According to Congolese law, **prostitution in itself is not illegal**. However, activities that incite minors or promote the prostitution of others have been criminalized. Obviously, this law has no real meaning in restricting nightlife or prostitution, **but it can be seen in its effects on services and policy related to education, health provision and other forms of protection for women engaging in prostitution or transactional sex.**”

“The upsurge of practices of prostitution and transactional sex in DRC is related to (post)-conflict conditions, but it has to be realised that **it has become an enduring part of everyday social relations in South Kivu**, especially in urban area, border areas and large cross-roads.”

2.2. Poverty as the main reason for resorting to prostitution

The **lack of financial means** linked to the **early school dropout** of young girls and the subsequent **absence of professional opportunities** lead Congolese women to head towards other money-generating activities. **Poverty is the first cause of prostitution**. However, the recourse to prostitution by these women only allows them to **ensure the minimum of vital needs** for themselves and their children.

Source: Secure Livelihoods Research Consortium, " *Women engaging in transactional sex and working in prostitution: Practices and underlying factors of the sex trade in South Kivu, the Democratic Republic of Congo* ", 2016.

“**Ninety percent of the women report prostitution as their main activity**. The majority are single (56%) and a large proportion of 39% never went to school. **Poverty is the main reason for entering prostitution**, while family conditions also play a major role. Traders make up the majority of clients, representing up to 78% of clients, followed by officials working for national

and international NGOs (12%). Both categories frequently travel for their work.”

“The socio-economic indicators analysed in this research allow us to distinguish three categories of prostitution: **The largest category consists of poor women who have been abandoned or who receive little material and moral support from their parents or husbands. They enter prostitution to survive**, despite themselves, faced with the pressures of life. There are also women who are reduced to prostitution following early pregnancy and the resulting social abandonment. This category represents 67% of the respondents, or 322 out of 480.”

“The socio-economic indicators analysed in this research show that most women are sex workers at subsistence level and **remain poor**, although some manage to send their children to school or buy a mobile phone. The majority hope to find a husband and leave the trade. A small minority of women makes a profitable business out of prostitution.”

Source: Les nouvelles d'Afrique, *RDC : pourquoi les filles se prostituent ?*, Jean-Hubert BONDO Journaliste correspondant de la Voix de l'Amérique, 2019.

“Parfois, ce sont les parents eux-mêmes qui poussent leurs filles à la prostitution. **Quand ils sont incapables de nourrir leurs enfants**, ils disent aux filles : ‘Débrouillez-vous !’ En d’autres termes, **vous avez le sexe comme marchandise. Monnayez-le !**”

“Vasthi une fille de la rue à Mbuji-Mayi raconte son histoire : **‘Après la mort de mon père, ma mère ne savait plus nous prendre en charge**. Nous étions quatre enfants et j’étais la seule fille. Un jour, maman me dit : ‘Tu es quel genre de fille, toi ? À quoi sert ta beauté si les hommes ne te suivent pas ? Tu vas te débrouiller, non ?’ C’est ainsi que j’ai eu mes premiers rapports sexuels à 14 ans.”

2.3. Risks and consequences of prostitution

Prostitution has many consequences on women's health, both in terms of sexually transmitted diseases and the various forms of violence they suffer.

2.3.1. Health risks

By having sexual relations with different partners and without taking the necessary precautions, women who prostitute themselves take the risk of developing dangerous diseases such as STIs or HIV. Health risks can also be linked to cases where abortions are performed by non-medical experts, in the event of unwanted pregnancies.

Source: Secure Livelihoods Research Consortium, *Women engaging in transactional sex and working in prostitution: Practices and underlying factors of the sex trade in South Kivu, the Democratic Republic of Congo*, 2016.

“In both practices, health risks are paramount, **with risks around sexually transmitted infections, HIV and AIDS, unwanted pregnancies and dangerous abortions. Almost half of the interviewed sex workers had had at least one abortion.**”

2.3.2. Violence risks

Sexual violence against sex workers is **widespread** in the DRC. They can even be **committed by police officers** who take advantage of the vulnerability of these women. **Clients** can also become violent depending on the context as they know that **few prostitutes will file a complaint**.

Source: Secure Livelihoods Research Consortium, *Women engaging in transactional sex and working in prostitution: Practices and underlying factors of the sex trade in South Kivu, the Democratic Republic of Congo*, 2016.

“Women engaging in prostitution relate of many ways in which they encounter violence in their work, relations and domestically. **They face the risk of men not paying and turning violent**, and often give free sex to soldiers or police that meet them when they return home late.”

“There are cases of sex workers earning more by drugging, robbing or extorting clients, **but these practices are highly risky, because sex workers suspected of stealing are often beaten by their clients.**”

Source: Genre en action : Réseau international francophone pour l'égalité des femmes et des hommes dans le développement, *RDC : viols des prostituées dans le Sud-Kivu*, 2009.

“Dans la capitale de la province du Sud-Kivu, en République Démocratique du Congo, les **viols de prostituées se font de plus en plus réguliers**. Méprisées par la société et **oubliées** dans les campagnes de lutte contre les violences sexuelles, les prostituées ne posent que rarement plainte.”

Source: Secure Livelihoods Research Consortium, *Women engaging in transactional sex and working in prostitution: Practices and underlying factors of the sex trade in South Kivu, the Democratic Republic of Congo*, 2016.

“Les femmes pratiquant la prostitution relatent les nombreuses circonstances dans lesquelles **elles rencontrent la violence** dans leurs relations entre elles- mêmes, dans leurs familles et dans l'exercice de leur métier. Elles courent **le risque d'hommes qui refusent de payer et deviennent subitement violents**, et offrent du **sexe gratuit à des soldats ou à des policiers** qu'elles rencontrent quand elles rentrent tardivement.”

2.4. Child prostitution

With the **expansion of access to the internet and social networks**, especially among the youngest, prostitution increasingly **affects children** who are **vulnerable to web predators**. Child prostitution is also linked to the social and economic context in the DRC which condemns young girls to leave earlier school and **earn money by any means**.

Source: Panorama du pays, *Un rapport sur l'échelle, l'ampleur et le contexte de l'exploitation sexuelle des enfants*, 2021.

“Si l'accès croissant à internet offre des opportunités en matière d'accès à l'information, il génère aussi de nouveaux espaces **permettant aux criminels, sous couvert d'anonymat, de contacter des enfants et de les exploiter sexuellement.**”

“Même si peu de données existent, **l’exploitation sexuelle des enfants en ligne en RDC doit être appréhendée dans le contexte africain où ce crime est rendu plus visible** avec l’expansion de la couverture internet et est exacerbé par le **manque de régulations protégeant les enfants dans la sphère digitale.**”

2.5. NGO work on prostitution

Despite the presence of a large number of NGOs in the DRC, **none of them have, as their main function, the protection of sex workers.** The majority of the NGOs are there because of the armed conflicts in the DRC, their aim is to protect the civil population affected and to provide food or health supplies. These NGOs also welcome sex workers and **provide them the necessary sanitary materials** to avoid contracting sexual diseases or unwanted pregnancies. This therefore represents a **direct and first help** but does not solve the main problem.

Source: CEDAW/C/COD/CO/8 : *Observations finales du Comité pour l’élimination de la discrimination à l’égard des femmes*, 2019.

“28. Le Comité prend note de la création d’une nouvelle agence pour la lutte contre la traite des personnes, en 2019, et du comité national de lutte contre la traite des personnes et le trafic illicite de migrants au sein du Ministère de l’intérieur. Néanmoins, il constate avec préoccupation que :

- a) le projet de loi relatif à la lutte contre la traite des personnes n’a pas encore été adopté ;
- b) les auteurs de la traite des personnes à des fins de **prostitution forcée ne sont ni poursuivis ni condamnés** ;
- c) **les femmes qui se livrent à la prostitution sont victimes de violences de la part de la police, y compris de violences sexuelles, de viols et de harcèlement, et leurs auteurs ne sont pas sanctionnés** ;
- d) des rapports font état de travail forcé et d’exploitation des femmes dans les mines artisanales, ainsi que de traite des personnes, d’exploitation et **de prostitution forcée des filles dans les zones de conflit, notamment dans le Nord-Kivu** et, faute de ressources, il est impossible de venir en aide aux filles qui ont quitté ces réseaux.”

3. Women's situation: between distress and precariousness, initiatives often insufficient and poorly implemented

Nowadays, women's situation in the DRC, is very worrying. For several decades, and even today, Congolese women are victims of a multitude of physical violence (murder, rape, genital mutilation, ...). This resulted mainly from the wars that have been going on for several years on the territory, but not only. **There is also significant violence in the family setting.** Following these ordeals, Congolese women are often scarred for life (post-traumatic stress, injuries, ...).

Notwithstanding, we may note that revenge military rapes were a common modus operandi during the 2010s.

In addition to physical violence, in the DRC women are still considered a second-class population category. There are great disparities between men and women: in the school environment, in the economic and professional environment, in access to political life, within the family home, ... Besides, sexual violence and gender discrimination are not diminishing. Access to remedy remains complicated for victims. It also poses problems for law enforcement.

3.1. Women, victims of multiple violence

Among these violences suffered by women are: **killing, rape, sexual slavery, forced marriage at an early age, genital mutilation** (although this last point is no longer a generality). **All these acts are not only linked to conflicts**; more than half of the country's women are said to have been victims of domestic violence.

3.1.1. Sexual violence

Sexual violence is one of the most widespread crimes in the country. In conflict zones, rape is mainly used as a weapon of war, it is a sign of dishonour and repudiation for the husband and family of the victim. **Rapes are not only attributed to armed groups, but also to civilians, and even to members of the government forces** (both police and military).

Source: UN Women, Africa, *Democratic Republic of Congo*.

“Decades of armed conflict have led to **the deaths of over 2 million civilians** and estimates suggest **over 1 million women have been raped** [...]”

“**Up to 52% of women in DRC are survivors of domestic violence and 39% of Congolese women report having being threatened or injured. 27% of women in DRC are victims of harmful traditional practices.** Early marriage is common, with 2007 reports indicting **39% of women in their early twenties were married or in a union before the age of 18**”.

Source: Tearfund, *Does faith matter? Faith engagement, gender norms and violence against women and girls in conflict-affected communities: baseline research in Ituri Province, Democratic Republic of Congo*, 2017.

“Sexual violence [...] is particularly endemic in many conflict-affected environments, **including DRC**. A study on sexual violence in DRC reports that **approximately 1.8 million Congolese women have been raped**. According to the Special Representative of the UN Secretary-General on Sexual Violence in Conflict, conflict-related **sexual violence is one of the most critical challenges faced by the people and government of DRC.**”

Source: UN High Commissioner for Human Rights, *A/HRC/42/32: Human rights situation and the activities of the United Nations Joint Human Rights Office in the Democratic Republic of the Congo - Report of the United Nations High Commissioner for Human Rights*, 2019.

“46. In its concluding observations on the combined sixth and seventh periodic reports of the Democratic Republic of the Congo, **the Committee on the Elimination of Discrimination against Women called on the State to prosecute all acts of violence against women, to punish the perpetrators and to set up a comprehensive care system for victims** (CEDAW/C/COD/CO/6-7, para. 22) [...].

