

**Ministry of Social Affairs,
Women and
Children Development**



**REPUBLIC OF GUINEA
Work- Justice- Solidarity**

**INITIAL REPORT ON THE IMPLEMENTATION OF
THE AFRICAN CHARTER ON THE RIGHTS AND
WELFARE OF THE CHILD (ACRWC)**

**GUINEA MONITORING COMMITTEE FOR PROTECTION OF
THE RIGHTS OF THE CHILD (GC/PRC)**

Conakry, December 2011

PREFACE

The Republic of Guinea, faithful in its membership of the African Union, adopted and ratified the African Charter on the Rights and Welfare of the Child (ACRWC) as far back as 1999. In so doing, the country demonstrated its political will to place children at the centre of its key concern, that is, the concern to assure for its sons and daughters a harmonious development and thereby guarantee the country's future.

The progress achieved in the past ten years by the Guinean authorities and their technical and financial partners bears eloquent testimony to this political will.

In the field of health, the mortality rate of children under-five years of age plunged from 177 per thousand in 1999 to 163 per thousand in 2005. Immunization coverage currently stands at over 70%, while malaria and tuberculosis prevalence has regressed, thanks to care and support initiatives and, in particular, the free distribution of insecticide treated mosquito nets. The spread of HIV/AIDS has been pegged at less than 2% for over a decade.

As regards education, pre-school registration rate remains low at about 9%, despite the efforts being invested at this level. The gross school attendance rate accounted for 70% between 2009 and 2010, as the disparity between girls and boys, and between the rural and urban areas, shrunk in favour of young girls.

In the realm of social protection, the ratification and promulgation of the Law titled Children's Code represent a significant advance in the protection of the rights of children in Guinea.

The successful organization of the first National Forum on children remains, in our view, the spring board for the actions to be undertaken in the next three years to finalize the establishment of a children's rights protection system. Such a system will be complemented by the development of a monitoring and evaluation framework, predicated on review of the national policy on children.

Participation of children as custodians of rights and obligations is and remains a key concern. This is demonstrated by the establishment as far back as 2001 of a Children's Parliament of Guinea comprising 114 junior deputies distributed equitably across the entire national territory.

Progress has undoubtedly been made, but it is perhaps necessary to underscore that Guinea belongs to the category of heavily indebted poor countries and is obviously in need of assistance to support the societal programme of Professor Alpha CONDE, President of the Republic and Head of State.

The gratitude of the people of Guinea goes to all its bilateral and multilateral partners, whose assistance to the country has been so crucial in implementing the Millennium Development Goals.

**Madam the Minister of Social Affairs,
Women and Children Development**

Hadja DIAKA DIAKITE

ACRONYMS AND ABBREVIATIONS

- ACRWC	=	African Charter on the Rights and Welfare of the Child
- GC/PRC	=	Guinea Monitoring Committee for Protection of the Rights of the Child
- GGS	=	Government General Secretariat
- RDC	=	Rural Development Community
- ILO	=	International Labour Organization
- CPG	=	Children's Parliament of Guinea
- NCBR	=	National Committee for Birth Registration
- CWGPB	=	Children, Women and Gender Protection Bureau
- NGO	=	Non-Governmental Organization
- FGM/E	=	Female Genital Mutilation and Excision
- AU	=	African Union
- STD/AIDS	=	Sexually Transmitted Diseases/Acquired Immune Deficiency Syndrome
- FP	=	Family Planning
- IRC	=	International Rescue Committee
- ICRC	=	International Committee of the Red Cross
- CRC	=	Convention on the Rights of the Child
- OCVV	=	Orphan Children and Other Vulnerable Children
- NDPSECP	=	National Directorate for Pre-School Education and Child Protection
- UNICEF	=	United Nations Children's Fund
- MSAWCD	=	Ministry of Social Affairs, Women and Children Development
- IGA	=	Income Generating Activity
- CCCT	=	Coalition for Combating Child Trafficking
- NCC	=	National Communication Council
- UCCDSAN	=	Unit for Coordination of Children in Difficult Situation Advocacy NGOs
- LPC	=	Local Protection Committee
- NPRSP	=	National Poverty Reduction Strategy Paper
- ILO	=	International Labour Office
- EIP	=	Expanded Immunization Programme
- CTC	=	Community Training Centre
- DTWC	=	Diphtheria, Tetanus and Whooping Cough
- HDS	=	Health Demographic Survey
- MDGs	=	Millennium Development Goals
- UNDP	=	United Nations Development Programme
- ARV	=	Anti-retroviral
- GAR	=	Gross Admission Rate
- GSAR	=	Gross School Attendance Rate
- NSAR	=	Net School Attendance Rate
- HCR	=	High Commissioner for Refugees
- EFA	=	Education For All
- ESAP	=	Education Sector Adjustment Programme
- OGDH	=	Guinea Human Rights Organization
- RTG	=	Guinea Radio-Television
- WFP	=	World Food Programme

- WHO = World Health Organization
- PMCT = Prevention of Mother-to-Child Transmission
- NATP = National Anti-Tuberculosis Programme
- MHPH = Ministry of Health and Public Hygiene
- FGM = Female Genital Mutilation
- NSSF = National Social Security Fund
- HDS = Health Demography Survey
- PSI = Population Service International
- UNESCO = United Nations Educational, Scientific and Cultural Organization
- UNAIDS = United Nations AIDS Control Programme

TABLE OF CONTENTS

CHAPTER I - INTRODUCTION	1
CHAPTER II: GENERAL IMPLEMENTATION MEASURES	2
CHAPTER III: DEFINITION OF A CHILD: ARTICLE 2 OF THE CHARTER.....	8
CHAPTER IV: GENERAL PRINCIPLES	9
CHAPTER V: CIVIL RIGHTS AND FREEDOMS	15
CHAPTER VI: FAMILY ENVIRONMENT AND FOSTER PARENTAGE	22
CHAPTER VII: BASIC HEALTH AND WELFARE	42
CHAPTER VIII: EDUCATION, LEISURE AND CULTURAL ACTIVITIES	65
CHAPTER IX: SPECIAL PROTECTION MEASURES	74
CHAPTER X: RESPONSIBILITY OF THE CHILD	96
CONCLUSION	97

GUINEA MONITORING COMMITTEE FOR PROTECTION OF THE RIGHTS OF THE CHILD (GC/PRC)

CHAPTER I - INTRODUCTION

Guinea is a coastal country situated in the western part of the African Continent. Its population was estimated at ten and a half million in 2010 with 3% annual growth rate. This population comprises mostly women (52%) and young people (51%). Children aged 0-18 years accounted for 53% in 2007. Illiteracy rate remains high (60%) and life expectancy stands at 58 years.

Women represent over 51% of the country's population, the majority of whom aged between 15 and 49 are illiterate.

Like children, women have precarious health condition. Generally noticeable are poor access to health care during pregnancy and child birth, and inadequate use of health services resulting in high maternal mortality. Although this situation has begun to trend downwards, most health indicators on women are worrying.

The natural living environment comprises four geo-ecological regions with climatic and demographic peculiarities regarded as factors to a large extent conducive to economic and social development built upon diversity and complementarity.

In administrative terms, the country functions on the basis of a combined system of devolution and decentralization. It is subdivided into eight administrative regions, namely: Conakry (the capital), Boké, Faranah, Kankan, Kindia, Labé, Mamou and N'zérékoré. Each administrative region is made up of prefectures – the second level of administrative delineation.

These are subdivided into sub-prefectures which contain urban municipalities (seat of the prefectures) and rural communities. There are, in total, 33 prefectures, 38 municipalities (5 of which are in the city of Conakry) and 304 rural municipalities. The urban municipalities are delineated into quarters, similar to districts in the rural areas.

This report is the outcome of efforts by a partnership success story between the Guinea Monitoring Committee for Protection of the Rights of the Child and UNICEF. All the socio-professional segments, children and the civil society in particular, were involved in its preparation.

It has been compiled in accordance with the directives outlined by the African Committee of Experts on the Rights and Welfare of the Child pursuant to Article 43 of the African Charter on the Rights and Welfare of the Child.

CHAPTER II: GENERAL IMPLEMENTATION MEASURES

(Point 8: a, b, c, d)

Guinea is committed to making the protection and promotion of the rights of the child one of its priorities. It has thus endowed itself with structures in ministerial departments, the foremost of which are the Ministry of Social Affairs, Women and Children Development, the Ministry of Health and Public Hygiene, the Ministry of Pre-University and Civic Education, the Ministry of Justice, the Ministry of Regional Administration and Decentralization, the Ministry of Security and Civil Protection, the Ministry of National Defence, the Ministry of Posts and the New Information Technologies, the Ministry of Communication and the Ministry of Youth and Youth Employment.

Augmenting these structures are the national and international partners. The aforementioned ministerial departments and civil society partners are, in turn, made up of inter-ministerial child protection commissions or committees and networks.

In terms of the protection and promotion of the rights of the child, the will of the Guinean Government has been manifested as evidenced by the ratification of child protection conventions and protocols and the promulgation of relevant laws and regulations by Guinea.

In the legal and regulatory sphere, very critical provisions on the rights of the child are already enshrined in legislation through the 1998 Penal Code, the 1983 Civil Code reviewed in 1996, and the law on the establishment and operation of children's tribunals. The Labour and Social Security Codes also contain provisions relevant to child protection. Other Guinean legal texts explicitly protecting the rights of the child have been developed, adopted and promulgated. These include:

- Children's Code;
- Local Communities Code;
- Mining Code;
- Environment Code;
- Real Estate Code;
- Water Code;
- Public Health Code;
- Forestry Code;
- Labour Code; and
- National Policy Documents.

By way of illustration, the law titled the local communities code spelling out the functions and responsibilities of the said communities, was passed by the National Assembly in May 2006. This document synthesizes, complements and harmonises all previous texts regulating decentralization in Guinea, particularly:

Edict No. 92/PRG/SGG/90 of 22 October 1990 on the organization and functioning of RDC (Rural Development Communities) in the Republic of Guinea;

Edict No. 91/034/PRG/SGG of 9 October 1991 on the creation of 33 inner city municipalities in the Republic of Guinea; and

Edict No. 048/PRG/SGG of 9 December 1991 rectifying Article 51 of Edict No. 92/PRG/SGG/90 defining the organization and functioning of RDC in the Republic of Guinea.

The specific provisions of this Code as it relates to the African Charter on the Rights and Welfare of the Child are spelt out in Chapter III on the areas of competence and missions of the local communities. In this Chapter, the rights of the child are contained in certain paragraphs of Article 29 of Section I, and in Articles 30, 31 and 32 of Section II.

Section 1: Specific areas of competence - Article 29

The specific areas of competence of the local communities are as follows:

- Civil status of citizens of the community;
- Public health and hygiene;
- Environmental protection in the community territory;
- Water and water points management;
- Public order, security and tranquillity in the local territory;
- Misdemeanour and crime prevention in the local territory;
- Pre-school, elementary and literacy education;
- Management of local community libraries;
- Primary health care.

Section 2: Missions of the local communities

Article 30 – The local communities are responsible for civil status, hygiene and public health services, secondary roads management and the local police. They provide such other public services as are devolved to them by the State. The local communities cannot exclude themselves from the obligations incumbent on them by virtue of this Article except as prescribed by law.

Article 31 – The local communities may, within the limits prescribed by law, establish and run in their territory, any other public service falling within their areas of competence. Such local services include, in particular:

- Potable water distribution;
- Construction, management and upkeep of health posts and health centres;
- Construction, equipping and maintenance of nursery and elementary schools;

- Literacy programmes;
- Youth and cultural activities development;
- Hygiene and public health control services;
- Upkeep of roads and public places;
- Dissemination of information of public interest.

Article 32 – The local communities may establish and run, for their citizens, educational, training, health care, information and documentation institutions in all spheres of community life. Such institutions shall be managed under the private institutions regime and be subject to inspection by the competent State technical services.

The local communities may place at the disposal of their citizens or groups of citizens, infrastructure or installations, refurbished or otherwise, as part of their cultural development promotion mission. Such infrastructure and installations shall be included in the private domain of the community.

Additional to the aforementioned legal texts are the following bilateral and multilateral conventions:

- ILO Convention 138 on the minimum age for admission to employment;
- ILO Convention 182 on the Worst Forms of Child Labour and Immediate Action to Eliminate them;
- The Hague Convention No. 5 on protection of children and cooperation in respect of inter-country adoption;
- The Hague Convention of 25 October 1980 on the civil aspects of international child abduction;
- United Nations Convention on Transnational Organized Crime and its Additional Protocol to prevent, suppress and punish trafficking in persons especially women and children (Palermo Protocol);
- The bilateral cooperation agreement between Guinea and Mali on combating child trafficking;
- The multilateral cooperation agreement on combating child trafficking between Guinea and 8 other States of the sub-region, namely: Benin, Côte d'Ivoire, Liberia, Burkina Faso, Niger, Mali, Togo and Nigeria;
- Cooperation agreement on combating trafficking in persons particularly women and children in West and Central Africa.

Upon the adoption of the African Charter on the Rights and Welfare of the Child in July 1990 at the Twenty-six Ordinary Session of the Assembly of Heads of State and Government of the OAU in Addis Ababa, Ethiopia, the Government of Guinea took diverse measures to integrate the rights and welfare of the child in legislation and every other convention or international agreement. The measures in question may be summarized as follows:

Creation in 1991 of local protection committees (LPC) for the child in all the prefectures, to undertake social mobilization and advocacy for the Guinean child;

Decree No. 033/PRG/SGG/92 of 6 February 1992 on the creation of new ministerial departments and State Secretariats;

Decree No. 092/PRG/SGG/ of 3 September 1992 on the functions, organization and operation of the State Secretariat for Social affairs, Women and Children Development;

Decree No. D/94/076/PRG/SGG/92 of 18 August 1994 on the structure of Government and elevating the former State Secretariat to the Ministry of Women and Children Development;

Decree No. S/01/PRG/SGG/92 of January 1995 on the creation and operation of the Guinea Monitoring Committee for Protection of the Rights of the Child;

Decree No. 101/PRG/SGG of 10 July 1996 on the creation of the Ministry of Social Affairs, Women and Children Development;

Edict No. 91/029PRG/SGG of 24 May 1991 and Decree No. 91/155/PRG/SGG of 24 May 1991 on the creation of a National Children's Theatre Directorate;

Health policy statement through the Expanded Programme on Immunization, primary health care, essential medicines (EPI/PHC/EM), integration of family planning into health centre activities, etc.

Key judicial, legislative and administrative measures

An appropriate institutional and legal framework is in place made up of:

- the Committee for the coordination of actions for children in need of special protection measures (CNSPM);
- the Child Protection Division;
- Reception and transit centres;
- Care providers;
- Children's Code;
- Civil Code;
- Law on cooperation and children's protection in matters of international adoption;
- Law on sale of children, child prostitution and child pornography;
- Laws on ILO conventions 138 and 182 of the minimum age for admission to employment and the worst forms of child labour;
- Law on involvement of children in armed conflict;
- the Penal Code;
- Dedication of June by the Government of Guinea as the Month of the Guinean Child as far back as 1990;

- Establishment of the Children's Parliament of Guinea (CPG) on 16 June 2001;
- Creation of a committee to combat trafficking in persons, especially children;
- Creation of a National Birth Registration Support Commission (NBRC), now elevated to National Civil Status Directorate;
- Creation of a Monitoring/Evaluation Unit which, in turn, has become a Division;
- Creation of Children, Women and Gender Protection Bureau (CWGPB) in the Ministry of Security and Civil Protection;
- Existence of several national and international child protection NGOs;
- Creation of a department in charge of children's issues;
- Creation of a Guinea children's rights protection monitoring committee;
- An NGO coalition on child trafficking and the rights of the child;
- Association of pupils' parents and friends of the school.

This association represents a group of voluntary players, especially pupils' parents, who have fully committed their services in anticipation of some outcomes in the educational sector. It intervenes in the upkeep of schools, its furnishing, sporting activities, extension of schools wherever a place is available for use, etc.

The major difficulty faced by these associations resides in the retrieval of the annual contributions paid by the parents.

The creation of a child protection bureau, children's tribunal and an equity (girl/boy) committee and the institution of national immunization days

Still in the bid to subscribe to general measures for implementation of the Charter on Children, certain positive traditional values and cultural practices are encouraged. These include:

- Initiation: this is a form of life learning, a rite of passage from adolescence to adulthood. It confers on girls and boys the status of men and women and marks their integration into the adult community. It involves teaching young people about the rules of life, the customs and traditions of the community, and especially to be hardy in the face of all trials. Initiation forms and moulds character and body.
- Séré women and men of the same age group, who come together during different religious events form part of the decision-making process for the construction of school and health facilities for the children of their respective communities.

It is noteworthy however that whereas efforts have been deployed and encouraged, negative cultural practices such as FGM/E, and early/forced marriages subsist and have remained the order of the day.

On this issue, the Guinean Penal Code of 1969 (Article 265) had banned any form of mutilation of male (castration) or women (excision) genital organs under pain of imprisonment.

The 10 July 2000 law on reproductive health criminalizes and imposes penal sanction for cases of female genital mutilation, particularly excision and infibulation.

A joint order No. 2464/MSNPFE/MSHP/MS/MJ/MATAD/2009 has been issued, implementing the ban on the practice of female genital mutilation and excision in public and private health facilities in the Republic of Guinea.

Penal provisions: Children's Code Articles 405-410

Article 10: Whosoever, using traditional and modern methods, engages in or promotes FGM/E or practices same, shall be guilty of wilful violence on the person of the circumcised.

All such act shall be punishable by imprisonment from 3 months to 2 years and a fine of 300,000 to 1,000,000 Guinean Francs or one of these penalties. The parents or other persons having authority over the girl child, girl or woman or having custody over such persons, who authorized Female Genital Mutilation, shall be liable to the same punishment as its perpetrators.

Article 11: Maximum penalty shall be applicable where female genital mutilation has been performed in a public or private health facility and fostered by a person in the medical or paramedical profession (doctor, nurse, midwife, health technical worker, etc.).

Article 12: Where Female Genital Mutilation has led to a disability, the perpetrator(s) shall be liable to..... Guinean Francs.

Article 13: Where Female Genital Mutilation has resulted in the death of the girl or the woman, the perpetrator(s) shall be liable to imprisonment term of 5 to 20 years.

Despite the prohibition of harmful practices which constitute a violation of the rights of the child, many children have continued to fall victim to female genital mutilation/excision and early/forced marriages in the Republic of Guinea; and that, in spite of community awareness-raising efforts by NGOs and other bodies responsible for children's issues.

Major constraints

Lack of resources; socio-cultural imperatives; faith-based resistance; political hesitation and non-enforcement of penal sanctions.

Immunization; building of and bringing close together communities' pre and post-natal care centres

Point 9: Popularizing and disseminating the Charter (a, b)

The measures taken by Guinea to popularize the principles and provisions of the Children's Charter is reflected in the dedication of the entire month of June as the Month of the Guinean Child, marked by the celebration of the various landmark dates, such as:

- June 1 - Launch Day;
- June 5 - Environment Day;
- June 12 - Anti Child Labour Day;
- June 16 - Day of the African Child;
- On June 21 - Day of the Young Girl;
- On June 23 - Day of the Child Orphan;
- On June 26 - Anti Drug Day;
- On June 30 - Closure of Month of the Child.

The celebration of AU anniversary on May 25 each year offers a unique opportunity to showcase the Charter among adults and, indeed, children as well.

Interactive sessions are also organized and messages disseminated via various communication channels such as: television, community radio, traditional communicators, marriage and baptism ceremonies, workshops for ownership and translation of the African Charter into grassroots languages.

CHAPTER III: DEFINITION OF A CHILD: ARTICLE 2 OF THE CHARTER

Article 1 of the Charter defines a child as follows: **a child means every human being below the age of 18 years.** Every child shall be registered immediately after birth. Every child has an inherent right to life, to a name, nationality, education and health.

CHAPTER IV: GENERAL PRINCIPLES

In this chapter, we shall discuss:

Article 3 of the Charter: Non-Discrimination

This element is reflected in the Law establishing the Guinea Children's Code which **in Article 2** states that: "Every child has the right to enjoy the rights recognized by this Code without distinction as to race, ethnic group, colour, sex, language, religion, political or other opinion, national and social origin, fortune, health status, birth or other status, and without same distinction for his/her parents or legal guardian. "

Guinean law does not discriminate between children except in matters of succession. In Guinean positive law, legitimate children (girl or boy alike) have equal right to succeed their parents (father and mother). An illegitimate child or a child born of adultery legitimized by marriage has the same inheritance rights as a natural child recognized under Article 494 of the Civil Code. A "child" whose author at the moment of conception does not have any bond of marriage, has the right of inheritance in the estate of the author, where such a child has been recognized by the said author. The quality of such rights shall be the same as those of a legitimate child. In all cases, a natural child shall inherit from his/her mother.

A child born out of incest can never receive anything except food (Article 378 of the Civil Code). The same applies to the child born out of adultery without legitimacy. However, where the major consequence of lack of legitimacy will be racial or religious discrimination, the simple natural child shall have all the rights of a legitimate child.

In view of the aforesaid, it may be said that in the Guinean Civil Code, there is discrimination for reasons of birth due to the fact that the legislator has taken the socio-cultural context into consideration.

Indeed, in the traditions and customs of the Muslim community which accounts for over two-thirds of the population, a natural child, born out of adultery or incest, is not entitled to inherit from his presumed father, sometimes even if such a child is recognized. In customary terms, girls do not inherit from their fathers, even though the law does not discriminate as to gender.

It is stipulated in the Civil Code that in any guardianship arrangement, there has to be a representative of the family council, whose duties shall be to monitor the guardianship management and represent the minor where his/her interests are in conflict with those of the guardian.

Article 4 of the Charter: Best Interests of the Child

The best interests of the child has always been taken into account by the legislature, both in penal, guardianship and adoption matters and in case of parental separation (divorce or death).

