

**ABANDONMENT AND
SEPARATION OF CHILDREN
IN THE DEMOCRATIC REPUBLIC
OF THE CONGO**

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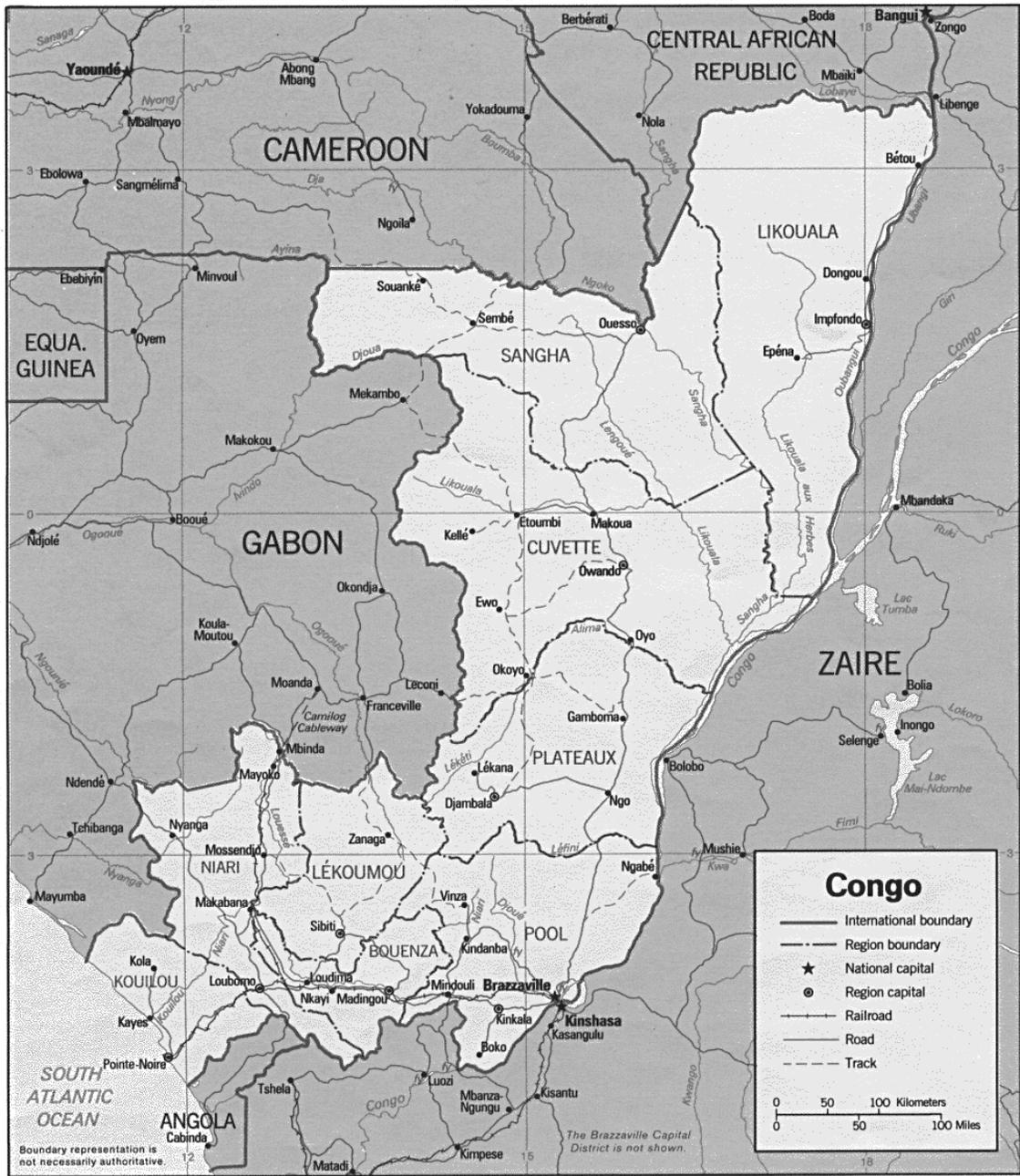
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ACRONYMS AND ABBREVIATIONS

CCPC	Community Child Protection Committee
CCPN	Community Child Protection Network
CMD	Community Mediation Committees
CIP	Centre D'Intervention Psychosociale
CRC	UN Convention of the Right of the Child
DCOF	Displaced Children and Orphans Fund
FC	Congolese Franc
ICG	International Crisis Group
IPIS	International Peace and Information Service
IRC	International Rescue Committee
MLC	Mouvement pour la liberation du Congo
MONUC	United Nations Organization Mission in the Democratic Republic of the Congo
OCHA	Office for the Coordination of Humanitarian Affairs
RCD	Rassemblement Congolais pur las democratie-Goma
RPA	Rwandan Patriotic Army
SANRU	Soins de Santé Primaires en Milieu Rural
SCF/UK	Save the Children Fund/UK
UNDP	United Nations Development Program
UNHCR	United Nations High Commission for Refugees



EXECUTIVE SUMMARY

The hardship created by abject poverty and prolonged conflict is seriously weakening the family unit and its ability to protect and care for its children in the Democratic Republic of the Congo. The conflict and cumulative years of neglect have dislocated families, caused isolation, reduced economic opportunity, eliminated buying power, and increased incidence of disease and malnutrition. Economic insecurity combined with political uncertainty has weakened the capacity of the family to provide for its children.

The stability of the family, as the guardian of a child's safety and primary source of care, is being shaken by several factors that, taken together, are creating conditions for the abandonment of children. The breakdown of the primary social unit, the extended family, is contributing to causes of child abandonment because of dislocation. Separation from extended family reduces the capacity of the mother to care for her children. In urban settings, families are more isolated geographically, socially, and psychologically than their rural counterparts. Urbanization in particular is straining the family structure and may be leading to increased estrangement of women and abandonment of children.

Children may be at risk of abandonment for some time before being forced to leave home, particularly in situations where support offered by extended families is curtailed (more likely in urban than rural settings), young mothers are estranged because the father has left (because of divorce or departure) or the mothers are unmarried and forced to live on their own, and growing pressures are exerted on family because of ever-deepening poverty.

Two areas of vulnerability emerged during the Displaced Children and Orphans Fund (DCOF) assessment as causes of child abandonment that deserve greater attention in the future. Child mothers, translated directly from the French *les filles mere*, are a growing concern because the young age of the mother places both her and her children at risk and there is little social attention being paid to their plight. Children accused of witchcraft is a particularly worrisome phenomenon because it accents the degree to which current circumstances are pressing on families and their communities to lead them to turn against their children. Both of these trends are more prevalent in urban and peri-urban areas than rural areas.

The difficulty of child mothers is tied to the undervalued, repressed position of women in society. Fewer girls attend school and stay in school as compared to boys. Pressured by their families, girls may be pulled out of school early and forced to enter marriage, usually with older men, before they are psychologically ready. Young mothers are reported to be more likely to be forced to leave a household after divorce, less able to negotiate the welfare of their children with

extended family (when possible), less able to support themselves, and more likely to turn to prostitution as a means for economic survival. The evidence suggests that child mothers and their children are highly vulnerable and that child mothers may be an increasing source of child abandonment in the future.

Children accused of witchcraft is emerging as a troubling cause of the abandonment of children by families. The problem occurs primarily in urban areas and is associated with a rise in the number of revelation churches and religious sects. The growing influence of revelation churches seems related to the growing sense of helplessness brought on by grinding poverty, especially in urban and peri-urban areas. The general lack of order arising from years of neglect by the government and, more recently, by the derelict administrations of rebel armies has created an environment ripe for exploitation. The abandonment of children is happening with complete impunity.

The ongoing conflict and years of neglect are impairing the capacity of communities and families to care for and protect their children. Future programs must not only find a means for protecting separated and abandoned children, but, additionally, strive to repair this broken link by building community response around the needs of children. Programs also need to recreate the underlying fabric of protection and social commitment of families and communities to the welfare of children.

Based on the assessment's findings, DCOF developed a framework for its future programming strategy for the Democratic Republic of the Congo. Incorporating elements from DCOF's worldwide programs, the framework is built around the overarching goal of reducing and preventing the separation and abandonment of children. At the core of the framework is the well-being of the child. Built around the core are four program components that in concert contribute to and support the well-being of the child. They are (1) appropriate *placement* of the child in a nurturing and secure environment, starting with family; (2) quality *care* that promotes the development of the child; (3) societal *guarantees* that ensure vigilant actions to protect children; and (4) continuous *monitoring* of the well-being of the child through information gathering and analysis. The status of the child's well-being is the standard by which programs should be measured. The relationship between the components is depicted in the following diagram.

Within the context of this framework, DCOF recommends that future programs in the Democratic Republic of the Congo build on the following twelve recommendations.

Care and Placement

1. Strengthen community-level responses to the needs of children.
2. Build links between community groups.
3. Promote appropriate alternative care solutions for children who are abandoned by their families and are unable to rejoin their families.
4. Support interventions that strive to improve the lives of children who are trapped in abusive relationships.
5. Build on examples of positive deviancy where families are coping, even in dire circumstances, and where children are well cared for and protected.