49. Sexual violence continues to be perpetrated on a large scale by State agents and armed group fighters. During the reporting period [June 2018 and May 2019], **at least 726 women, 234 children and 3 men were victims of conflict-related sexual violence, a significant increase over the previous reporting period.**”

Source: Committee on the Elimination of Discrimination against Women, *Concluding observations on the eighth periodic report of the Democratic Republic of the Congo*, 2019.

“10. The committee [...] expresses serious concern about :

(a) The **increased number of women and girls** in conflict-affected areas who are **victims of sexual violence, including rape, mass rape, gang rape and sexual slavery perpetrated** by the Armed Forces of the Democratic Republic of the Congo (FARDC), the national police, armed groups and militias [...].

(f) **The lack of reliable data and statistics on cases of conflict-related sexual violence against women and girls** committed by State and non-State actors.”

Source: RFI, *En RDC, le difficile accès à la justice pour les femmes victimes de viols*, 2020.

“**Dans le Haut-Katanga, plus au sud de la RDC, quelques 315 cas de viol ont été enregistrés selon les statistiques officiels au cours des deux premiers mois de cette année [2020].**”

Source: United Nations High Commissioner for Refugees (UNHCR), *UNHCR gravely concerned about systematic sexual violence in DR Congo’s Tanganyika Province*, August 2021.

“UNHCR, the UN Refugee Agency, is gravely concerned about incidents of widespread and systematic sexual violence against Congolese women and girls, perpetrated by armed groups in the Democratic Republic of the Congo’s Tanganyika Province, where thousands have been internally displaced this year.”

“In just the past two weeks, **humanitarian partners in the Kongolo and Mbulula health zones, have recorded 243 incidents of rape, 48 of which involved minors, in 12 different villages.** The incidents took place between December 2020 and July 2021. **The actual figures are thought to be even higher as reporting of gender-based violence (GBV) remains taboo**

in most communities. In addition to the huge physical and psychological trauma from being raped, survivors of sexual violence can face stigma and possible exclusion from their families.

The attacks are reportedly being carried out by rival armed groups competing to maintain control over mining areas – especially gold mines – and as retaliation against government-led military operations. **Civilians find themselves trapped in the middle of intense confrontations between different groups.”**

Source: National Geographic, En République démocratique du Congo, la double peine des femmes violées, December 2021.

“En RDC, les violences sexuelles faites aux femmes prospèrent depuis 25 ans dans le sillage des conflits qui déchirent le pays. En 2020, Médecins Sans Frontières a pris en charge près de 11000 victimes dans 6 des 26 provinces congolaises. Mais les viols ne se résument pas à une fatalité de la guerre.

L'ONG souligne dans son dernier rapport qu'ils sont perpétrés dans les zones de conflits, comme dans les régions plus stables du pays. Face à ces violences endémiques, la stigmatisation et le manque de prise en charge restent le lot de la majorité des victimes. **Au cours du premier semestre 2020, seule une victime sur quatre aurait ainsi bénéficié de soins médicaux et seulement 5% d'entre elles d'une assistance psycho-sociale selon les données des Nations Unies [...].**

Les violences sexuelles exacerbées par les conflits en RDC frappent les corps des femmes depuis un quart de siècle. Où en est la situation aujourd'hui ?

Il est très dur d'avoir des chiffres sur l'ampleur du phénomène. Les données de MSF reflètent la partie émergée de l'iceberg. Nous ne prenons en charge les victimes de violences sexuelles que dans six provinces : l'Ituri, le Nord-Kivu, le Sud-Kivu et le Maniema, qui sont des zones actives de conflit, et le Haut Katanga et le Kasai-Central, qui sont des zones post-conflit ou stables. **Dans son rapport annuel, le ministère de la santé congolais recense quant à lui plus de 30 000 cas de violences sexuelles. Mais les femmes ne rapportent pas toujours les agressions, et encore faut-il qu'elles puissent disposer de services d'accueil quand elles souhaitent le faire, ce qui n'est pas toujours le cas dans les zones les plus reculées du pays.**

Les données sur ces violences sont donc à prendre avec précaution. Ce qu'on constate dans nos structures, c'est que l'histoire se répète d'année en année. On a les mêmes récits terribles de femmes qui sont violées. Et **cela n'arrive pas forcément dans les zones en conflit**, lorsqu'un groupe armé fait un raid sur un village par exemple. **D'après ce que nous voyons, 67 % des victimes sont agressées pendant des activités quotidiennes**, lorsqu'elles sont en route pour aller aux champs, chercher de l'eau ou du bois.

Dans les zones de conflits, les violences sexuelles commises par les combattants s'ajoutent à d'autres qui ont lieu dans un cadre domestique ou criminel. Au Nord-Kivu, **76 % des victimes reçues par MSF ont été violées par des hommes armés, les autres ayant été agressées par des civils [...].**

Ce que l'on constate également, c'est **la violence qui accompagne les viols.** En octobre 2021, dans le Kasai-Central, parmi les victimes que nous avons soignées, **48 % nous ont rapporté que les viols se sont accompagnés de vols et 52 % d'entre eux ont été commis par deux**

agresseurs ou plus. Enfin, **les barrières d'accès aux soins restent énormes**, surtout pour les victimes qui vivent dans des zones rurales et reculées. Quand on interroge les femmes sur ce qui les empêche de consulter, elles invoquent leur **méconnaissance des traitements et des services disponibles**, puis le **manque de moyens financiers pour régler leur transport et les coûts médicaux**, et enfin la **stigmatisation et le rejet dont elles risquent de faire l'objet de la part de la société et de leur famille**, et la **peur des représailles de ceux qui les ont agressées.**”

Source: Wion News, *UN raises alarm on 'mass rape' in southeast DR Congo*, August 2021.

“Our staff have heard horrific testimonies of extreme violence. **Forcibly displaced persons have accused armed groups of carrying out mass rape as women attempt to flee their homes.**”

3.1.2. Sexual slavery

Sexual slavery, although less generalised than rape, **is a phenomenon specific to the war waged by armed groups.** This has already been subject to conviction in local courts.

Source: UN High Commissioner for Human Rights, *Human Rights Council holds enhanced interactive dialogue on the situation of human rights in the Democratic Republic of the Congo. Begins Interactive Dialogue on the Human Rights Situation in Mali*, 2020.

“BACRE WALY NDIAYE, International Expert on the Situation in Kasai, noted **that women held in sexual slavery were still not released.**”

Source: ECPAT, *Panorama du pays : République démocratique du Congo, un rapport sur l'échelle, l'ampleur et le contexte de l'exploitation sexuelle des enfants*, December 2021.

“**Le Haut-Commissariat aux Réfugiés a rapporté qu'en juillet 2021, des jeunes filles et des femmes avaient été enlevées et utilisées à des fins d'esclavage sexuel** dans le cadre d'attaques menées par des groupes armés se disputant le contrôle des zones minières dans la province du Tanganyika.”

3.1.3. Early marriages and forced marriages

Early marriages and forced marriages **affect more than 1/4 of Congolese society, and even more than half in rural areas. Social difficulties and dropping out of school are two of the main factors that tend to reinforce these practices.**

Source: Ministère du Plan, Institut national de la statistique, *République Démocratique du Congo : MICS-palu 2018, rapport final*, 2019.

[Tableau PR.41W : Mariage précoce et polygamie (femmes) : See [Annex 2](#)].

Source: ECPAT, *Panorama du pays : République démocratique du Congo, un rapport sur l'échelle, l'ampleur et le contexte de l'exploitation sexuelle des enfants*, December 2021.

“En 2018, **29% des Congolaises âgées de 20 à 24 ans avaient été mariées ou en union informelle avant l'âge de 18 ans, et 8% d'entre elles l'avaient été avant l'âge de 15 ans.** A la même période, **les femmes âgées de 20 à 24 ans vivant dans les foyers les plus pauvres**

étaient 45% à avoir été mariées ou en union informelle avant leurs 18 ans. Dans des zones rurales, comme le Tanganyika et le Kasai, plus de la moitié des femmes âgées de 20 à 24 ans, soit respectivement 60% et 54% avaient été mariées ou en union avant l'âge de 18 ans.

Une enquête conduite par l'ONG TearFund en 2015 dans la province de l'Ituri, avait montré qu'environ les **deux tiers des 769 hommes et femmes âgés de plus de 15 ans interrogés considéraient qu'une fois qu'un homme avait payé la dot, sa femme devenait sa propriété.**"

Source: Debout Congolaises !, Haut-Katanga : 60 % des filles se marient entre 13 et 14 ans dans le territoire de Mitwaba, 2019.

"Selon l'enquête réalisée par AFIA Mama une ONG nationale, entre 2016 et 2018 dans le territoire de Mitwaba, la prévalence des mariages précoces est très élevée. 6 filles mineures sur 7 ont déjà connu une maternité et 7 sur 10 ont déjà une vie sexuelle active.

Pour le Chef de la chefferie Kyona Ngoie, le Chef Kabemba Kisele, **dans ce territoire les filles sont données en mariage à l'âge de 13 et 14 ans.** Cette situation s'explique par la pauvreté sans nom qui se vit dans ce territoire. 'Pour bon nombre des familles, **donner en mariage leur fille est une façon de se décharger**', explique-t-il. 'Ici les jeunes sont des désœuvrés, ils ne vont pas à l'école et ne travaillent pas et **l'unique moyen pour les filles de survivre est d'épouser quelqu'un; de cette façon, elles pourront épauler leur famille.**'"

Source: Cour Nationale du droit d'asile, La CNDA reconnaît la qualité de réfugiée à une ressortissante de la RDC d'ethnie yansi du fait d'un mariage imposé avec un oncle maternel chez lequel elle vivait depuis l'âge de douze ans et qui lui avait imposé des relations sexuelles, 2019.

"La Cour s'est référée dans sa décision aux sources d'information publiques disponibles selon lesquelles **la coutume du mariage forcé au sein de l'ethnie yansi de République démocratique du Congo (RDC) est toujours prévalente, les filles de cette ethnie se trouvant forcées de se marier avec leurs grands-pères, leurs cousins ou neveux**, ces mêmes sources ajoutant que **'s'agissant du recours à la justice, il est peu vraisemblable qu'une femme congolaise de RDC se rende d'elle-même dans un commissariat pour déposer une plainte contre les membres de sa famille'**, alors que les autorités de ce pays n'interviennent dans les affaires qui relèvent des us et coutumes des différents groupes ethniques que lorsqu'une telle plainte existe.

Dès lors, **la Cour a considéré que l'intéressée pouvait se prévaloir de son appartenance au groupe social des jeunes filles et des femmes qui entendent se soustraire à un mariage imposé contre leur volonté au sein de la communauté yansi de RDC**, au sein de laquelle le mariage forcé est couramment pratiqué au point de constituer une norme sociale. (CNDA 2 octobre 2019 Mme L. n° 19003209 C)."

3.1.4. Mental health

Mental health is an important issue of health care in DRC. Psychological problems are not only due to **sexual violence** but also to others factors such as **armed conflicts in the country**. Figures show that **women and teenagers are the most affected psychologically**. This is expressed by **psychological trauma, depression, anxiety, anorexia...** Most often, **mental health disorders are accompanied by stigmatisation by society and repudiation by**

husbands towards their wives. Thus, the management of mental health problems is very weak.

Source: *Euronews RDC, Santé : Santé mentale en RDC, le gouvernement multiplie des stratégies pour une meilleure prise en charge*, October 2022.