It is easy to observe that the interests of the child is being preserved through Guinean legislation, particularly:

* Law L/2001/021/DN ratifying and promulgating the Hague Convention No. 5 of 10 December, 2001 on protection of children and cooperation in respect of inter-country adoption.

Article **403** of the Civil Code which states that "the natural mother shall be the legal administrator of the property of minor children."

Article **4** of the Children's Code states that "Every child has the right to freely express his views which have to be taken into account in keeping with his/her age and level of maturity.

The Children's Code, based on humanitarian principles and equity, puts forward appropriate solutions regarding the child offender phenomenon prior to intervention by the organs of criminal justice. Priority is given to preventive and educational approach. It is recommended that recourse to custody, provisional detention and liberty deprivation should be avoided as far as possible.

The Children's Code establishes corrective and the non-incrimination procedure through mediation and the participation of children-based services and institutions in decisions and the choice of measures consistent with **the best interests of the child**.

Article **6** of this Code states that "Any decision taken shall be geared to maintaining the child in the family environment and avoiding separation from his/her parents, unless it is apparent to the judicial authority that such separation is necessary to safeguard **the best interests of the child**.

Such decision shall guarantee for the child the right to continue to enjoy the various living conditions and services tailored to his/her needs and age, and related to normal family environment.

In the same vein, Articles 110 and 132 of the Children's Code uphold the best interests of the child in matters of full and international adoption in these terms: "adoption is granted at the request of the adopting individual by the Court which shall ascertain that the requirements of the law have been met and that the adoption is **in the best interests of the child**."

"International adoption can take place only where the competent authorities of the State of origin have established that:

- The child is adoptable;
- The adoption is in the best interests of the child;
- Individuals, institutions and authorities whose consent is required for adoption, have been counselled as necessary and duly informed about the consequences of their consent, in particular whether the legitimate bonds between the child and his/her family of origin will be maintained or ruptured;
- These entities have freely given their consent in the required legal form, and that such consent has been given or evidenced in writing;
- The consent has not been induced by any kind of payment or compensation;
- The consent of the mother, where required, has been given only after the birth of the child;
- The child has been counselled and duly informed of the consequences of the adoption and that his/her consent to the adoption has been obtained;
- The child's wishes and opinion have been taken into account;
- The child's consent to the adoption, where required, has been freely given, in the required legal form, that the consent has been given or evidenced in writing and that the consent has not been obtained by of any kind of payment or compensation."

As regards the effects of divorce on children, Articles **278 and 279** of the Code also state that "In the **best interests** of minor children, parental authority shall be exercised jointly by both parents after the judge shall have obtained their opinion, or by either of them. In case of joint exercise of parental authority, the judge shall indicate the parent in whose home the children shall have their habitual residence."

"In exceptional circumstances and where the children's interest so demands, the judge may decide to set their residence with another person preferably chosen from relatives or, where this proves to be impossible..."

In addition, whoever finds a new-born child is required to hand him//her over to the state registrar, as well as the clothing and other items found with the child, and

declare fully the circumstances in terms of the time and place where the child was found. A detailed report shall be made thereof, setting out also the apparent age of the child, the gender, the names that will be given to him/her, and the civil authority to which he/she will be handed. The report shall be recorded in the civil status register.”

It may be said, in conclusion, that well before the ratification of the Convention and the Charter by Guinea, the law makers had had the will to take on board the best interests of the child as evidenced by the creation of structures to coordinate actions in regard to children in need of special protection measures.

The structures in question address all matters pertinent to the best interests of all categories of children, be it Guinean or foreign children (refugees and IDPs), working children, children with disabilities, children in conflict with the law and other vulnerable children.

Article 5 of the Charter: Right to life, survival and development

The above issues have been largely reflected in our various codes as we shall now see.

Articles **403** and **404** of the Guinea Children’s Code state that: "Any person found guilty of physical and psychological abuse, wilful deprivation of food or care meted to children within the family or in educational, institutional or other environment, shall be liable to a term of imprisonment of 1 to 2 years and a fine of 100,000 to 250,000 Guinean Francs or any of the two punishments."

"Where the said actions perpetrated against the child are proven to have resulted in bloodshed, injury or illness, the punishment shall be imprisonment for 1 to 3 years and a fine of 100,000 to 500,000 Guinean Francs."

Besides, Article **255** of the Penal Code also states that whoever is found guilty of murder, parricide or poisoning shall be liable to the death penalty. However, the assassination or murder by a mother of her own new-born child under 2 months of age shall be liable to a term of imprisonment of 02 to 10 years.

Whoever wilfully inflicts injury or lashes a child, less than fifteen (15) years of age or deliberately deprives him/her of food or care to the extent of compromising his/her health, shall be liable to imprisonment of one to three years and a fine of 5,000 GF.

Where the resultant injuries, lashes or deprivation of food or care, cause illness or work incapacity of more than twenty days or where there has been premeditation or an ambush, the penalty shall be two to five years imprisonment and a fine of 5,000 to 75,000 GF.

Where the perpetrators are legitimate, natural or adoptive fathers and mothers or other legitimate relations or any other person having authority over the child or with custody thereof, the sanctions shall be those spelt out in the preceding paragraph.

Where the injuries, lashes or deprivation of food or care have been accompanied with mutilation, amputation or loss of use of a limb, blindness, loss of an eye or other permanent disability or have led to death without the intention to kill, the penalty shall be forced labour for life.

The deprivation of enjoyment of civil rights shall flow only from the law or a judicial decision in accordance with the law. The said deprivation can concern only one or more specific rights.

Enjoyment of civil rights is independent of that of political rights, which civil rights shall be acquired and retained in accordance with applicable laws.

Whoever, having found a new-born child, does not hand him/her over to the state registrar as prescribed by the Civil Code, shall be liable to 16 days to 06 months in prison and a fine.

Article 7 of the Charter: Respecting children's opinion

It was in 1990, following the ratification by Guinea to the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child, that the authorities became aware of the need to promote the rights of child especially through certain hitherto neglected elements. As such, with the help of partners, projects were put in place to give children a voice in particular through the media. In partnership with Plan Guinea, a radio programme by and for children was created in the forest area called the voice of "**Alpha and Finda**". This radio programme enables children to express themselves through rural community radio and the national radio.

As far back as 2002, two (2) radio campaigns were launched in the region of N'Zérékoré with price awards on offer. After each term, the awards are distributed to the happy winners, the children. The gifts are often in the form of T-shirts, caps, comics and radio cassettes. On this occasion, many gifts are similarly given to the children who participated in the studio transmissions. The transmissions are typically made in the national languages and French.

For the first big game quarterly contest, the radio station of Forest Guinea recorded 899 letters containing drawings and poems for children.

Articles 4 and 7 of the Charter

Opinion of children and promoting their participation

In Guinea, children have access to all information without discrimination through public and private media (radio, television, Internet, the print media and oral communication).

Such information may address such issues as:

- Hygiene;
- •STI/AIDS prevention;
- The Charter• Customs and traditions;
- Education;
- Politics.

As for participation, this is addressed through the Children's Parliament of Guinea and the Children's Governments in primary institutions.

A core group of 50 children junior MPs representative of the entire Guinea was established as far back as June 2001 and reflection thereon has been expanding year after year. In 2005 a team of 114 junior MPs was constituted through the election of 3 children junior MPs per prefecture and three per municipality in the special zone of Conakry.

The MPs are drawn from schools and educational institutions, training facilities for children in difficult situations and informal structures.

The Children's Parliament of Guinea is a children's institution tasked with the advocacy and defence of children's rights. It is thus the legitimate representative of the will of all categories of children in Guinea. Besides, it should be capable of discharging its missions properly and in legal manner.

The establishment of this Parliament represents a step forward in the implementation of the Charter. It came into being in the wake of several cases of violation of the rights of the child, given the numerous constraints encountered in the implementation of the Charter since its ratification in April 1990.

Created in the image of the Guinean National Assembly, the organs of the Children's Parliament of Guinea are:

- General Assembly;
- Executive Bureau;
- Parliamentary Caucuses;
- Children's Prefectural Parliaments;

- Children's Municipality Parliaments (for Conakry Region).

There are also Children's Governments in primary schools, consistent with children's participation in the effective functioning of the internal structures of schools, particularly with respect to the recurring problems that may impact on the school.

With this as basis, the Children's Government is made up of a team of 10 persons and each minister caters for a specific sector, namely: cleanliness, solidarity, education, culture, sports, recreation, etc.

It should be added that the principle of equity is applied for the government, that is, 5 girls and 5 boys.

The children's theatre is, in turn, in line with children's participation, enabling them to take ownership of issues that concern them, such as awareness campaigns on childhood diseases, female genital mutilation and circumcision, the fundamental principles of hygiene, etc..

Constraint: lack of financial resources and permanent workplace.

Prospects: organization of Children's Festival of Guinea called "*les Marmots fêt'arts*" in May/June 2012 and the search for institutional and financial partnership.

CHAPTER V: CIVIL RIGHTS AND FREEDOMS

Article 6 of the Charter:

Name, nationality, identity and registration at birth

Name

In Guinea, a person must have a surname or family name, and one or more given names.

Name is given in accordance with the conditions prescribed by law.

According to the Guinean Civil Code, any birth occurring in Guinean territory must be declared to the civil registrar.

Such declaration must be made within two months from the day of birth.

Where a birth has not been declared within the prescribed period, the civil officer may enter such birth in his records only by virtue of a judgment rendered by the civil court of the place of birth.

A register shall be kept in hospitals, maternities and public or private health facilities, in which the births that took place in such facility are recorded in chronological order. This register may be accessed at any time by the civil officer as well as by the administrative and judicial authorities.

Nationality

The law determines which individuals have, at birth, Guinean nationality as their nationality of origin. Guinean nationality may be acquired or lost after birth by the effect of law or a decision of a public authority taken in conditions set forth by law. The provisions on nationality contained in international treaties or agreements duly ratified and published, apply even where such provisions are at variance with the provisions of the Guinean internal legislation.

Nationality is also a constitutive element of Guinean identity. It has been extensively addressed in the Civil Code (Articles 20 to 169) and covers areas as diverse as international treaties and agreements, conferment and acquisition of nationality and their effects, loss and forfeiture, reinstatement, the conditions, form of the effects of acquisition or loss of nationality, etc.

Grant of nationality for reasons of birth in Guinea

Is a Guinean:

- the legitimate child born in Guinea of a father who was himself born in Guinea;
- the natural child born in Guinea, when the child of his/her parents, parentage of whom has initially been established, was himself born in Guinea;
- the natural child legitimized as a minor where his/her father is Guinean.

Going by the aforesaid, it is easy to observe that the right of a child to a name and nationality is fully protected.

Identity

In the Penal Code, the rights of the child in terms of preservation of his/her identity are to a large extent taken into account. Thus, we read in Article 301 of the Penal Code that "whoever is found guilty of"

Abduction, concealment or removal of a child;
Substituting a child with another;

Allocation of a real or imaginary child to a woman who has not given birth to the said child, and
Non-presentation of a child to persons entitled to claim him/her, shall be punished by imprisonment.

Whoever, having participated in a birth, does not declare the new-born in the form and within the time frame prescribed by the Civil Code, shall be liable to punishment; as well as any person who, having found a new-born child, does not hand him/her over to the civil registrar.

Registration at birth

Registration at birth is not only reflected in Article 1 of the Children's Code but also in Chapter VI, Section I: **Birth Certificates.**

This right is ranked among the most fulfilled, though there are no exhaustive data in this regard.

Communities are increasingly becoming aware of the importance of possessing a birth certificate and do appropriate the procedure for acquisition in this document.

Article 157: Birth declarations shall be made to the civil registrar of the place of birth within six months of delivery.

However, for births outside municipal boundaries or in foreign country, this time frame shall be eight months.

Article 158: Where a birth has not been declared within the statutory period, the civil registrar may not record same in his/her register except by virtue of a judgment rendered by the competent jurisdiction in the Prefecture where the child was born, and brief remark thereof made in the margins of the date of birth.

Where the place of birth is unknown, or it is impossible to perform the action, the competent tribunal shall be that of the applicant's domicile.

Article 159: The birth of a child shall be declared by the father and/or mother or in the absence of the parents, by doctors, midwives and other persons from outside his/her domicile who witnessed the birth, or by the person in whose home the child was born. The birth certificate shall be prepared immediately.

Article 160: The birth certificate shall indicate the date, time and place of birth, the gender, given names and surname of the child; the given names, surnames, ages, occupations and domiciles of the father and mother, and where applicable, those of the declarant or witnesses.

Where the father and mother of a natural child or either of the two, have not been designated to the civil officer, there shall be no mention of it in the registers.

A special register classified and initialled, shall be kept in hospitals, maternities and public or private health facilities, in which births are immediately recorded in chronological order.

Presentation of this register may be demanded at any time by the civil officer of the place where the facility is located as well as by the administrative and judicial authorities.

Article 161: Whoever has found a new-born is required to make a declaration thereof to the civil registrar in the place of the discovery. Where the person is not willing to take charge of the child, he/she shall hand him/her, with the clothing and other items found with him/her, over to the civil officer.

A detailed report thereon shall be prepared indicating the date, time, place, circumstances of discovery, the apparent age and gender of the child and any peculiarities that can help identify the child and the authority or the person to whom he/she has been entrusted. Such report and the date thereof shall be recorded in the civil register.

Following and separately from the said report, the civil officer shall establish a deed in lieu of a birth certificate. This deed sets out the given names and surname of the child. It sets a date of birth that can match the child's apparent age and designates as his/her birthplace the municipality where the child was found.

Where the birth certificate of the child is found or the birth has been judicially declared, the hearing regarding the discovery and the provisional birth certificate shall be annulled by the judge of the competent tribunal at the request of the Public Prosecutor or interested parties.

Article 162: In case of birth during a sea voyage, a deed shall be prepared within the week of delivery based on the declaration by the father if he is on board, or by the mother or two witnesses chosen from among the officers of the vessel or, that failing, from among the crew members.

Where the birth has occurred during a stop-over at a port, the deed shall be drawn up under the same conditions, where it is impossible to communicate with land or there are in the port no Guinean diplomatic or consular officer vested with the function of registrar, where the birth took place abroad.

Such deed shall be prepared in the State vessels by the ship's captain. Mention shall be made of the circumstances in which the deed was drawn up, as set forth above. The deed shall be recorded following the work of the crew.

Where the birth occurs in an aircraft, the same formalities shall be completed by the captain.

Article 163: At the first port where the vessel berths for any other reason, the officer in charge shall be required to deposit in the hands of the Consul of Guinea two consignments of each birth certificate prepared on board in a Guinean port, the office of the maritime authority and in a foreign port.

Where the port does not have a maritime authority office or Consular office, the deposit shall be postponed to the next port of call or of rest.

One of the consignments shall be addressed to the Ministry of Transport which shall forward it to the civil registrar of the child's father's last domicile or that of the mother where the latter domicile cannot be found or is outside Guinea. The transcript will be prepared in Conakry. The other consignment shall remain in the archives of the consulate or office of the maritime authority.

Mention of the shipments and deposits undertaken in accordance with the provisions of this Article shall be made in the margin of the original deeds by officials of the Maritime Authority and the consuls. The same shall be the case in the event of birth in an aircraft.

Article 164: Upon the vessel's arrival at a resupplying port, the officer-in-charge shall submit, along with the crew list, a consignment of each birth certificate issued on board, where a copy thereof had not been filed in accordance with the provisions of the preceding Article.

This deposit shall be effected in the office of the maritime authority. The consignment shall then be addressed to the Ministry of Transport for transmission as prescribed in the previous Article.

Article 265: No one, except the Public Prosecutor, the child, direct relatives, spouse, guardian or legal representative in the case of a minor or disabled adult, can obtain a certified copy of a birth certificate of anyone else, except by virtue of an authorization issued free of charge by the president of the civil jurisdiction of the place where the instrument was received and on written request.

In case of refusal to issue a copy to the eligible persons, the application shall be referred to the President of the Tribunal who shall issue a provisional ruling thereon. Register custodians shall be required to issue to the applicant a copy or an extract containing the year, date, time and place of birth, gender, first names and last name of the child, and the first names and last name, occupation and domicile of father and mother, as reflected in the statements of fact in the birth certificate and the details contained in the margin.

Article 7 of the Charter: Freedom of expression

Freedom of expression is to a large extent reflected in the general principles from the point **(d)** titled "respect for the views of children."

However, the difficulty of child/parent dialogue is one of the manifestations of the non-consideration of the views of the child by the parents on the one hand, and the challenge to parental authority by the child, on the other. Consequently, child/parents relations become increasingly difficult to the extent that the two worlds collide. It is at this stage that, in most cases, lack of dialogue sets in, unfortunately leading at times to tragedies such as banditry, alcoholism, drug abuse, etc.

Article 9 of the Charter: Freedom of thought, conscience and religion

As regards all these freedoms, we can say that in law and in practice, a child (minor) can express him/herself only in relation to his/her parents. It is they who supervise and control everything the child does or writes. They direct, and somehow protect and supervise the child.

Guinean law does not expressly pronounce on these freedoms, since, as we said earlier, a child does not have all sense of discernment.

The Youth Ministry for its part has established in youth centres as well as reception, counselling and orientation centres for young people. These centres develop activities aimed at educating young people about their environment, especially with regard to STDs/AIDS.

The Ministry of National Education has also initiated children's governments in elementary schools through its National Directorate for Civic Education in partnership with UNICEF.

The main aim of the said children's governments is to initiate young pupils into the exercise of responsibility and good governance and for the children to actively participate in school management on rotational basis.

In most cities of the country, other forms of youth associations are sprouting on the basis of affinities focusing on mutual assistance in the social, cultural and, at times, economic spheres (marriage, baptism, death and other merry-making ceremonies, works) .

Article 8 of the Charter: Freedom of association and peaceful assembly

In Guinea, the idea of creating a Children's Parliament dates back to 1996 following the participation of Guinean children in sessions of the Parliament by children from

Mali and Norway. The basic documents have since been prepared, namely: the statutes and rules of procedure. A core group of 50 children was then selected based on well-defined criteria and trained in parliamentary function in the spirit of the Convention on the Rights of the Child.

Since then, the children have each year come together in June to celebrate the Month of the Child with their peers and to develop activities relevant to the theme of the year.

It is recalled that June of each year is devoted to children in Guinea. For 30 days, advocacy and social mobilization activities are developed in all localities for children and by children so as to more effectively take them on board in the country's economic and social development policies.

In 2001, the core unit of the Children's Parliament was strengthened by the arrival of other children. Thus, in June 2011, Day of the African Child, the Children's Parliament of Guinea was officially established.

In 2005, the number of junior MPs rose to 114 children elected by direct universal suffrage in the 33 prefectures and five municipalities of the city of Conakry. This number is exactly the same as that of the MPs in the Guinean National Assembly. Each of the 33 prefectures and five municipalities of Conakry have three junior MPs most of whom are female.

The Executive Bureau of the Junior Parliament is composed of 15 members, 9 of whom are girls.

The last session of the Children's Parliament was held this year in Kindia from 3 to 7 August 2011. The session was devoted to reviewing the implementation of the National Action Plan and the Regional Action Plans 2010, development of the Action Plan of the Children's Parliament for the period 2011/2012, building the capacities of junior Deputies on knowledge of the Guinean Constitution and the three segments of government, knowledge of the Economic and Social Council, advocacy techniques, operation of the community training centres and a series of technical and financial partners' communication on the actions undertaken in respect of children.

It is also noteworthy that youth associations have been established for several years in all parts of the country. Their role is generally to develop their communities socially and economically.

Article 10 of the Charter: Protection of privacy

Article 12, paragraph 3 of the Basic Law states that **everyone has the right to protect his/her privacy.**

In Guinea, the private life of the child is protected by his/her parents until the age of puberty. Before this period, the child is always entrusted to one of his/her parents; either his/her father and mother or, most commonly, the aunties. It is mostly on the side of the girl that the problem most often arises. From the age of twelve to thirteen, when she begins to see her first menstruation, the girl comes under pressure from all quarters.

She is controlled by certain members of the family in her daily life. The argument is often to avoid the girl getting pregnant. This pressure leads some parents into precipitating the marriage of their offspring at an early age.

Article 16 of the Charter: Protection against abuse and torture

In the field of protection of children against abuse and mistreatment, the Guinean legislative framework provides a solid foundation against abuse and all forms of exploitation. Indeed, the Guinean Constitution, the Penal Code and the Criminal Procedure Code contain very pertinent legal provisions on this issue, but these provisions are not always respected. The proportion of children engaged in labour continues to be high; most of them employed as domestic servants.

Guinea has ratified the Optional Protocol on sale of children, child prostitution and child pornography. As part of the fight against child trafficking, several concrete measures and actions have been undertaken, among which are the creation of a national committee for combating trafficking in persons, especially women and children .

CHAPTER VI: FAMILY ENVIRONMENT AND FOSTER PARENTAGE

Article 20 of the Charter

a) Parental guidance

In Guinea, the child remains in the family which is the basic unit of society or in the community. Outside the family home, the child usually receives the sustained attention of all adults including the extended family. In the event of disagreement between the child and his/her parents, the child is always entrusted to an adult who provides advice and leads him/her back to the family home. All community members are also involved in the education of children.

b) Parental responsibility

A child of any age must honour and respect his/her father and mother and other relatives, as well as the uncles, aunties and senior or enfranchised brothers and sisters. He/she remains under their authority until adulthood or enfranchisement.

Parental authority comprises a broad spectrum of rights that the law confers on the father and mother to be exercised on the person and property of their minors or enfranchised children. The law however prohibits parents and their substitutes from all forms of exploitation of children.

During marriage, parental authority is exercised jointly by father and mother, save judicial decision to the contrary.

Where there is conflict over the exercise of parental authority, the civil tribunal makes a ruling thereon taking into account solely the interests of the child. He/she falls under the custody of the most conscientious spouse.

With respect to *bona fide* third parties, each spouse is supposed to act with the consent of the other and in the sole interest of the child when only an ordinary act of parental authority is involved.