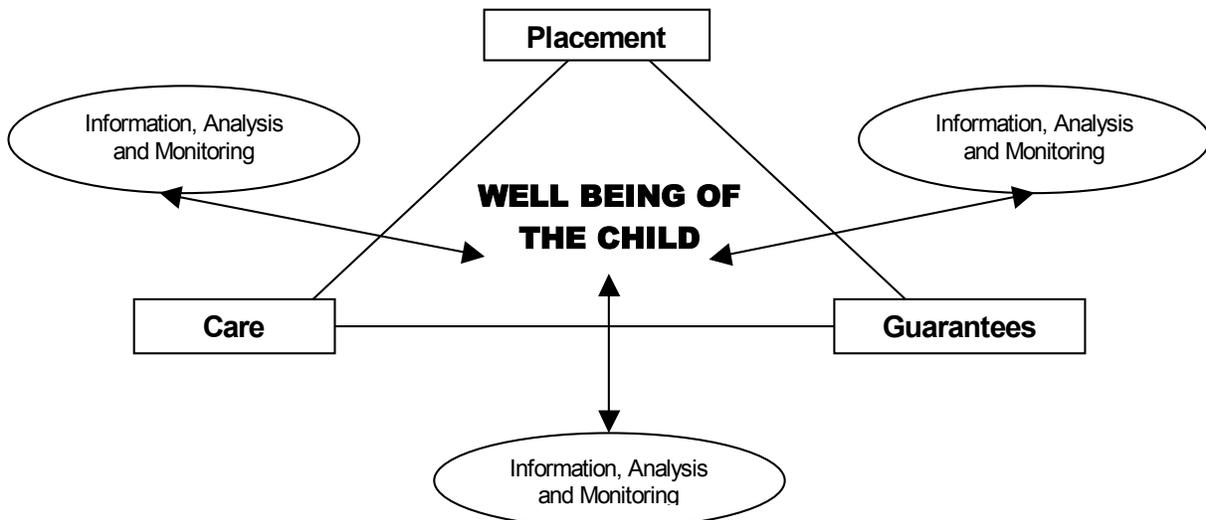
Guarantees

6. Address the degradation of community and family responsibility toward children through approaches that build community awareness and normative behavior.
7. Challenge the impunity with which armed groups, authorities, families, institutions, and communities mistreat children.
8. Concentrate policy and legal reform at the local level.

Information, Analysis, and Monitoring

9. Improve understanding of the situation of vulnerable children.
10. Demonstrate the impact of programs on the well-being of children in the Democratic Republic of the Congo.

Implementation



11. Limit future interventions to a clearly defined geographic area.
12. Build on local-level capacity where possible.

INTRODUCTION

The mission of the Displaced Children and Orphans Fund (DCOF) is to strengthen the capacity of families and communities to care for and protect their children, particularly in situations that threaten their stability such as war, poverty, and HIV/AIDS. Following an initial assessment in 1998, DCOF committed resources to Save the Children Fund/UK (SCF/UK) to start programming in the Democratic Republic of the Congo with street children in Kinshasa and to examine possibilities for further expansion in response to the growing crisis. In 1999, SCF/UK evolved its street children program in Kinshasa to a more comprehensive program that aims to support the needs of children through policy strengthening, community action, and consensus building. The grant was recently extended to the end of 2002.

The approaching end of the SCF/UK grant presented DCOF with the opportunity to conduct another assessment in the Democratic Republic of the Congo which would coincide with the USAID mission's plans to assess areas for expanded engagement. Additionally, the World Bank was in the midst of preparing a new transition strategy and the expanding presence of the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC) was opening up areas and creating new opportunities for future programs. The time seemed right for DCOF to also consider broadening its involvement in the Democratic Republic of the Congo.

DCOF deployed a five-person team to the Democratic Republic of the Congo in February 2002 to examine the current situation of vulnerable children and to learn from SCF/UK's experiences since 1999. The results of the assessment would shape DCOF's future strategy in the Democratic Republic of the Congo and determine the direction of its program over the next 3 to 5 years.

Constraints

The assessment was constrained by several factors. The country is enormous (the size of western Europe) and major parts of the country are under rebel authority. Infrastructure and the delivery of human services have deteriorated throughout the country because of the conflict and years of neglect. Parts of the Democratic Republic of the Congo remain volatile and insecure, making travel throughout the interior difficult. The country's capacity to collect and analyze data has declined significantly over the past decade, leaving a gap in useful information for present day analysis. Many population trends and projections are based on data from the last census, which was conducted in 1984. Presence of international organizations concentrating on child protection is limited to only a few areas.

Aware of these limitations, DCOF scaled down its expectations to suit the present day situation, realizing that as access improves understanding of the situation of vulnerable children will also improve. As the trip confirmed, the quality of information is very weak, especially for establishing the magnitude of difficulties being faced by children. DCOF surmised, however, that enough resources are currently on the ground to provide information on the needs of children from which to build a strategy. Realizing that a countrywide assessment was impossible, DCOF decided to concentrate fieldwork in geographical areas where SCF/UK is currently working under its grant from DCOF and areas outside of Kinshasa and the east where international NGOs are concentrated. The team traveled and interviewed individuals working with the government, churches, NGOs, and international organizations in Kinshasa, Mbuji-Mayi, Kisangani, Bukavu, and Kalemie. Plans to visit Goma had to be canceled because of the recent eruption of Mount Nyirangongo.

This report conveys DCOF's findings and recommendations for a future strategy in the following sections:

- Background presents an overview of the general situation in the Democratic Republic of the Congo, with emphasis on conditions that affect the capacity of families to care for their children.
- Current Situation of Children discusses DCOF's principal findings and lessons learned from SCF/UK's current program.
- Recommendations presents a framework for DCOF's programs in the Democratic Republic of the Congo for the next 3 to 5 year period.

BACKGROUND

There is a glaring absence of reliable national data on conditions in the Democratic Republic of the Congo. However, information pulled from mortality studies recently completed by the International Rescue Committee (IRC), and documents produced by various UN agencies, NGOs, and government entities clearly establish the effects of the conflict and cumulative years of neglect on the welfare of the people of the Democratic Republic of the Congo.¹ Women and children bear the brunt and travail of war, and in the case of the Democratic Republic of the Congo, the humanitarian community can only assume from the persuasive data that the conditions under which families must raise their children have become intolerable, placing the survival of children and their mothers at considerable risk and compromising the capacity of families to care and protect their children.

This section of the report describes the overall conditions under which families are raising their children. It serves to highlight the enormous pressures on the family that the DCOF team believes are straining the bond between family, mothers, and their children to the point that children, in many cases, are being abandoned or are at risk of abandonment.

Prospects for Peace

The security situation in the Democratic Republic of the Congo, particularly in the east, continues to be volatile and unresolved, threatening the durability of the Lusaka Agreement that was signed by five nations and two Congolese rebel movements in July and August 1999. The Lusaka Agreement contains several parallel peace-building measures aimed at demilitarization and reconciliation and the promotion of a dialogue on the political future of the Democratic Republic of the Congo. Through a series of recommendations since 1999, the UN's Security Council has authorized an expanded deployment of UN military personnel under MONUC to monitor the security situation.

Currently, 3,384 out of the authorized 5,538 military personnel are on the ground in the Democratic Republic of the Congo ready to begin stage three deployments to Kindu. In cooperation with the Joint Military Commission, which oversees the implementation of the

¹Information for the background section is drawn from the following sources: Oxfam, SCF/UK, and Christian Aid's *No End in Sight*, August 2001 and *Under Fire*, January 2001; UN's *Consolidated Inter-Agency Appeal 2002*; OCHA's *Chronicles of a Humanitarian Crisis*, March 2001; World Bank Country Profile; United Nations Development Program's (UNDP) *Human Development Report 2001*; International Crisis Group's (ICG) *Disarmament in the Congo*, December 2001; and *Tenth Report of the Secretary General to the Security Council*, February 2002.

Agreement, MONUC is charged with monitoring the disengagement of forces under terms of the ceasefire agreement; developing a plan for the disarmament, demobilization, resettlement, and reintegration of armed groups; and facilitating humanitarian assistance and human rights monitoring with special attention paid to the needs of vulnerable groups, including women, children, and child soldiers.²

For the most part, the ceasefire and pull back of troops has been holding since March 2001. In his last report to the Security Council, however, the secretary general characterized the security situation in the Democratic Republic of the Congo as “very volatile,” particularly in the east. Fighting between rebel groups in the northeast has intensified and operations involving the *Rassemblement Congolais pur las democratie-Goma* (RCD), Rwandan Patriotic Army (RPA), government forces, and armed groups continue in the east. Despite announcements of troop withdrawals, the RPA is reported to have mounted an offensive against the Democratic Republic of the Congo base in Moliro in mid-March, threatening the stability of the ceasefire and highlighting the difficulties that can be expected in pacifying the east as MONUC enters phase III. Following the move on Moliro, the Democratic Republic of the Congo delegation walked out of the Inter-Congolese Dialogue, scuttling hopes for a productive session on substantive issues. Although the situation has stabilized since then, the process of achieving peace will continue to face challenges.