“La santé mentale est aujourd’hui la clef de voûte de toutes les pathologies, notamment qui vont dégénérer après, comme des pathologies cardio-vasculaires. Il y a aussi tous les problèmes de santé mentale pour les adolescents qui ne sont pas du tout à négliger.” Christophe Desteuque, infirmier et directeur de la société française E-DE.

Source: Sarah Mangaza, « 22 millions de personnes affectées dont seules 5% ont accès aux soins en RDC », *Euronews RDC*, September 16, 2022

“La santé mentale préoccupe la Société civile de la République Démocratique du Congo. A l’en croire, 22 millions des congolais sont touchés par ce fléau et seuls 5 % sont pris en charge, dont 95 % se prennent en charge eux-mêmes.”

Source: Courrier international, *EN RDC, la santé mentale à l’épreuve de la violence endémique*, September 23, 2022

“La maladie mentale touche beaucoup plus les femmes en raison de la violence structurelle à leur encontre, qui traverse tous les domaines de leur vie. [...] Dans un pays où le viol a été érigé en arme de guerre, celui-ci signifie pour elles la répudiation et l’errance dans les rues congolaises. Pour peu qu’elles aient des enfants, au problème de santé mentale de la mère s’ajoute alors celui de leur survie.”

Source: Erick Mukala Mayoyo, Willem van de Put, Sara van Belle, Bibiane van Mierlo, Bart Criel, “Intégration de la santé mentale dans les services de soins de santé primaires en République Démocratique du Congo », *Santé Publique*, vol. 33, n°1, p.78, July 2021.

“En 2011, selon l’OMS, la charge de morbidité imputable aux troubles neuropsychiatriques a atteint 4,7 % en République démocratique du Congo (RDC) où l’on observe un fossé important entre la demande et l’offre des soins de santé mentale dans les structures sanitaires des districts de santé (appelées ‘zones de santé’) du pays, dû à une forte institutionnalisation des soins de santé mentale.”

Source: Noella Nyirabihogo, *Mental Illness: The Vast, Hidden Toll of DRC’s Armed Conflicts*, *Global Press Journal*, February 14, 2021

“25 years of armed conflicts have ravaged the mental health of its people, as hundreds of thousands have been separated from their families, displaced from their homes, or exposed to scenes of violence or torture [...]”

“Unfortunately, many people think that the aftereffects of the war are only physical, and ignore the consequences of the war from a psychological point of view,” says Eugène Bashombe, a psychologist at the Neuropsychiatric Hospital Center of Goma.

Source: Médecins sans frontières, *Thousands of survivors of sexual violence in serious need of care in DRC*, July 2021.

“The data collected by MSF in 2020 shows a **worrying picture of the physical and psychological state of patients treated for sexual violence**: infections, unwanted pregnancies, physical injuries resulting from the violence, severe psychological trauma, **including among minors** who represented one fifth of patients treated by our teams in 2020.”

Source: Médecins sans frontières, *Sexual violence in the Democratic Republic of Congo*, July 2021.

“**Emergency and long-term care for survivors of sexual violence remains largely unavailable in DRC.**”

Source: Médecins sans frontières, *Sexual violence in the Democratic Republic of Congo – The critical need for a comprehensive response to address the needs of survivors*, July 2021.

“**The psychological, social and economic impact of sexual violence is often long-lasting and affects survivors’ ability to resume a normal life.** Anxiety, fear, isolation, shame and avoidance strategies are among the main problems observed in psychological counselling. [...] These feelings are often accompanied by clinical consequences such as **post-traumatic stress disorder, depression and anxiety** [...]”

“**The impact of sexual violence goes beyond the initial shock and often affects survivors’ ability to resume a normal life.** [...] Sexual violence is a medical emergency, but it also leaves **invisible scars that can last a lifetime for survivors**, including **stigmatisation** and the **loss of their livelihood.**”

Source: World Health Organization, *Santé des femmes*, 2018.

“**La dépression est plus fréquente chez les femmes que chez les hommes** (5,1 % contre 3,6 %). La dépression unipolaire est deux fois plus courante chez les femmes. [...] **Les conduites auto-agressives, y compris le suicide, surviennent tout au long de la vie** et représentent la **deuxième cause principale de décès chez les femmes âgées de 15 à 29 ans, au niveau mondial, en 2015.**”

“**Les troubles dépressifs liés à l’auto-agression et au suicide sont des problèmes de santé majeurs chez les adolescentes.** [...] Les troubles du comportement alimentaire sont plus répandus chez les filles. **L’anorexie mentale est le trouble le plus fréquent** et son taux de mortalité est le plus élevé parmi l’ensemble des troubles mentaux.”

“**La violence au sein du couple est l’une des formes les plus répandues de violence contre les femmes.** Elle a de profondes **conséquences sur la santé physique, sexuelle, reproductive et mentale des femmes.**”

“**La démence est plus fréquente chez les femmes que chez les hommes** dans cette tranche d’âge [60 ans et plus].”

3.2. Marginalisation of women in society

In addition to physical violence, **in the DRC women are still considered a second-class population category. Gender-based discrimination persists at all levels of society** (at political level, economic level, etc.).

Source: Committee on the Elimination of Discrimination against Women: *Concluding observations on the eighth periodic report of the Democratic Republic of the Congo*, 2019.

“22. The Committee [...] is concerned that:

(a) **The State party has not adopted any temporary special measures to achieve substantive equality between women and men in all areas covered by the Convention in which women are underrepresented or disadvantaged, especially in public and political life, despite the adoption of the Parity Act.”**

Source: PeaceWomen, *Gender inequality and social institutions in the DRC*.

“The analysis of the current context in the Democratic Republic of Congo (DRC) makes obvious the existing persistence gender imbalance in all the domains of economical, social, cultural and political development [...].

However, studies and recent investigations show that **the position of Congolese women in several domains of national life remains preoccupying low in comparison with men. Access of women to decision making tables, as well as to national economical resources and production factors remains very limited.** The situation has deteriorated in latter years with the negative effects of wars in repetition, to the current persistent insecurity.”

3.2.1. In public and political life

This finding is striking **with regard to access to political life.** Indeed, **very few women have access to public administration, and even fewer to political positions** (less than 12%). This is characteristic of the **prejudices that persist and the restricted access to the media** that they may have in order to express themselves.

Source: UN Women, Africa, *Democratic Republic of Congo*.

“Women currently occupy only 7.2% of positions at the highest level of decision making at a national level in the parliament and government [...].

Very few Congolese women have access to decent jobs, and in general women and girls have less access to education than men and boys, as well as higher rates of illiteracy.

Source: UN High Commissioner for Human Rights, *A/HRC/42/32: Human rights situation and the activities of the United Nations Joint Human Rights Office in the Democratic Republic of the Congo - Report of the United Nations High Commissioner for Human Rights*, 2019.

“In its concluding observations on the fourth periodic report of the Democratic Republic of the Congo, **the Human Rights Committee called on the Government** to respect the right of every

citizen to participate in public affairs and **to take all necessary measures to increase women's participation in public life** (CCPR/C/COD/CO/4, paras. 16 and 48)".

Source: UN High Commissioner for Human Rights, *Report on the situation of human rights in the Democratic Republic of the Congo before, during and after the elections of December 2018 - Report of the Office of the United Nations High Commissioner for Human Rights*, 2019.

"Conclusions and recommendations.

79. [...], **take appropriate action, consistent with relevant human rights standards, to promote media diversity and women's access to the media** [...].

81. Ensure the provision of training for journalists and other media workers **in order to challenge gender stereotyping and misrepresentation of women in the media**, and to **sensitize the media and the electorate on the need for and benefits of women in leadership positions.**"

Source: DW Afrique, *RDC : Des femmes si mal représentées en politique*, February 2021.

"En RDC comme ailleurs dans le monde, les femmes représentent environ 52% de la population. **Pourtant, au niveau institutionnel, elles sont extrêmement minoritaires. 50% de la population, 12% des élus.**

L'Assemblée nationale congolaise ne compte qu'environ 12% d'élues femmes et les assemblées provinciales entre 10 et 12%.

Dans son **rapport de janvier 2020, l'Union interparlementaire** (Organisation mondiale des Parlements nationaux) **classe la RDC à la 104e place sur 182 pays avec 17% de femmes au gouvernement et la 150e place sur 189, avec 12% à l'Assemblée nationale et 20% au Sénat.**

D'autres statistiques confirment cette tendance : **8% de femmes parmi les mandataires publics, 12% des postes de secrétaires généraux de l'administration publique sont occupés par des femmes et moins de 10% dans les services de sécurité** (armée, police, justice)."

Source: Radio Okapi, *La problématique de la participation politique des femmes dans la vie publique*, February 2019.

"L'intolérance politique figure parmi les causes qui freinent encore la représentativité des femmes au sein des institutions politiques", estime Jeef Mbiya, facilitateur du Mouvement 'Rien sans la femme' à Lubumbashi."

3.2.2. In access to employment and economic life

There are **significant disparities in the economic and professional environment**, only more than half of Congolese women are considered active. **This leads to disparities in wages, in skilled jobs, in entrepreneurship** (very few women are business leaders).

Source: World Bank Blogs, *Obstacles and opportunities for women's economic empowerment in the DRC*, June 2022.

"Significant gender gaps in labor market outcomes in the Democratic Republic of the Congo

(DRC) hinder the country's efforts to achieve inclusive economic growth. **Only 62% of women in the DRC participate in the labor market and a mere 6.4% of women work in wage employment, compared to 23.9% of men [...].**"

We found that **women are 8.2% less likely to work than men. [...]. Moreover, women have 77.3% lower wage earnings than men, and 66.5% lower business profits than male entrepreneurs [...].**

To dig deeper into how limits on women's agency affect their economic success, we conducted a qualitative research study among entrepreneurs in Goma. Our interviews showed how **women are consistently less empowered than men to make decisions affecting their lives. Women also face particular vulnerability to shocks, which range from physical to financial to institutional insecurity.**

Our interviews also highlighted examples of **men using their wives' profits without their consent**, preventing women from reinvesting in their businesses or increasing their savings. **Even if a woman has an income generating activity that is successful, she may not be able to grow it or even continue it."**

Source: Committee on the Elimination of Discrimination against Women, *Concluding observations on the eighth periodic report of the Democratic Republic of the Congo*, July 2019.

"34. The Committee is concerned, however, that:

(a) **Disparities in remuneration remain between women and men;**

(b) **Women have less access to remunerated jobs, compared with men, in the informal sector, in which they comprise the majority of workers yet have no access to legal protection or social security [...];**

38. [...], the Committee is deeply concerned that **women continue to have limited access to economic resources, face discrimination regarding access to financial services and are not involved in the elaboration and implementation of development programmes."**

3.2.3. In access to justice

In the DRC, **access to courts is relatively restricted for women.** There are many obstacles, such as **the high cost of proceedings, the lack of courts**, etc. We also note that **women are poorly informed of their rights.** It discourages women. **All of these elements discourage the victims.**

Source: Committee on the Elimination of Discrimination against Women, *Concluding observations on the eighth periodic report of the Democratic Republic of the Congo*, 2019.