Where the mother and father are divorced or legally separated, parental authority is exercised by whichever parent to whom the judge awarded custody of the child, save the right of visitation and monitoring of the other and the right to consent to marriage, adoption and enfranchisement of the minor child.

Where guardianship has been entrusted to a third party, the other attributes of parental authority shall continue to be exercised by the father and mother. However, the third party vested with guardianship of the child performs the usual duties of supervision and upbringing according to the Guinea Children's Code.

The causes of temporary and/or permanent separation of 0-18 year old children may be summarized as follows:

- Parental divorce;
- Explosion of the social fabric;
- Temporary or permanent loss of parents;
- Social and armed conflict;
- Disease induced death (HIV/AIDS).

The gains of separated children include:

- evaluation of the living conditions of separated children in reception centres (homes and orphanages);
- implementation of a family planning (FP) and "counselling" programme for adolescents with STI/STD awareness-raising in emergency situations;
- establishment of personal audience centres for street children by NGOs;
- Search for and family reunification of separated refugee children by the International Rescue Committee (IRC), the International Committee of the Red Cross (ICRC) and several national NGOs;

- establishment of an inter-agency protection group for response to emergencies.

Constraints:

Inadequate human and financial resources for the support and protection institutions, thus exacerbating the already very precarious situation of separated children;

The virtual absence of statistical data on this category of children;

Inadequate support structures for these children.

Major judicial, legislative and administrative measures

The Children's Code prescribes in its Articles 439, 430, 431, 432, 433, 434 to 439 a range of measures for protection of children in armed conflicts, as well as displaced, refugee and separated children.

There also exist several institutional mechanisms such as:

1. Actions Coordinating Committee for Children in need of Special Protection Measures (CCSPM);
2. The Child Protection Division;
3. Reception and transit centres;
4. Care providers;
5. National Coalition of NGOs on the Rights of the Child and on combating trafficking in persons.

There is a category of children whose family tracing did not succeed after several years of trying. The response to such situations should be in the best interests of the child.

A unit to devise sustainable solution was set up with respect to children whose family reunification has not been possible. Solutions have been proposed among which one can mention:

- Placement in foster family for the most vulnerable children;
- Establishment of income-generating activities for the children to promote self-reliance;
- Children who remain in foster families to be given legal status for definitive integration;
- Adoption executed according to the standards represents a solution to the problem of some of the children.

Article 19, paragraphs 2 and 3, and 25 of the Charter

c) Separation

In Guinea, the child is considered the property of the extended family or indeed of the community. As such, it is not uncommon to see children deprived of their family life for several reasons:

- placement of children by their parents in uncles', aunties' or cousins' homes so as to receive good education. Most often however, this hope is dashed and the child finds him/herself in a situation of distress;
- placement of children with *marabouts* so as to see them belong to Quranic knowledge elite. Such children are often subjected to hard labour, and kept outside any form of protection. Their lives are thus endangered as they do not receive any medical and nutritional care.

Over 80% of separated children are those displaced as a result of socio-political unrest, parental divorce, HIV/AIDS and rural exodus.

Structures such as *Sabou Guinée*, *Terre des Hommes*, the *OPROGEM*, the *DNEPPE* have for many years been very active in the search for and family reunification of separated children.

To this end, a Children's Code is in place and is perfectly consistent with the fundamental principles of the CRC and the ACRWC that Guinea has ratified. This legal document is tangible proof of our country's commitment vis-à-vis international opinion.

Regarding administrative measures, we have witnessed the establishment of Children's Governments in elementary schools as a way to ensure effective application of the principles of the Children's Charter.

In the same vein, an outreach programme of the CRC will be installed in all public and private schools through Guinea Children's Government and the Children's Parliament (Programme).

As far as constraints are concerned, the challenges most often reside in the implementation of Government action plans for children in schools and parents' poor involvement in the operation of the said Children's Government in ensuring effective application of the principles set forth in the African Charter on the Rights and Welfare of the Child.

Programme

Still in keeping with the fundamental principles of the Children's Charter and the Children's Code, Guinea has taken several measures for protection of children, establishing reception centres and orphanages to ensure the effective development of this vulnerable segment of the society. Reception centres or orphanages such as: *REGINA centres, CASOG, FODES , ORPHELINAT DE SONFONYA, SOS Children's Villages* and several other bodies, have within their structures child orphans and other vulnerable children (OVCs), abandoned children; in short, children in difficult situation.

Constraints

The absence of norms and standards governing the opening and operation of reception centres.

Over 80% of separated children are those displaced as a result of socio-political unrest, parental divorce, HIV/AIDS and rural exodus.

Structures such as *Sabou Guinée, Terre des Hommes, OPROGEM and DNEPPE* have for many years been very active in the search for and family reunification of separated children.

Article 25.2 (b) of the Charter

d) Family reunification and child deprived of family environment

Currently in place is a chain of child protection entities comprising several structures such as UNICEF, OPROGEM, Child Protection NGOs and the Ministry in charge of child protection, working to find solutions to the various protection challenges, especially the search for and family reunification of children.

Such was the case of a 13 year old girl who was a victim of early and forced marriage, sent to Gabon since 2009. Having escaped, she was received in by a family and referred to AGONDJE children's center in Libreville, Gabonese Republic. This girl received comprehensive care at the center in terms of housing, food, clothing, health and psychological care, education, etc). The center contacted the Embassy of Guinea in Gabon and UNICEF - Gabon, which in turn contacted UNICEF – Guinea which also informed the State Ministry of Social Affairs, Women and Children Development (MEASPFE) through the National Directorate of Preschool Education and Child Protection (DNEPPE). After several exchanges between the AGONDJE center, UNICEF - Gabon, UNICEF - Guinea and DNEPPE, the decision was taken to repatriate the child. Upon that decision, a chain of protection structures consisting of DNEPPE, OPROGEM and Sabou Guinea took all the steps required for the reception and placement in an institution and family home pending reunification of the child with her biological family. All these steps were undertaken between November 2011 and January 2012.

Over 80% of separated children are refugee children displaced as a result of the conflict that broke out in the sub-region especially in Liberia and Sierra Leone, and the rebel attacks of which Guinea was victim in 2000.

NGOs such as IRC and ICRC have for many years been very active in searching for and family reunification of separated children.

So far, a committee to find sustainable solution composed of several structures including NGOs, UNICEF, UNHCR, IRC, ICRC and the Ministry in charge of child protection are working to find solution for local integration of the children whose families' search has been unsuccessful.

As at 2004, the status of unaccompanied children monitored by ICRC by country of residence and nationality was as follows:

Country of habitual residence (CHR)

Nationality	Côte d'Ivoire	Ghana	Guinea	Liberia	Nigeria	Sierra Léone	Total
Ivorian	2	0	25	32	0	0	59
Guinean	1	0	31	22	0	3	57
Liberian	109	43	462	201	3	383	1 201
Leonean	0	5	212	18	0	25	260
Total	112	48	732	277	3	411	1 583

Unaccompanied children are those separated from both parents, and also from other persons to whom custody of the child has been entrusted.

Status of separated children monitored by the International Rescue Committee (IRC), with family search underway:

Zone	Cases being currently addressed			Guineans	Sierra Leoneans	Liberians	Ivoriens	Total
	F	M	Total					
Conakry	57	141	198	22	90	83	3	198
Kissidougou	224	338	562	4	56	502	0	562
Forécariah	52	67	119	5	113	1	0	119
Kindia	70	58	128	0	126	2	0	128
N'Zérékoré	256	392	648	6	8	478	156	648
Total	659	996	1,655	37	393	1,066	159	1,655

74 % of these children were recorded less than two years ago, 26% over two years. The majority of these children live outside refugee camps, 82% in foster families.

Article 18.3 of the Charter

e) Maintenance of the Child

In the Republic of Guinea, there is compliance with the Children's Code Article 2 of which states: Every child has the right to enjoy the rights recognized by this Code without distinction as to race, ethnic group, colour, gender, language, religion, political or other persuasion, national and social origin, fortune, health status, birth or other status, and without the same distinction for his/her parents or legal guardian.

The best interests of the child should be a primordial consideration in all actions taken with respect to the child by public or private institutions, the tribunals or administrative authorities.

As part of the implementation of this Article, DNEPPE in January 2012 had to deal with the case of a natural child living with her paternal grandmother. Following an altercation between the child and his father, the latter wanted to return the child to his mother and refused to pay the child's tuition. So, the father was summoned to our premises, and the basic rights of the child as enshrined in the Children's Code were explained to him. As a result, the father agreed to reinstate the child in all of his rights.

Article 24 of the Charter

Adoption and Periodic Evaluation of Child Placement

Since the ratification by Guinea in 2001, of the Hague Convention on protection of children and cooperation in respect of inter-country adoption, the Guinean law maker has focused attention on how best to more effectively deepen the rules and conditions of adoption both at national and international levels. Thus, the Children's Code in Chapter IV describes in great length the issue of adoption in Guinea.

Full Adoption

Conditions required for full adoption under the Children's Code

Article 91: Adoption may be requested after five years of marriage by two spouses who are not legally separated.

Adoption may also be requested by any person over the age of thirty.

Where the person wishing to adopt is married and not legally separated, the consent of his/her spouse is required unless the latter is unable to express his/her will.

Article 92: The age requirement specified in the preceding Article is not required in case of joint adoption of the child.

Article 93: Persons wishing to adopt must be fifteen years older than the child they intend to adopt.

Where the children in question are those of their spouse, the required age difference shall be only ten years.

However, the court may, where there is good cause, rule in favour of adoption when the age difference is less than that prescribed in the preceding paragraph.

Article 94: The adoption is permitted only for children under the age of 15, hosted in the home of the person(s) wishing to adopt for at least six months.

However, where the child is over 13 years old and has been hosted before attaining that age by persons who did not meet the legal requirements to adopt or where the child has been the subject of simple adoption before reaching that age, full adoption may be requested within the entire period of the child's minor years where the relevant conditions have been fulfilled.

Where the adoptee is over 13, he/she must personally consent to his/her full adoption.

Article 95: No one shall be adopted by several people except by both spouses.

However, fresh adoption may be pronounced either after the death of the person adopting or the two persons adopting, or even after the death of any of the two persons adopting, where an application is made in this regard by the new spouse of the surviving spouse.

Article 96: May be adopted:

- Children whose adoption the mothers and fathers or the family council have validly consented to;
- Children under the care of the State;
- Children declared abandoned under the conditions laid down in Article 105 of the Children's Code.

Article 97: Where the child's parentage is established with regard to his/her father and mother, they shall individually consent to the adoption.

Where one of them is dead or unable to express his/her wish, or has lost his/her parental authority rights, the consent of the other shall suffice.

Article 98: Where the child's parentage is established only with respect to one of the parents, the latter shall consent to the adoption.

Article 99: Where the child's father and mother have died or are unable to express their wish or have lost their parental authority rights, the consent shall be given by the family council on the advice of the person actually taking care of the child.

The same shall be the case where parentage has not been established.

Article 100: Consent to adoption is given by a deed made before the judge of the tribunal of the domicile or residence of the person giving consent, or before a Guinean or foreign notary, or before Guinean diplomatic or consular agents. Such deed may also be received by the service responsible for the child when the child was handed over to it.

Consent to adoption may be revoked within three months following the date of adoption.

The revocation must be made by registered mail with request for receipt acknowledgement addressed to the person or service which received the adoption consent.

The return of the child to his/her parents, even on legitimate request, is equally a valid proof of revocation of consent.

Where at the expiration of the three months, the consent has not been revoked, the parents may still request restitution of the child provided the child has not been placed for the purpose of adoption.

Where the person who has collected the child refuses to hand him/her over, the parents may file an application before the court which shall, taking into account the interests of the child, determine whether there is cause to order a restitution of the child. Restitution invalidates consent to adoption.

Article 101: A father and mother or the family council may consent to the adoption of the child by leaving the choice of the person to adopt to the service responsible for children or to a licensed adoption service which would have provisionally collected the child.

Where the father and mother or the family council consent to the adoption of the child by handing him/her to the service responsible for children or organization licensed for adoption, the choice of the person adopting wards of the State shall be left to the adoptive guardian with the consent of the family council, or to the family council in case of the guardianship organized at the initiative of the organization licensed for adoption.

Article 102: Save in cases where there is a relation of parentage or of marriage up to the sixth degree inclusive between the person adopting and the adoptee, the consent to the adoption of children less than two years of age shall not be valid unless the child was actually handed over to the service in charge of children.

Article 103: The court may grant the adoption where it considers abusive the refusal to consent opposed by the legitimate and natural parents or by only one of them, where they are disinterested in the child at the risk of compromising the health thereof or morality.

The same shall be case where there has been abusive refusal to consent on the part of the family council.

Article 104: As regards the wards of the State whose parents did not consent to the adoption, consent shall be given by the family council of such wards.

Article 105: The child collected by an individual, a private project or the service responsible for children, whose parents are clearly disinterested during the year preceding the introduction of the request for declaration of abandonment may be declared abandoned by the tribunal.

Parents who have not maintained with their child such relationships as are necessary to maintain emotional ties shall be considered manifestly disinterested in the child.

Simple withdrawal of consent to adoption, the demand for news or intention expressed but not acted upon to reclaim the child is not a sufficient mark of interest to legitimately justify the rejection of an application for declaration of abandonment.

Abandonment shall not be declared where, during the timeframe specified in the first paragraph of this Article, a family member asks to provide care for the child and such request is considered to be in the interest of the child.

While declaring the child abandoned, the tribunal shall delegate by the same decision, the rights of parental authority over the child to the service responsible for children and the facility or individual who is guardian of the child.

The objection by a third party is admissible only in cases of wilful misconduct, fraud or error as to the identity of the child.

Placement for the purpose of full adoption and full adoption judgment

Article 106: Placement for adoption is effected by the actual handover to prospective adopters, of a child in respect of whom there has been valid and definitive consent

for adoption, of a ward of the State or of a child declared abandoned by judicial decision.

Where parentage has not been established for a period of three months from the date of collection of the child, there cannot be a placement for the purpose of adoption.

Placement cannot occur when the parents have requested the return of the child as long as no ruling has been made on the merits of the application at the request of the concerned party.

Article 107: Placement for adoption impedes any return of the child to his/her family of origin. It impairs any statement and any recognition.

If the placement for adoption ceases or where the tribunal has refused to grant the adoption, the effects of this placement shall be determined retroactively.

Article 108: The adoption is granted at the request of the person wishing to adopt by the tribunal which determines whether the conditions prescribed by law have been met and whether the adoption is in the best interest of the child.

Article 109: In case of adoption by relations, the tribunal also verifies whether the adoption is likely to jeopardize family life.

Where the person wishing to adopt dies after legitimately collecting the child for adoption, the application may be presented in his/her name by the surviving spouse or an heir of the adopting person.

Where the child dies after being legitimately collected for adoption, the application can still be filed. The ruling shall take effect on the day preceding the death and shall reflect modification only as regards the child's civil status. Judgment granting adoption shall not be justified.

Article 110: Opposition by a third party against the adoption judgment shall not be admissible save in cases of wilful misrepresentation or fraud attributable to the person(s) adopting.

Article 111: Within fifteen days from the date on which it acquires the force of *res judicata*, a judgment declaring full adoption shall be transcribed into the civil registers of the birth place of the adoptee at the request the Public Prosecutor.

The transcript shall contain the date, time and place of birth and gender of the child as well as his/her first name, as reflected in the adoption judgment; as well as the family and given names, date and place of birth, occupation and domicile of the person(s) adopting. It shall not contain any indication of the child's actual parentage.

The original birth certificate and, if applicable, the birth certificate prepared pursuant to the provisions of the Civil Code shall, at the behest of the Public Prosecutor, be stamped with the word "adoption" and considered null and void.

Paragraph 3: Effects of full adoption

Article 112: Adoption takes effect from the date of deposition of the application for adoption.

Article 113: Adoption gives the child a parentage which replaces his/her original parentage: the adopted child ceases to belong to his/her family by blood, subject to the prohibitions to marriage set forth under the Civil Code.

Article 114: However, adoption of the child of the spouse permits the retention of the child's original parentage with respect to the said spouse and his/her family. Moreover, it produces the effects of adoption, conferring on the child the name of the person adopting and, in case of adoption by both spouses, the name of the husband.

The tribunal may change the surname of the child at the request of the adoptive parent(s).

Where the person adopting is a married woman, the court may, in the adoption judgment, decide with the consent of her husband, that her name be given to the adopted child; where the husband has died or is unable to express his will, the tribunal shall on its own make a determination after consultation with the heirs of the husband or his closest successors.

Article 116: The adoptee enjoys in the family of the adopter the same rights and the same obligations as a legitimate child.

Article 117: Full adoption is irrevocable.

Simple Adoption

Paragraph 1: Requisite Conditions and Judgment

Article 118: The simple adoption is permitted regardless of the age of the adopted child. If the adoptee is above 13 years of age, he/she must personally consent to the adoption.

Article 119: The provisions of Articles 92 to 93, 105, 108, 110 and 112 are applicable to simple adoption.

Article 120: Within fifteen days of the date on which it acquires the force of *res judicata*, a judgment declaring the simple adoption shall be mentioned or entered in the civil register at the request of the Public Prosecutor.

Paragraph 2: Effects of simple adoption

Article 121: Simple adoption confers the name of the person adopting to the adopted by adding it to the name of the latter. However, the tribunal may decide that the adoptee shall bear the name of the person adopting.

Article 122: The adopted remains in his family of origin, and retains all his/her hereditary rights.

Prohibitions to marriage under the provisions of the Civil Code shall apply between the adoptee and his family of origin.

Article 123: The person adopting shall be the only one invested, in respect of the adopted, with all the rights of parental authority including the right to consent to the marriage of the adoptee, unless the person adopting is the spouse of the father or the mother of the adoptee, in which case, the person adopting shall have parental authority in conjunction with his/her spouse, but the latter retains exercise thereof.

The rights of parental authority shall be exercised by the person (s) adopting under the same conditions as in respect of a legitimate child.

The rules of legal administration and guardianship in respect of a legitimate child apply to an adopted child.

Article 124: The family ties resulting from the adoption extend to the legitimate child of the adoptee.

Marriage is prohibited between:

- The person adopting, the adoptee and his/her descendants;
- The adoptee and the spouse of the person adopting; and reciprocally between the person adopting and the adoptee's spouse;
- Adopted children of the same individual;
- The adopted and the children of the person adopting.

Article 125: The person adopted shall feed the person adopting if in need and, conversely, the person adopting shall feed the adoptee.

The obligation to provide food continues to exist between the adopted child and his/her mother and father. However, the parents of the adoptee are not required to

provide him/her with food except he/she is unable to obtain the food from the person adopting.

Article 126: The adoptee and his/her legitimate descendants shall have, in the family of the person adopting, the same inheritance rights as a legitimate child but does not acquire the status of rightful heir vis-à-vis the ascendants of the person adopting.

Article 127: Where the adopted dies without descendants, the property given by the person adopting or collected in his/her succession reverts to the person adopting or his/her descendants who shall be under the obligation to contribute to the debts and subject to the rights acquired by third parties, where such property exists physically or in kind at the time of the death of the adopted. The property that the said adoptee had received free of charge from his/her father and mother reverts concurrently to them or their descendants.

The surplus assets of the adopted person shall be divided equally between the family of origin and the family of the person adopting, without prejudice to the rights of the spouse over the entire estate.

Article 128: The adoption retains all its effects, notwithstanding a subsequent establishment of parentage.

Article 129: Where it is justified for serious reasons, the adoption may be revoked at the request of the adoptive parent or the adopted. The revocation request made by the adoptive parent shall be admissible only where the adoptee is above 13 years of age.

Where the adoptee is a minor, the blood father and mother or, failing that, a member of the family of origin including the first cousins and the Government Ministry may also request the revocation.

Article 130: The judgment revoking the adoption must be motivated.

Its provisions shall be mentioned on the side-lines of the birth certificate or transcript of the adoption judgment, in accordance with Article 120 of this Code.

Article 131: The revocation has the effect of putting an end to all subsequent effects of adoption.

International Adoption

Conditions governing international adoption

Article 132 of the Children's Code: International adoption can take place only if the competent authorities of the sending State have determined that:

The child is adoptable;
The adoption is in the best interests of the child;
The persons, institutions and authorities whose consent is required for adoption, have been counselled as necessary and duly informed of the consequences of their consent, in particular on the maintenance or termination of the legal relationship between the child and his/her family of origin;
They have given their consent freely in the required legal form, and consent has been given or evidenced in writing;
The consents have not been induced by payment or compensation of any kind;
The consent of the mother, where required, was given only after the birth of the child;
The child has been counselled and duly informed of the consequences of the adoption and his/her consent to adoption;
The wishes and views of the child have been taken into consideration;
The child's consent to adoption, where required, has been given freely, in the required legal form, and the consent was given or recorded in writing and such consent has not been induced by payment or compensation of any kind.

Article 133: International adoption can take place only if the competent authorities of the host state have determined that the prospective adoptive parents are eligible and suited to adopt, have ensured that the prospective adoptive parents have been counselled as necessary and found that the child is or will be authorized to enter and reside permanently in that State.

Paragraph 2: The competent authorities

Article 134: Competent authorities means: the Ministry of Justice, the Ministry for Children's Affairs, the Ministry of Foreign Affairs and the Ministry of Security.

Article 135: The competent authorities seized shall take all appropriate measures to prevent improper material gain in connection with international adoption.

They shall in particular:

Collect, preserve and exchange information about the child's situation and that of the prospective adoptive parents;
Facilitate, follow and expedite the legal proceedings for adoption strictly in best interests of the child;
Answer, as provided by Guinean law, to justified requests for information about a specific situation of international adoption made by other competent authorities.

Article 136: Only the structures or organizations that demonstrate their ability to properly discharge the tasks that may be assigned to them may be licensed and retain such licence.

Article 137: A structure or organization licensed shall:

Undertake only non-profit activities under the conditions and limits set by the adoption law on adoption;

Be led and managed by persons qualified by virtue of their ethical standards and their training or experience to work in the field of inter-country adoption;

Be subject to the oversight of the competent adoption authorities. A structure or organization accredited in the Republic of Guinea may operate in another State only if the competent authorities of both States so authorize.