The withdrawal of foreign troops from the Democratic Republic of the Congo continues to be unresolved and a source of concern as MONUC enters phase III deployment to Kindu. With a shortfall of 2,154 troops, MONUC faces considerable logistical challenges in managing the most demanding phase of its operation to disarm, demobilize, repatriate, reintegrate, and resettle ex-combatants. The situations in Kindu and Kalemie are particularly worrisome as the RCD and RPA are reportedly increasing troop strength from 2,500 to 3,000 soldiers in the area of Kindu and the *Mouvement pour la liberation du Congo* (MLC) recently proposed to base a joint MLC/RCD force in the environs of Kalemie. Negotiations are underway, among other things, to establish a 6-month truce in the east to avoid disruption of phase III and prevent the possibility of further violence.

Although ethnic tensions may have driven the origins of the conflict, observers believe that the economic interests of foreign armies and rebel groups that control and exploit the rich mineral resources of the country are fueling the conflict. The search for and control of diamonds, gold, and coltan lies at the heart of the conflict today. The final political agreement necessary for the ultimate withdrawal of foreign forces, according to the terms of the Lusaka accord, depends in large measure on the ability of the UN and the international community, as well as participants in the peace process, to disengage military from economic interests—a considerable challenge under present circumstances.

MONUC will assist in the demobilization and reintegration of child soldiers. According to the secretary general and other sources, children are still being recruited either voluntarily or by force to serve in active combat as soldiers and as chattel in the camps of armed groups. Estimates of the number of child soldiers range as high as 25,000 with the most common estimate being

² Security Council Resolution 1291, February 24, 2000.

between 10,000 and 12,000. Efforts continue to advocate for release of children held as combatants or forced labor.

Through their existing programs, a few organizations such as SCF/UK have assisted child soldiers who deserted, escaped, or were informally released by armed groups. Usually, these children drift into society unnoticed and unprotected and are forced to care for themselves. Many former child soldiers, girls, and others who were enslaved by armed groups have been identified and supported through street children programs. These programs have learned that many former child soldiers are able to find or have contact with their family, but live in fear of being accused of being deserters.

Recently, RCD agreed to demobilize and reinsert 2,600 child soldiers and the armed forces of the Democratic Republic of the Congo demobilized 300 out of an agreed 4,000 child soldiers. It is important, however, to emphasize the global numbers for child soldiers do not take into account the numerous other children who have been inducted into armed groups and pressed into service, especially girls and children used by militias who usually are not part of formal demobilization programs.

Economic Effects of Conflict and Years of Neglect

Isolated by military occupation, brutalized by armed groups, deprived, starved, and plundered, the people of the Democratic Republic of the Congo have undergone unimaginable pain and suffering because of the conflict. The years of neglect under Mobutu Sese Seko, destabilization under Laurent Kabila, and the escalation of armed warfare since 1998 have led to the loss of 2.5 million lives in the eastern part of the country (estimated between August 1998 and April 2001). Eighty-six percent of the deaths are attributed to disease and malnutrition. As of March 2001, a reported 2 million people were displaced by the conflict, mostly in the east. It is estimated that women head 60 to 80 percent of the displaced households in Maniema, Kalonge, Bunyakiri, and Shabunda. In Kivus, 80 percent of rural families have been displaced at least once in the past 5 years. In just 6 days of fighting between Ugandan and Rwandan forces in Kisangani in June 2000, close to 800 civilians were killed, 1,700 civilians wounded, 1,400 dwelling destroyed, 25 schools damaged, and 65,000 residents displaced.

The capacity of the government to meet the needs of its people has declined steadily in the past decade. Since the incursion of August 1998 by Rwandan and Ugandan backed forces, the government has lost administrative control over its territories mainly in the north and east to foreign armies and Congolese rebels. The productive capacity of the country in recent years has succumbed to the forces of war. According to the World Bank Group, the gross national product for the Democratic Republic of the Congo has declined an average of 4.4 percent annually from 1988 to 1998. When examined on a per capita basis, average income levels dropped 55 percent from US\$264 in 1988 to \$110 in 1998. Since 1998, the Central Bank of the Congo reports that gross national product growth rates are negative, falling by nearly 2 percent in 1998 and between 10 and 12 percent in 1999 and 2000. Largely owing to the conflict, the government is unable to harness its prodigious natural resources and productive potential. Instead, the natural wealth of the country is being plundered by foreign armies that are illegally exploiting its rich ores, such as coltan (an estimated 80 percent of the world's reserves are in the Democratic Republic of the

Congo), diamonds, and gold at an estimated loss of around US\$3billion annually to the nation's coffers.

With income levels declining, fewer people are able to meet their daily needs. FAO estimates that half of Kinshasa's population (reportedly between 5 and 10 million) lives on less than US\$1 a day. An ever-increasing number of Kinshasa's residents eat a balanced meal once every two days. People have less money to spend on basic needs. In North Kivu, a person spends an average of US\$0.41 a day. In other parts of the Congo, such as Kanya, expenditure rates drop to US\$0.18 a day per person. In September 2000, a teacher's salary could feed a family of seven for a week, but by January 2001, it could only feed the same family for 3.1 days.

Hyperinflation, devaluation of the Congolese Franc (FC), and rising prices are further eroding income levels and reducing purchasing power. Between October 2000 and April 2001, the FC lost 284 percent of its value on the parallel market, dropping another 33 percent in May 2001 before the government took measures to bring the official rate in line with the parallel rate. Since then, the official rate has remained fairly steady, between 345 and 334FC equaling US\$1.

Prices for imported goods, such as kerosene and salt, are rising along with the price for fuel, which jumped 75 percent in May 2001. Many items that were previously produced locally now have to be flown into cities because of blocked transportation routes, driving market prices even higher for staples such as oil, food, soap, and clothing. In Ituri, for example, the price of palm oil increased by 63 percent between February and August 2000. According to Oxfam, the price of basic commodities in the Congo can exceed that of other countries by as much as 50 to 150 times.

The poor condition of roads and the extortion along open routes (roads and rivers) by armed groups is driving up the cost of basic commodities that are becoming scarce. Traditional supply circuits for transporting goods from farm to market have been severely disrupted by the war. Transport by truck is much too risky. Food, charcoal, and cooking oil are most frequently transported by foot or bicycle, which can carry a maximum load of 100kg. Extortion along a route can increase the price of goods four fold or more by the time the goods reach their destination. In addition to higher prices, fewer goods are being exchanged or reaching the market because of extortion, further diminishing supply to cities and towns.

Deteriorating Health of Women and Children

The lack of sufficient purchasing power, when combined with declining production, displacement, severed food supply, price increases, and lack of access, has created alarming rates of malnutrition. The World Food Program estimates that in November 2000, 33 percent of the population faced critical food needs. Agriculture production has declined, particularly in the east, because of the conflict, and fewer goods are reaching markets. Armed groups prey upon farmers and their families by stealing crops and placing families at risk of abduction and assault. In some areas, mining has replaced agriculture.

According to the UN Human Development Report, 34 percent of children under 5 years of age are underweight and a full 61 percent of the total population is undernourished. Severe malnutrition for children under 5 years has reached 25 percent in some areas hardest hit by the

conflict. Malnutrition among displaced populations is often as high as that reported for their host communities. In government-controlled areas, global malnutrition rates reported in 2001 varied from 4.6 percent in Bas Congo to 30 percent in the Kasais and border areas.

Drawing on data from international organizations, Oxfam reports that malnutrition is increasingly accompanied by a growing incidence of preventable diseases, such as measles and malaria. The number one reported cause of death of children under 5 years is malaria, followed by water-borne diseases such as diarrhea, scabies, cholera, and worms. Diseases such as bubonic plague and whooping cough are emerging, as are epidemics of cholera and measles. The incidence of reported cases of tuberculosis and diseases related to iodine deficiency is also rising.

The Ministry of Health estimates a prevalence rate of 10 percent for the HIV virus. These rates are expected to be much higher in conflict areas because of greater exposure to infection and a high incidence of rape and sexual abuse of women by soldiers whose reported infection rate is four times higher than civilians. In Kisangani, the infection rates are estimated to be between 14 percent and 20 percent. The government estimates that nearly 1 million children have become orphaned because of AIDS.

Because of poverty and war, an ever-increasing number of people in the Democratic Republic of the Congo are living in circumstances that either prevent them from accessing proper health care or subject them to such unsanitary living conditions that they easily succumb to preventable diseases. Viewed as a conservative estimate, 37 percent of the population is unable to access formal health care. UNICEF estimates the number is closer to 75 percent. Improved sanitation, hygiene, and access to clean water would help eliminate a large portion of water-related diseases that account, for example, for 34 percent of recorded cases in North Kivu.

After years of government neglect and war since 1998, health facilities are dilapidated or destroyed, unsanitary, understaffed, and without essential medical equipment and medicines. For those who can access health care, few can afford the care they receive. Outside of Kisangani, for example, approximately 60 percent of the population cannot afford the US\$0.15 consultation fee and only one in four persons can afford to buy prescribed medicines estimated to cost US\$0.11.

Mortality rates in the Democratic Republic of the Congo are among the highest in the world. According to the UNDP Human Development Report, the mortality rate reported in 1999 for infants was 128 per 1,000 live births, and the mortality rate of children under 5 was 207 per 1,000 live births. These rates have remained fairly steady since 1970. However, the conflict since 1998 has taken a particularly hard toll on children. IRC found that in areas surveyed in the eastern DRC, mortality rates for children under one year ranged from 19 percent per year in Lubunga (Kisangani) to 41 percent in Kalima (Maniema). In three of the areas covered by IRC's mortality survey, death rates recorded for children under 5 were higher than 10 deaths per 1,000 per month, which—if experienced continuously—would mean that 60 percent of the children would die before they reach 5 years of age.