"10. The committee [...] expresses serious concern about:

(c) **The lack of access to reparations for victims of conflict-related sexual violence**, the absence of a comprehensive national policy aimed at ensuring adequate reparations to victims and the complexity and high cost of the procedure, as well as **the fear of stigma and reprisals for reporting cases of sexual violence, which prevent the victims from seeking reparations [...];**

14. The Committee remains concerned, however, that:

1. **Women continue to face complex barriers to access to justice and remedies**, such as the absence of courts, the limited number of judges in some provinces, the inability of the criminal justice system to locate perpetrators or collect evidence, the lack of sufficient financial resources among victims to pay the high costs of legal proceedings and the insecurity in conflict areas that limits travelling to distant judicial actors [...];

(d) **Women are not sufficiently aware of existing laws, regulations and policies related to their rights and judges, prosecutors and law enforcement officials are not sufficiently and adequately trained on women's rights and the Convention on the Elimination of All Forms of Discrimination against Women [...];**

(e) **Customary laws that discriminate against women continue to be enforced**, including by traditional leaders and courts, in contravention of the statutory law, which prevails over customary law, according to the Constitution (art. 207) [...].

26. The Committee is concerned about the following:

(b) **The limited access to justice and reparations by women and girls who are victims of gender-based violence and the lack of sanctions imposed on the perpetrators [...];**

(d) **The lack of criminalization of domestic violence, including marital rape.”**

Source: RFI, *En RDC, le difficile accès à la justice pour les femmes victimes de viols*, November 2020.

“Des frais de justice conséquents

Un problème de taille d'autant que dans ces affaires [de viol], **les magistrats exigent des frais allant parfois jusqu'à 1 000 dollars, une somme bien supérieure aux moyens financiers des victimes.**

‘Il faut confirmer la plainte, il faut acheter des papiers. Quand un magistrat doit descendre sur le terrain pour aller revivre la reconstitution des faits, il demande toujours des frais. Le non paiement de ces frais-là met parfois le magistrat dans la position inconfortable de demander aux parties de trouver un compromis’, raconte Me Thimothé Mbuya, responsable de la clinique juridique.”

Source: DW Afrique, *RDC : Des femmes si mal représentées en politique*, February 2021.

“Chantal Faïda [militante originaire de Goma qui a travaillé au ministère du Tourisme] énumère plusieurs facteurs qui expliquent les disparités persistantes entre les sexes [...].

- Il y a aussi **la méconnaissance de leurs droits par les femmes : beaucoup ne sont pas informées des instruments juridiques ou de promotion des femmes qui existent en RDC**, des textes ratifiés au niveau national, régional ou international par les autorités congolaises.

- Et enfin, Chantal Faïda dénonce la **faible application des textes juridiques qui prévoient l'égalité entre les sexes, notamment l'article 14 de la Constitution congolaise, ou encore la loi de 2015 sur la parité** : plus de 70% des personnes nommées à des postes de responsabilités restent des hommes.”

3.2.4. In access to education

Gender disparities start at an early age in access to education. If parity is found at the primary level, it is at the secondary level that the gap widens. **Less than half of young women go on to secondary school.** This is due to **different factors.** Among them, **sexual violence, forced marriages and early pregnancies play a significant role.** Moreover, **in modest families, priority is often given to the boy.**

Source: Committee on the Elimination of Discrimination against Women: *Concluding observations on the eighth periodic report of the Democratic Republic of the Congo*, July 2019.

“32. The Committee [...] is further concerned that:

(a) **Schools regularly expel pregnant girls [...];**

(c) **The enrolment rate among girls at the secondary level remains low,** owing to insecurity, forced marriage and pregnancy;

(d) **Girls are subjected to sexual and gender-based violence, including rape, in school by teachers.”**

Source: DW Afrique, *RDC : Des femmes si mal représentées en politique*, February 2021.

“Chantal Faïda [militante originaire de Goma qui a travaillé au ministère du Tourisme] énumère **plusieurs facteurs qui expliquent les disparités persistantes entre les sexes.**

- **D'abord l'instruction, l'éducation scolaire :** s'il existe désormais une parité au niveau primaire en RDC, **la moitié des petites filles n'ont pas accès au niveau secondaire.** Cette déperdition scolaire rend plus difficile aux filles d'avoir de grandes ambitions, de se faire "repérer" par les partis politiques et même d'accéder à des emplois formels.

Source: Unicef, *Les enjeux de l'éducation en RDC : priorité sur les filles*, August 2021.

“**Les filles ont un cursus scolaire du primaire au secondaire moins long que les garçons au niveau national.** Cette différence de durée de scolarisation qui est perceptible dès le plus jeune âge, s'amplifie progressivement jusqu'au secondaire en raison des décrochages scolaires plus importants chez les filles. **Cela est lié aux normes sociales néfastes comme le mariage et les grossesses précoces mais aussi à d'autres effets négatifs comme la violence basée sur le genre.**

Le mariage précoce semble être fortement lié au niveau d'instruction des filles. De manière générale, plus le niveau d'éducation est faible, plus le risque de mariage précoce est élevé. Les filles ayant un niveau d'instruction inférieur au premier cycle du secondaire ont deux fois plus de risque d'être mariées avant l'âge de 18 ans que celles ayant atteint le second cycle du secondaire.

L'indice de parité genre est plus inéquitable dans les provinces tel Tshogo, Tanganyiaka ou encore Maniema où la proportion des filles de 20-24 ans qui se sont mariées avant l'âge de 15 ans augmente. Cette analyse suggère que **le maintien des filles à l'école semble être une stratégie efficace de lutte contre la précocité des mariages.”**

Source: ReliefWeb – Informing humanitarians worldwide, *All That I Have Lost’: Impact of Attacks on Education for Women and Girls in Kasai Central Province – Democratic Republic of Congo*, May 2019.

“Women and girls continue to suffer from the aftermath of the violence in the Kasai region. **Although both boys and girls had their education interrupted, girls often found it more difficult to return to school, GCPEA found.** The conflict exacerbated the precarious economic situation of many families in the region. **When unable to pay for all their children to attend school, parents often prioritized their sons’ education. Families are also more likely to keep their daughters’ home because of fears for their safety and the risk of sexual violence. Moreover, the severe stigma of rape prevents victims from returning to school, and those who do face social exclusion.”**

Source: Heal Africa, *Kibombo, Maniema : 102 femmes avec complications gynécologiques réparées gratuitement*, September 2021.

“En RD Congo, **la province du Maniema figure parmi celles où la femme vivant en milieu rural a moins de chances d’étudier.** La Stratégie Nationale d’Alphabétisation et Education Non Formelle –AENF– a rapporté un **taux d’analphabétisme de 50,8% pour les femmes vivant en milieu urbain au Maniema**, en 2020. **Le phénomène s’amplifie encore plus du fait des limitations culturelles et infrastructurelles en milieu rural.”**

3.2.5. In marriage and family relationships

Gender inequalities being well anchored in Congolese society, they are just as much so in marriage and family life. Like a patriarchal society, the man directs life in the family home.

Source: Committee on the Elimination of Discrimination against Women: *Concluding observations on the eighth periodic report of the Democratic Republic of the Congo*, July 2019.

“52. The Committee is concerned, however, that:

(a) The revised Family Code still contains a discriminatory provision (art. 444) providing that **the husband is the head of the household [...]**;

(d) **Polygamy remains prevalent in many communities**, even though it is prohibited by law, and the practice of **levirate marriage** is still common;

(e) **Women, including widows, do not have equal access to inheritance**, owing to persistent discriminatory customary practices that exclude women and girls from the inheritance of land and other family property.”

Source: National Geographic, *en République démocratique du Congo, la double peine des femmes violées*, December 23, 2021.

“Nous recueillons de très **nombreux témoignages de femmes qui ont été rejetées par leur mari et leur famille après avoir été violées.** Dans le Kasai-Central, une patiente nous a raconté avoir été violée devant ses enfants, puis chassée de la maison avec eux par son époux.”

3.2.6. Abortion ban and exceptions

Although the law concerning abortion was relaxed, **it is poorly enforced in practice. It is still very difficult for a woman to abort legally**, which pushes women **to abort clandestinely and to expose themselves to complications and diseases.**

Source: RFI, *RDC: le fléau de l'avortement clandestin*, October 2019.

“En RDC, l’avortement clandestin fait des ravages. C’est même l’une des trois principales causes de mortalité maternelle dans le pays. En théorie, depuis 2018, l'accès à l’IVG s’est assoupli. Mais la réalité est tout autre.”

Source: How To Use abortion pill, Abortion Laws in Democratic Republic Of Congo (DRC).

“Is abortion legal in the Democratic Republic Of Congo?”

Under the Congolese Penal Code (Book II, Articles 165 and 166), abortion is generally prohibited in the DRC.

- Article 165: ‘Whoever, by food, drink, medicine, violence or any other means aborts a woman, will be punished by a penal servitude from five to fifteen years.
- Article 166: ‘A woman who voluntarily has an abortion, will be punished by a penal servitude of five to ten years.’

The Child Protection Act of 10 January 2009 also punishes abortion under Article 145.

- Article 145: ‘Any pregnant woman who has caused an abortion will be punished by a penalty of two to five years.’

Although the penal code expressly prohibits the provision of abortion, there remains an exception introduced by Article 32 of the 1970 Ordinance Law, which states that abortion is allowed when the pregnancy puts the health of the mother in danger. However, this exception is rarely complied with by medical practitioners and oftentimes women resort to clandestine and unsafe means to procure an abortion.

The DRC has ratified, without reservation, the Maputo Protocol, which allows for abortion in cases of rape, incest, and maternal mental health problems. The DRC is a pure monist state, [...]. Therefore, in principle, the Maputo protocol should invalidate the national penal code. However, this has not been the case.”

Source: DW Afrique, *L'avortement, un sujet délicat aussi en Afrique*, July 2022.

“Anny Modi est la directrice exécutive et cofondatrice de l’association " Afia Mama " en RDC. Elle milite contre les violences sexuelles et n’hésite pas à s’exprimer au sujet de la perception de l’avortement et la loi en vigueur dans son pays.

‘Notre code pénal réprimande encore les avortements. En RDC, l’IVG n’est pas légale, par contre y a des exceptions sous lesquelles on peut interrompre une grossesse. Ce sont les exceptions du protocole de Maputo (...) même si le cadre légal a évolué par la présence maintenant du protocole de Maputo, son application reste difficile’, explique Anny Modi.

Le **Protocole de Maputo adopté en 2003**, constitue l'un des premiers cadres juridiques pour la protection des droits et des libertés des femmes et des jeunes filles en Afrique.

Le texte reconnaît l'accès à un avortement médicalisé dans certaines conditions, en cas de viol, d'inceste ou quand la vie de la mère est en danger, tel un droit humain dont les femmes doivent jouir sans restriction."

4. Insecure situation of minor children in the DRC caused by interconnected issues

In the DRC, **human rights violations are widespread, from sexual exploitation to forced labor, and children are often the first victims of these infringements. Interconnected problems make the children's surrounding environment very complex.** Education is a key to escape from such reality, but because of very poor familial situations, lack of educational facilities and even armed conflicts, the right to access to education is not guaranteed to every child. At the same time, such armed conflicts which occur all over the country make children face worse situations, such as child soldiers and forced labor. The situation has become better since the time of civil war, still many measures must be taken in order to protect minor children in this country.

4.1. Overview of minor children's situation in the DRC

In the DRC, more than half of the population is under 18, but these children are forced to live in a difficult condition which often requires urgent humanitarian aid.