Paragraph 3: International Adoption Procedures

Article 138: Persons usually resident in the Republic of Guinea wishing to adopt a child whose usual residence is located in another State, shall apply to the Central Authority of that State.

Article 139: Where the competent Guinean authorities determine that the applicants are suited to adopt, they shall prepare a report containing information about their identity, legal status and capacity to adopt, their personal, family and medical history, social environment, reasons for adoption and ability to undertake inter-country adoption, as well as on the children for whom they would be required to provide care and support.

They shall transmit the report to the central authority of the State of origin.

Article 140: Where the central authorities of the State of origin determines that the child is adoptable, they shall:

Prepare a report containing information on the child's identity, his/her adoptability, social background, personal and family history, medical history and that of his/her family, as well as on special needs;

Take due account of the child's conditions of education and his/her ethnic, religious and cultural background;

Ensure that the consents prescribed in Article 132 have been obtained;

Determine whether the envisaged placement is in the best interests of the child based on the reports on the child and on the prospective adoptive parents;

Transmit to the Guinean authorities their report on the child, proof of the requisite consents and reasons for the determination on the placement, taking care not to reveal the identity of the mother and the father where such identity may not be disclosed in the State of origin.

Article 141: Any decision to entrust a child to prospective adoptive parents may only be taken in the State of origin:

Where the competent authorities of that State have been assured of the agreement of the prospective adoptive parents;

Where the competent Guinean authorities have approved such a decision, where the law of that State or the competent authority of the State of origin so require;

Where the competent authorities of both States have agreed that the adoption procedure should continue;

Where it has been determined, in accordance with Article 133, that the prospective adoptive parents are eligible and suited to adopt and that the child is or will be authorized to enter and reside permanently in the Republic of Guinea.

Article 142: The competent authorities of both States shall take all the necessary measures to ensure that the child receives permission to leave the State of origin, as well as for entry into and permanent residence in the Republic of Guinea.

Article 143: Travel by the child to the receiving State may take place only where the following conditions have been met:

The authorities of both States ensure that the travel takes place in conditions of safety, in appropriate circumstances and, if possible, in the company of the adoptive parents or prospective adoptive parents;

Where the travel does not take place, the reports referred to in Articles 139 and 140 shall be returned to the forwarding authority.

Article 144: The competent authorities shall keep each other informed about the adoption procedure and the steps taken to bring the said procedure to successful conclusion as well as about the progress of the trial period, where this is required.

Article 145: Where the adoption is to take place after the child's placement in the Republic of Guinea and the competent authorities determine that keeping the child in a foster family is no longer in his/her best interest, they shall take the measures necessary to protect the child and in particular:

- Withdraw the child from the prospective adoptive parents and provide temporary care;
- In consultation with the competent authority of the State of origin, arrange without delay a new placement for the child for adoption or, failing that, provide alternative sustainable care and support. Adoption can take place only where the competent authority of the State of origin has been duly informed about the new prospective adoptive parents;

- Ensure the return of the child where his/her best interests so require;
- Taking into account the age and maturity of the child; and he/she shall be consulted and, if applicable, his/her consent obtained on the measures to be taken under this Article.

Recognition and effects of international adoption

Article 146: Recognition of an adoption may be refused only where the adoption is manifestly at variance with the provisions of the Children's Code and public order.

Article 147: Recognition of an adoption shall include:

- The relationship between the child and the adoptive parents;
- The parental responsibility of the adoptive parents for the child;
- The breakdown of pre-existing relationship between the child and his/her father and mother; and the prescription that;
- The child should enjoy in the Republic of Guinea the same rights as those resulting from regular adoption in other countries, subject to reciprocity.

It is from the 90's that Guinea witnessed the dawn of childcare facilities such as:

- SOS Children's Villages
- NGO-operated reception centres
- Traditional orphanages
- Transit centres
- Foster families and
- Detention homes.

Each year, child protection services develop a programme of visit to evaluate the living conditions of children placed in institutions. To this end, scorecards are developed and used by social workers for placement review.

Placement review reports generally reflect training requirements for supervisors in nutritional and medical support as well as the acceleration of procedures for the trial or release of those in conflict with the law.

Several NGOs are quite active in this area and provide support in terms of health care, education, clothing, psycho-social care, etc. The State also periodically provides staple food to these centres.

Constraints:

- Profit-oriented nature of certain orphanages and reception centres;
- Inappropriate premises;

- Lack of training of supervisors of reception facilities;
- Difficult access to basic social services for the residents.

Prospects:

- Establishment by ministerial edict of a national commission on international adoption in Guinea, comprising the competent authorities, namely: the Ministry of Children's Affairs, the Ministry of Justice, the Ministry of Security and Civil Protection and the Ministry of Foreign Affairs and Guineans Abroad;
- Development of norms and standards for establishment and operation of reception institutions in the Republic of Guinea;
- Inclusion of a budget line in the State budget for centres that meet the standards.

Situation of children in terms of abandonment, placement and domestic and international adoption (DNEPPE)

Cases of Abandonment					
No.	Girls	Boys	Place	Total	Year
1	08	04	Conakry	12	2010
2	09	02	Conakry	12	2011
Children placed in reception institutions					
1	12	04	Conakry	16	2010
2	11	08	Conakry	19	2011
Domestic Adoption					
1	08	5	Conakry	13	2010
2	06	2	Conakry	8	2011
International Adoption					
1	4	3	Conakry	7	2010
2	4	8	Conakry	8	2011

Articles 16 and 27 of the Charter

- g) Abuse, neglect and exploitation of children, and the physical and psychological rehabilitation and social integration of children**

The Children's Code in its **403** et seq. states as follows:

Any person found guilty of physical and psychological abuse, or wilful deprivation of care or food in whatsoever manner inflicted on children within the family, educational, institutional or other environment, shall be liable to imprisonment of one to two years and a fine of 100,000 to 250,000 Guinean Francs or either of the two penalties.

The aforementioned punishments shall be aggravated as per Articles 405 to 410 of the Children's Code in matters of genital mutilation of young girls and depending on the bonds between the victim and the author of the offence.

The procedures shall be accessible to children and to persons acting on their behalf, and legal assistance may be obtained on request.

In addition, awareness-raising campaigns on the phenomenon of violence are organized by the services responsible for children, NGOs, international organizations and other partners in the field.

The NGO *Plan Guinée* has since 2010 been implementing a vast project to combat violence against children in schools. This project aims to protect children from violence not only amongst children, but also by trainers against children.

The central theme of the regular session of the Children's Parliament of Guinea (CPG) 2011, focused on the fight against violence in schools and featured prominently in its Annual Action Plan 2011 and 2012.

Child victims of abuse and violence receive support through the mechanisms for cooperation and coordination among the key child protection players.

The community-based child protection facility that brings together a wide range of stakeholders from the communities up to the central level through support services, refer child victims for comprehensive care and denounce the perpetrators.

In Labé, a consultative committee was set up consisting of Government institutions and NGOs in charge of child protection in the region.

In Conakry and N'zérékoré, *SABOU Guinée* is involved in several mechanisms for consultation, cooperation and referral of cases of children in difficult situation: 230 Guinean and foreign children have benefited from the referral mechanisms and received support.

At sub-regional level, *SABOU Guinée* collaborates with the protection agencies of countries such as Senegal, Mali, Côte d'Ivoire, Guinea Bissau, Benin, Burkina Faso and Niger.

Reintegration and rehabilitation of child violence victims are undertaken by NGOs, as well as State health and social structures. This comprehensive care is provided through health care, nutritional, educational and psycho-social support.

As for early marriage, this is prohibited by law because the legal age of marriage is 18 years for girls and also 18 years for boys under the new Civil Code reiterated by

the Children's Code. As for honour killing, this offense is not taken into account by Guinean law.

The outcome of lawsuits against children and adolescents found guilty of acts of violence depends on the severity of the offense, the age of the victim and any other circumstances that may have occasioned commission of the criminal act.

CHAPTER VII: BASIC HEALTH AND WELFARE

As far as health is concerned, Guinea is characterized by high infant and maternal mortality rates (respectively 163‰ and 980 per 100,000 live births) according to the results of the 2005 HDS. The main diseases responsible for deaths in the target populations, such as children under five years and pregnant women, are malaria, HIV/AIDS and acute respiratory infections (ARI).

The HDS showed the poor rate of adherence on the part of the players to the measures for prevention of the major diseases such as malaria and HIV/AIDS, while malaria curative measures came up against the problem of resistance to the most common anti-malaria drugs and the high cost of new drugs, and for HIV/AIDS, the non-availability of virucides at the present stage of knowledge.

At the national level, programmes, policies and specific interventions have been put in place to address the challenges posed by these major health problems of the population. The authorities have, through various decisions, ensured the establishment of an enabling environment for achievement of set objectives which include:

- Health Policy Declaration of Guinea;
- National Primary Health Care Programme;
- Decentralization and Devolution Policy;
- National Reproductive Health Programme;
- National Health Development Plan 2002;
- National Environmental Protection and Development Code.

However, most health and population development indicators have remained stagnant or been on the rise, for some such as infant mortality, maternal mortality, malaria prevalence, cholera, synthetic fertility index, etc.

Every child has the right to benefit from the facilities that ensure his/her well-being and development, thus becoming an active and responsible member of the society. When the adult world, through Governments, adopts the measures required ensuring respect for such rights, this is not an act of good will or charity, but rather an act that honours obligations freely accepted.

Crucial programmes will be implemented before 2015 through the poverty reduction strategy. It is therefore our hope that Guinea will achieve most of the Millennium Development Goals.

Article 5 of the Charter: a) Children's Survival and Development

1. Reproductive Health

According to the CSP-CPO April 2011 report, the percentage of women of childbearing age who do not wish to have children and using modern methods of contraception was evaluated to 7.5% at the end of the programme. In 2005, this figure was around 7%. Prevalence of family planning therefore remains very low, relatively far from the 20% target sought by the health programme.

Prenatal Care and Childbirth

For most (82%) of the births occurring in the last 5 years, mothers undertook prenatal visits to trained staff and 66% of them were protected against neonatal tetanus with at least two doses of tetanus vaccine. About one birth in three (31%) took place in a health facility as against 69% in the home.

Furthermore, only 38% of births received assistance from health personnel at the time of delivery. Women from the poorest households (15%) are those whose birth was the least frequently assisted by trained personnel (GHDS III-2005).

Prenatal care trends

According to the Health Demographic Survey (GHDS) 2005, it was observed that among the said women, more than 8 in 10 (82%) attended prenatal consultation dispensed by trained medical personnel. Such consultations were mainly performed by midwives or nurses (69%) and, to a much lesser proportion, by physicians (13%). In contrast, in more than one in six cases (17%), mothers have not undertaken any medical consultation.

This high proportion of women who received prenatal care during pregnancy does not in the least cover the disparities. Indeed, in rural areas, the proportion stands at only 78% as against 96% in urban areas. Similarly, depending on the level of education, significant gaps are noticeable: 80% of women with no education attended prenatal monitoring as against 98% of those with secondary education or higher. This disparity is also felt in the regions: Conakry recorded the highest proportion (98%) as opposed to Mamou where only 62% of women paid prenatal visit (GHDS III-2005).

It was found that the proportion of women who received prenatal care was clearly related to the level of wealth of the household in which they lived: a minimum of 68%

for women in the poorest households, this proportion rising to 99% for women from the richest households.

Between GHDS-I 1992 and GHDS-III in 2005, the proportion of women who undertook prenatal visit spiralled from 58% to 82%

Article 13 of the Charter: Handicapped Children

According to the general population and housing census of 1996 (GPHC), the country accounts for 23,629 handicapped children aged from 6 to 12; 8,426 children of whom have sensory disabilities (deaf and dumb, blind or mentally retarded).

These children are faced with difficult access to education, re-education, care and leisure. The luckier ones have access to education only through the two schools (both based in Conakry) which can accommodate a population of just 165 children with assorted sensory disabilities.

The Nimba Centre and the Regina Maris Centre admit about 25 physically challenged children for vocational training and academic education.

Children who are visually impaired have at their disposal only one school located in Conakry, the intake of which may not exceed 30 pupils, comprising 23 girls and 07 boys. At the institutional level, an institute for blind children has been under construction in Kankan for several years. The centre is struggling to be completed due to lack of funding. A prosthesis and rehabilitation programme for 60 physically challenged children per year is underway with the support of UNICEF at the national orthopaedic centre in Conakry. The difficulty at this level lies in the removal of the children identified from within the country to Conakry for the purpose of prosthesis measurements and trials.

The problems of children with disabilities arise mainly in terms of socio-economic integration, the pursuit of academic education and difficulty of access to vocational training, employment and rehabilitation.

As a matter of fact, throughout the country, there is no secondary institution specialized or equipped to cater for children with sensory disabilities (mentally retarded, deaf, dumb and blind). Unable to receive qualified training, their chances of accessing the job market or to self-help funds are limited. Rejected by the "normal system", these adolescents lend themselves to begging or, that failing, to idleness.

According to the population and housing census of 1996, the situation was as follows:

For the 10-19 age bracket, 21,950 children are handicapped with 10,164 girls (46.31%) having the following types of disabilities:

Blind (830 children, comprising 391 girls and 439 boys);
Mentally retarded (2,707 children, comprising 1,529 boys and 1,178 girls);
Deaf and dumb (4,045 children, comprising 1,876 girls with 4,932 boys);
Other disabilities (5,204 children including 2,487 girls 2,717 boys).

At the legislative level, the key measures taken in respect of children with disabilities include: the ratification of the Convention on the Rights of Persons with Disabilities and its Optional Protocol, which takes into account children with disabilities, and the ratification of the Convention on the Rights of the Child. From that time on, the law maker does not discriminate between children with disabilities and other children.

From the administrative standpoint, there exists within the Department of Social Affairs , the National Directorate for Social Development and Humanitarian Action tasked with the promotion of people with disabilities, including handicapped children.

In judicial terms, measures are in place to ensure effective access of the handicapped to justice, on the basis of equality with others, including through procedural amendments as well as age-based amendments, so as to facilitate their actual participation as witness in all legal proceedings from the stage of investigation to other preliminary stages.

Projects/programmes implemented:

At the National Directorate for Social Development and Humanitarian Action within the Department of Social Affairs, there exists an inclusive educational project, a component of the education sector programme with responsibility for:

- Training of the trainers of children with disabilities of all categories;
- Walking and hearing technical aid and support;
- Provision of educational materials in reception structures.

Progress achieved in this project:

1. Conduct of a feasibility study on special education in Guinea focusing on the introduction of an inclusive model;
2. Obtaining technical support to the inclusive education component (two complete computer workstations, machines and office supplies);
3. Implementation of two training activities for the trainers of children moderately mentally retarded;
4. The existence of two reception centres for visually and hearing impaired children run by the Government;
5. The existence of three other reception centres under the auspices of local organizations (NGOs);
6. Availability of a core of special educators.

Difficulties encountered:

- the delay in the disbursement of the funds allocated to the project for the conduct of its activities;
- non-registration of the inclusive education component as a priority in the national development budget (NDB);
- lack of funding for the conduct of awareness campaigns at all levels;
- non-application of the various Conventions, Charters and Declarations on the promotion and protection of children with disabilities;
- negligence in decision-making which jeopardizes the full development of children with disabilities;
- weakness of specialized infrastructure;
- lack of parental guidance of children with disabilities, turning handicapped children into a population prone to exploitation and the early work;
- these children are thus condemned to belong to the world of street children;-
- the weakness of social policies and programmes;
- inadequate resources allocated to the sector and parental poverty;
- lack of reliable data on the sector;
- the limited resources available ;
- widespread poverty ;
- lack of specialized agencies;
- poor involvement of the civil society and the lack of donor interest; and the challenges to be addressed.

In terms of cooperation, local organizations deploy enormous effort in support of children with disabilities in appropriate centres with the help of development partners.

Causes of disabilities:

Poliomyelitis remains the leading cause of physical handicap followed by the effects of onchocerciasis; but there is also parental neglect.

Actions taken on the institutional and legal front:

Despite the difficulties, several actions were undertaken mainly through the Ministry of Social Affairs and the Directorate in charge of disabled children. Establishment of an appropriate legal and institutional framework can help address the issue of children with disabilities with the support of and collaboration with other relevant departments, national and/or foreign organizations of persons with disabilities, humanitarian assistance institutions or agencies as well as with African Union institutions and those of the UN system.

Currently, there are a number of specialized institutions such as:

- The School for the Deaf (established in 1964, this school is the only reception centre and training school for hearing impaired children, but is still limited to the primary level);
- The Sogue School for the Blind (created in 1990 by Guinean associations for the Blind is the only institution responsible for the specialized training of blind children);

Cité de solidarité (created by Decree No. 182/pro/78 of 29 March 1978) is a public and humanitarian charity centre the aims of which are to recover, rehabilitate and retrain for integration, disabled persons of Guinean nationality. This centre caters for 340 people);

National Orthopaedic Centre (a public structure tasked with treating, providing prosthesis and rehabilitating physically challenged people including children).

Many national and international NGOs in partnership with *MASPFE/DNPPS* and the United Nations, are currently striving to achieve autonomy for and the reintegration of disabled children.

These include: *FEGUIPAH*, *AGFRIS*, *AGUIPA*, *UNION HANDICAP-GUINEE*, *AGUIPES*, *TERRES DES HOMMES*, *HANDICAP INTERNATIONAL*, *ADRA*, *GCI/GUINEE* and *CENTRE NIMBA* . The projects they support are diverse.

Constraints:

Poverty of communities, the meagre budget allocated to the social sector and the lack of NGO and association resources do not allow for significant and visible improvement in the situation of children with disabilities.

Protection against HIV/AIDS

In Guinea, until recently classified in the group of African countries with relatively low prevalence (1.5%), a number of alarm signals have, in recent years, generated strong mobilization to contain the pandemic . From 1987 to 2001, a total of 9,279 cases of the disease were recorded in Guinea. The distribution by age and gender showed a slight numerical superiority for men (52%) in relation to women (45%); children are minimally affected (3%).

However, the gender ratio trends of annual reported cases from 1987 to 2001 showed a more rapid spread among women, that is, 80 males per 100 females in 1987, as against just 84 males per 100 females in 2001.

HDS III data put the national HIV prevalence rate at 1.5%. Women are more infected with a rate of 1.9 % as against 0.9 % for men, resulting in female/male ratio of 2.1/1.

In response to this situation, the Government, in collaboration with development partners, has continued to deploy considerable effort to curb or at least stabilize the spread of HIV infection. It is in this context that a multi-sector National Committee for combating HIV/AIDS was established in 2002 with focal points in all ministries. In addition, significant financial resources were mobilized in recent years towards HIV/AIDS prevention and care, including the Global Fund of the World Bank.

The major immediate causes of HIV/AIDS include:

- low perception of the risk;
- inadequate management of patients;
- poor governance;
- multiple partnership and prostitution without or poor use of condoms; but rape is no less significant in the spread of disease.

The underlying causes revolve essentially around the lack of support structures (*VCT, CTA*) and personnel trained in the syndromic management of STIs. This is compounded by the inadequate integration of sex education in school and university curricula.

The frequent disruption of supply of antiretroviral drugs at national or local level scores high among the underlying causes. As for the root causes, these are mainly related to illiteracy, cultural mutilations and certain socio-cultural factors which generate stigma and discrimination.

Actions undertaken at legal and institutional level:

Numerous actions were taken in recent years to stop the spread of this disease, such as:

- ✓ Enlightenment and capacity building campaign (family planning, disease prevention measures ...) by agencies of the United Nations system (UNDP, WHO, UNFPA, UNESCO, UNAIDS, UNICEF) , the World Bank, specialized civil society and NGOs (*AIDS Alert, ASFEGMASI, AIME*);
- ✓ Project for Social Marketing of condoms with the support of PSI and USAID;
- ✓ Integration of AIDS prevention in school curricula with the support of the World Bank and UNICEF;
- ✓ Increased number of associations and NGOs
- ✓ Projects designed specifically for young people with the introduction of anti-AIDS clubs and youth personalized audience centres (wards, schools);
- ✓ Introduction of synergy for support to OVCs;
- ✓ Voluntary screening programmes and support to people living with HIV.

Health infrastructure

Health sector infrastructure has recently been witnessing tremendous development. They consist mainly of health institutions, shared between the public and private sectors by type and according to the functionality as shown hereunder.

Table 1: Public Health Structures

Type	Number
Functional health post	473
Health Centre/Improved Health	390
Municipal Medical Centre	9
Prefectural Hospital	26
Regional Hospital	7
National Hospital	2

Source: Health Statistics Yearbook 2008 (*EPI/DNEHS/MOH*)

Private sector structures

The private health sub-sector comprises medical facilities and bio-pharmaceutical structures. In the typology of the medical sub-sector, one finds nursing or midwifery facilities, medical consultancy outfits and clinics. Regarding pharmaceutical and biomedical structures, they are composed of sales outlets, private pharmacies, wholesale companies and biomedical analysis laboratories, as shown hereunder.

It should be recognized, however, that the informal sector is developing rapidly and uncontrollably. Although this sector helps to make health services available, it ignores all applicable tariffs, and above all, the quality of these services. It therefore jeopardizes the viability of the formal structures.

Table 2: Private Structures (all categories)

Type	Number
Medical-surgical clinics	33
Polyclinics	11
Surgeries and outpatient care	228
Dental surgeries	17
Midwifery facilities	16
Biomedical analysis laboratories	06
Medical imaging (X-ray, Echo)	03
Private pharmacies	284
Drugs outlets	39
Medical promotion agency	16
Drugs wholesale and distributor companies	25

Source: Health Statistics Yearbook 2008 (EPI/DNEHS/MOH)

It is needful to condemn, at this level, the illicit sale of pharmaceutical products commonly known as "*pharmacy on the ground*". This business escapes any form of taxation and poses the problem of safety in terms of the origin and quality of products.