Maternal mortality rates are equally appalling. The national mortality rate reported by the Ministry of Health for 1998 was 1,837 per 100,000 live births in rural areas and 2,000 per 100,000 live births in urban areas. Under conditions of war, fewer women can reach adequate

health care when giving birth, causing many to die at home. In areas heavily affected by the conflict, the statistics are shocking. Maternal mortality reported in Rethy (Ituri) rose from 50 per 100,000 live births in 1997 to 905 per 100,000 live births in 1999. These rates rose as high as 3,000 per 100,000 live births in the Kivus in 2001. In Kinshasa, the rate in year 2000 was 1,393 per 100,000 live births. Again, issues of cost and access prevent women from seeking proper care when they need it. In Kinshasa, hemorrhaging caused 31 percent of maternal deaths. Given the high fertility rates for women in the Democratic Republic of the Congo (the average total fertility rate is 6.7), women's health during their most productive years remain a constant risk under present conditions.

Of pressing concern is the high incidence of sexual abuse of girls and women by armed groups who use rape, torture, and sexual slavery as instruments of war and tactics for submission. The situation threatens the health and survival of women and causes irreparable physical and psychological harm to girls and women, many of whom are mothers. The UN and various international and local NGOs have documented the devastating effects of rape and sexual abuse, such as the following case stories taken from UN's Consolidated Inter-Agency Appeal for 2002.

The Case of Rape

Nothing better defines the de-humanization process that has developed over a decade of turmoil in eastern Democratic Republic of the Congo than the culture of rape of women and girls by armed groups. The fear of rape defines daily life in rural south Kivu, where rape became a weapon and a normal practice in this heinous war, although much is unknown due to the stigmatization of rape victims. In early 2001 in Walungu, her age (60 years) did not spare a woman from being sexually abused for an entire day by a group of uniformed men on the pretext that her son lived in Kinshasa and owned a beautiful house. She died the following day while being transported to the hospital.

Two women whose husbands were accused of collaborating with the Tutsi were forced together with their 13 children to accompany the armed men who kidnapped them to the forests where they were systematically raped by 10 armed men, not sparing even one of the women who was pregnant. According to one of the victims, while being raped, always in front of their children, her 14-year-old son was often asked to come and see where he came from. She and her son cried whenever their eyes met. Cruel treatments lasted for 8 months.

Two young women 15 and 17 years of age who went to their farm, situated five kilometers from Shabunda, to bring food to the hungry family were hijacked by 15 armed men who took them to their headquarters in the forests and systematically raped them for 40 days.

On similar occasions, groups of 6 and 9 women on a family visit or seeking food were violently dragged to the forests by armed men who raped and kept them for periods ranging from a few days to a year. Gang rape, with all the negativity it involves, contributes to a large extent to a pattern of extreme cruelty.

Women who have been raped often remain silent. IRC states that the problem is much larger than numbers may suggest: “Even in accessible areas, underreporting of abuses (as a result of the stigmatization of rape victims in some communities), fear of reprisals, collusion of authorities, or lack of awareness about avenues of justice and available services limits the accuracy of estimates about the extent of the problem.”³

Lost Opportunities to Attend School

Growing poverty and the conflict are reducing opportunities for children to attend school. According to the Ministry of Education, 60 percent of primary school age children were attending school in 1998 (67 percent female; 89 percent male), a drop from 94 percent estimated in 1978. By fourth grade, only 56 percent of the children remain enrolled. These rates vary by region. In North Kivu, only 32 percent of the children between ages 5 and 14 attended school in the 1995 to 1996 academic year. There are no accurate data on current enrollment rates, but UNICEF estimates that 3 to 3.5 million children between ages 6 and 11 are not receiving formal

³ International Rescue Committee, grant application.

education today. According to the Ministry of Education, 30 percent of the children never attended school in the 1999 to 2000 academic year; the remainder attended sporadically.

The high level of internal displacement and the growing economic pressures on families is making it more difficult than ever for families to send their children to school. Few families can afford school fees and the additional cost of uniforms and school supplies. School fees vary, ranging from \$3 to \$20 per year per student. In many instances, children are attending schools even if parents cannot afford to pay the fees. In North Kivu, primary teachers received their last salary (US\$5.82 per month) from the government in 1995. In Ituri, teacher's salaries can vary from \$1 to \$15 per month in rural areas to \$15 to \$30 per month in towns.

School buildings are often in terrible conditions, either crumbling because of neglect or damage caused by armed attacks. Teachers are not paid regularly and must supplement their salaries with other work. Classrooms are overcrowded, many without adequate shelter against sun and rain, forcing schools to close their doors frequently. Most schools lack basic supplies, such as blackboards, chalk, notebooks, and pencils. Books are a luxury. In the most conflictive areas, children do not attend schools because of the threat of forced enlistment of boys into rebel and army forces.

CURRENT SITUATION OF CHILDREN

The capacity of families to care for their children has deteriorated to shocking levels under present living conditions. The conflict and cumulative years of neglect have dislocated families, caused isolation, reduced economic opportunity, eliminated buying power, and increased incidence of disease and malnutrition. Economic insecurity combined with political uncertainty has weakened the capacity of the family to provide for its children. DCOF's visits to the field confirmed that the general situation of families is one of overwhelming exhaustion.

While the quality of reliable data describing the magnitude of the problem was generally poor, the team was able to interview sufficient numbers of people to understand that the situation for children was deteriorating and that abandonment was a growing concern. This section presents DCOF's findings based on observations from the field and highlights from SCF/UK's program.

At the foundation of its programming strategy, DCOF is committed to the care and protection of all children who are vulnerable, not only when they are separated, abandoned, and orphaned, but while they are at risk of abandonment and separation. Rather than focus on the various categories of vulnerability, DCOF is more interested in learning about causes in an effort to build strategies that will both reduce and prevent future separation, abandonment, and child abuse.

Field Observations

In addition to the deterioration of conditions documented by published studies, DCOF found a more troubling trend, that families may be abandoning children by choice and that, because of the general lack of order, abandonment is being done with impunity and frequently in an atmosphere of community apathy. This leads the team to believe that the hardships created by abject poverty and prolonged conflict when combined with other factors, particularly the powerless position of women in society and polygamous relationships, are seriously weakening the family unit and its ability to protect and care for its children. Families are less stable because they are less able to provide for their children. Future programs must not only find a means for protecting separated and abandoned children, but, additionally, strive to repair this broken link by building community response around the needs of children and recreating the underlying fabric of protection and social commitment of families and communities to the welfare of children.

Unprotected children are the most vulnerable class in society, powerless not only on urban streets, but as child mothers, child witches, child soldiers, child prostitutes, and chattel. Often abandonment is the outcome of abuse or forced separation. The number of street children does

not adequately portray the overall level of neglect and risk faced by many children who are caught in abusive or predatory relationships but are not yet visible on the street. The poor health status of mothers may create de facto abandonment through incapacitation or death.

The DCOF team found that children may be at risk of abandonment for some time before being forced to leave home, particularly in situations where (1) support offered by extended families is curtailed (more likely in urban than rural settings), (2) young mothers are estranged because the father has left (because of divorce or departure) or the mothers are unmarried and forced to live on their own, and (3) growing pressures are exerted on families because of ever-deepening poverty.

This section discusses findings related to two areas of vulnerability DCOF believes are emerging as causes of abandonment that have not yet been well documented. Child mothers, translated directly from the French *les filles mere*, are of growing concern because the young age of the mother places both her and her children at risk and because there is little social attention being paid to their plight. Children accused of witchcraft are particularly worrisome because their plight shows the degree to which circumstances must be pressing on the parents to lead them to turn against their children.

Both of these phenomena are more prevalent in urban and peri-urban areas than in rural areas. Because of rapid growth in the past few years, the problems of separated and abandoned children in urban areas are particularly pressing.

Prior to discussing these findings, DCOF would like to emphasize that attention to these two particular sources of vulnerability is not intended to disregard other contributing factors to separation and abandonment. This is particularly the case of children who have been abducted and pressed into service by armed groups and children who have been separated from their families because of displacement caused by armed violence. There are many other categories of children who have been made vulnerable by current circumstances that are not discussed here, such as child soldiers, street children, children in conflict with the law, children who are handicapped, children orphaned by HIV/AIDS, and children who are economically and sexually exploited. Regardless of the situation, DCOF is committed to strengthening the care and protection of all vulnerable children.

Effects of Urbanization on the Family

The DCOF team found that the breakdown of the primary social unit, the extended family, is contributing to causes of child abandonment because of dislocation. Separation from extended family reduces the capacity of the mother to care for her children. Because rural families are particularly exposed to predatory militaries and armed groups, especially in conflictive areas, they are being forced to flee, often to urban areas and to more secure zones to seek protection

and, in the case of many villages in the east, to the forest where they have been forced to forage and live for up to a year.⁴

Cities have grown dramatically in the past several years. For example, Kinshasa has grown three fold in the last decade. Mbuji-Mayi has grown from 400,000 persons in the past decade to 2 million, the major growth occurring in the past 5 years. In the past 2 years, the population in Kisangani grew by 50 percent. Although the reasons for the growth may be different, the major causes are attributed to economic opportunities, such as mining and security.