Source: UNICEF, *Democratic Republic of Congo, what we do.*

“Extreme poverty, economic crisis, conflict situations, food insecurity, epidemic outbreaks, etc. are all factors that negatively impact the social situation and well-being of Congolese people, especially women and children. The country has the **third largest population in Africa with an estimated 90 million inhabitants, 54% of whom are children under 18.**”

“[...] **A majority of children remain deprived of many of their rights:**

- 1 in 10 children dies before reaching the age of 5;
- more than 7 million children aged 5 to 17 are out of school;
- 33 million people living in rural areas do not have access to safe drinking water;
- 75% of children under 5 do not have their birth registered;
- 6 million children suffer from chronic malnutrition or stunting.

Beyond the challenges of long-term development, the humanitarian situation has deteriorated in recent years. **Nearly 20 million people are currently in need of urgent humanitarian assistance across the country, including 11.5 million children.**”

4.2. Surrounding environment of minor children

Children still suffer from severe deficiency of these elements which resulted in respective violations of children's rights.

4.2.1. Education

The education system is an important factor for children to improve their lives. During the period of civil war from the late 1990s to the early 2000s, most children in the DRC could not attend school. Since then, **although the system has shown [...] improvements, it suffers from severe lack of facilities, including finances and teachers**, and this results in a very poor educational environment for children.

Source: UNICEF, *Democratic Republic of the Congo, Education*.

“[...] **7.6 million children aged 5-17 are still out of school**. The preschool rate for children aged 3-5 is only 5%. This level is considered very low given the benefits that preschooling can bring to young children in terms of improving primary school entry and early cognitive and social development. Moreover, **repetition and dropout rates at the primary level undoubtedly have an impact on the secondary level**. The direct costs (registration fees) and indirect costs (school materials, uniforms, etc.) borne by poor households seem to be one of the obstacles to the enrollment of children in school, despite the policy of free primary education promulgated in 2010 by the Government of the DRC.”

Source: United States Agency for International Development, *Democratic Republic of the Congo, Education*.

“The Democratic Republic of the Congo (DRC) **education system is plagued by low coverage and poor quality. 3.5 million children of primary school age are not in school**, and of those who do attend, 44 percent start school late, after the age of six. National data indicate that only 67 percent of children who enter first grade will complete sixth grade. Of those who reach 6th grade, only 75 percent will pass the exit exam.”

Source: United Nations Committee on the Rights of the Child, *Concluding observations on the combined third to fifth periodic reports of the Democratic Republic of the Congo, 2017*.

“The Committee notes [...] that a large number of school-age children in the country remain out of school. In particular, the Committee expresses its serious concern that:

- (a) **Only half of children aged between 6 and 11 years attend primary school**, owing to the fact that education is **not genuinely free**;
- (b) Large numbers of children abandon school early **due to excessive costs, early marriage and fear of violence, especially in conflict-affected areas of the country**;
- (c) **Access to schools in various provinces remains unequal**, on the basis of differences between urban and rural areas and the socioeconomic and educational background of parents;
- (d) **The quality of education remains poor owing to insufficiently qualified teachers**, who are also paid irregularly and lack pedagogical materials;

(e) **The infrastructure and equipment of schools are insufficient and inadequate**, that most schools have no access to potable water and sanitary facilities and that no transport services are provided to and from most schools;

(f) **Armed groups continue to attack schools**, students and teachers in conflict affected areas, putting children at risk of abduction and recruitment, and use schools for military purposes;

(g) Only a small number of children attend preschool.”

4.2.2. Security and standard of living of minor children

Children in the DRC face danger from the moment of their birth. **Malnutrition, diseases, and no access to drinkable water remain very fatal, especially for young children**, almost 10% of children die before reaching the age of 5. Although statistics have improved, we find children in an insecure situation.

Source: Humanium, Children of the Democratic Republic of the Congo, Realizing children's Rights in the Democratic Republic of the Congo.

“In the DRC, a child’s **right to health is seriously threatened from the moment they are born**. (...) Measles, cholera, and malaria have ravaged the country and children are the primary victims of these diseases. Cholera, a result of poor sanitation systems and unclean drinking water has killed 540 people in 2019, half of that number are children. Measles, a more serious epidemic caused 6, 200 deaths in 2019-2020 and 85% of these deaths were children aged 5 and under. It is estimated that over 3.3 million children have gone without adequate healthcare.

[...] It has been documented that 25% of Congolese children are underweight and there is a widespread issue of anemia for children who are between 6 months to 5 years of age. **The rate of malnourished children is acute, where at least two million children who are malnourished are highly likely to experience death unless they are provided adequate food**. Children who live in remote conflict zones and displaced children are also likely to go without food since it is difficult for humanitarian workers to reach them. **Malnutrition is a persisting issue for Congolese children, where 46% of children are stunted, impacting their growth and development**. Malnutrition can be attributed to poor nutrition, patterns of infection and insufficient psychosocial interaction (i.e. lack of access to education). The DRC suffers greatly from acute malnutrition in alarming numbers, what has been defined as a ‘silent crisis.’”

Source: United Nations Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of the Democratic Republic of the Congo, February 2017.

“In view of the fact that less than half of the population and an even **larger number of children do not have access to potable water and only one fifth of the population have access to sanitation and hygiene facilities** [...]”.

4.2.3. Familial situation

Familial environment **remains to be rather private and there are serious infringements of childrens' rights**. Furthermore, there is a vicious circle for street children which endangers even their lives.

Source: United Nations Committee on the Rights of the Child, *Concluding observations on the combined third to fifth periodic reports of the Democratic Republic of the Congo*, February 2017.

“[...] the Committee is seriously concerned that **the number of child marriages, including customary marriages, in the country has been high, affecting a large number of girls [...].**

[...] little progress has been achieved with regard to providing children without parental care with an adequate standard of living in a family environment, or with regard to the inadequate and insufficient foster care and the deplorable situation in institutions [...].

Corporal punishment

Corporal punishment [...] is frequently practised in various care settings, the Committee urges the State party to enact legislation that clearly prohibits corporal punishment in all settings, including in the home, schools and other care settings.”

Source: Humanium, *Children of the Democratic Republic of the Congo, Realizing children's Rights in the Democratic Republic of the Congo*.

“Children in street situations: There are several key contributing factors to homelessness: war-conflict, internal displacement, illness and unemployment, all of which drive the rate of children who become homeless. Political instability and armed conflict are the driving primary causes of poverty in the DRC beginning in the 1990s. **Poverty and homelessness can also be attributed to families unwilling to adopt orphans and unwanted children, where children are left with no other choice but to live on the street.** In conflict where rape is used as a war tactic, women become pregnant with children and abandon them due to humiliation and embarrassment from society, as well as feelings of shame. **Children who were born as a result of rape are thus rejected and abandoned by their mothers and because there are no existing child protection institutions in the country, the children suffer greatly.** Children of rape are also excluded from their communities, which causes them severe trauma and distress. These circumstances force children to live on the street, a phenomenon also known as ‘street children’, whereby children are exposed to daily violence and hardship. **Poverty and the inability for families to provide for children also results in children being abandoned and ultimately homeless. Street children go unsupervised with no access to food, education, or shelter and other basic necessities, circumstances which leave them vulnerable to abuse and exploitation by adults and law enforcement personnel who force them into illegal criminal activity. (...)** **In 2011, it was documented that almost 30,000 children under the age of 18 were homeless in the country's capital, Kinshasa.** What is most concerning, is that girl children are increasingly homeless, with some girls as young as ten years of age. Both girls and boys who live in homelessness are survivors of rape and sexual assault committed by older street boys and men.”

Source: United Nations Committee on the Rights of the Child, *Concluding observations on the combined third to fifth periodic reports of the Democratic Republic of the Congo*, February 2017.

“Refugee and internally displaced children: In view of the fact that large numbers of children continue to be internally displaced owing to the armed conflict in the eastern part of the country and the significant numbers of refugees arriving from neighbouring countries [...].”

4.3. Particular concerns of situations of minor children in the DRC

In addition to the developmental challenges faced by children at an early age, there are other issues related to the country's security instability. Children are used by armed groups as child soldiers, sexually exploited, and forced to work.

4.3.1. Child soldiers

Child soldiers have been **adopted as a military tactic** over many years, especially during the civil war, **not only by non-governmental forces, but also by national forces**. This is a critical problem and each year the UN reports victims.

Source: US Department of Labor, *Findings on the Worst Forms of Child Labor*, 2019.

“(…) elements of **the FARDC (Armed Forces of the Democratic Republic of Congo) were complicit in child abduction, supporting an armed group that recruited and used child soldiers, illegal detention of children allegedly associated with armed groups, ransacking schools, and extortion and physical abuse of child laborers at mining sites. [...] impunity for abuses perpetrated by FARDC officials or regiments remained a significant concern**, as the government did not consistently hold perpetrators accountable, and some officials were complicit in helping suspects avoid prosecution.”

Source: Humanium, *Children of the Democratic Republic of the Congo*, 2020.

“Congolese children are the primary victims of war because **they are consistently recruited by armed groups and the Congolese army, in some cases by force, to participate as fighters, porters and escorts**. Child soldiers are also unlawfully detained for long periods of time, where conditions are severe: lack of food, clean water, and medical care. (...) Given the increase in conflicts in various regions throughout the DRC, children are recruited by armed groups to **serve as combatants, spies and transports**. Children form part of the militia group where they witness murders and other crimes, **are sent to camps to learn weapon training, and are then forced to commit serious human rights violations against civilians and even their own families**. In these cases, a child is not able to experience childhood or attend school and obtain an education, they are forced into a life of violence and trauma.”

Source: UNICEF, *Thousands of children continue to be used as child soldiers*, 2018.

“(…) UNICEF is particularly preoccupied by the **significant number of children who are used as combatants, transports, spies, chefs, or sexual slaves within armed groups and militias, at the centre and to the east of the country**. (...) UNICEF and its partners estimate that, in the Kasaï region alone, **between 5,000 and 10,000 children have been associated with the militias**. (...) UNICEF estimates that, in the Tanganyika and South-Kivu provinces, where violence has raged for several months, more than 3,000 children have been used in the militias to date. The phenomenon of child soldier use also remains very widespread in the North-Kivu and Ituri provinces, where armed groups are increasing in number. (...)”

Source: Office of the Special Representative of the Secretary-General for Children and Armed Conflict, *DRC: Children Still Paying Highest Price of Conflict; Parties Should Strengthen Engagement with the UN to End and Prevent All Grave Violations*, 2022.

“**A total of 7,616 grave violations against 6,073 children** were verified and attributed to 78 parties to conflict between April 2020 and March 2022. At least 1,249 children were victims of multiple violations, with children abducted in order to be recruited and used, and then killed or maimed while associated, or forced to endure sexual violence. **Ninety-three percent of all violations were attributed to armed groups.** (...) Abduction and sexual violence against children were the two other most verified violations with 1,548 and 944 children, respectively. (...) sexual violence by Government forces continues to be a source of serious concern despite the action plan signed with the United Nations in 2012. On the other hand, **the killing and maiming of 929 children and attacks on schools and hospitals with 281 incidents witnessed the sharpest increases of over 200 per cent, respectively, compared to the previous reporting period.** (...) “Children released from armed groups must be supported in their reintegration so they can rebuild their lives. (...)” emphasized the Special Representative. She welcomes efforts by the Government to hold perpetrators of recruitment and use, sexual violence and other grave violations against children accountable, including through the prosecutions of suspected perpetrators among members of the Government armed and security forces.”