The informal sub-sector is growing rapidly and uncontrollably. Although it helps to make health services available, the rates applied are highly variable and uncontrolled, and in particular, little information is available with regard to the quality of these services.

Article 14 of the Charter: Health and health services

c) Child Health:

Vaccination of children

According to WHO recommendations, a child is fully immunized when he/she has received the BCG (protection against tuberculosis), the measles vaccine, three doses of polio vaccine, three doses of DTP (diphtheria, tetanus and pertussis) in the form of injection. Included in recent years, is the vaccine against yellow fever administered in a single dose.

As regard the vaccination of children, it is observed that most of them are vaccinated: 99% of children of 12 to 23 months have received BCG; 51%, doses of DTP; 50%, the polio vaccine, and 50% vaccinated against measles. In total, more than one child aged 12-23 months in 3 (37%) have received all the vaccines of the Expanded Programme on Immunization (EPI). Conversely, 14% of children aged from 12 to 23 months have received no vaccine. Compared to the situation in 1999, one can say that there was a slight improvement in immunization coverage (GHDS III- 2005).

Vitamin A supplement is administered twice a year on regular basis. Almost all children of 6 to 59 months old received their Vitamin A and de worming doses in 2008, in July (97.3%) and December (95.8%) respectively, during the same period. Finally, 50% *postpartum* women also received a dose of Vitamin A.

The results recorded by the Expanded Programme on Immunization (EPI) show that, since 2002, immunization coverage against the main target diseases has improved with rates ranging to above average levels, and climbing to 71% in 2008 as against 66% in 2007; while the rate of measles vaccination coverage for children under one year old trended downwards in the same period, standing at 65.4 % in 2008 as against 85.3 % in 2007.

This improvement was achieved thanks to the availability of vaccines, the commitment of health workers and public acceptance to vaccinate children, the integration of curative and preventive services, enhanced supervision and partner support.

The fall may be explained by the weakness of the financial sector, lack of qualified personnel, particularly midwives, and their poor distribution in the rural areas, poor access to medicines on the part of the population, especially those living in rural areas on account of low income and the poor quality of health products.

Childhood diseases

Acute respiratory infections (ARI) especially pneumonia is one of the leading causes of child mortality in developing countries.

In Guinea, acute respiratory infections, fever and diarrhoea are major health problems in children. Slightly less than one in ten (8%) children has suffered from cough with short, rapid breathing. And a third (34%) of the children had fever during this period. With regard to diarrhoea, less than one in five (16%) children had one or more episodes of diarrhoea during the same period. During diarrheal episodes, 57 % received oral rehydration therapy, but in 17 % of cases, children have received no treatment of any type.

The risk of a child dying in the first month of birth, before his/her first or fifth birthday is intrinsically linked to his/her geographical location in relation to the capital. In Guinea, statistics indicate a downward trend in the mortality of children under five years old between the two (2) Health Demographic Surveys conducted in 1992 and 1999, estimating the indicators at 229 per 1,000 and 117 per 1,000, respectively. It is however difficult in the context of attaining the MDGs by 2015 to fix the target of reducing the infant-juvenile mortality rate at 80% given the stagnation observed in HDS III of 2005 with an estimate of 163 per 1,000.

Geographical, socio-health and biological disparities in child mortality are evident in Guinea. The risk of a child dying in the first month of birth, before his/her first or fifth birthday, is higher in areas far-flung from the capital Conakry. In general, child mortality is clearly much higher in rural areas. Children whose mothers live in rural areas are obviously more exposed. Finally, the risks are higher for children whose mothers did not perform prenatal visit or did not have assisted delivery.

The immediate causes of infant and child mortality in order of importance are:

- Malaria (31%)
- Neo-natal causes (28%)
- Pneumonia and acute respiratory infections (20 %)
- Diarrheal diseases (17%)

- HIV/AIDS (2%)
- Measles (2%)

Neo-natal causes are divided into:

- Severe infections (31%)
- Respiratory trauma (23%)
- Prematurity (20 %)
- Neonatal tetanus (11%)
- Malformations (5%), diarrhoea (3%)
- Miscellaneous causes (7%)

Moreover, low birth weight and malnutrition are also additional factors that may be targeted as priorities for specific interventions.

The underlying causes and the risk factors of neonatal mortality in Guinea remain malnutrition and malaria in mothers, closely spaced pregnancies, early and late pregnancy and lack of prenatal care. This is compounded by dysfunctional health services: poor quality and poor access to emergency obstetric care due to a combination of factors including lack of human resources, particularly midwives both qualitatively and quantitatively, the poor distribution of human resources among the regions and lack of technical equipment.

The regions of Labé and Kankan are particularly affected by this equipment deficit. The mortality of new-borns must also be linked to the scarcity of resuscitation equipment suited to this age group in all the country's structures.

Other underlying causes of post neonatal and child mortality (1-59 months) relate to food insecurity, difficult access to both preventive and curative care (geographical and financial), improper behaviour and practices of families and communities as well as the poor quality of care for cases in health facilities.

Inadequacy of micronutrient supplements, poor breast feeding practices and administration of additional food are also crucial factors in the high level of post neonatal and child mortality. In addition, unhealthy homes and environment must feature among the underlying causes of post neonatal and child mortality.

Finally, for the two types of mortality, the root causes relate primarily to high female illiteracy and extreme poverty of households compounded by other factors such as low preventive capacity, ineffective enforcement of health policies and lack of resources to implement these policies.

Nutritional situation

The nutritional situation has generally improved. The prevalence of generalized malnutrition rose declined from 8% in 2007 to 5% in 2011; chronic malnutrition from

49% to 34%; and underweight from 21% to 16%. In contrast, the exclusive breastfeeding rate dropped from 56% to 18% due to the decline in support for its promotion by the Government and its partners.

The Donka Hospital feeding centre provides appropriate nutritional care for children.

Malnutrition remains a major problem in Guinea. David Pelletier in a 1995 report on the issue noted that 54% of infant and child deaths are related to malnutrition. Malnutrition in children is rarely isolated, and in most cases it is associated with iron, vitamin A, iodine or zinc deficiency which aggravates the situation.

In Guinea, according to the analysis "*Profiles*" conducted in 2001, 39% as against 37% in the 1999 HDS, deaths among children under- 5 years of age are attributable to malnutrition.

One of the specific goals of MDG 1 is to halve by 2015 the proportion of people who suffer from hunger. According to the results of the food security surveys conducted by WFP in Guinea in 2009 (National Food Security Survey and Food Security Survey in Conakry), 32% of Guinea's rural households are food insecure, and this accounts for 2,302,000 people in rural areas.

According to the 2010 final report on the MDGs in Guinea, about a quarter of children under five suffer from (i) underweight due to shortage of food and poor food quality, (ii) poor hygiene and sanitation services, (iii) poor basic health care, (iv) lack of drinking water, etc.

The same report indicates that 9% of under-fives suffer from moderate acute malnutrition and about 2% are afflicted by the severe form. These figures are partly the outcome of inappropriate feeding practices and child nutrition. The proportion of children with moderate form of emaciation is about four times higher than one would expect to find in a healthy and well-fed population (2.3%). As for the severe form, the proportion is eighteen times higher.

Children aged 6-23 months suffer more frequently from acute malnutrition particularly those in the 6-9 months age bracket (21% for the moderate and 3% for the severe form). As from 24 months, these proportions decline with age, affecting no more than 4% of children between 48 and 59 months for the moderate form.

Prevention

- Promote exclusive breastfeeding up to 6 months;
- Raise the awareness of families and communities on the importance of giving complementary diet made from local food to children from 6 months in addition to breastfeeding;
- Ensure systematic de-worming with *Mebendazole* from twelve months;

- Promote monthly weighing of children;
- Promote consumption of foods rich in micronutrients;
- Ensure that all under 5 children are fully vaccinated
- Ensure that all children aged 6 to 59 months are given Vitamin A supplement;
- Treatment
- Support home/community care.

Achieve nutritional recovery by organizing cooking demonstration sessions with the help of experienced mummy (enlightened mummy in the experience of *Africare Dabola*); Encourage mothers to use the instructions contained in guidance charts for feeding children under 5 depending on whether they are sick or in good health; Teach mothers to recognize danger signs in children suffering from malnutrition and to seek timely care.

Care in health facilities

Provide care for all under 5 sick children under the guidance of **IMCP** and refer any sick child showing signs of severity.

Ensure that every child referred receive adequate treatment and followed by feedback.

The incidence of cholera in children which stood at 800,000 cases with 310 deaths in 2007 rose from 0 in 2010 and only 2 cases in 2011 (no deaths) . Full sanitation pilot projects by communities and provision of drinking water resulted in the reduction of diarrhoea and waterborne disease rate which dropped by 77%.

HIV/AIDS and sexually transmitted diseases

Each year an estimated 800,000 children are infected with HIV worldwide generally due to mother-to-child transmission during pregnancy, childbirth and breast feeding.

In Guinea, sero-prevalence rate for the entire population is 2.8 %; the rate for sero-positive women being 10%.

The mother-to-child transmission rate stands at about 20 to 25% during pregnancy and childbirth.

Prevention of mother-to-child transmission (PMTCT)

HIV transmission from mother to child is high in urban areas and the regions with increased economic activity.

In existence are practices which help to reduce mother-to-child transmission and can be safely applied to all women. The said practices do not require screening or identification of sero-positive women.

They are:

- Diagnosis and treatment of sexually transmitted infections;
- The counselling of both partners on the critical importance of safe sex during pregnancy and breast feeding;
- Limiting the use of invasive obstetric procedures such as routine episiotomy and artificial rupture of membranes;
- Prevention of mother-to-child transmission of HIV should be integrated into all maternal and child health services.

Home/Community support

- Promote the prevention of child/parent transmission (PMTCT);
- Promote exclusive breastfeeding up to 6 months;
- Teach mothers to give a food supplement made from local foods in addition to breastfeeding;
- Make sure all children under 5 are fully vaccinated and encourage mothers to complete the series of vaccination;
- Provide Vitamin A supplement;
- Ensure routine de worming with *mebendazole* from twelve months;
- Promote the monthly weighing of children;
- Follow the growth curve of sick children;
- Provide care for all sick children under 5 according to the national guidelines for nutritional recovery;
- Provide care in health facilities;
- Provide medical care as directed by the national health care and STI/HIV prevention programme;
- Refer all sick children showing signs of intensity and provide feedback.

UNICEF contributed to the expansion of the geographical coverage of PMTC, which rose from 6.5% in 2006 to 28% in 2011. The proportion of sero-positive pregnant women who received ARVs for PMTC increased from 6.6% in 2006 to 26 % in 2010, and 9% of children born by sero-positive women also received ARV prophylaxis.

Malaria

Malaria remains the leading cause of morbidity in Guinea with considerable economic impact.

In Guinea, malaria is the leading cause of morbidity and mortality with increasing hospital incidence ranging from 108.3 % in 1998 to 115.3 % in 2003. The rainy

season is the time of year during which the greatest number of cases are registered with peaks in July and August. The savannah (Upper Guinea) and mountainous regions (Middle Guinea) are the least affected with annual incidence of 53% and 86% respectively. In contrast, Forest Guinea (dense forest) and Lower Guinea (swamps) are the most affected. The incidence most often attains 224%, with over 2.35 million working days lost by patients and 1,705 million by accompanying persons, according to a national survey conducted in 2004.

In addition, the phenomena of resistance to conventional anti malarial drugs have been observed in varying degrees in the country. Among the most affected prefectures are N'zérékoré (28%) and Boké (21%) where the ineffectiveness of chloroquine for treatment of malaria has been observed.

The absence or weakness of protective measures is the immediate cause of malaria. The use of ITNs in particular is far from popularized in the country. Besides, self-medication and the use of inappropriate health facilities (*pharmacy on the ground pharmacopoeia* ...) contribute to the worsening burden of malaria in terms of mortality indicators.

As regards underlying causes, the most significant is undoubtedly the poor management of malaria cases due to the fact that patients opt for other types of health care, and health facilities do not provide the appropriate treatment.

Under the latter case, one must cite the run-out of drugs, lack of health facilities, equipment and personnel to properly diagnose and treat the disease.

The root causes therefore relate to mismanagement (health personnel, financial resources and drug supply particularly essential drugs), inadequate State budget and the meagre proportion allocated to the health sector. Household poverty justifying low use of insecticide treated nets and an environment conducive to malaria help to highlight these structural deficiencies.

Possession and use of insecticide-treated nets

The use of nets is an effective means of protection against mosquitoes that transmit malaria. One in four households (27%) has at least one mosquito net. In a household with under five children, only 12% of children sleep under a mosquito net. 13% of women and pregnant women sleep under a mosquito net. A long-term programme for distribution of insecticide-treated nets is underway, focusing on ...

Tuberculosis

The national target in the fight against tuberculosis is to detect 70% and cure 85% thereof by 2015.

Like AIDS and malaria, TB remains a major public health problem in Guinea despite the progress achieved. According to the World Health Organization, the estimated incidence in 2004 was 104 cases of smear-positive pulmonary tuberculosis per 100,000 inhabitants and 236 cases of other forms of tuberculosis per 100,000 individuals. Tuberculosis prevalence in any form is projected to be 407/100,000 in 2005 according to 2005 WHO Global TB Report 2005. From 1990 to 2004, 67,371 TB cases of all forms including 45,427 new cases of smear-positive pulmonary tuberculosis were diagnosed and treated. The total number of cases more than tripled between 1990 and 2004, mounting from 1,988 cases to 7,367 cases. The 78 % of new *TPM+* cases detected in 2004 were young adults (14-44 years) with a ratio of 2 men to 1 woman.

Treatment outcomes in the cohort of 2002, indicating that out of 4,300 *TPM* new cases reported, 4,246 were evaluated (98% with treatment success rate of 71% of new *TPM+* cases variable in accordance with the regions -63% in Lower Guinea and 69 % in Upper Guinea). Cases of failure are more common in Lower Guinea (15%), Upper Guinea (13 %) and Forest Guinea (12%). Though with better equipment and more qualified personnel, cases of transfer are more common in Conakry which in 2002 recorded nearly half of all new cases (47%). The national response to TB is reflected in the formulation and implementation of the National Anti-Tuberculosis Programme (NATP) with national coordination as well as regional and prefectural teams integrated into primary health care.

The direct causes of tuberculosis have to do with late consultation by adults in cases of persistent cough due to lack of information about the disease. On the other hand, malnutrition and undernourishment, the recurrence of certain immune-suppressive diseases (HIV/AIDS, diabetes), irregularity in the treatment of diseases and poverty contribute immensely to increasing the number of TB cases. The underlying causes remain limited access of tuberculosis affected women to quality care, late detection and under-reporting of suspected cases in the health centres and health posts.

At this level also, poor motivation and lack of staff in health facilities, out-dated care and support infrastructure and the isolation of certain areas constitute the underlying causes of the persistence of TB.

In the same vein, one can cite many other factors that foster the disease such as failure on the part of the programme to cover certain vulnerable groups such as prisoners and refugees, recurrent mobility of staff involved in TB control, the inconsequential involvement of the private sector (care surgeries, clinics) in TB control activities, poor community involvement, inadequate logistics and equipment, low level of collaboration between TB and HIV/AIDS programmes and stigmatization of the disease carriers by relatives and families.

The root causes involve several factors particularly the progressive deterioration of health services as evidenced by the gradual downturn of basic sanitation system, heavy dependence on foreign aid which enhances the vertical nature of the tuberculosis control programme, the lack of integration of TB control activities into basic health services, political conflicts in the sub-region triggering the displacement of thousands of people and promiscuity.

Harmful practices (traditional and modern)

In Guinea , the Penal Code of 1969 (Article 265) prohibits any form of mutilation of male (castration) or women (excision) genital organs under pain of life imprisonment.

The 10 July 2000 law on reproductive health criminalizes and imposes criminal punishment in cases of female genital mutilation particularly, excision and infibulation.

Manifestation and magnitude

Harmful practices in their traditional and modern dimensions

The traditional form is evidenced in particular by the practice of tattooing, polygamous marriages and early pregnancies, the discrimination against girls in matters of heritance management (access to property, land, livestock, housing, etc.). The most widespread of these practices is that of female circumcision, the ceremonies of which are usually held in groups of several girls from different families often during the harvest season and school holidays. The results of the Health Demographic Survey III indicate that the vast majority of Guinean women (99%) reported having been circumcised.

Besides, 93% of women with at least one girl did (54%) or will circumcise their daughters (39%). This proportion is very high regardless of the socio-demographic features.

In several ethnic groups in the country, the practice of female circumcision is seen as a must for young girls to attain motherhood. However, the same ambiguities about the relationship between religion and circumcision are found among women and men. They also speak the same language when it comes to discussing girls' education after the act of circumcision, regardless of a number of men who said they did not see any use for it as far as their daughters are concerned.

Similarly, the mildest form of female circumcision and the most modern (nipping/ injury) is practiced more frequently in girls than in mothers (50 to 2). In relation to the age of 10, most of them aged 5-9 (48%) and slightly over a third (35%) were

circumcised between 10 and 15 years of age, the average age for circumcision estimated at 9.3.

With respect to other modern practices, these are the outcomes of the phenomenon of globalization (economic, cultural, etc.) which affects the most vulnerable segments especially children. Very little data exist on this issue.

However, there has been a resurgence of phenomena like de-pigmentation of the skin (use of cosmetic products with steroids as active ingredient and others) by many girls especially in urban centres, emerging homosexuality in urban areas, and organized violence in schools perpetrated by student bands.

Evolution and trends:

The 1969 Criminal Code prohibiting the practice of circumcision has been bolstered by Governments' condemnation thereof in 1989. The enlightenment and outreach activities undertaken by NGO CEPETAFAE, progressively helped to re-convert mind-sets, a situation that led to the deposition of knives in a number of prefectures in the country. HDS II also indicated that the younger women are, the less the proportion of those circumcised. This trend does not however translate into a decrease in outcome, given the fact that younger women are less likely to have girls that have been circumcised.

In any case, it is for this reason that it is among the younger age brackets that one finds a large proportion of women intending to circumcise their daughters when they reach the age to undergo this practice. It would appear, however, that among in younger age brackets, the proportion of women without the intention to have their daughters circumcised is slightly higher than among older women. Thus, 11% of women aged 15 to 19 years, and 7 % of those aged 20 to 24 did not get their daughters circumcised and do not intend to do so, as against 5 % or less of women aged 25 years and older, which indicates a positive evolution of the situation despite the weakness of these figures.

Finally, perceptions of this practice and its harmful effects on the health of girls and women are clearly on the rise among men and women. However, observation of the phenomenon allows us to note a strong monetization of some of these practices and their increasingly clandestine nature on account of their rejection by national and international communities.

Causes:

Greed is an immediate cause of the most harmful traditional practices against girls. The practice of female circumcision, for example, is a source of income for the circumcisers who collect for each of the "victims", premiums, material and/or financial resources from the families of those circumcised.

The lack of material and financial support for traditional healers (even in the form of income-generating activities) constitutes one of the underlying causes. These healers feel they do not have other sources of income; Then, the penetration of the cash economy in homes leads circumcisers to become more demanding in the recovery of the benefits deriving from their practices; Consolidation of these traditional beliefs is another structural cause of the practice. According to HDS II, about one in five women (22%) believe that this practice should be abandoned; while more than two-thirds (68%) think it should be maintained.

With regard to men, over a half of them (52%) declared they were in favour of the continuation of the practice; a figure lower than the estimated female proportion. Among men in rural areas (61%) one finds proportionally more men favourable to the continuation of circumcision. Moreover, nearly two-thirds of women (65%) have cited "social approval" as one of the advantages of circumcision; (31%) cited "religious necessity" and (17%) "issues of hygiene ". Only 9% of women stated that circumcision was of no benefit, thus reflecting the weight of traditional beliefs.

The low level of families' knowledge of the consequences of these practices: HDS II shows that more than a half of women (59%) cited pain as one of the main drawbacks of circumcision, (11% cited medical complications and health problems, and 9% advanced the argument that circumcision "hampered the sexual satisfaction of women." In contrast, 32% of women said that circumcision presented no disadvantage;

The poor level of information about, and inadequate dissemination of, national and international legal instruments, is one of the underlying causes of this problem. Indeed, people have little or no knowledge of the provisions and preventive measures set forth in national legislation on the harmful practices, and this, *à priori* does not guarantee any deterrence to the practice of circumcision;

Illiteracy especially in rural areas is the most obvious structural cause. Indeed, according to HDS II, illiterate women (75%) proportionally account for more women who are favourable to the continuation of circumcision.

Gains

- The deposit of the knives used for circumcision by women in Upper Guinea (Kouroussa and Kérouané) followed by development projects in their favour;
- The allocation of materials and foodstuff (cereals) to women who deposited knives;
- Training and organization of enlightenment and awareness sessions for elected local officials, opinion and religious leaders, the civil society, etc. on the adverse effects of this practice on girls.

Constraints

These may be summarized as strong social resistance to change (polygamy, excision, high dowry) and the persistence of erroneous beliefs (witchcraft, *maraboutage*, *charlatanism*).

Opportunities

Noteworthy are:

- ✓ The existence of political will on the part of the Government to combat degrading practices (law against FGM, singular support to education and retention of girls in school) , the dissemination of the Law establishing the Children's Code amongst the judges and the criminal investigation department ;
- ✓ The dynamism of the institutions fighting against such practices;
- ✓ The changing attitudes to these scourges;
- ✓ Freedom of the press vis-à-vis these phenomena;
- ✓ Increasing manifestation of interest on the part of the "council of the wise", unions, association of nationals , communities and families in the fight against these practices, which are variable and uncontrolled , and above all, little information available on the quality of these services.

Article 20 of the Charter:

Social security, services and facilities for the development of the child

Social security covers less than 3% of workers in Guinea, and it applies only to workers in the private sector. However, insurance companies have entered into contract with some private schools to provide insurance cover for the children attending their schools during the academic year.

The National Social Security Fund operates four branches of social insurance which include family and health insurance services.