Although families may perceive that their situation in the cities will improve, most are unprepared for life in the city. Among the many challenges they face is learning to survive without the support of the extended family unit that traditionally helps families and communities meet their social and economic needs. In urban settings, families are more isolated, geographically, socially, and psychologically than their rural counterparts. While the conflict and poverty has hit rural areas hard, it appears that the extended family is able to continue to function. Health officials in rural areas report fewer incidents of abandonment of children, although separation due to the conflict continues to be an issue, especially in the hot zones of the east.

Facing greater psychological stress because of their predicament, families living in urban areas and in other areas of the country are being forced to make choices to survive, often at the expense of their children. When parents can no longer provide for their children, the children are forced to forage for themselves on the streets. In addition, women moving to urban areas are often unskilled and unprepared to adapt their traditional food production skills to jobs that are more valued in urban environments. This adaption is particularly more difficult for inexperienced and uneducated young mothers.

One of the early signs of child vulnerability is malnutrition. Child malnutrition in the Kisanangi area is tied to the growing instability of family caused by the conflict and by abject poverty. According to the medical supervisor of the SANRU-supported Kabondu health zone, child malnourishment is tied to the following six circumstances: (1) young parents leaving children with grandparents to work in the mines, (2) women taken by Ugandan soldiers and abandoning their children, (3) orphans from three wars (August 1999, May 2000, and June 2000), (4) orphans of parents who died of HIV/AIDs (reported infection rate for Kisangani is 14 to 20 percent), (5) poverty (parents can't afford school fees and children are forced to survive on the street), and (6) complications from malaria.

From conversations with professionals in the field, the DCOF team learned that urbanization in particular is straining the family structure and may be leading to increased estrangement of women and abandonment of children. In urban settings, the family structure changes from an extended to a much-weaker nuclear unit, yet polygamous practices continue. Divorce is easy, and where

⁴ In North Katanga province, people who retreated to the forest have been returning to Kalemie, the capital, in the past 6 to 9 months and to their rural villages in recent months as MONUC deployments have expanded to surrounding areas.

polygamy is accepted, men take more than one wife. Second wives frequently oust the children of the first wife. Unless the first wife can negotiate placement of her children with other family members, which is more difficult when she is isolated from her extended family, she assumes the responsibility for their welfare. A single mother's economic options are few, however, in urban settings, forcing her to abandon her children if she no longer can provide for them; to turn to prostitution to earn money, placing herself at considerable health risk and ultimately jeopardizing protection of her children; or to re-enter relationships with men as concubines if options to remarry do not exist. Experts told the team that one of the common reasons children are on urban streets is a second wife refusing to take responsibility for the children of the first wife.

The team was also told that in cases where a family takes back a woman with her children, she and her children are relegated to a low status within the family. Because of their reduced standing, they are often forced to take on the most difficult, arduous chores. In cases where the first wife leaves but her children stay with their father and new wife, the children's status is not as secure as before, placing them at risk of abuse. According to field practitioners, this highly unstable family structure, prevalent in urban settings, is causing many families to turn against their children for social and economic survival. This trend is also tied to the increasing vulnerability of child mothers and the rising phenomena of children accused of witchcraft, particularly in urban areas.

Child Mothers

Under the constitution, girls are considered women at age 14. At this young age, they are often betrothed and married. Having children before the age of 16 is not unusual. According to child-protection experts, the incidence of unmarried child mothers is rising. In Kisanangi, this problem is reported to be serious and under attended. According to projections based on the last completed population census in 1984, the contributions of teenage mothers to total annual number of births in the Democratic Republic of the Congo from 1995 to 1999 is 25.8 percent for Orientale province (Kisangani), the highest in the nation. The lowest was reported for Kinshasa at 8.9 percent. Although the figures may no longer be accurate because of significant populations movements since the 1984 census, the relative position of the Kisangani region as highest in the nation may hold true today. In meetings with heads of NGOs in Kisangani, for example, the DCOF team was given estimates that 5 to 6 girls out of 10 between ages 13 and 16 are mothers.

Although it is impossible to corroborate this estimate with data, it is interesting to note that a survey⁵ conducted in Kinshasa in 1998 with a sample of 1,142 unmarried girls indicates that girls experienced their first pregnancy at a mean age of 16.88 years, the youngest becoming pregnant at age 13. It is possible, therefore, that teenage pregnancies are common between ages 13 and 16 years and that the number may be increasing beyond the levels projected from the 1984 sample. Given the explosive growth of cities, conditions of deep and worsening poverty, displacement, separation of families, weakening family structure, and evidence of gender-based violence

⁵ Lena Piripiri, *Cultural and Socioeconomic Correlates of Premarital Adolescent Pregnancy in Kinshasa, Democratic Republic of the Congo: A Public Health Approach* (unpublished doctoral dissertation), 2001.

against women by armed groups, it is possible that the number of unwed child mothers is growing and becoming a greater issue for child protection because of the extraordinary vulnerability of young unmarried mothers and their children.

Although little data is available to corroborate field experience in many instances throughout the Democratic Republic of the Congo, observers' estimates of the gravity of the situation of unattached child mothers highlights the difficulties young girls face in urban settings. Leaders of women's NGOs from Kisangani estimate that around 5 percent of child mothers are accepted back by their families, but once there, they and their children are relegated to a low status, causing many to ultimately leave. Based on their experience, NGOs estimate that in Kisangani approximately 15 percent of the girls remarry, 80 percent become concubines, and 60 percent of young mothers abandon their children.

The difficulty of child mothers is tied to the undervalued, repressed position of women in society in general. Fewer girls attend school and stay in school as compared to boys. Pressured by their families, girls may be pulled out of school early and forced to enter marriage, usually with older men, before they are psychologically ready. Piripiri's data indicates that the typical girl included in her study wanted to have her first child at age 24, in sharp contrast to the mean age of 16.88 years when girls became pregnant. At a young age, girls are inexperienced and less able to negotiate power relationships with men, causing them to succumb easily to pressure. Because they are less able to lead independent lives, entering into relationships with men becomes a form of economic security. Any income the young wife generates, however, traditionally becomes the property of her husband. Although food production is the responsibility of rural women, according to OCHA, they do not benefit from the revenue generated at the market in 60 percent of the cases. This abuse apparently extends to concubines, where a man may consider the income generated by the woman as his own and spend it on himself or his family.

Young mothers are reported to be more likely to be forced to leave a household after divorce, less able to negotiate the welfare of their children with extended family, less able to support themselves, and more likely to turn to prostitution as a means for economic survival. In Kisangani, prostitution is reported to be flourishing. The health risks to young mothers are considerable, especially under present circumstances where adequate prenatal care is unavailable or too expensive for many to afford. For girls and women with multiple partners, the risks of sexually transmitted diseases and HIV infection are high. There is a growing concern that more children will be abandoned because of the growing incidence of AIDS in the Democratic Republic of the Congo in general. In Kisangani, prostitution involving MONUC's troops is a growing concern, as expressed by women NGO leaders. Piripiri's data indicate that only 0.5 percent of the girls interviewed feared HIV/AIDS infections. Few took necessary precautions against infection, the study citing that only 26.2 percent mentioned ever using a condom. The highest infection rates in the Democratic Republic of the Congo are for women ages 20 to 29 years, which means that many were infected when they were teenagers. The evidence suggests that child mothers and their children are highly vulnerable and that child mothers may be an increasing source of child abandonment in the future.

Children Accused of Witchcraft

Children accused of witchcraft is emerging as a troubling cause of the abandonment of children by families. The number of cases being brought to the attention of child protection professionals is increasing. Many street children have been accused of witchcraft. When families accuse their children of witchcraft, they turn against them, often causing the children unbelievable physical and psychological harm and trauma before disowning them.

The DCOF team found that the problem occurs primarily in urban areas and is associated with a rise in the number of revelation churches or religious sects (the terms were used interchangeably during interviews). The growing influence of revelation churches seems related to the growing sense of helplessness brought on by grinding poverty, especially in urban areas. People today are living in an atmosphere of high uncertainty and diminished hope. The general lack of order arising from years of neglect by the government and, more recently, by the derelict administrations of rebel armies has created an environment ripe for exploitation. In a society with deep beliefs in spirits and in settings that are isolated, it is easy to understand how child witchcraft has often taken root in an atmosphere of suspicion. Rogue churches seem to breed easily in disrupted settings, especially among the poor and uneducated.

The number of religious sects is proliferating in the Democratic Republic of the Congo since the early 1990s, and churches are splitting and growing as disaffected preachers leave to start their own church or new opportunities arise. In Kisangani, over 100 sects have emerged in the past few years, each with 20 to 30 preachers. One community leader said, "It could be the charismatic spirit of God, but more than likely it is being driven by economic greed." On a 45 kilometer drive from Mbuji Mayi to Chilundu, the team counted 31 such churches.