Source: United Nations Committee on the Rights of the Child, *Concluding observations on the combined third to fifth periodic reports of the Democratic Republic of the Congo*, 2017.

“Torture and ill treatment: [...] children, especially **those suspected of association with armed groups, are ill-treated by the police and detained in dire conditions.**”

4.3.2. Sexual exploitation

Causes of sexual exploitation are multi-sectoral which links to all above-mentioned very poor environments surrounding children. This results in a serious infringement of children’s rights although the DRC has ratified the main international and regional conventions on child rights and a protection system exists at a national level.

Source: Humanium, *Children of the Democratic Republic of the Congo*, 2020.

“In 2018, it was documented that 277 girls were raped during intercommunal disputes. (...) Research on the DRC and war-related crimes of sexual violence shows **routine state failure to prosecute sexual assault and a refusal to criminalize forced marriage.** [...] **no real protection is afforded to children** (...). There is also a severe **lack of resources and supports for families and children who are victims of sexual violence**, shelter, food and water is scarce, **which forces many women and children into prostitution.**”

Source: ECPAT, *Sexual exploitation of children in the Democratic Republic of the Congo*, 2021.

“(...) DRC (has) an unstable environment, (...) poor governance underlies the deep and complex humanitarian crisis affecting mainly the eastern DRC for decades. Chronic poverty is a pervasive problem in DRC, which frequently underpins children’s vulnerability to sexual exploitation. In 2018, nearly 73% of the Congolese population lived below the international poverty line. **Vulnerability to sexual exploitation for children living in poverty is**

aggravated by low access to education, child labour and overstretched social protection structures. Although no official government data exists, nearly 70,000 children were estimated to be in street situations in DRC, according to a 2018 report from the United Cities and Local Governments of Africa. To survive, they resort to theft, begging or **active participation in their own exploitation through survival sex.** Academic and civil society research has shown that children working near mining areas or as domestic workers are also at risk of being sexually exploited or abused.

Humanitarian crisis and internal displacements

DRC has **the largest internally displaced population in Africa, amounting to 5.7 million people, including 3.34 million children** as of September 2021. (...) The United Nations has reported that **internally displaced girls may be forced into harmful survival strategies such as child marriage or sexual exploitation in prostitution. Child trafficking for sexual purposes and forced marriages are also linked to persistent armed conflict,** mainly in eastern DRC and the Kasai region. (...) **From January 2018 to December 2020, the United Nations had identified 763 children, including three boys, who suffered sexual violence committed by armed groups and the national armed forces.** (...) The sexual violence against boys recruited by armed groups or in detention is likely to be underestimated due to stigma associated with it and barriers to their accessing of services.

Vulnerabilities to child, early and forced marriage

Child, early and forced marriage in DRC remains widespread due to poverty, gender norms and armed conflicts. **In 2018, 29% of Congolese women aged 20 to 24 had been married or in an informal union before the age of 18, and 8% of them were married before turning 15.** In DRC, child marriages are often religious or traditional unions without civil registration. [...] During the COVID-19 pandemic, UNICEF documented an increase in the number of teenage girls forced into marriage in the east of the country after the closure of schools in March 2020.”

“Child trafficking for sexual purposes

(...) **Children who are subjected to sexual exploitation in DRC face multiple obstacles in accessing justice and recovery** - such as the costs of legal proceedings, few functioning courts throughout the country, ineffective free legal assistance and the absence of public psychosocial support services.”

4.3.3. Forced labor

The DRC is the **world’s largest producer of cobalts**, supplying over 70% of the world market, but behind this economy, there is forced labor of children. Forced labor is reported **especially in the southern territory, where there are many small-scale minings.**

Source: U.S. Department of labor, Bureau of International Labor Affairs, *Combating Child Labor in the Democratic Republic of the Congo’s Cobalt Industry*, 2021.

“(…) The DRC is a global leader in cobalt production and accounts for over 50 percent of the world’s cobalt reserves. **Children routinely work in these mines, often under hazardous conditions.** While mining is on the DRC’s list of hazardous activities for which children’s work is forbidden, the majority of cobalt mining in the DRC is done informally, where monitoring and enforcement are poor.”

Source: U.S. Department of labor, Bureau of International Labor Affairs, *2021 Findings on the Worst Forms of Child Labor*, 2021.

“[...] **children in the Democratic Republic of the Congo are subjected to (...) the forced mining of gold, tin ore (cassiterite), tantalum ore (coltan), and tungsten ore (wolframite), and are used in armed conflict, sometimes as a result of forcible recruitment or abduction by non-state armed groups.** Children also mine cobalt ore (heterogenite) in the Copperbelt region. The government (...) failed to take active measures to ensure that children are not inappropriately incarcerated, penalized, or physically harmed solely for unlawful acts as a direct result of being a survivor of the worst forms of child labor.”

“Non-state armed groups in Ituri also reportedly seized young children from their homes, forcing them to transport heavy loads or perform domestic work. (...) Thousands of children also work in cobalt and copper mines in the southern Copperbelt region.(...) While the exact number of children working in cobalt is unknown, **estimates indicate between 5,000 and 35,000 children work as artisanal cobalt miners.** In addition, non-state armed groups subjected children to forced labor in artisanal mines in Ituri, North Kivu, South Kivu, and Maniema, where forced labor, armed conflict, and mining are often intertwined. (...) Despite strong evidence that children are subjected to participation in armed conflict, commercial sexual exploitation, and forced labor in mining, **the prevalence and nature of child labor in other sectors remain unclear because a comprehensive, stand-alone child labor survey has never been conducted in the DRC.**”

Annexes

Annex 1: Map of the RDC



Annex 2: Tableau PR.41 W : Mariage précoce et polygamie (femmes)

Source: Ministère du Plan, Institut national de la statistique, République Démocratique du Congo : MICS-palu 2018, rapport final, December 2019.

Tableau PR.41W : Mariage précoce et polygamie (femmes)													
Pourcentage de femmes de 15-49 ans qui se sont mariées ou ont été en union avant leur 15 ^{ème} anniversaire, pourcentage de femmes âgées de 20 à 49 ans et de 20 à 24 ans qui se sont mariées ou ont été en union avant leurs 15 ^{ème} et 18 ^{ème} anniversaires, pourcentage de femmes âgées de 15 à 19 ans actuellement mariées ou en union, et pourcentage de femmes qui sont dans un mariage ou une union polygame, MICS-Palu RDC, 2017-2018													
	Femmes de 15 à 49 ans			Femmes de 20 à 49 ans			Femmes de 20 à 24 ans			Femmes de 15 à 19 ans		Femmes de 15 à 49 ans	
	Pourcentage mariées avant l'âge de 15 ans	Nombre de femmes 15-49 ans		Pourcentage mariées avant l'âge de 18 ans	Nombre de femmes âgées de 20-49 ans		Pourcentage mariées avant l'âge de 18 ¹	Nombre de femmes d'âge 20-24 ans		Pourcentage mariées/en union ²	Nombre de femmes âgées de 15 à 19 ans	Pourcentage de mariage polygame /union ³	Nombre de femmes de 15-49 ans actuellement mariées/en union
Total	8,3	21 756	9,5	31,3	16 523	8,4	29,1	3 906	18,0	5 233	20,3	12 732	
Milieu de résidence													
Urbain	6,3	10 517	7,3	24,8	7 933	6,5	19,4	2 077	10,2	2 584	14,1	5 191	
Rural	10,2	11 239	11,6	37,3	8 590	10,7	40,1	1 829	25,6	2 649	24,6	7 542	
Âge													
15-19	4,6	5 233	na	na	na	na	na	na	18,0	5 233	11,0	942	
15-17	2,5	3 009	na	na	na	na	na	na	7,8	3 009	7,3	235	
18-19	7,3	2 224	na	na	na	na	na	na	31,8	2 224	12,2	707	
20-24	8,4	3 906	8,4	29,1	3 906	8,4	29,1	3 906	na	na	15,0	2 032	
25-29	9,6	3 512	9,6	30,5	3 512	na	na	na	na	na	18,8	2 534	
30-34	10,7	3 320	10,7	33,5	3 320	na	na	na	na	na	21,1	2 634	
35-39	8,2	2 667	8,2	32,8	2 667	na	na	na	na	na	24,6	2 196	
40-44	10,6	1 916	10,6	31,5	1 916	na	na	na	na	na	26,2	1 497	
45-49	11,0	1 202	11,0	31,1	1 202	na	na	na	na	na	24,1	896	
Instruction de la mère													
Pré-primaire	13,5	3 054	13,8	36,2	2 674	14,9	41,8	373	34,2	380	26,1	2 251	
Primaire	11,9	6 116	13,4	42,5	4 827	12,7	46,0	847	23,2	1 289	24,3	4 206	
Secondaire et plus	5,4	12 586	6,2	23,9	9 022	6,2	22,0	2 685	14,4	3 564	15,6	6 276	
Secondaire 1 ^{er} cycle	7,9	3 345	10,2	39,3	2 128	10,5	44,3	497	14,8	1 217	23,3	1 808	
Secondaire 2 ^e cycle	5,0	7 890	5,7	22,5	5 631	6,3	20,3	1 803	14,7	2 259	13,1	3 937	
Supérieur	1,4	1 351	1,5	4,2	1 263	0,3	1,7	385	(0,9)	89	7,7	531	
Difficultés fonctionnelles de la femme (18-49 ans)													
A au moins une difficulté fonctionnelle	14,6	837	15,9	43,9	766	11,0	29,8	118	13,8	71	30,1	572	
N'a aucune difficulté fonctionnelle	9,0	17 910	9,2	30,7	15 757	8,4	29,1	3 788	32,4	2 153	20,1	11 924	
Indice de bien-être économique													
Le plus pauvre	11,7	4 045	12,5	38,4	3 110	12,7	45,4	639	34,2	935	24,8	2 738	
Second	10,8	4 005	12,3	37,4	3 083	13,8	44,5	657	26,0	922	24,5	2 793	
Moyen	8,3	3 989	9,9	35,9	3 011	5,8	28,9	685	15,4	978	23,9	2 449	
Quatrième	8,7	4 486	10,0	33,7	3 310	9,7	29,8	885	14,8	1 176	17,7	2 527	
Le plus riche	3,7	5 230	4,4	15,7	4 008	3,2	9,6	1 080	4,8	1 222	8,5	2 225	

¹Indicateur MICS PR.4a - Mariage précoce (avant 15 ans); ODD 5.3.1

²Indicateur MICS PR.4b - Mariage précoce (avant 18 ans); ODD 5.3.1

³Indicateur MICS PR.5 - Jeunes femmes de 15-19 ans actuellement mariées ou en union

⁴Indicateur MICS PR.6 - Polygamie

na: non applicable

() Données basées sur 25-49 cas non pondérés

Tableau PR.4.1.1W : Mariage précoce et polygamie (femmes)

Pourcentage de femmes de 15-49 ans qui se sont mariées ou ont été en union avant leur 15^{ème} anniversaire, pourcentage de femmes âgées de 20 à 49 ans et de 20 à 24 ans qui se sont mariées ou ont été en union avant leurs 15^{ème} et 18^{ème} anniversaires, pourcentage de femmes âgées de 15 à 19 ans actuellement mariées ou en union, et pourcentage de femmes qui sont dans un mariage ou une union polygame, MICS-Palu RDC, 2017-2018