The 1,222,680 workers affiliated to the NSSF include 126,422 children. The facilities granted to the insured for the development of their children are as follows:

- ✓ The survivor's pension: these are the proceeds paid on behalf of the dependants of an insured who either died in active service or retired, provided the insured has completed 15 years of service;
- ✓ The emergency death benefit is an amount allocated to the dependants of an insured, who died in active service. It is of 2 types: lumpsum pay where the insured has not completed 15 years of service, and reversible pay where the insured has completed 15 years of service;
- ✓ The orphan's temporary pension: this is paid to the dependants of an insured, who died in active service or retired. It amounts to 20% for each orphan, but that must not exceed 100%.

The Guinean civil servant does not enjoy the facilities of the National Social Security Fund, meaning that they have no insurance against illness and accident at work.

However, there is provision for the sum of 2,000 GF per child of 1-18 years as family allowance for civil servants.

As regards child-care facilities, the number is not known, but it is minimal and they are found mainly in Conakry and in certain big cities especially in the mining towns. The large kindergartens of Conakry organize day-care services within their premises, thus allowing working parents to quietly do their work and pick up their children late in the day.

Here again, these facilities are available only to people with adequate resources. Most public sector employees do not have access to these day-care services.

Standard of living

Guinea, in conjunction with its development partners, developed in 2000 a national poverty reduction strategy paper (PRSP) focusing on three (3) strategic orientations:

- accelerated growth and wealth creation;
- access to basic social services; and
- improved growth.

Despite the efforts invested in the implementation of this strategy, the gains in the fight against poverty remains inadequate. Indeed, the GDP growth rate stood at 1.2 % in 2003 and 2.5 % in 2004, as against the average population growth rate estimated at 3.1%. As for the poverty situation in the country, things have worsened. In 2002/2003, an estimated 49% of the population was living below the poverty line (with 27.2% classified as very poor), as against 40.3% in 1994/1995. The poverty rate rose from 53% in 2008 to slightly over 60 % in 2011. Analysis of the disparities shows that in the 5 quintiles, the poorest 3 (about 60 % of the population) have a quintile of life significantly lower in the two other quintiles.

External assistance reduced mainly due to political instability in recent years and the inequitable distribution of resources have resulted in the degradation of and poor access to basic social services for the poorest populations, especially those who live in rural areas with the attendant deterioration of child welfare indicators.

Article 26 of the Charter

d) Care for orphans

Among the laws to limit/regulate the placement of children in institutions, the following may be cited:

- The Guinean Civil Code, Articles 381-394;
- The Guinea Children's Code in its Article 265- 267 defines an orphan and other vulnerable children (OVC) as any child whose mother and father or both parents are deceased. This includes children born and living in the street, victims of the worst forms of child labour, children affected by armed conflict, HIV/AIDS or handicapped children. OVCs should be given all the necessary support by the State and all its components;
- The Ratification of the Hague Convention on protection of children and cooperation in respect of inter-country adoption;
- The Ratification of the UN Convention on the Rights of the Child and its Additional Protocols.
- Law No. 010 on Reproductive Health, STIs and FGM;
- The specific law on AIDS OVCs and widows in matters of inheritance.

Specific measures to promote alternative forms of care and support to children (foster care), the placement of abandoned children in foster families by social players, namely: NGOs:

The administrative measures taken in this regard include:

Implementation of the Expanded Programme on Immunization (EPI);
Prenatal consultations, free caesarean section (sometimes the application is problematic because it requires enabling measures), the institutional care of malnourished children.

The creation of the National Institute for Child Health (NICH)

New-borns and child disease integrated support programme(NCDSP) (malaria, diarrhoea, malnutrition, etc)

Care and support measures for affected child orphans and the prevention policies instituted to combat HIV/AIDS

The Guinean Government through the Ministry of Health and Public Hygiene defines its health policy including the cooperation component in conjunction with the institutions working in this area. This Government department is of paramount importance in improving children's access to quality care. For instance, it facilitates the reception and orientation capacities development in health facilities for children, and brings together the public sector, the private sector and the so-called "informal" sector.

The public sector is organized in the conventional manner in a pyramid rising from the health post at the national hospital and growing through the health centre, district hospital and the regional hospital.

The Department is structured as follows: at the regional level, there is the regional health directorate with a control system operated by the regional health technical committee; at the prefectural level, there is the prefectural health department, monitoring of which is performed by the health technical committee. As regards the sub-prefectures and districts, there are health centres management committees.

The private sector is relatively underdeveloped and concentrated much more in Conakry than within the country.

UNICEF:

Going by its nomenclature, UNICEF is dedicated solely to the cause of children and also of women. In Guinea, it works to promote the rights of children to survival and development, as well as for the protection and participation of children: basic obstetric emergency care, immunization of mother and child, child nutrition including Vitamin A and iron supplements provision and anti- malaria actions; prevention of HIV/AIDS transmission from mother to child; support to improved school enrolment ratio and the gross primary school enrolment rate. UNICEF also supports the fight against all forms of exploitation, abuse and violence against children and women.

WHO:

The World Health Organization's mission in Guinea, as elsewhere, is to support the country so that all its people may attain the highest possible level of health (Article 1 of WHO Constitution) .

CHAPTER VIII: EDUCATION, LEISURE AND CULTURAL ACTIVITIES

Article 11 of the Charter

a) Education, including vocational training and guidance

1) Early Childhood Education:

The preschool enrolment rate is very low in Guinea and the Government's objectives in this area continues to be limited. Indeed, the gross preschool enrolment rate stood at 7.5 % in 2010, with slight advantage for girls (7.7 %) in relation to boys (7.3 %), as against a target of 30 % by 2015.

Between 2004 and 2005, preschool enrolment was 4.8% gross rate and 4.4% net rate, without significant difference between the male and female rates.

Wide disparities are observed amongst the regions, especially between Conakry (29%) and other regions, with the most advanced, N'zérékoré, having a rate of 9.8 %; whereas all the others, apart from Faranah (5.9 %) stand at below 5%, the extreme case being Mamou the rate of which is under 1%, or more precisely 0.9%. The disparities are also wide within the regions. For example, in N'zérékoré, Gueckedou accounts for preschool enrolment rate of 14.4% as against an average of 9.8 % for the region and 5.4 % for the Prefecture of Lola, thus constituting nearly a half of the overall number (47%) in the area. The gap is even wider in Kindia where the Prefecture of Coyah has a rate of 20% whereas no other prefecture has attained 3%, thus accounting for over a half of the overall total for the region.

Source: Statistical Yearbook on Education

Regions	NB centres			Overall total	Overall total		Gross preschool enrolment rate	Girls %	Boys %
	Total	Public	Community Oversight Centres	Total	Girls	Boys	Total %		
Boké	45	0	5	5,780	2,728	3,052	3.4	3.4	3.4
Conakry	788	3		57,072	28,208	28,864	28.8	28.0	29.7
Faranah	91	0	69	7,499	3,835	3,664	5.9	6.5	5.4
Kankan	52	0	18	3,490	1,662	1,828	1.5	1.5	1.5
Kindia	122	0	26	9,247	4,345	4,902	3.8	3.9	3.7
Labé	20	0	2	2,033	994	1,039	1.3	1.3	1.3
Mamou	12	0	3	1,229	624	605	0.9	1.0	0.9
N'zérékoré	516	0	359	34,365	16,627	17,738	9.8	9.9	9.6
TOTAL	1640	3	484	120,715	59,023	61,692	7.5	7.7	7.3

Moreover, preschool education would appear to be an essentially urban phenomenon. As a matter of fact, 66 % of existing early childhood education centres are located in urban areas, and in prefectural and regional capital cities. Conakry city alone accounts for 48% (788 out of the 1,640 centres).

Even 35% of the remaining centres are found primarily in administrative centres of the sub-prefectures rather than in the villages, where the greatest efforts are needed to ensure not only children's access to school, but also their retention in school and their success. A breakdown of the numbers follows the same trend, with Conakry claiming 47% of the total.

Over 67% of pre-school institutions (1,091 out of 1,640) are overwhelmingly the outcomes of private initiatives whereas Community Oversight Centres (484) representing 30% of the institutions, Franco-Arab schools - 4% (62) and public institutions - 0.18% are the only three centres nationwide, all located in Conakry. The relatively high preschool enrolment rate for N'zérékoré and Faranah discussed earlier may be explained by the existence of a higher number of Community Oversight Centres - 359 out of 516 (70%) and 69 out of 91 (76%) of the existing facilities, respectively.

The pupil/educator ratio of 40:1 forebodes ineffective oversight, not quite consistent with the integrated approach to early childhood development, that is, development that goes beyond cognitive learning and integrates the child's education, his health, hygiene and protection, all in close partnership with his/her parents. Indeed, the standard which does not exist in Guinea (subject to verification) is generally around 25 children per teacher.

2) Elementary Education

Drawing lessons from the limited progress achieved in the 90s with respect to the goals of universal education by 2000 as defined in the Jomtien Declaration and based on the Dakar Framework for Action on Education for All (2000) and the Millennium Declaration (2000), Guinea has developed a National Action Plan for Education for All (*NAPEA*).

This Action Plan was complemented by sub-sectoral policy documents, particularly the National Policy for the Promotion of Early Childhood (2001) already mentioned earlier, and the National Policy for the Education of Girls (2003). It was implemented during the period 2002-2008 in particular with World Bank funding and inspired programmes of cooperation between Guinea and its partners, including UNICEF, during this period.

In 2008, an Education Sector Programme was adopted. Its funding and hence its wide implementation were severely hampered by the political instability then prevalent in the country, especially in the aftermath of the *coup* of December 2008, which led to the suspension of development assistance from several financial partners.

Statistical data show that there has been no significant improvement in access to school and in the completion of primary education since 2007, and that as far as the indicators were concerned, the values attained were below the target values defined in the Education Sector Programme document (Table: Education Statistics Yearbook)

Academic year	Gross Enrolment Rate		National Enrolment Rate		Gross Attendance Rate		National Attendance Rate		Gross Annual Rate		National Annual Rate	
2006- 2007												
2007-2008	76%	72%	35%	34%	79%	71%	62%	57%	51%	42%	22%	19%
2208-2009	82%	78%	38%	37%	77%	70%	63%	57%	59%	48%	21%	18%
2009-2010	82%	76%	44%	41%	78%	70%	64%	58%	57%	45%	24%	19%

Clearly, enrolment rates at primary level increased slightly, raising by 5 points for the gross rate and 9 points for the net rate, showing that parents are increasingly enrolling young enough children in school, which will ultimately help to minimize abandonment before the completion of primary school. However, the challenge is still huge as only less than 5 in 10 children start school at the right age (6 years), whereas, as in 2007, it is still 1 school-age child in 5 that completes primary school at the right age (12 years).

Besides, in recent years, more precisely between 2007 and 2010, the AGR (annual gross rate) fell 2 points and more exactly after the 8 points sharp drop recorded in 2008. It returned to its 2007 level in 2009 (59%) and then fell again by 2 points (57%) in 2010. The fall for girls was more acute since it got to 4 points, from 49% to 45% during the same period.

This drop in AGR is the logical consequence of the plunge of the other indicators: access and internal performance, particularly enrolment rates which remained either at the same level as in 2007 (GER or gross enrolment rate) or below and the rate of repetition, which rose from 9% in 2007 to 17% in 2009.

External performance was also low judging from the poor success rate at the primary level and hence the transition from primary to secondary level.

Furthermore, the disparities between boys and girls remain at high levels, particularly in the key indicator - gross completion rate - in which the gap against girls shot up to 12 points as against 10 in 2007. With respect to other indicators, what is worrying is that the gap has not reduced since 2007 which shows that one is not about to progress towards the elimination of gender disparities, the only EFA (Education For All) goal initially set for 2005.

The most significant disparities, however, are those between Conakry and the regions, and more generally between urban and rural areas, between the regional capitals, prefectures and, indeed, the sub-prefectures on the one hand and rural areas on the other.

Analysis of the indicators for the regions and the prefectures shows that the most significant disparities are between Conakry and other regions; between the

prefectures hosting regional capitals and other prefectures; between the sub-prefectures hosting the capitals of prefectures and other sub-prefectures; between the capitals of the sub-prefectures and rural areas proper. It is appropriate to speculate that in this widening gap, the villages most remote from urban centres, particularly those most inaccessible due to lack of motorable roads, are also those with the lowest levels of enrolment.

In the case of the disparity between Conakry and other regions, the levels are unequal in most countries of the West Africa region.

Secondary Education

The 2009-2010 academic year accounted for educable population of 1,565,041 children (835,938 for undergraduate and 538 575 for the second cycle). General secondary education accounted for a total of 573,126 students with 211,968 girls. For public schools, there were 416,453 students (139,318 girls) and 156,673 for private schools (72,650 girls and hence a gross enrolment ratio (GER) of 37 % and 26 % for girls. Gross enrolment in college was 44 %, 32% for girls.

For high schools, girls represent 34.2% of the total number of students and the gross enrolment ratio for colleges and high schools was 29% and 13% respectively.

The admission rate at the undergraduate (college) level is 50 % overall (36% for girls) and 23% (for boys and girls) at upper secondary (high school) level, 14% for girls.

From the perspective of infrastructure, the country accounted for 1,050 schools (499 public and 551 private), 558 colleges, 44 high schools, 191(colleges, high schools) with 8,749 classrooms of all categories.

The teaching corps comprises 16,988 lecturers including 8,311 for the public and 8,677 for the private sector (86.33 %). Female teachers number 958 - 701 women for the public sector as against 257 for the private – and represent 1.51 % of the overall number of teachers.

With respect to teachers, enrolment climbed from 12,175 to 16,988 - an increase of 4,813 teachers between 2005-2006 and 2009-2010 academic year. The average annual growth rate is 19.74%; the highest (20.18%) observed between 2006-2007 and 2008-2009 and between 2003-2004 and 2004-2005; the lowest (3%) between 1996-97 and 1997-98.

3) Technical education and vocational training

It was in 1996 that the Government decided to create a Ministry of Technical Education and Vocational Training to meet the growing need for skilled labour indispensable in building the country.

In fact, the diagnosis made in the early 90s revealed the deplorable situation of this sector with a total lack of skilled labour that had to be massively imported from neighbouring countries (Senegal, Togo, Benin, Sierra Leone, etc.).

In general, the reform of technical education and vocational training has been carried out as part of an extensive programme of modernization of the entire education system.

The new tasks assigned to technical education and vocational training include the following:

- Provide training to labourers and skilled workers in all socio-economic sectors;
- Align training with the needs of the labour market;
- Provide continuous training and skills development at all levels;
- Bringing training centres close to users and communities;
- Decentralize the management of training institutions and make them more financially self-sufficient;
- Provide private technical training;
- Modernize apprenticeship and support the informal sector;
- Provide training to female workforce.

Technical training institutions are distributed across the country as follows:

Administrative Region of Conakry.....	16
Administrative region of Boké.....	05
Administrative Region of Kindia	04
Administrative Region of Mamou	04
Administrative Region of Labé.....	03
Administrative Region of Faranah	03
Administrative region of Kankan.....	05
Administrative Region of N'zérékoré	05

Complementing the above list are 43 private vocational schools of which 31 are in Conakry, 03 in Kindia, 02 in Labé, 03 in Kankan and 04 in N'zérékoré.

The target groups are:

- Young school drop-outs or young people without status aged from 15 to 24 years;
- Unemployed graduates;
- Class repeaters;
- Graduates;
- Certificated persons.

As part of building youth capacities for integration into the economic and social fabric, the Ministry of Technical Education and Vocational Training has established the following institutional framework:

- Committee for consultation between the Ministry of Technical Education and Vocational Training, the Ministry of Agriculture, Forestry and Livestock and vocational agricultural organizations to monitor the reintegration of young graduates;
- Vocational craft retraining centres in Boké to promote the reintegration of young people;
- Internship and monitoring of graduates in mining centres;

- Technology and crafts centres in Matoto and Coyah.

Technical education and vocational training occupy a preponderant position in Government's strategy to combat poverty through apprenticeship and economic integration of young people.

The philosophy advocated in this regard is management of the system by training institutions and the vocational milieu, enhancing partnership and building institutional capacities through the introduction of a new organizational culture for training institutions aimed at building bright prospects. This type of education places particular emphasis on decentralization, good management of human, material and financial resources and the involvement of all grassroots actors.

Analysis of roles and responsibilities in implementing the right to development:

All stakeholders, beneficiaries and partners are, in varying degrees, involved in the implementation of educational programmes and projects.

The State

The State which is guarantor of development programmes and projects through its development policy, plays a leadership role in the mobilization of financial resources. To this end, the Guinean Government adopted and has been implementing several plans and programmes for development of the educational sector for over fifteen years.

These include sectoral programmes (supported by the World Bank) such as the 1990/2000 Education Sector Adjustment Programmes (ESAP); ESAP 1 and 2; the SRDP; the FIMG; Education for All Programme (EFAP1) 2002/2008) and the first phase of the Education Sector Programme (ESP) flagged off in 2008.

The Government has established a partnership framework in its bid to pursue and intensify its cooperation with partners and this, in accordance with the Paris Declaration on Development Aid Effectiveness. It also supports the Common Fund initiative. These two new instruments are the basis for better coordination and harmonization of interventions in the ESP.

NIERA (National Institute for Educational Research and Action)

The main measures taken in favour of children by the Ministry of Pre-University and Civic Education through NIERA are:

- Introduction of the Convention on the Rights of the Child (CRC) in the primary and secondary education curricula;
- At primary level: Elementary Education Programme for Year 1 to 6 (*CP1 to CM2*) ECM cf. Ministry of Pre-University, Vocational and Civic Education (MPUE/CE): At secondary level: Secondary Education Programme: Civic and Moral Education Grade 7 to 10.
- Popularization of the CRC through radio broadcasts;
- Popularization of the CRC through Olympic Games transmissions;

- “Support of Civic Instructions "(SCIP) Projects introducing the teaching of the African Charter on Human and Peoples' Rights "ACHPR "and the African Charter on the Rights and Welfare of the Child (2006);
- Training lessons on the African Charter on the Rights and Welfare of the Child;
- Introduction of the CRC in the ECM manual for 3rd A to 6th grade A (SERVEDIT 1997) *MAISONNEUVE and LAROSE INRAP, MENRS*;
- Auto corrective papers in multi-grade classes *ECM EC - CM MENRS // PEPT .* ;
- Preparation of texts on the operation of the Children’s Governments(CG) and the code of conduct in schools;
- Contributing to the establishment of the Children's Parliament in Guinea (CPG) ;
- Support to the programme "promotion of children's rights" (2006) ;
- Development of comics on girls and boys discriminatory stereotypes in schools (2006);
- Training of teachers and students on non-violence education programme in schools (2006);
- Production of a document for capitalization of the good practices in education in Guinea (2006);
- Introduction of the Convention on the Rights of the Child in the curricula of the Percussion Academy (2011).

NDEE (National Directorate of Elementary Education)

- Circular letter No. 0941/MEPU-EC/CAB/2011 pointing out the ineffective enforcement of Law I/97/022/AN adopting and promulgating the National Education Guideline Law and Decree D/97/75/PRG/SGG of 5 May 1997 on the functions and organization of the Ministry of National Education and Scientific Research particularly Articles 6 and 12 thereof setting the age for children’s admission into primary school in Guinea at 6 years.
- The distinction between micronutrients and de-worming in schools

Partners

Thus, through this mutual fund that brings together three funding partners (AFD, World Bank and KFW) and direct contributions from other partners such as ADB, IDB, UNESCO, UNICEF, EU, SFD, Plan Guinée, *Aide et Action*, etc., the Government is implementing programmes and projects set forth in the three components of the PSE: access, quality and management

It is important to mention a few interventions by way of illustration.

UNICEF

As earlier indicated, UNICEF by virtue of its name is devoted primarily to the cause of children especially the promotion of their rights.

Regarding the right to development, this institution is striving to achieve:

- Integrated development of the child (parental education, community management centre, awareness and early stimulation, etc.).
- Support to mobilization of access to and retention of children in school, particularly girls; informal basic education (development of Nafas centres or second chance schools);
- Continuous teacher training;
- Acquisition and distribution of materials and equipment; rehabilitation of school infrastructure including the construction of classrooms, latrines, water points and playgrounds;
- Enrolment of children of Quranic homes, nomadic children and children in emergency situation (learning along the borders).

GIZ/PROPEB

Initially located in only one administrative region (Labé) and then two (Mamou) with Programme PAPERBMGUI (Middle Guinea Basic Education Support Programme), GIZ/PROPEB has to a large extent contributed to improving the quality of education in these two regions. The aid is diversified:

- ✓ academic and vocational training of elementary school teachers;
- ✓ primary school teachers' capacity building (Head teachers and *DSEE*);
- ✓ girl education through *FIERE* (Girls Educated Succeed) - a training programme being extended across the country.

The World Bank (WB)

Through the project "Education for All" covering the whole country, the World Bank has supported actions focusing on vulnerable children and geared to promoting their access to educational opportunities. It has also funded the interventions of the NGOs operating in the sphere of the right to development.

WFP

Supplying educational institutions with food stuff (school canteen), through its two basic components: "Support to primary education and girls' education" and "Rural Community Development" has helped raise the enrolment indicators (enrolment, school retention rates, completion rates, etc.).

Through its programmes titled "Child Education and Development or CP0 09" and "Learn Without Fear", Plan Guinée contributed to the realization of the right to development. Whereas the first programme specifically targets all school-age children (6-14 years), children not in school or out of school and adults, especially mothers, the second programme meanwhile, focuses on children attending primary school.

The programme components include girls' education, improving the health environment and nutrition at school, building APEAE capacity and diversification of education offer.

In lending its support to the State, Plan Guinée intervenes in building the capacities of teachers, the teaching and administrative corps, members of community-based organizations, the development of school infrastructure and equipment, and the

provision of institutional support to the Ministry of Pre-University and Civic Education (MPU -CE).

In response to the decline in school indicators in the prefectures of Macenta and Yomou and the poor involvement of local stakeholders in the management and the lack of sustainability of Nafas , Plan Guinée launched its project titled "IMPROVING THE OPERATION OF NAFAS CENTRES IN MACENTA AND YOMOU" or G/N 0088 in January 2009 to accompany the Baliza , Bofossou and Sérédou RDCs , and the urban municipalities of Yomou and Bowé.