In today's circumstances, self-made preachers can easily set up their pulpits and mete out predictions for those seeking an easy fix for their grief and misfortune. When prophecies fail, the preachers might easily blame continued misery on spurious causes, such as witchcraft, often turning on children as the source because they are easy to blame and least able to defend themselves. A family seeking the advise of their preacher might, for example, be told that their handicapped child is causing their continued misery, citing the child's disability as a clear indication that he or she is a witch. The preacher might tell the family that they must turn on their child and purge him or her of evil spirits to improve their fortune. In such an instance, the child is accused of witchcraft and brought to the church to confess and admit to witchcraft through forceful questioning, deprecation, and physical abuse. The team was told that during these sessions children might be starved for 3 to 5 days, beaten, and scalded with hot water.

According to a psychologist, children emerge from these sessions deeply traumatized and confused. They don't understand what they have been accused of and what witches are. Team members were told of a case of a destitute single mother, separated from her husband because of war, who was advised by a preacher that her unruly son was the cause of her difficulties and that his unruliness was a sign that he was a witch. She was told to bring her son to the church for treatment to improve her situation. Family members intervened and took the son away, but the mother came back for the son to take him to the church to be dealt with. Churches charge parents for sessions to gain the child's admission of witchcraft and to exorcise them, leading many

observers to believe that the cause is driven more by economics than spiritual need. According to an observer, “They are not motivated by the spirit of God, but by the threat of poverty.”

We visited a center for child witches operated by a former priest in Mbuji Mayi. Two hundred children, 96 girls and 104 boys, between the ages 5 and 18 live in the center. Families bring their children to the center to be exorcized by the former priest. According to center officials, children are not accepted back by their families until they are fully exorcised. One girl, having been returned because her family didn’t believe she was adequately treated, continued to be a menace. The team was introduced to a pregnant girl of approximately 16 years of age who has lived in the center since she was brought there at age 2. The ex-priest did not reveal his methods of exorcism.

In some cases, families turn against their children for superficial reasons and use witchcraft to disown unwanted children. The team met a young girl aged 7 or 8 in a center for girls whose family accused her of witchcraft because she was given manioc to eat by an aunt who was disliked by some family members. The most tragic case the team saw was that of a girl accused by witchcraft who was so severely beaten by her aunt that she was forced to crawl away with broken bones to find safe haven at a center run by the Sisters of Charity. Her family refused to take her back, the prospect of which upset the girl so much that the Sisters stopped trying to involve the family. The girl, now approximately 12 years of age, is severely ill with tuberculosis and is affected by malaise. The Sister told the team the girl had lost her will to live.

In Kisangani, Dr. Pierre Kalala Nkudi, a psychologist who heads the *Centre D’Intervention Psychosociale* (CIP), conducted a limited survey in selected neighborhoods of Kisangani in which he identified 305 children who were accused of witchcraft and abandoned on the streets. In 99 percent of these cases, he found that children lived at home without their mothers, came from separated families, and were accused of witchcraft by the second wife who was trying to get rid of the child.

From the information gathered in the field, the DCOF team has learned that the stability of the family, as the guardian of a child’s safety and primary source of care, is being shaken by several factors that, taken together, are creating conditions for the abandonment of children. When polygamy, early child bearing, and easy divorce combine with urbanization and deep poverty, the face of the primary social unit, the extended family, changes and fissures in the family structure emerge. In shifting urban households where relationships among adults and where children may or may not stay with their mothers, children living with their fathers are at high risk of abandonment and face terrifying abuse if the second wife chooses witchcraft as her tool for rejection or if, out of desperation, family members turn against their child.

Accusation of witchcraft does not necessarily mean abandonment, but in most cases, it results in abandonment. The pressures on the child at home and from neighbors, who may also jeer and harass the child, are too much to bear, eventually driving the child to seek escape, usually on the street. Because children are so traumatized by their experience, Dr. Kalala has found that children improve within 3 to 5 days after they are removed from their immediate circumstances and placed temporarily in a more secure situation with other family members. Dr. Kalala and his team have tried to reunify 10 street children accused of witchcraft with their families.

Reunification with the mother was impossible in all the cases because the mother had left and was living too far away. While seeking alternatives, the team said it was not easy to identify foster families who were able to afford to take in children, although all children were eventually placed with a family.

The DCOF team met with one of the reunified children, a 9-year-old boy whose mother, after being divorced by the husband, left for province Equateur with all the children except the boy who was to remain with the father. The boy's father was unable, however, to keep him after the second wife moved in. The second wife accused the child of being a witch and tormented him. He eventually left to live on the street for 6 months until Dr. Kalala's team found him. The team reunited him with his uncle (his mother's brother) who felt responsible for the boy because they are related by blood. At first the uncle would only accept the boy for a few weeks, but as time went on, he agreed to let him stay. Dr. Kalala's team continues to counsel the family and the boy. Most recently, the uncle was persuaded to make contact with the boy's father. After initial resistance, the father eventually agreed to meet with the uncle. The final outcome of the meeting is unknown, but this experience illustrates the challenges of reunifying children accused of witchcraft with family members. In many cases, it is too unsafe to return them to their home immediately and requires a process of mediation.

The abandonment of children is happening with complete impunity, as is the complicit involvement of certain revelation churches that are riling parents against their children and accusing children of witchcraft. Police and judicial authorities can do very little since there is no basis for legal action. The DCOF team learned of the imprisonment of a boy who had been blamed for the death of his father because he was a witch. Human rights NGO leaders in Kisangani told the team of finding children accused of witchcraft in prison because the police felt they were safer in the prison than in their homes. After some discussion, prison officials agreed to remove the children and place them in a home for street children.

More importantly, there is no public outcry against families who are accusing their children of witchcraft, abusing them and abandoning them, even though there is public awareness of this problem. The Roman Catholic Church and Dr. Kalala have made some efforts through radio announcements and seminars to build public awareness and rally the community in Kisangani, but many people are reluctant to engage in discussions because they do not want to get in the way of religious authorities, neighbors and family members may be involved in the church, and witchcraft is feared. In a society so affected by tragedy and general neglect, it might be difficult to rally outrage on this single issue. Nevertheless, observers agree that there is a need to sanction families who turn against their children and that communities need to speak out against families and revelation churches that are harming their children. Civil society is well organized in several parts of the country, and where human rights groups operate, established churches speak out and communities are activated to protect their children. There is some hope for expressions of community outrage and consciousness-raising about the need for families and communities to take responsibility for their children.

HIGHLIGHTS OF SCF/UK's EXPERIENCE

DCOF has been supporting SCF/UK in the Democratic Republic of the Congo since February 1999. DCOF undertook a review of lessons learned from SCF/UK's program as part of the broader assessment and definition of DCOF's strategy for the future. The team's observations are described in this section.

SCF/UK's program aims to promote a legal framework for children based on the UN Convention of the Right of the Child (CRC) and to increase protection of children within that framework at provincial levels. It also links communities with basic services, such as health, education, water and sanitation, in order to improve access for all children. SCF/UK also seeks to strengthen the access of all households to a secure livelihood and to build consensus on policy and practice for children.

In keeping with its broad objectives, SCF/UK's activities are focused on (1) improving the juvenile system in Kinshasa; (2) developing a code of conduct to regulate conditions of children in institutions and promote care in the community; (3) re-establishing family and community protection in the Democratic Republic of the Congo; (4) improving access to quality health and education services for poor urban youths and their communities; (5) improving understanding of the socio-economic problems of the poorest families; (6) improving the capacity of local partners to carry out research and deliver sustainable services; and (7) improving policy, practice, and coordination among agencies.

The integrated model that SCF/UK has developed for the western program is sound and geographically focused, reflecting DCOF's interest in the benefits of a micro-regional approach that builds links and improves the use of available resources. By concentrating on three neighborhoods in Kinshasa, SCF/UK is building on its comparative advantage and relying on other organizations to provide assistance in their areas of expertise, such as Oxfam for water and sanitation.

Furthermore, SCF/UK is careful to work transparently and inclusively with all local authorities and multi-layered participants. This work includes the provincial child protection committees and capacity building of the ministries of Social Affairs, Women and Family as well as contacts with non-state forces. This work also includes advocacy and training with the full variety of military actors. SCF training for military groups has started in South Kivu with the RCD.

Local Partners

A mainstay of SCF/UK's program is to work through local partners, which has generally been a more positive experience in the East than in the West. Civil society organizations, especially in South Kivu, are consistently noted by many participants to be active (as networks across the province as well as local organizations), genuine, and of strong caliber. In North Katanga province south of South Kivu, however, civil society is quite weak following a history of dependency on quasi-state enterprises, such as the railway company, for social services.

In the West, over the course of the last year SCF/UK struggled with many challenges with local NGOs in Kinshasa. Its program in Kinshasa originally identified 24 local NGO partners (out of 87 surveyed in 1999) as qualified to work with street children and other vulnerable children. In the last year, SCF/UK has reduced their partners to eight following recommendations by an external evaluator who stressed that project objectives were too ambitious for the time and monitoring needed to establish community-level activities. Not only has SCF/UK reduced the number of partners with which it works, it has also shifted its partnership emphasis from local NGOs to community-based organizations. One rationale for the shift in focus is that community-based organizations are closer to the populations they serve and are often run by the beneficiaries themselves, which offers more program accountability and credibility. In addition, because community-based organizations have fewer layers and bureaucracy than NGOs, they are able to achieve equal or greater results with fewer resources.