Province	Femmes de 15 à 49 ans		Femmes de 20 à 49 ans		Femmes de 20 à 24 ans		Femmes de 15 à 19 ans		Femmes de 15 à 49 ans			
	8.3	21 756	9.5	31.3	16 523	8.4	29.1	3 906	18.0	5 233	20.3	12 732
Kinshasa	4,2	3 799	4,7	17,8	2 994	5,9	13,6	797	6,8	805	8,3	1 642
Kongo Central	3,8	1 546	4,2	19,0	1 208	3,3	15,1	263	9,2	338	11,7	786
Kwango	7,0	556	8,1	24,9	427	7,4	29,6	78	12,8	130	24,3	359
Kwilu	6,0	1 392	6,7	27,2	1 056	3,8	31,9	239	13,3	336	17,1	852
Mandombé	11,9	724	11,6	37,5	541	9,3	43,9	108	28,0	183	22,5	500
Équateur	5,9	459	6,7	28,1	367	2,6	18,1	81	9,7	92	16,0	276
Sud Ubangi	10,7	344	12,5	42,3	267	14,7	42,8	59	29,2	78	37,3	249
Nord Ubangi	11,7	156	12,7	36,1	121	23,3	45,2	21	35,2	35	37,0	113
Mongala	9,5	124	9,8	33,4	98	13,2	40,5	21	42,1	27	16,8	93
Tshopo	10,9	178	12,7	32,6	133	8,6	26,4	33	20,3	45	19,5	101
Tshopo	8,0	1 009	8,7	33,9	764	13,6	29,3	190	23,2	245	23,2	578
Bas Uele	8,8	290	9,7	27,6	231	11,9	35,9	54	16,4	59	27,5	154
Haut Uele	12,0	441	12,7	35,1	341	15,0	48,2	63	31,6	100	17,9	267
Ituri	8,5	753	9,6	30,6	581	16,7	40,7	135	23,0	173	24,7	460
Nord Kivu	7,3	1 919	9,2	28,2	1 459	4,4	22,3	378	17,2	461	16,2	1 013
Sud Kivu	9,7	1 699	11,5	29,2	1 209	6,0	26,9	274	11,5	490	22,9	976
Maniema	15,5	213	16,0	44,6	172	17,5	46,2	34	39,4	42	36,3	169
Haut Katanga	10,1	1 611	11,5	39,7	1 209	6,6	33,1	283	23,1	403	9,4	1 015
Lualaba	7,7	522	8,4	29,5	411	2,8	18,7	80	26,3	111	20,2	344
Haut Lomami	8,8	389	10,8	39,1	281	4,3	31,3	69	19,9	108	22,4	236
Tanganyika	14,8	506	16,0	49,3	401	21,2	60,4	122	31,0	106	31,7	384
Lomami	8,2	541	9,7	38,5	373	7,0	30,6	87	18,9	169	31,4	349
Kasai Oriental	15,0	749	19,5	56,8	537	15,9	47,7	147	22,0	213	31,1	515
Sankuru	8,1	217	9,8	34,4	169	12,5	33,5	30	22,9	48	37,7	158
Kasai Central	13,7	728	17,2	51,3	534	17,4	46,6	125	23,4	194	30,4	508
Kasai	14,7	886	16,8	51,3	643	14,9	54,3	137	31,8	244	29,7	635

¹Indicateur MICS PR.4a - Mariage précoce (avant 15 ans) ; ODD 5.3.1

²Indicateur MICS PR.4b - Mariage précoce (avant 18 ans) ; ODD 5.3.1

³Indicateur MICS PR.5 - Jeunes femmes de 15-19 ans actuellement mariées ou en union

⁴Indicateur MICS PR.6 - Polygamie

Sources consulted

All sources were consulted in January 2023.

1. International/governmental organizations and institutions

(English)

- ‘Combating Child Labor in the Democratic Republic of the Congo’s Cobalt Industry’ (U.S. Department of labor, Bureau of International Labor Affairs, 2021) <<https://www.dol.gov/agencies/ilab/combating-child-labor-democratic-republic-congos-cobalt-industry-cotecco>>, accessed January 17, 2023.
- ‘Concluding observations on the combined third to fifth periodic reports of the Democratic Republic of the Congo’ (United Nations Committee on the Rights of the Child, 2017) <https://digitallibrary.un.org/record/1311372/files/CRC_C_COD_CO_3-5-EN.pdf?ln=en>, accessed January 11, 2023.
- ‘Democratic Republic of the Congo, Education’ (United Nations International Children’s Emergency Fund) <<https://www.unicef.org/drcongo/en/what-we-do/education>>, accessed January 15, 2023.
- ‘Democratic Republic of the Congo, Education’ (United States Agency for International Development) <<https://www.usaid.gov/democratic-republic-congo/education>>, accessed January 15, 2023.
- ‘Democratic Republic of Congo, what we do’ (United Nations International Children’s Emergency Fund) <<https://www.unicef.org/drcongo/en/what-we-do>>, accessed January 11, 2023.
- ‘DRC: Children Still Paying Highest Price of Conflict; Parties Should Strengthen Engagement with the UN to End and Prevent All Grave Violations’ (Office of the Special Representative of the Secretary-General for Children and Armed Conflict, 2022) <<https://childrenandarmedconflict.un.org/2022/11/drc-children-still-paying-highest-price-of-conflict-parties-should-strengthen-engagement-with-the-un-to-end-and-prevent-all-grave-violations/#:~:text=Children%20in%20the%20DRC%20are,Representative%20of%20the%20UN%20Secretary%2D>>, accessed January 12, 2023.
- ‘Findings on the Worst Forms of Child Labor’ (US Department of Labor, 2019) <https://www.dol.gov/sites/dolgov/files/ILAB/child_labor_reports/tda2019/2019_TD_A_Report_Online_Final.pdf>, accessed January 17, 2023.
- Hyppolite Kalambay Ntembwa, Wim Van Lerberghe ‘Improving Health System efficiency’ (World Health Organisation, 2015) <file:///C:/Users/hp/Downloads/WHO_HIS_HGF_CaseStudy_15.4_eng.pdf>, accessed January 28, 2023.

- ‘Thousands of children continue to be used as child soldiers’ (United Nations International Children’s Emergency Fund, 2018) <<https://www.unicef.org/drcongo/en/press-releases/thousands-children-continue-be-used-child-soldiers>>, accessed January 13, 2023.
- ‘2021 Findings on the Worst Forms of Child Labor’ (U.S. Department of labor, Bureau of International Labor Affairs, 2021) <https://www.dol.gov/sites/dolgov/files/ILAB/child_labor_reports/tda2021/2021_TD_A_Big_Book.pdf>, accessed January 17, 2023.
- ‘Africa, Democratic Republic of Congo’ (UN Women) <[Where we are : Eastern and Southern Africa : Democratic Republic of Congo | UN Women – Africa](#)>, accessed January 28, 2023.
- ‘A/HRC/42/32 : Human rights situation and the activities of the United Nations Joint Human Rights Office in the Democratic Republic of the Congo - Report of the United Nations High Commissioner for Human Rights’ (UN High Commissioner for Human Rights, August 2019). <[OHCHR | A/HRC/42/32: Human rights situation and the activities of the United Nations Joint Human Rights Office in the Democratic Republic of the Congo - Report of the United Nations High Commissioner for Human Rights](#)>, accessed January 28, 2023.
- ‘Concluding observations on the eighth periodic report of the Democratic Republic of the Congo’ (Committee on the Elimination of Discrimination against Women, July 2019). <[OHCHR | Committee on the Elimination of Discrimination against Women: Concluding observations on the eighth periodic report of the Democratic Republic of the Congo](#)>, accessed January 28, 2023.
- ‘UNHCR gravely concerned about systematic sexual violence in DR Congo’s Tanganyika Province’ (United Nations High Commissioner for Refugees, August 2021). <[UNHCR - UNHCR gravely concerned about systematic sexual violence in DR Congo's Tanganyika Province](#)>, accessed January 28, 2023.
- ‘Human Rights Council holds enhanced interactive dialogue on the situation of human rights in the Democratic Republic of the Congo. Begins Interactive Dialogue on the Human Rights Situation in Mali’ (UN High Commissioner for Human Rights, 17 June 2020). <[Human Rights Council holds enhanced interactive dialogue on the situation of human rights in the Democratic Republic of the Congo. Begins Interactive Dialogue on the Human Rights Situation in Mali | OHCHR](#)>, accessed January 28, 2023.
- ‘Gender inequality and social institutions in the DRC’ (PeaceWomen). <<https://www.peacewomen.org/content/gender-inequality-and-social-institutions-dr-congo>>, accessed January 28, 2023.
- ‘Report on the situation of human rights in the Democratic Republic of the Congo before, during and after the elections of December 2018 - Report of the Office of the United Nations High Commissioner for Human Rights’ (UN High Commissioner for Human Rights 18 March 2019). <[OHCHR | Report on the situation of human rights in](#)>

[the Democratic Republic of the Congo before, during and after the elections of December 2018 - Report of the Office of the United Nations High Commissioner for Human Rights](#)>, accessed January 28, 2023.

- ‘Obstacles and opportunities for women’s economic empowerment in the DRC’, (World Bank Blogs, June 2022). <[Obstacles and opportunities for women’s economic empowerment in the DRC \(worldbank.org\)](#)>, accessed January 28, 2023.
- ‘All That I Have Lost’: Impact of Attacks on Education for Women and Girls in Kasai Central Province – Democratic Republic of Congo’ (ReliefWeb-Informing humanitarians worldwide, May 2019). <[‘All That I Have Lost’: Impact of Attacks on Education for Women and Girls in Kasai Central Province – Democratic Republic of Congo - Democratic Republic of the Congo | ReliefWeb](#)>, accessed January 28, 2023.

(French)

- ‘Le système de santé à l’est de la République Démocratique du Congo reprend des forces’ (Agence française de développement) <https://www.afd.fr/fr/actualites/renforcer-systeme-sante-est-rdc>, accessed January 28, 2023.
- ‘RDC Rapport périodique’ (Commission africaine des droits de l’homme et des peuples, 2015) <https://www.achpr.org/fr_states/statereport?id=114>, accessed January 28, 2023.
- ‘Santé des femmes’ (World Health Organisation) https://www.who.int/fr/news-room/fact-sheets/detail/women-s-health?fbclid=IwAR1LdR_6TWQXdbLF0k-YgWEgJEdk2kzH_M8WQaeTcc2egX-g8672JVS8KAs, accessed January 27, 2023.
- ‘Stratégie de renforcement du système de santé’ (Ministère de la Santé RDC, Secrétariat Général, 2006) <http://planificationfamiliale-rdc.net/docs/2_StrategieDeRenforcementDuSystemeDeSante_SRSS_Juin2006.pdf>, accessed January 28, 2023.
- ‘Les enjeux de l’éducation en RDC : priorité sur les filles’, (Unicef, août 2021). <[EDUCATION-brochure-5-folds-ok.indd \(unicef.org\)](#)> accessed January 28, 2023.

2. **Jurisprudences**

- Maniraguha Jean Bosco alias Kazungu et autres [August 16, 2011] Tribunal militaire de garnison de Bukavu, RP 275/09 et 521/10 / RMP 581/07 et 1573/KMC/10, cited in *Recueil de jurisprudence congolaise en matière de crimes internationaux*, Avocats sans frontières, 2013.