Through this project, Plan Guinée seeks to improve the operation of Nafas centres and, to a lesser degree, upgrade the level of education in the beneficiary communities, while combating child exploitation and poverty.

Article 12 of the Charter:

Leisure, recreation and cultural activities

The practice of sporting, artistic and cultural activities is crucial to the development and stability of children and young people. The provision of open spaces for cultural activities, sports and recreation, through appropriate measures, is intended to more effectively take on board the physical, intellectual and development needs of children and young people while respecting their life rhythm.

In Guinea, the mainstreaming of this dimension may be assessed differently depending on the areas of intervention (education for example) and the geographical realities of certain areas (urban and rural).

In the new primary school buildings, spaces are reserved for playgrounds (football and physical education pitch, basketball courts, volley ball ground, etc.). Besides, certain stakeholders like Child Fund, UNICEF and Plan Guinée have built playgrounds for children in their respective programme areas.

However, although some big private schools have playgrounds and recreational areas, most public and private schools (nursery, primary and secondary) do not have such facilities.

Besides, many private schools are located in homes or parcels inappropriately used for accommodation in the school premises. Moreover, former schools - primary and secondary alike - have seen their infrastructure expanded at the expense of space hitherto reserved for games and recreation.

Outside the confines of the school, the problem of recreational space is acute. In most cities, the streets are transformed into playgrounds and besieged by young people. This need is also felt in rural communities, where the local communities' code on this matter is rarely applied.

At national radio and television, time slots are arranged to broadcast programmes designed for children: cartoons – *petit à petit*, coverage of fun activities in schools, assorted games, etc. Rural and community radio stations broadcast and animate programmes for children and young people. Plan Guinée is particularly showcased in the promotion of this type of activity for children and young people in Forest Guinea.

It is understood that these few changes affect an insignificant number of children, and this point could be justified by:

- Lack of playgrounds and recreation;
- Lack of supervisors and monitors for playgrounds and recreation;
- Interventions in the realms of games and recreation should be better organized and systematized to reach the largest possible number of young people and children, over longer period of time.

In the final analysis, even if this component is deficient in places, it nevertheless remains one of the most respected rights according to the findings of community consultations. It is possible, at this level, to deduce that the efforts exerted by the various interventions on the ground are in the process of producing the expected results, to the extent that some parents see them as over blown.

CHAPTER IX: SPECIAL PROTECTION MEASURES

Children's protection systems are embodied in the range of laws, policies, regulations and services aimed at curbing violence, abuse and exploitation of children in an integrated manner. They mobilize and coordinate all social sectors, especially social welfare, education, health, security, justice and governance.

Protection is an area that mobilizes many partners, but data show that realization of children's rights to protection has continued to fall below expectation.

Despite efforts by the Government and partners, children's rights are not effectively enforced in practice especially in matters of birth registration, and in combating exploitation, abuse and violence despite the existence of legal texts (the Children's Code, the national policy on protection of children, the CRC, the ACRWC, the Civil Code and the Human Rights Declaration).

The manifestations of weakness in the protection system are evidenced in the abuses, violence, exploitation and negligence faced by vulnerable groups:

Abuse through heavy load carrying, household chores, fetching of water and petty businesses.

Exploitation as embodied in childcare and home upkeep maid, work in mining and agro-pastoral areas, petty businesses (shoe shinning, tinsmith work, petty mechanics, child begging), trafficking for bondage, child prostitution and child pornography, early and forced marriage;

Negligence as reflected in the lack of care (personal and clothing hygiene, malnutrition), lack of clothing, exposure to traffic risks, burns and fires, abandonment during pregnancy, isolation;

Violence through repeated bodily assault, abandonment of new-borns, pregnancy, insults, threats, female circumcision, rape of minors, sexual harassment, beatings.

This weakness is attributable, *inter alia*, to the very poor involvement of communities in resolving problems of child protection, lack of motivation on the part of protection actors, loss of one or both biological parents, divorce, separation from parents,

meagre resources allocated to the sector, poor knowledge of protection issues, non-application of child protection texts and weaknesses in communication for behavioural change.

Compounded by the aforesaid is the absence of a global framework for protection action that brings all stakeholders on board.

Policies and strategies:

The Ministry in charge of children's issues has developed a framework for protection of the child through the adoption and promulgation of the Children's Code that integrates all the provisions contained in international conventions that Guinea has ratified and the national policy for protection of the child, and has involved grassroots communities by the establishment of community-based protection mechanisms to strengthen the child protection safety net.

Children in emergency situation: Articles 23, and 25 of the Charter

i) Refugee, returnee and displaced children

Manifestations

Guinea was highly affected by the civil war that raged in Liberia and Sierra Leone in the late 80s. Faithful to and respectful of the terms and provisions of international human rights conventions, the Convention on the Rights of the Child to which it has acceded, and the African Charter on the Rights and Welfare of the Child, Guinea to a large extent opened its doors to over half a million refugees, of whom more than 305,000 are children and adolescents less than 18 years old (61%), traumatized and haunted down by war which dangerously compromised their survival. They were accommodated throughout the national territory, but it was particularly Forest Guinea that provided them with their major homes.

The consequence of the massive influx of refugee populations was the misuse and deterioration of the social infrastructure (health, education, places of worship, sometimes used as temporary shelter).

This was followed by a deterioration of the environment occasioned by the building of makeshift shelters, uncontrolled exploitation of forests and farmlands. Then, the cosmopolitan character of towns and villages brought about the complete overturn of cultural practices (traditions).

The increased delinquency, social deviance, violence and moral degradation resulting from the massive presence of refugee children in bars and drinking parlours led to trivialization of the phenomenon of violence and intolerance in areas of high refugee concentration and refugee camps.

This situation also nurtured the emergence of child trafficking and equally led to the separation of children from their families.

Although the vast majority of the affected minor children are currently in foster homes, their specific needs as separated children have not been attended to, and

their welfare has become a source of concern. To date, no specific programmes have been implemented to meet their needs.

Exact figures on the number of children affected by this situation are not known. UNHCR estimates the number of separated children living on Guinean territory at over 10,000.

Legal and administrative measures:

The adoption and promulgation of the Children's Code represent unalloyed will on the part of the State to respect the commitments made at international level in regard to the protection of children's rights.

Article 431 of this Code posits that: a child refugee is whoever requests refugee status or any form of international protection;

Article 432 of the same Code urges the competent Guinean authorities tasked to take all appropriate measures to ensure that a child seeking refugee status or considered a refugee whether or not accompanied by his/her parents, a legal guardian or a close relative, receives the protection and humanitarian assistance to which he/she may be entitled.

Programme

The United Nations High Commissioner for Refugees in Guinea supported interventions pursuant to its mandate and the conventions and protocols on refugees.

This organization does not have a specific child protection programme in Guinea. However, it supported interventions of organizations such as IRC , SAVE THE CHILDREN US and ERM which offer protection services to refugee children in some cities of Lower Guinea and the Forest region, as well as in a city of Upper Guinea .

IOM has been in Guinea since 2001. It developed and recently implemented a regional assistance programme for voluntary return (AVR) and reintegration of trafficked children in West Africa.

Its main partner in the implementation of this programme is the NGO Sabou Guinée especially with regard to the return of Guinean children from abroad for resettlement (identification of parents/guardians, children handover). This programme is consistent with the realization of children's rights.

Still under protection of children, many activities have been carried out on the ground, notably:

- Implementation of a programme to boost national security at borders and in major cities;
- Establishment of children protection units in the country's garrisons;
- Training of over 2,000 officers, non-commissioned officers and other ranks on child protection modules before, during and after armed conflicts;

- Support and care for refugees and their families in terms of basic social services (health, education, water and sanitation, vocational apprenticeship, etc.).
- Development programmes to combat sexual violence, and for family planning;
- Support to small community projects for refugees;
- Implementation of programmes for the search and family reunification of separated children;
- Placement of unaccompanied and separated children in foster families;
- Support to income-generating activities in Forécariah and Guéckédou refugee camps (training, microcredit);
- Mobilization of financial and material resources (food, medicine, clothing, etc.).
- Lowlands development and reforestation of sites.
- Programme for the tracing and reunification of children with their families executed by the ICRC for over 10 years.

Article 22 of the Charter

ii) Children in armed conflict

Manifestations

Guinea was victim of rebel attacks in 2000 in the southern and south-eastern parts of the country. This occasioned massive displacement of the populations to safe areas, leaving behind them sadness and desolation. In the process, hundreds of basic social services were destroyed (schools, health centres, hospitals, leisure centres, latrines, drinking water wells).

Thousands of children were left in the streets or other places where they were unable to go to school. Schools' and civil status archives were destroyed. Hundreds of young girls and women were raped and traumatized for life.

To defend the homeland, one saw the direct involvement of over 9,000 children and young people organized in self-defence committees to liberate the occupied areas. Having learnt how to handle weapons, these children at a point became uncontrollable.

Consequently, on the initiative of the Ministry for Children Affairs, a demobilization and socio-vocational reintegration project came into being in Forest Guinea, precisely in Kissidougou and Guéckédou. This project catered for only 350 of the youngest children who received training in eight growth sectors.

Legal and administrative measures:

Chapter VI of the Children's Code outlines the legal measures taken internally to obtain compliance with the commitments made with respect to the implementation of conventions and treaties on the rights of the child ratified by Guinea.

Section **429** of the Children's Code stipulates that no children under 18 shall participate directly or indirectly in hostilities or be recruited into the armed forces or an armed group.

It prescribes that the fact of conscripting or enlisting children under the age of 18 in armed forces or in an armed group or causing them to take part in hostilities shall be punished with imprisonment of 2 to 5 years and a fine of 50,000 to 500,000 Guinean Francs or either of the two penalties.

The responsibility of public and private service officials shall be called to question and aggravated where they are found guilty of acts against the physical and moral integrity of these children.

At the institutional level, an inter-ministerial unit tasked with demobilization and socio-vocational reintegration of young/child ex-combatants has been set up. With technical and financial support from UNICEF and the German GTZ, a project to demobilize 350 youth/children was put in place in Guékédou and Kissidougou.

These 350 youth/children received vocational training in the sectors of their choice such as:

- Tinkering job
- Tailoring
- Electrical works
- Masonry
- Computer
- Agriculture
- Trading
- Carpentry

After two years of training, these 350 young people received certificates and installation kits. Many of the trainees were offered contracts for the reconstruction and rehabilitation of affected areas.

Furthermore, with the support of ICRC, 23 former child combatants in Liberia were demobilized and repatriated to Forest Guinea. The children in question have been reintegrated into their families and each benefitted from individual project monitored by the NGO Sabou Guinée thanks to funding from UNICEF.

Article 17 of the Charter: Children in conflict with the law:

i) Administration of juvenile justice

Guinea made the commitment to ensure the legal protection of the child through Article 310 of the Children's Code: "Judicial protection of the child shall be provided by juvenile courts", adding that "juvenile courts comprise:

- Children's judge;
- Juvenile tribunal;
- Special chamber for juveniles in the Court of Appeal;
- Court of Assizes for minors."

Juvenile courts are to be found in certain jurisdictions in the country. Children's judges also exist. The Children's Code operates with the organization of four assizes for children each year so as to judge criminal cases.

Once children are detained at police and *gendarmerie* stations, trained criminal investigation officers alert the NGOs responsible for protection of minors in conflict with the law to intervene immediately. It is at this level that children are monitored by social workers until the end of the investigation phase. Then, on remand, they are monitored so as to speed up their trial. During the trial, the children are assisted by lawyers contracted by the NGOs. After conviction, children receive either an alternative to prison or vocational apprenticeship in prison.

In Guinea, the Penal Code defines penalties for children. The said penalties are imposed depending on the offense committed and the age of the child.

The age of criminal responsibility is 13 or over. The penalty applicable for an offense committed by an adult is half of that incurred by a minor for the same offense. For five years, only one case of death penalty was pronounced against a child, but with the Children's Code, the sentence was commuted. No prisoner who is a minor has been sentenced to life imprisonment.

The unit for coordination of minors in conflict with the law is currently engaged in advocacy with the Ministry of Justice for the prohibition of the death penalty and life imprisonment against children.

Among the interventions undertaken to improve the situation of children in conflict with the law, one can mention:

- The various reforms of the legislative and judicial fabric;
- The involvement of NGOs and associations;
- The still poor but increasing awareness on the part of the population and policy makers;
- Training modules provided to social workers and judicial service staff (judges, prison officers, criminal investigation officers on the Children's Code and Articles 37, 39 and 40 of the CRC).

Manifestations

Juvenile delinquency is a social phenomenon which finds expression in an attitude of insubordination and denigration of the educational system, characterized by comportments rejecting the society and its norms.

In most prisons, women and men are held separately, but minors are generally found with adults in the prison courtyard in the interior of the country. In Siguiri prison, minors are mixed up with adult men and women. In Conakry, minor boys are held separately from adults in the central prison. A juvenile area has been built for this purpose. Though national statistics are not available on the number of juveniles in prison, a local NGO reported that 135 juveniles were held at the Conakry prison. Approximately 85% of them had not been formally charged or tried; some have been imprisoned for over 10 years and others have grown up in prison. No information was available on the number of children in prison with their mothers.

According to information received from the NGO *Terre des Hommes* only 5 in 117 juvenile detainees in Conakry have obtained to be represented by a lawyer. There is

also a conspiracy of silence on the part of the authorities with respect to violations of the rights of children in conflict with the law.

The major constraint at this level is the total absence of appropriate structures taking care of children such as socio-vocational rehabilitation centres.

ii) Children deprived of liberty

The Children's Code in Articles 329, 330, 331 and 332 states that, the punishment of deprivation of liberty for a minor, not exceeding three years, may be served in the form of community service.

One day of deprivation of liberty is equivalent to four hours of community service.

The convicted minor in principle provides at least ten hours of community service per week.

The request for enforcement of the custodial sentence as community work shall be addressed in writing to the enforcement judge (judge responsible for overseeing the terms and conditions of a prisoner's sentence).

It is this judge who chooses the place of work, fixes the date of commencement of the community service, and indicates the period of work hours and the daily working time.

Community service is not remunerated. It is performed for the benefit of a charitable or public utility organization, public administration or persons in need of help.

Execution of custodial sentence in the form of community service presupposes:

- * The consent of the convicted minor;
- * The existence of a suitable occupation in the domain of public utility;
- * The disposition and capacity of the convicted minor to perform the work and the presumption that the convicted minor lives up to the exigencies posed by the special enforcement regime and will not abuse the confidence reposed in him/her.

The convicted minor must comply with the instructions given to him by the enforcement judge.

If the convicted minor fails to work, the hours thus lost must be made up even if the absence was excused.

The convicted minor has the obligation to notify the enforcement judge of any change of domicile occurring during the period set aside for community service.

The same Children's Code in Articles **345** and **346** states that under no circumstance shall the death penalty or life imprisonment without possibility of parole be imposed for offenses committed by children aged under 18 at the time the offense was committed.

A child above 13 years and less than 16 years shall be convicted for a crime:

* Where it is decided that he/she acted with discernment, and the following penalties are applicable;

* 5 to 7 years imprisonment if he/she has incurred the death penalty or life imprisonment;

* 2 to 5 years in prison if he/she has incurred a term of imprisonment or criminal detention; and

* 1 to 3 years in prison if he/she has incurred the penalty of deprivation of civil rights.

A child aged 16 to 18 convicted of a crime shall be sentenced to:

* 5 to 10 years in prison if he/she has incurred the death penalty or life imprisonment;

* Imprisonment for a term equivalent at most to half the term for which he could have been convicted had he/she incurred 10 to 20 years or 5 to 10 years imprisonment, or criminal detention of 10 to 20 years or 5 to 10 years;

* 2-5 years at most in prison if he/she has incurred the penalty of deprivation of civil rights.

In all cases, he/she may be allowed as defence to appear for at least 5 years and 10 years at most in places where the ban would have notified to him/her.

It is, however, observed that many children are kept in detention and exposed to uncountable dangers for various offenses, including:

- Consumption/sale of narcotics ;
- Assault and battery;
- Miscellaneous crimes;
- Armed robbery;
- Rape;threats;
- Scams;
- Assassination/murder.

As of today, 139 children are under detention at Conakry central prison in the area reserved for minors. The Table below shows the statistics by gender, age and offense committed.

Situation of children in conflict with the law at Conakry central prison

Offence	No. of children	Age	Gender
Armed robbery	17	16	Male
Theft	50	17	Male
Scam	03	17	Male
Abuse of trust	02	15	Male
Rape	09	15	Male
Death threat	03	16	Male
Assassination	02	16	Male

Source: *Terre des Hommes*

However, whereas it can be said that the legislative framework has significantly improved, the detention and living conditions of the children concerned have hardly improved, although the conditions of detention of children in conflict with the law is regularly monitored by the Guinean Children's Rights Protection Monitoring Committee, the NGO *Terre des Hommes*, SOS minors in prison and UNICEF.

The only form of detention in Guinea remains the jails, that is, the central prisons in the regions and civil prisons in the prefectures. Apart from the Conakry, Kindia and N'Zérékoré central prisons, most prisons do not have children's quarters. The children share the same premises as the adults, and this represents a risk for children.

There is no reformatory centre for juvenile delinquents in Guinea

All the prisons are overcrowded and lack water and latrines, thus exposing children to infectious diseases such as scabies, diarrhoea, tuberculosis, parasitic and respiratory diseases.

Children rarely have enough to eat (one meal a day) with the exception of those whose parents provide additional meals from outside. All detention facilities do not have areas for minors (except Conakry and N'Zérékoré) and have quantitatively inadequate and unskilled personnel.

Children deprived of liberty are subject to the detention procedure during the investigation phase which is 48 hours, renewable once. It must be recognized, however, that this period is largely exceeded for some children.

Legal measures:

The Children's Code adopted in August 2008 covers all the provisions contained in international conventions that Guinea has ratified and in national legislation that the country has enacted. The Code comprises 443 Articles and is divided into two key sections:

the first contains preliminary provisions, parentage, legal status and protection of children at risk (Article 1 to 337); while

the second section deals with criminal provisions with respect to the life of the child (Article 338 to 443).

Chapter III of the Children's Code addresses issues relating to the juvenile judge, the juvenile court, the special chamber for minors, the Court of Appeal and the Court of Assizes for minors.

Administrative measures: creation of the Gender, Children and Morals Protection Bureau. (OPROGEM)

According to this Bureau, the status of children’s rights violation is as follows:

OPROGEM STATISTICAL DATA

OFFENCE	NUMBER OF CASES	NUMBER OF VICTIMS	OBSERVATION
YEAR 2010			
ABDUCTION	12	12	DEFERRED
RAPE	20	20	DEFERRED
SEXUAL ABUSE	6	6	DEFERRED
CHILD ABUSE	9	9	DEFERRED
CHILD TRAFFICKING	4	21	DEFERRED
HUMAN TRAFFICKING	1	2	DEFERRED
TOTAL 2010	52	70	DEFERRED
YEAR 2011			DEFERRED
OFFENCE	5	5	DEFERRED
ABDUCTION	10	10	DEFERRED
ABUSE	8	8	DEFERRED
RAPE	18	18	DEFERRED
HUMAN TRAFFICKING	1	10	DEFERRED
CHILD TRAFFICKING	1	8	DEFERRED
TOTAL 2011	43	59	DEFERRED

iii) Reform, family reintegration and social rehabilitation:

Article 17.3 of the Charter

The NGOs *Terre des Hommes*, *Sabou Guinée* , *SOS Children* and *ASWAR* conduct activities both inside and outside prisons for children. These include:

- The construction of a canteen at the Conakry central prison;
- The renovation and refurbishing of a dormitory of 50 bunk beds with mattresses and blankets;
- The provision of health care for children ;
- Legal assistance to minors;
- Prison staff training;
- Construction of quarters for minors at the Conakry central prison 1997-2002. This centre is used for the vocational training and education of minors (CTEM) .

It meets the standards set forth in the Convention on the Rights of the Child in matters of juvenile detention. One of the functions of this centre is to prepare juveniles for post-prison socio-vocational rehabilitation through workshop training:

- alternative education including functional literacy, academic monitoring of pupils and students, psychological support and organized recreation;
- construction of *houses of hope* at Sonfonia station 2000-2001 /reception/training/integration;
- construction juvenile quarters at the Kindia central prison 2002-2003;
- socio-economic projects for individual reintegration/ prison and foster homes;
- construction/refurbishing of a building for girls/mothers inside the foster and orientation home;
- development of income generating activities (IGA);
- development of detention alternation.

Children of imprisoned mothers

JJJThe Children's Code stipulates that pregnant women and mothers of infants shall have their own detention quarters commonly called women's *Calle* all to themselves, and the women receive assistance from certain NGOs in terms of health care and food aid.

Situation of women in conflict with the law at Conakry central prison

Source: Prison administration of the Conakry central prison

Offense	Number	Age
Armed robbery	3	22 to 29
Assassination/Murder	3	23 to 45
Scam	2	43 to 46
Abuse of trust	4	
Offense against State security	1	54
Voluntary beatings and injuries	3	21 to 23
Grave violation and mutilation of dead bodies	1	6
Theft	7	19 to 23
Attempted poisoning	1	19
Child abduction	2	21 to 22
Drugs consumption and sale	2	22
Total	25	

Article 30 (d) of the Charter

The on-going administrative measures in the Conakry central prison and other detention centres no longer permit the imprisonment of mothers and their children. From the outset, the family of the mother is identified for custody of the child or a suitable host structure to which the child is immediately referred.

Reform, integration of the mother in the family and social rehabilitation:

The assistance of NGOs concludes with family and social rehabilitation of mothers and children in conflict with the law.