As a result of the shift in partnerships, SCF/UK has taken a methodical approach to measuring and strengthening partners' organizational capacity. An organizational assessment has been performed with each partner organization capturing key areas necessary for sound management of resources and delivery of services. The results provide SCF/UK and partners with a clear road map for efforts to improve capacity of its partners. Despite the benefits that the shift from local NGOs to community-based organizations may offer, these new partners may require as much, if not more, capacity support than local NGOs because they are nascent.

SCF/UK has expanded its view of organizational capacity to include both technical and administrative capacity. Interest in the past focused more on a partner organization's ability to deliver technically rather than the organization's capacity to manage programs and subgrants. SCF/UK has since realized that administrative or financial weaknesses can be the biggest obstacle to achieving results. This more complete definition of and focus on organizational capacity has strengthened SCF/UK's program.

In situations of nascent organizational capacity, whether technical or administrative, programs such as SCF/UK's in the Democratic Republic of the Congo become staff intensive. For example, SCF/UK believes that the program could use two full-time staff members to perform audits.

NGOs need to budget appropriately and donors must be willing to provide adequate support for necessary staff.

Community Child Protection Networks

SCF's experience with community child protection committees is an area of particular interest to DCOF because of the promise it presents in building community response to the care and protection of all its children. While the team describes the model as "committees" in English, in French these committees are referred to as community child protection networks (CCPN). The phrase "committees" is used here to capture the locally, community-specific nature of the work whereas the term "networks" may inappropriately convey the idea of a larger group or geographic area. The community child protection committees (CCPC) provide a "network" for members of a specific community to discuss child protection concerns and identify steps toward taking actions and finding solutions.

SCF/UK has prioritized war-affected communities for the establishment of child protection committees. SCF/UK is progressively expanding its work with community child protection committees in North and South Kivu and the environs of Kinshasa. More than 10 committees have been established in both rural and more peri-urban areas. The committees and approach are still new. SCF/UK stresses that work with community committees is a long process that requires patience and adaptability.

SCF/UK initiated the model of community child protection committees in the Kivus following a series of studies in 1998 on vulnerable children, including separated children, street children, and children affected by HIV/AIDS. SCF/UK found that most programs seeking to meet the needs of vulnerable children featured apprentice training in skills such as sewing or carpentry. The skills training did not, however, protect the children from abuse or further exploitation. Finding a tendency by humanitarian agencies to develop programs for specific, visible categories of vulnerable children, SCF/UK was concerned to find an approach that included, without discrimination, all vulnerable children.

One of the constraints SCF/UK has encountered is the difficulty of applying the definition of community to urban and peri-urban contexts. In urban environments, traditional links and relationships have been fragmented, often resulting in a diminished sense of community solidarity. For example, 93 percent of parents of vulnerable children interviewed in 1999 by the SCF Kinshasa program came from the provinces. This underscores their difficulty to integrate into city life and maintain effective protection and support to their children. Future work will be interesting in this regard as SCF/UK is already finding better experience with a peri-urban community in South Kivu as compared to a group in North Kivu.

The resulting community child protection committee mobilizes communities into a forum to discuss general and child-specific protection concerns and to find solutions. The community determines members of the committee and the criteria by which they are selected. For example, in Kaziba in South Kivu, the community adopted criteria such as honesty, a non-conflictive manner, legitimacy in community, sense of collaboration, spirit of concern for children, and capacity for analysis. Most often committee members include representatives from local authorities, elders, religious organizations, local NGOs, and service providers such as nurses and teachers, and individual parents. Children themselves have at least 2 representatives in each committee. Committees vary in size from 15 to 40 members.

It is important to note that committees are not supported to become a new structure or local NGO but are to remain a voluntary forum. Committee members work together every day in various aspects of their lives and routines. Some activities might be daily or weekly; others, such as larger meetings or forums, are monthly. The approach of community child protection committees provides an interesting model in ensuring that programs focus on impact on the child and avoiding disproportionate investments in the channels or layers to reach the level of the child.

The role of SCF is that of a facilitator, building capacity through training and seeking to support community based micro-projects and priority needs. Activities with community committees include the following.

- Coordination, networking, mediation and advocacy at both the local level (for example, to prevent abuse and promote health messages and the well-being of children) and where the concerns of the committee relate to provincial policy development issues.
- Training in areas such as participatory techniques; needs and resources assessments; causes of family separation and prevention of separation; child development, child-care, and protection; psycho-social assistance to children with special needs; nutrition; HIV/AIDS prevention; monitoring; and evaluation skills.
- Financial and material assistance to community-based projects such as fuel and transport and other logistical support to improve coordination and outreach activities, materials for children's recreation, and non-formal education materials.

Following a process of needs assessment, prioritization, and identification of local resources, the committee may develop micro-projects that include literacy classes, bridge repair, access to water, and small income generating activities prioritizing reintegrated child soldiers, street children, and their families.

Although results of the work with CCPCs cannot be expressed in quantitative terms, evidence is encouraging. On a number of occasions, committees in the east have advocated directly with local commanders and authorities to stop the recruitment of minors or mistreatment of a child accused of being a deserter. In meetings with child protection committees during the DCOF team's assessment, the children said that improvements had been made in the treatment and level of concern for children and youth in their community following the formation and work of the committee.

Some examples of the results being achieved by CCPNs follow:

- The Bunyakiri committee was involved in pacification between two armed groups.
- Through mediation and community support, a committee was responsible for the successful reintegration of a child soldier who had killed a woman in his community.
- Through concerted community action and mediation, a committee negotiated the release and improvement of conditions for children being exploited by an orphanage.
- In a committee with seven child representatives, teachers, children, and adults in the community noted improved attitudes of children and adults.
- Community committees are able to redress cases of child recruitment. Fewer than 30 children have been recruited after family reintegration and many have been demobilized.

- CCPNs are important mechanisms in assisting reintegration of children and vehicles for building awareness in the community on issues such as the role of transit centers, preparation of communities on the return of child soldiers, and the role communities can play in protecting a reintegrating child.

Underscoring the effectiveness of the community committee approach, a local human rights organization supported by International Law Group in South Kivu, *Hertiers de la Justice*, has been effective in promoting human rights through a system of 21 community mediation committees (CMD). These are also created by local communities and facilitate local justice, mediate disputes, and monitor and report on human rights issues.

Policy Reform

The work of SCF/UK on the policy front is mostly focused at the local level. Some of the policy efforts have had a clear impact, such as separating juvenile offenders from the main prison population. SCF/UK has also had some success with various local authorities and partners in developing and applying a code of practice to regulate conditions for children in institutions and to promote care in the community. This effort has resulted in a number of family reunifications. In the east, SCF/UK's work to engage a variety of local authorities and military commanders has been instrumental in child demobilization, prevention of re-recruitment, and addressing some instances of rape by military commanders.

It was striking how consistently the importance of including advocacy work was raised by observers who noted the general lack of policy and program leadership on issues of child protection in the Democratic Republic of the Congo. However, SCF/UK has faced a number of challenges where their efforts to promote community-based approaches with various authorities and organizations are contradicted by other donors or organizations. This problem raises the importance of having a unified approach to child protection work among government, bi-lateral, and multilateral agencies, as well as among international and national NGOs.

At the national level, the Ministry of Social Affairs on the Global Movement for Children is forming school, commune, provincial, and national children's committees. The ministry would eventually like to form a children's parliament. It is difficult to understand the lasting effect of such efforts, however, when the Democratic Republic of the Congo does not even have a sitting parliament of adults. Another example of frustration in working on the national policy front is that there is a draft law on children's rights ready for action by parliament, but there is no seated parliament and there is no schedule for seating one.

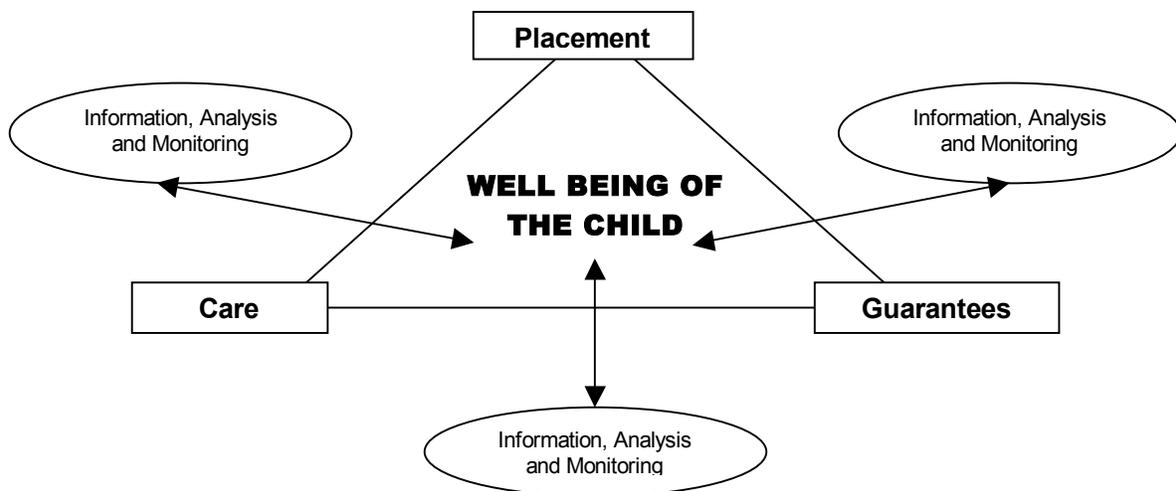
As an emerging issue, SCF/UK believes that sexual exploitation of children may be a growing problem that needs further attention. The issue is receiving some attention because of the presence and subsequent impact of MONUC forces in the country, but Ministry of Social Affairs officials believe that it needs further attention. The ministry would like to conduct a survey and assessment on sexual violence and exploitation of children to document the dimensions of the problem. A recently published report by the United Nations High Commission for Refugees (UNHCR) and SCF/UK on sexual exploitation of refugee girls in West Africa included worrisome findings of abuse by humanitarian workers, including peacekeepers. Furthermore,

policy level work is needed to address government-led efforts to “round up” street children off the streets and place them in residential centers outside town.