3. **NGOs, Think Tanks**

(English)

- ‘Children of the Democratic Republic of the Congo, Realizing children’s Rights in the Democratic Republic of the Congo’ (Humanium)

<<https://www.humanium.org/en/democratic-republic-congo/>>, accessed January 11, 2023.

- Drew Aiken, Diletta Salviati, ‘Sexual violence in the Democratic Republic of Congo’ (Médecins sans frontières, July 2021) <file:///C:/Users/hp/Downloads/sexual-violence-in-the-democratic-republic-of-congo---report.pdf>, accessed January 28, 2023.
- ‘Sexual exploitation of children in the Democratic Republic of the Congo’ (ECPAT, 2021) <https://ecpat.org/wp-content/uploads/2021/11/ENG-Briefing-Paper_Sexual-Exploitation-of-Children-in-DRC_FINAL_29November2021.pdf>, accessed January 11, 2023.
- ‘Sexual violence in the Democratic Republic of Congo’ (Médecins sans frontières) <https://www.msf.org/sexual-violence-democratic-republic-congo>, accessed January 28, 2023.
- ‘Thousands of survivors of sexual violence in serious need of care in DRC’ (Médecins sans frontières) <https://www.msf.org/thousands-survivors-sexual-violence-need-physical-and-psychological-care-drc>, accessed January 28, 2023.
- Secure Livelihoods Research Consortium, “*Women engaging in transactional sex and working in prostitution: Practices and underlying factors of the sex trade in South Kivu, the Democratic Republic of Congo*”, 2016. <https://assets.publishing.service.gov.uk/media/57a08964e5274a31e000062/SLRC-Report-10-Congo-TransactionalSex-LowRes.pdf>, accessed January 28, 2023.
- ‘Does faith matter? Faith engagement, gender norms and violence against women and girls in conflict-affected communities: baseline research in Ituri Province, Democratic Republic of Congo’ (Tearfund, November 2017). <<https://www.whatworks.co.za/documents/publications/109-tearfund-baseline-research-report-inturi-province-drc/file>>, accessed January 28, 2023.

(French)

- Esther Kalulu Bunguke, Philippe De Leener, ‘L’évolution des soins de santé en RD Congo de 1960 à ce jour’ (Justice & Paix, 30 June 2020) <https://www.justicepaix.be/L-evolution-des-soins-de-sante-en-RD-Congo-de-1960-a-ce-jour/?fbclid=IwAR0UFa9b9N1wNy0Hd6DncxmK7eS0zrH9dTofUiaE3ftX7ekiARPOBXZLBn0>, accessed January 27, 2023.
- ‘République Démocratique du Congo Entre affrontements armés et épidémies’ (Solidarités international) <https://www.solidarites.org/fr/missions/republique-democratique-congo/>, accessed January 28, 2023.
- ‘Panorama du pays : République démocratique du Congo, un rapport sur l’échelle, l’ampleur et le contexte de l’exploitation sexuelle des enfants’ (ECPAT, Décembre 2021). <<https://ecpat.org/wp->

content/uploads/2021/11/ECO_DRC_FINAL_29November2021.pdf>, accessed January 28, 2023.

- ‘Kibombo, Maniema : 102 femmes avec complications gynécologiques réparées gratuitement’ (Heal Africa, Septembre 2021). <[HEAL AFRICA | Activité - Kibombo, Maniema : 102 femmes avec complications gynécologiques réparées gratuitement \(healafricardc.org\)](https://healafricardc.org)>, accessed January 28, 2023.

4. **Media**

(English)

- Noella Nyirabihogo, ‘Mental Illness: The Vast, Hidden Toll of DRC’s Armed Conflicts’ *Global Press Journal* (February 14, 2021) <https://globalpressjournal.com/africa/democratic-republic-of-congo/mental-illness-vast-hidden-toll-drcs-armed-conflicts/>, accessed January 28, 2023.
- UN Refugee Agency (UNHCR) ‘Escalating violence leaves hundreds dead and hundreds of thousands on the move in eastern DRC’ (January 24, 2023) <https://reliefweb.int/report/democratic-republic-congo/escalating-violence-leaves-hundreds-dead-and-hundreds-thousands-move-eastern-drc>, accessed January 27, 2023

(French)

- ‘En RDC, la santé mentale à l’épreuve de la violence endémique’ *Courrier international* (September 23, 2022) <https://www.courrierinternational.com/article/reportage-en-rdc-la-sante-mentale-a-l-epreuve-de-la-violence-endemique>, accessed January 28, 2023.
- Kambamba Darly, ‘La santé à l’agonie en République démocratique du Congo’ *Contrepoints* (September 3, 2012) https://www.contrepoints.org/2012/09/03/96095-la-sante-a-lagonie-en-republique-democratique-du-congo?fbclid=IwAR3JBXEqlGLveLBB9BELbDv9DXCI7YBBy1nUxC6_mON60cIKHUZ3PTP11Vg, accessed January 27, 2023.
- ‘Le Congo - Une zone de conflit au coeur de l’Afrique’, *Hérodote* (September 2021), https://www.herodote.net/Une_zone_de_conflit_au_coeur_de_l_Afrique-synthese-411-344.php, accessed January 26, 2023
- Sarah Mangaza, ‘Santé mentale en RDC, le gouvernement multiplie des stratégies pour une meilleure prise en charge’ *Euronews RDC* (October 27, 2022) <https://www.vironews-rdc.org/2022/10/27/sante-sante-mentale-en-rdc-le-gouvernement-multiplie-des-strategies-pour-une-meilleure-prise-en-charge>, accessed January 28, 2023.
- Sarah Mangaza, ‘22 millions de personnes affectées dont seules 5% ont accès aux soins en RDC’ *Euronews RDC* (October 16, 2022) <<https://www.vironews-rdc.org/2022/10/16/sante-mentale-22-millions-de-personnes-affectees-dont-seules-5-ont-acces-aux-soins-en-rdc>> accessed January 28, 2023.

- Stanis Bujakera Tshiamala, 'En RDC, un système de santé à bout de souffle' *Jeune Afrique* (November 5, 2019) https://www.jeuneafrique.com/mag/847782/societe/en-rdc-un-systeme-de-sante-a-bout-de-souffle/?fbclid=IwAR0Ky-H9qu7T8PdAk39VoaBLjksrIWPMAdtlc0tGrXJGQCtQC_vVuMCJraI, accessed January 27, 2023.
- Wendy Bashi, 'RDC-Rwanda, aux origines de la crise', *DW*, (June 2022), <https://www.dw.com/fr/rdc-rwanda-tensions-histoire-origines/a-62174546>, accessed January 28, 2023.
- Jean-Hubert BONDO Journaliste correspondant de la Voix de l'Amérique. "Les nouvelles d'Afrique, RDC : pourquoi les filles se prostituent ?" <https://rdc.mondoblog.org/2019/01/28/rdc-filles-se-prostituent/> accessed January 28, 2023.
- Genre en action : Réseau international francophone pour l'égalité des femmes et des hommes dans le développement, *RDC : viols des prostituées dans le Sud-Kivu*, 2009. <https://www.genreenaction.net/RDC-viols-des-prostituees-dans-le-Sud-Kivu.html>, accessed January 28, 2023.
- Panorama du pays, "Un rapport sur l'échelle, l'ampleur et le contexte de l'exploitation sexuelle des enfants", December, 2021. <https://www.cairn.info/revue-psychologie-clinique-2009-2-page-136.htm?contenu=article>, accessed January 28, 2023.
- 'En RDC, le difficile accès à la justice pour les femmes victimes de viols', *RFI* (November 2020). [En RDC, le difficile accès à la justice pour les femmes victimes de viols \(rfi.fr\)](https://www.rfi.fr/fr/rdc-le-difficile-acces-a-la-justice-pour-les-femmes-victimes-de-viols), accessed January 28, 2023.
- 'En République démocratique du Congo, la double peine des femmes violées', *National Geographic*, (December 23, 2021). [En République démocratique du Congo, la double peine des femmes violées | National Geographic](https://www.nationalgeographic.fr/rdc-la-double-peine-des-femmes-violées), accessed January 28, 2023.
- 'RDC : Des femmes si mal représentées en politique' *DW Afrique* (February 2021). <https://www.dw.com/fr/rdc-des-femmes-si-mal-repr%C3%A9sent%C3%A9es-en-politique/a-56408833>, accessed January 28, 2023.
- 'La problématique de la participation politique des femmes dans la vie publique', *Radio Okapi* (February 2019). [La problématique de la participation politique des femmes dans la vie publique | Radio Okapi](https://www.radio-okapi.com/la-problematique-de-la-participation-politique-des-femmes-dans-la-vie-publique) accessed January 28, 2023.
- 'RDC: le fléau de l'avortement clandestin', *RFI* (October 2019). [RDC: le fléau de l'avortement clandestin - Grand reportage \(rfi.fr\)](https://www.rfi.fr/fr/rdc-le-fléau-de-l'avortement-clandestin) accessed January 28, 2023.
- 'L'avortement, un sujet délicat aussi en Afrique', *DW Afrique* (July 2022). [L'avortement, un sujet délicat aussi en Afrique – DW – 04/07/2022](https://www.dw.com/fr/l'avortement-un-sujet-délicat-aussi-en-afrique/a-62174546), accessed January 28, 2023.

5. Others

(English)

- ‘Health systems in RDC’ (Medical and Health Humanities Africa) https://www.medicalandhealthhumanities.africa/news/health-systems-in-drc?fbclid=IwAR1jlq_4I3APV7VSFAeWJan7_rC8D8ankR-fAv06VcLD6J7rckoGSvAgfyo, accessed January 27, 2023.

(French)

- Erick Mukala Mayoyo, Willem van de Put, Sara Van Belle, Bibiane van Mierlo, Bart Criel, ‘Intégration de la santé mentale dans les services de soins de santé primaires en République démocratique du Congo’ (2021) vol. n°33, Santé publique, 77, accessed January 27, 2023.
- Paul Gérardin ‘Histoire du politique au Congo Kinshasa. Les concepts à l’épreuve de Gauthier de Villers’, *La Revue Nouvelle*, 2017/6 (N° 6), p. 52-62 (2017) <https://www.cairn.info/revue-nouvelle-2017-6-page-52.htm>, accessed January 28, 2023
- ‘Santé au Congo’ (Action Santé Alimentation Développement) <<http://www.sante-developpement.org/sante-au-congo?fbclid=IwAR2qVXFvITuvm9hTZZaxZmAdhkQ9C7E2lUGaMDKHIVU4V3n3gXkjMnJicvs>> accessed January 27, 2023.
- ‘République Démocratique du Congo : MICS-palu 2018, rapport final’, Ministère du Plan, Institut national de la statistique (December 2019), accessed January 27, 2023.
- <<https://www.unicef.org/drcongo/media/3646/file/COD-MICS-Palu-2018.pdf>>, accessed January 27, 2023.
- Debout Congolaises !, *Haut-Katanga : 60 % des filles se marient entre 13 et 14 ans dans le territoire de Mitwaba* (août 2019). <[Haut-Katanga : 60 % des filles se marient entre 13 et 14 ans dans le territoire de Mitwaba - Debout Congolaises](#)>, accessed January 27, 2023.
- How To Use abortion pill, *Abortion Laws in Democratic Republic Of Congo (DRC)*. [Abortion in the Dominican Republic | HowtoUse AbortionPill](#), accessed January 27, 2023.