The NGOs *Terre des Hommes*, Sabou Guinée , SOS Children and ASWAR conduct activities both inside and outside prisons for children. These include:

- The construction of a canteen at the Conakry central prison;
- The renovation and refurbishing of a dormitory of 50 bunk beds with mattresses and blankets;
- The provision of health care for children ;
- Legal assistance to minors;
- Prison staff training;
- Construction of quarters for minors at the Conakry central prison 1997-2002. This centre is used for the vocational training and education of minors (CVEM) .

It meets the standards set forth in the Convention on the Rights of the Child in matters of juvenile detention. One of the functions of this centre is to prepare juveniles for post-detention socio-vocational rehabilitation through workshop training:

Alternative education including functional literacy, academic monitoring of pupils and students, psychological support and organized recreation;
Construction of *houses of hope* at Sonfonia station 2000-2001 /reception/training/integration;
Construction of juvenile quarters at the Kindia central prison 2002-2003;
Socio-economic projects for individual reintegration/ prison and foster homes;
Construction/refurbishing of a building for girls/mothers inside the foster and orientation home;
Development of income generating activities (IGA);
Development of detention alternation.

Furthermore, the establishment of a unit for coordination of the actions carried out with respect to children in conflict with the law helped to prepare cartography of the interventions to avoid duplication of the actions undertaken by the various stakeholders.

d) Children in situations of exploitation and abuse

The negative effects of structural adjustment programmes have rendered vulnerable the vast majority of the Guinean population. As a matter of fact, over a half of Guineans live below the poverty line, with 33% in urban and 56% rural areas. Among this segment of the poor population are 56% of children under 15 years of age, according to a study on the poverty map conducted by the Ministry of Planning in 2004. Then, the burden of cultural imperatives (social and religious traditions) leads families to justify child labour, including its most intolerable forms.

The shortcomings of the Guinean educational system and the high rate of illiteracy foster repetition and high dropout rates. Left with no alternative, most of the affected children opt for degrading and dangerous chores that affect their health and development. For the most part, they end up as street children.

Guinea's legislative framework provides a solid foundation for the protection of girls against abuse and exploitation. The constitution guarantees gender equality. It also stipulates that primary education is compulsory.

Guinean law prohibits all forms of exploitation in the workplace, as well as abuse and discrimination against children. The Penal Code criminalizes human trafficking and prescribes penalties of up to ten years imprisonment. Article 337 of the Penal Code prohibits "the fact of subjecting an individual to working or housing conditions that are incompatible with human dignity, through abuse of his/her vulnerability or state of dependence" (Article 197).

The Penal Code also criminalizes child abduction and violence against children (Articles 295 and 301). Where a child is abused by his/her parents, relatives or guardians, this may lead to severe penalties. Rape or indecent assault is specifically prohibited by Articles 321-324. Whether or not accompanied by violence, indecent assault is punishable by five to ten years imprisonment where the child is less than three years of age or the perpetrator is a relative of the child (Article 323).

Actions taken:

- * Organization interactive sessions and educational debates in youth centres and in Guinean Radio/Television on the impact of violence and sexual exploitation of children, for parents and communities;
- * Opening of individualized audience centres and temporary shelters for care and support to victims in the prefectures of Forécariah and Kindia and in the five (05) municipalities of Conakry;
- * Establishment of a legal clinic and a hotline for victims. There also exists a safe house to shelter the victims. The safe house is located only in Conakry and allows for provision of support in emergencies (medical, psychosocial, etc.) before referrals.

Article 15 of the Charter

Economic exploitation including child labour

The results of the baseline study on child labour in Guinea conducted in October 2006 revealed that 61.4% are employed as domestic servants. The rest are distributed between agricultural work (23.9%), trading (6.0%), mining and quarrying (4.7%). Less than 5 % of children work in livestock development, transport and fishing businesses.

Depending on the place of residence, child workers are more numerous in urban areas except in the agriculture and fisheries sector.

In terms of administrative region, Labé accounts for more children employed in domestic work (80.9%). Half of the children in N'Zérékoré are employed in agriculture. In Conakry, Siguiri and Kouroussa children most often work in mines and quarries (15.1%). In terms of gender, working boys outnumber working girls regardless of the activity sector.

The majority of children subjected to the worst forms of child labour are used mainly in mining and quarrying (59.9%) or for domestic work (25.2%).

In fact, more than 8 in 10 children (85.1%) subjected to the worst forms of child labour are to be found in these two sectors. The other sectors (transport, trade, livestock, agriculture and fishing) account for a lesser number of children engaged in

the worst forms of child labour, as there are fewer than 1 in 10 (8.5%) children performing the worst forms of labour in these areas.

At the national level, texts on child labour refer mostly to texts on the right to work. The texts in question include:

- The Constitution;
- Edict No. 003/PRG/SGG of 28 January 1988 establishing the Labour Code;
- Order No. 2791/MTASE/DNTLS/96 of 22 April 1996 on apprenticeship contract;
- Circular Note No. 595/MEFP/CAB/2005 of 17 March 2005 abolishing child labour, for the attention of the Regional Governors, Prefects, Mayors, sub-prefects and presidents of rural development communities.

It is noteworthy that a number of laws are currently being formulated in addition to these texts:

- Bill prohibiting child trafficking and hazardous child labour;
- Draft Decree on the enabling texts of Conventions 138 and 182 on the age for admission to employment and the elimination of the worst forms of child labour.

On-going actions

* Since the ratification in 2001 of the ILO Convention 182 on the worst forms of child labour, several projects and actions have been undertaken by the State and its partners, among which are:

- * A study on child labour in mines and quarries (UNICEF);
- * A baseline study on child labour in Guinea (ILO);
- * A project to combat child labour in commercial agriculture (coffee, cocoa) IPEC;
- * A project to combat child labour through education (Save the Children) ;
- * Support to income-generating activities for parents to free children for school.

Constraints:

The constraints facing the implementation of measures for child victims of harmful and debilitating work include:

- * The mismatch between the international and national legal texts and their application (e.g. Decree on Child Labour and the CRC, Convention 182 and Recommendations 190 of ILO);
- * The lack of monitoring of child mobility by the authorities (child development/protection authorities, Regional Administration, Security and Justice);

* The non-identification/registration of children on arrival in collection centres (case of child trafficking) ;

* The poor technical competence and logistics of the stakeholders (State, institutions, NGOs, etc.) .

* The weakness of a mechanism for efficient collection of statistical data on child trafficking and the worst forms of child labour.

Article 28 of the Charter

Drug abuse (*information not available*)

Article 27 of the Charter

Exploitation and sexual abuse

According to the half-year activity report (2011) of NGO World Education, which to a large extent focused on children (girls/boys) in difficult situation, victims of child trafficking, child labour and sexual exploitation, the combined efforts of the stakeholders involved in the project have so far facilitated the identification and entry in the database, information in respect of 11,202 children, **5,505** of whom are girls, that is 49.25% of the total.

Also noteworthy is the registration of the direct beneficiaries. Regarding cases of those removed from exploitation, the information derived from the database indicate a figure of 5,294 children, representing 142 % of the projection at the start of the project.

As for those accused, they number 4,493 or 116 % of the projection. 1,548 children were removed and 1,122 persons charged during the period.

881 children were identified as victims of trafficking including **408** girls, that is, **46.36%** of the total. As for victims of sexual exploitation, they were **283** in number, of which **275** are girls. As regards the particular case of the half-year in question, **465** victims of trafficking and commercial sexual exploitation (**159**) were identified.

Article 29 (b) of the Charter

Other forms of abuse and exploitation such as begging, early pregnancy, etc.

The Children's Code in its Section VI focuses on inciting children to begging, and Articles **401** and **402** stipulate that begging is an activity exercised exclusively or primarily to solicit public charity to procure or otherwise the means of subsistence. It is dehumanizing for the child and countervails realization of his/her rights.

Begging is the fact of any one soliciting free help from the public as a habit and in his/her personal interest or that of a relative or a person with some power or ancestral influence over him/her.

The fact of inciting or coercing a child to begging shall be punished with a term of imprisonment of 3 months to 1 year and a fine of 50,000 to 200,000 Guinean Francs.

It is noteworthy that big cities are replete with child beggars, and most often it is albinos twins or triplets that are found with their parents in public places.

As regards early pregnancy, this is the result of early marriage for young girls, whereas the revised Civil Code sets the marriage age for girls and boys at 18 years. Despite this provision of the Civil Code, early marriage/pregnancy which in this country is an informal union involving children under 18 years of age persists in all segments of the Guinean society, notably in the so-called rural communities.

The forced entrance into marriage on the part of girls under parental pressure jeopardizes their physical and moral health on account of early pregnancy (13 or 14 years old).

Social mobilization for the abandonment of early marriages leading to early pregnancy is underway in areas where the practice is most widespread.

There is also the case of house girls who are victims of abuse and sexual harassment by their employers, of neglect, lack of rest and of appropriate care when they fall sick.

In the capital of the administrative region of Kindia, a labour union of women/house maids has been established to serve as interface between them and their employers to address the risks they have so far encountered.

In the same vein, the association of child and young workers has engaged itself in social mobilization activities to obtain compliance with the 12 rights of working children.

Article 29 of the Charter

Sale, trafficking and abduction of children

The national survey on child trafficking (2003) was the first survey operation at national level to indicate that the phenomenon of child trafficking exists in Guinea. However, the purposes of trafficking vary from region to region, and may in most cases be summarized as exploitation for child labour, child prostitution and

recruitment into armed conflict. The survey did not find any cases of child trafficking for the purpose of slavery, organ harvesting or sale.

In Guinea, regardless of the type under consideration, child trafficking is still dominated by domestic trafficking. As in most countries of the sub region, the child migration phenomenon is becoming increasingly significant. Generally, migratory movement is triggered by adults in search of cheap labour. Through this survey, it was found that there are two (02) forms of child trafficking in Guinea: trafficking in the strict sense of the term and publicized placement.

The exodus is also connected with the existence of organized international trafficking networks from Nigeria, Mali, Burkina Faso, Ghana, Sierra Leone and Liberia, notably networks that transit Guinea for the Maghreb countries and Europe (Italy, Ukraine, Switzerland and France). Additionally, there is a network of traffickers of Guinean children to Côte d'Ivoire.

The survey studied 2,000 cases of child workers, including 500 in difficult situation in 24 prefectures out of the 33 prefectures and 25 sub-prefectures. A case-by-case review of situation was conducted using as reference, the constitutive elements of trafficking in the strict sense of the term representing 1.5%. They are mostly boys ranging in age between 15 and 22 years. The boys in question have never been to school, and those who are victims of publicized placement account for 0.7%. Some of the child victims of publicized placement are undergoing rehabilitation. The second employer of children is domestication.

The mining sector takes the third position, with the other sectors such as SMEs and garbage collection absorbing the rest. Among the child victims are Malians usually from the regions of Sikasso, Mopti, Koulikoro and Siragourou. The Malian children in question transit Siguiri (Guinea) before reaching their final destination.

Liberian and Sierra Leonean children victims are to be found in practically every major city in the country, whereas Nigerians and Ghanaians make a simple transit through Conakry to find travel documents for journey to Europe via the Maghreb.

In Guinea, the localities for recruitment of child victims are the pockets of poverty in Upper and Middle Guinea (Siguiri, Mandiana, Dinguiraye, Kérouané, Lélouma, Koubia, Mali and Koundara). However, some recruitment areas are located also in other prefectures. This is the case of Télémélé, Macenta, Beyla, Lola and Yomou. The destinations for children are: Conakry and the industrial cities (Kamsar Fria and Sangaredi). They are also found in artisanal gold mining and diamond sites. The routes used by the intermediaries are those usually followed by road transporters.

Causes:

The causes of child trafficking by parents through intermediaries are associated mainly with the meagre income of households which leads parents to give their own children over for agricultural, mines and quarry labour, in the hope of earning income from the transaction.

The educational system in place could not or failed to provide the necessary training support for the children. Those not in school and out of school have found few alternatives.

Very many children, being minors, consequently occupy themselves as shoe shiners, street vendors, etc.

Child trafficking may also be explained by the weakness of mechanisms for the monitoring and tracking the children's movement, parental ignorance, low household incomes in rural areas and large households with high unemployment rate in rural areas.

Actions taken and achievements

Despite the lack of resources, many initiatives were taken to ensure the protection of children of 7 to 18 years of age against trafficking.

At the institutional level, the political will of the country's authorities led to the establishment of structures for coordination, management and monitoring of activities, comprising:

- • The National Directorate of Preschool Education and Child Protection (*DNEPPE*);
- The Guinea Monitoring Committee for Protection of the Rights of the Child (*GC/PRC*);
- The Advisory Committee on child labour and child trafficking;
- The NGOs Coalition to combat child trafficking (*COLTE*);
- The Coordination Unit for NGOs working for children in difficult situation(*COTESD*)
- The National Coordinating Committee of advocates for children in need of special protection measures (*NCC/ACSPM*);
- The establishment in 2005 of a National Committee for combating trafficking of persons especially women and children;
- Evaluation of a National Action Plan against child trafficking;
- The launch of a nation-wide media campaign for better enlightenment on the phenomenon;
- Training of stakeholders on trafficking;

- The signing in June 2005 of a bilateral cooperation agreement between the Republic of Guinea and Mali for combating child trafficking;
- The signing in July 2005 of a multilateral cooperation agreement between 10 countries of the sub region including Guinea as part of the fight against child trafficking.

At the community level, the local committees for child protection (*LPC*) established in all prefectures and urban municipalities do contribute to the decentralization of child rights promotion activities and to the permanent integration in the field of priority issues in respect of child welfare.

The civil society comprises two (02) human rights organizations including the Guinean Human Rights Organization (*OGDH*), which has organized numerous meetings to sensitize policy makers and communities to the fight against exploitation and child labour in Guinea.

On legal front, there is the Children's Code which has just been adopted, and the National Committee for combating trafficking in persons, especially women and children. This committee has developed a two (02) year short-term action plan 2006-2007. This plan covers five (05) strategic areas, namely:

- Prevention;
- Repatriation;
- Protection;
- Rehabilitation;
- Cooperation.

In the realm of cooperation, Guinea in 2005 signed two (02) bilateral cooperation agreements on the fight against child trafficking. The first was with the Republic of Mali; and the second was a multilateral agreement with ten countries in the sub-region (Niger, Mali, Ivory Coast, Nigeria, Ghana, Guinea, Senegal, Benin, Togo and Mauritania). The multilateral agreement was reviewed in Conakry in 2006.

In addition, an extensive media campaign was organized across the Guinean national territory for wide public enlightenment on child trafficking. This campaign was supported by UNICEF and the United States Embassy in Conakry.

Also at domestic level, the NGOs formed themselves into a coalition to pool their efforts and fight child trafficking.

Child victims of harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child

Article 21.2 of the Charter

Betrothal of girls and boys

The betrothal of girls and boys are on-going practices, but on substantially reduced scale. It is not uncommon to find a family promising its daughter in marriage to a small boy of another related family.

Early and forced marriage

The minimum age of marriage is 18 years (for boy and girl alike): According to the report on Human Rights in Guinea 2009, "although there is no official report on early marriages, this practice poses a problem. Parents arrange the marriage of very young girls (sometimes aged only 11 years) in the Fouta Djallon and Forest Regions. During the year, the court convicted six young girl prisoners alleged to have in 2008 killed their husbands in Kankan, after being forced to marry them. No other information was available as at the end of the year. In coordination with the national authorities, local journalists and international NGOs, *CPTAFE* continues to wage its awareness-raising campaign to discourage early marriages and has reported rates lower than in previous years. According to the unit, some families that used to argue in favour of early marriages nevertheless kept their married daughters at home until they have at least completed high school."

It is noteworthy that in Guinea, 24% of women enter into a union at the age of 15 and half of them enter into their first union at 16. Disparities emerge in terms of place of residence, level of education and natural region. In this regard, women in the rural areas enter into relatively early union than those in urban areas at 15 years of age as against 17.

Amongst uneducated women, marriage is solemnized at the age of 16; those in primary school marry at 17 and those in the secondary at 19.

As regards the regions, it is noted that the average age of first union, in Mamou for example, is 15 years, N'Zérékoré 16 years and the maximum recorded in Conakry, 17 years. For the women of Middle Guinea, they enter into union much earlier at 15 than those of the other regions.

Furthermore, Guinea is a country where poverty has hit the 60% threshold, and parents' extreme poverty in addition to the impact of the economic crisis prevalent for nearly two decades, has had the effect of up scaling early marriages.

When poverty is high, the girl can be a burden to her parents and her marriage to an elderly man, sometimes a more or less rich old person, can resolve many problems of poor families.

Many men delay marriage on account of lack of resources, and parents, apprehensive that their daughters might become pregnant out of wedlock, seize every available opportunity to marry out the girls early to prevent premarital sexual relation.

The persistence of traditions is also one of the main reasons for early marriage in Guinea. Girls get married because religion and dignity are the values mostly upheld, including the girl's virginity at the time of marriage.

In some societies, it also happens that parents withdraw their daughters from school upon the first menstruation for fear of the risks posed by the company of male pupils and teachers.

Early marriage deprives the girl of her childhood and adolescence, and reduces her individual freedom; and this partly explains the girls' high dropout rate in primary and formal secondary schools.

It has profound repercussions on the physical and psychological health of the girl child, because early and intense sex, early and unwanted pregnancies and premature deliveries are sources of maternal and infant mortality as well as vesicle-vaginal fistula.

Early marriages are also forced and polygamous, hiking the risk of STIs and HIV/AIDS on the one hand, and on the other, explaining to some extent, the increased child prostitution.

Early marriages slash individual freedom and the girls' opportunity to develop their own independent personality and make a deliberate choice; hence the extreme comportment on the part of some young women against their spouses, thereby putting them in conflict with the law.

This is the case of the murders of young women by spouses.

Every form of female mutilation

Article 265 of the 1969 Guinean Penal Code prohibits any form of mutilation of the bodies of women (excision) under pain of life imprisonment.

The 10 July 2000 law on reproductive health in turn criminalizes and imposes penal punishment for female genital mutilation, particularly excision and infibulation.

The Law establishing the Guinea Children's Code in Articles 405, 406, 407, 408, 409 and 410 stipulates that:

* Female genital mutilation means any partial or total ablation of the external genitalia of female infants, young girls and women and/or other procedure on these organs.

* All forms of female genital mutilation practiced by anyone regardless of his/her status, are prohibited in the Republic of Guinea.

* Whoever, with traditional and modern methods, practices or has promoted female genital mutilation or participated in the practice shall be guilty of wilful assault on the person of the circumcised.

Any such act shall be liable to a term of imprisonment of 3 months to 2 years and a fine of 300,000 to 1,000,000 Guinean Francs or either of these penalties.

Parents or any other person with influence over the child or having custody thereof who has permitted female genital mutilation shall be liable to the same punishment as the perpetrators.

*Where female genital mutilation has resulted in disability, the author shall be punished with imprisonment of 5 to 10 years and a fine of one million Guinean Francs.

* Where death of the child results therefrom, the perpetrator shall be punished by a term of imprisonment of 5 to 20 years.

* Heads of health facilities, public and private alike, are required to ensure that victims of female genital mutilation hosted in their reception centres or institutions are given the most appropriate care.

Any form of harmful social and cultural practices

Despite the prohibition of harmful practices which are a violation of the rights of children especially girls, many of them continue fall victim to female genital mutilation/excision (FGM/E) and early marriage in the Republic of Guinea . The 2005 HDS shows the affirmation and the disparity of these practices by age, ethnicity and religious persuasion across the country.

Significant progress has been achieved, namely:

- Signing of a joint edict prohibiting FGM;
- Training of health workers to end the medicalization of FGM;
- Involvement of traditional communicators in the fight against FGM;
- Involvement of the religious;

- Training of trainers for partners' capacity building on social norms to speed up the abandonment of the practice of excision;
- Recording public statements in favour of FGM abandonment;
- An edict on reproductive health stipulating in its Article....

Article 26 of the Charter: f) Children belonging to a minority group

In Guinea, there is no distinction between ethnic minorities, indigenous peoples and others. All have the same rights and obligations.

CHAPTER X: RESPONSIBILITY OF THE CHILD

Article 7 of the Guinea Children's Code is devoted to the fundamental duties of the child. These involve the duties of the child to his/her parents, family, society, State and other national community, African and the international community.

"Every Child has responsibility towards his/her parents, family, society, the State and other legally recognized community, as well as towards the international community.

The child, depending on his/her age and ability, and subject to the restrictions contained in this Code, has the duty to:

- respect his/her parents, superiors and elders at all times and give them assistance them if need be;
- respect the national identity, languages and values;
- respect the environment and quality of life for all;
- respect the Basic Law and the Laws of the Republic;
- respect the rights, dignity and honour of others;
- work for the cohesion of the family and for the good of the national community by placing his/her physical and intellectual abilities at its disposal;
- strive for respect of Human Rights and the Rights of the Child;
- work to safeguard public order, public health and public morals;
- work to preserve and strengthen the society's and nation's solidarity;
- work to preserve and strengthen the country's national independence and territorial integrity;
- contribute to the best of his/her abilities, at all times and at all levels, to the promotion and realization of African Unity and international cooperation.

CONCLUSION

A nation's future is determined by the investment that today's adults make for its children who, tomorrow, will be responsible for the conduct of the country's destiny.

The lesson one can draw from all the aforesaid, gives room to suggest that the way to the full realization of the rights of the child is long and tedious. However green some of the indicators may be, others nevertheless remain inexorably marked by a gap to be filled if we are to attain the Millennium Development Goals by 2015.

To this end, there is absolute need to place the child at the heart of development by devising programmes and projects that integrate all matters relevant to the survival, development and participation of the child.

However, the country's level of poverty coupled with the debt burden does not facilitate implementation of this commitment with respect to children. It is true that sequel to the great social crisis the country experienced in early 2007, a new momentum (marked by better governance and youth patriotic fervour for self-development) has taken root for the greater good of the vulnerable groups especially children.

With the presidential elections of 2010 which ushered in the 3rd Republic, there is room for hope that, in the coming years, some momentum will be infused into the realization of the rights of the child.

Furthermore, international cooperation has to be further mobilized to provide more substantial support to Guinea in terms of official development assistance.