RECOMMENDATIONS

The ongoing conflict and years of neglect are impairing the capacity of communities and families to care for and protect their children. There is little DCOF can do to change the broader economic and political situation in the Democratic Republic of the Congo, changes that are arguably the most critical to improving the immediate well-being of children. However, there are ways DCOF can contribute to improvements in programming for vulnerable children.

Based on the assessment's findings, DCOF has developed a framework for its future programming strategy for the Democratic Republic of the Congo. Incorporating elements from DCOF's worldwide programs, the framework is built around the overarching goal of reducing and preventing the separation and abandonment of children. At the core of the framework is the well-being of the child. Built around the core are four program components that, in concert, contribute to and support the well-being of the child. They are (1) appropriate *placement* of the child in a nurturing and secure environment, starting with family; (2) quality *care* that promotes the development of the child; (3) societal *guarantees* that ensure vigilant actions to protect children; and (4) continuous *monitoring* of the well-being of the child through information gathering and analysis. The status of the child's well-being is the standard by which programs are measured. The relationship between the components is depicted in the diagram below.



Within the context of this framework, DCOF recommends that future programs in the Democratic Republic of the Congo build on the following twelve recommendations.

Care and Placement

1. Strengthen community-level responses to the needs of children.

Communities are not only viewed as important first levels of response to the needs of all vulnerable children but as vital links to solutions for appropriate placement, care, and guarantees of the well-being of children. The use of committees made up of community leaders, children, and professionals who can have an impact on the quality of care and protection of children is viewed by DCOF as a critical force to finding the most appropriate solutions for children in need.

2. Build links between community groups.

Part of the current problem is caused by isolation brought on by the conflict and deteriorating infrastructure. It is important that the isolation be broken to the extent possible by facilitating linkages between community groups in order to build solidarity and resources around the needs of children. By building associations between organizations from the community level up, improvements can be built on the sharing of positive experience.

3. Promote appropriate alternative-care solutions for children who are abandoned by their families and are unable to rejoin their families.

The familiar structure of family and community is altered by war and continued socio-economic crisis. In the case of the Democratic Republic of the Congo, the government is not functioning in vast areas of the country, communities have become isolated, links at all levels are affected, and families and communities are stressed and fragmented.

This changed reality affects the DCOF team's construct for how to best care for abandoned children. DCOF strives to find solutions for children through their families and communities. However, DCOF is increasingly seeing cases in countries in chronic crisis where reunifying child with family poses great challenges in the immediate term, either because the family is living too far away or cannot be located, the family rejects the child, or the child is at risk of becoming re-recruited into regular or irregular forces. In these most hardened cases, interventions should be designed to help children to care for themselves, especially if they are older, by being able to access the resources in their changed environment and to become resilient. In other cases, alternative care solutions might include SCF/UK's program of creating a network of short-term foster families to care for children during the process of family reunification. Overall, interventions should be designed to help children survive by being able to access the resources in their changed environment and to become resilient, especially as they become more independent.

4. Support interventions that strive to improve the lives of children who are trapped in abusive relationships.

In general, abandonment or voluntary separation of children occurs through progressively worsening situations when abuse may be building. By overly emphasizing support to categories of children such as street children, programs can mask or sidetrack our broader understanding of

sources of children's vulnerabilities in situations where abuse is occurring. Many local programs focus on street children (usually boys) because they are visible. However, the struggles of marginalized children, such as children accused of witchcraft and child mothers, may not be visible to outsiders.

Where children suffer from the accusations of being called child witches, forced admissions and exorcisms may be occurring within the walls of family homes or churches. Children may be abused, but not necessarily visible on the street. Young, helpless mothers may be forced into prostitution or abusive relationships with men, but not necessarily be found on the street. Young girls may be used as chattel, domestics, and porters to transport goods. They may be trapped with too few options to escape their situation. Future interventions should address, monitor, and prevent abuse, as well as abandonment and separation (whether voluntary or involuntary).

5. Build on examples of positive deviancy where families are coping, even in dire circumstances, and where their children are well cared for and protected.

The concept of "positive deviance" may be especially useful in DCOF's future programming in the Democratic Republic of the Congo. The good care and protection patterns and practices of families and communities who are poor, isolated, displaced or have experiences with exploitive religious sects may suggest what kinds of community-based interventions have the most value for at-risk children.

Despite the evidence of fraying social fabric and support networks, there are examples of the resilience of individuals, families, and communities and evidence that families are coping. Some examples include the following: (a) across the board, traditional churches and religious groups are an important organizing unit, source of social service provision, and social support; (b) people and groups in Kinshasa appeared more hopeful about the ability to address child witches than in Mbuji-Mayi; (c) During the pillage of 1993, community members refused to let the *Centre Soeurs de Saint Joseph de Turin* be destroyed, looted, and pillaged—it also served as a refuge from the surrounding violence for community members.

Efforts should be made to identify where the strong points in the net are and capitalize on them.

Guarantees

6. Address the degradation of community and family responsibility toward children through approaches that build community awareness and normative behavior.

Many communities demonstrate strong initiative and consciousness, despite extreme deprivation. Where possible, DCOF should build on community strength and resolve to increase community sensitivity to the needs of vulnerable children. At one level, DCOF needs to care for the children; at another, it needs to build community responsibility for children. Community networks charged with the protection and care of children should be one cornerstone of our strategy to rebuild normative behavior and resurrect traditional values of parents and communities. DCOF should

encourage work through established churches to the extent possible, thereby linking churches with child protection networks and NGOs to progressively build a national agenda around children.

7. Challenge the impunity with which armed groups, authorities, families, institutions, and communities mistreat children.

Most surprising is the impunity with which abuses of children are occurring and the apathy of communities toward cases of abuse. There is a need to build community consciousness and awareness of the condition of children and to work with local authorities to discourage abuse. Individual churches are likely to be a useful means for community organization; bringing many churches together (e.g., Roman Catholic and protestant churches) under a larger organizing umbrella may also be a very useful strategy for community education, mobilization, policy reform, and advocacy.

8. Concentrate policy and legal reform at the local level.

Because of the fragmented and weak national government, policy reform in the Democratic Republic of the Congo is less compelling than other interventions as a meaningful way of improving children's lives. When policy reform is supported, DCOF would encourage a focus on reforming local-level policy that is likely to have a more direct impact on the lives of children and be less affected by the current weaknesses of the national government.

Information, Analysis, and Monitoring

9. Improve understanding of the situation of vulnerable children.

DCOF should strive to encourage improved data collection as a means for improving programs. Future programs should contain an information-gathering track that supports improved sources for quantitative and qualitative data and analysis of data. Additionally, there is still more to be understood about the causes and underlying mechanisms of separation of children from families. Further anthropological and sociological investigation into the "child witch" phenomenon is warranted. Economic explanations for the growth of the phenomenon, while compelling, seem incomplete because they do not take into account the social and cultural meaning that witchcraft has in Congolese society.

10. Demonstrate the impact of programs on the well-being of children in the Democratic Republic of the Congo.

Future programs will be input intensive. It is common for such programs to focus on input reporting (e.g., number of training workshops held) rather than on the impact or results of those inputs. Strengthening the nature and quality of the program's reporting is helpful for at least two reasons. First, it provides data-based information on the effectiveness of program interventions. DCOF supports the development of CCPNs because it believes the development hypothesis that stronger structures in communities improve the protection, status, and well-being of children. One objective of results reporting should be to provide support for that hypothesis. Knowing that

judges have received training does not provide DCOF with much information about how children in the community are benefiting from trained judges.

Second, improved results and impact reporting is useful because it provides more meaningful information on which decisions about programmatic adjustments and corrections can be made. Documenting the number of judges trained in children's rights provides information about the quantity of training offered, but little or no information about the quality of that training. Without data on the quality and impact of the training, it is impossible to make needed changes in the training curriculum. The next cooperative agreement should include a strong monitoring and evaluation component so that the partner is able to demonstrate the meaningful difference in the well-being of children in its program.

Implementation

11. Limit future interventions to a clearly defined geographic area.

This limitation will help DCOF and its partner or partners to focus efforts and resources, more clearly articulate the results DCOF seeks to achieve, and identify lessons or better practices that other organizations can learn from and apply. DCOF would like to see expansion of programming to areas that are underserved and unattended by donors.

12. Build on local-level capacity where possible.

The capacity of communities and organizations to become involved in improvements in the care and protection of children is well developed in some parts of the country. Where possible, this capacity should be capitalized upon to build more lasting solutions. It is important to acknowledge, however, that building local capacity is staff intensive and takes time. Future cooperative agreements should take this reality into account.

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APPENDIX B: CONTACTS

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