

MMS Bulletin #152

La santé des enfants de plus de cinq ans : négligée et oubliée ?

A case study of Haut KATANGA and LUALABA provinces Living Conditions for Girls from Artisanal Small Scale Mining Zones in the Democratic Republic of Congo

De André Shongo Diamba, Maguy Ngongo Omoy, John Malolo Zubela and Faustin Mukini

The Democratic Republic of Congo is rich in mineral resources, mainly in the east and south eastern region. Artisanal Small Scale Mining (ASSM) is reported as the main exploitation model. Congolese citizens are authorized to do mining in given official zones, however they have expanded in unauthorized illegal areas. ASSM and living zones are hard to live in especially as they are dangerous and unsafe; yet entire families migrate to such areas despite the poor living conditions. We conducted a systematic review to asses' child marriage in this region and tried to get a better understanding of girls aged 6-9, and 10-15 who live in such environments. Children of these families can hardly go to school and drop out of it and are therefore forced to make a living. Most of these girls end up in sex trade. The risk of abuse is very high and early marriage reported.



Girls and women cleaning copper ores in artificial water basin at Luisha Kasonga artisanal mine site / Haut Katanga province. In Artisanal Small Scale Mining, some tasks are given to specific group, other

Resource-rich country - poor miners

The Democratic Republic of Congo (DRC) is a country with extraordinary mineral wealth. The country has substantial reserves of copper, cobalt, cadmium, diamonds, gold, silver, zinc, manganese, tin, uranium, germanium, columbite- tantalum (coltan), bauxite, iron ore and coal. It is estimated that the DRC contains 49 percent of world cobalt reserves, 10 percent of copper reserves and unexplored gold potential. [CASM, DFID and World Bank (2007)] Most of the known mineral resources are concentrated near the country's eastern borders, and south into KATANGA province where it shares the rich copper belt zone with neighborhood Zambia. [Harvard Humanitarian Initiative (2015)]

However, 80 percent of Congolese mineral production is still undertaken by vulnerable, impoverished and largely illegal artisanal miners. Artisanal miners produce 90 percent of minerals in the DRC, according the World Bank. Between 500,000 and 2 million individuals are involved in DRC Artisanal Small Scale Mining (ASSM). [Weijs B., et al, (2012)] 12 to 15 percent of DRC' populations depend on ASSM. [The World Bank (2008)]

Artisanal exploitation is defined in the 2002 DRC mining Code as any activity by means of which a person of Congolese nationality carries out extraction and concentration of mineral substances using artisanal tools, methods and processes, within an artisanal area limited in term of surface. [PACT (2010)]

ASSM is frequently associated with negative social and health impacts, including migration of entire families. Other factors are associated with the negative ASSM impact has including substance abuse, health problems, sex trade, child labor, gender discrimination and violence. [ILO (2007)], [Rhys Evans (2018)]

This paper aims to follow girls aged 6-9 and 10-15 among 8,000 children reported in ASSM in Haut Katanga Province and 11,000 in LUALABA. [Annie Kelly, The Guardian, (2016)]



Mothers, big sisters and brothers and children aged 6-9 are wait to do additional tasks near Musomoi River upland (KOLWEZI/LUALABA Province). Photo: Pappy, March 2019

A system review was undertaken to asses' child marriage in this region. Texts books and scholarly articles were screened from January to May 2019. An observation approach was made during a short visit on ground. A narrative approach to synthesis was adopted.

Especially girls are most vulnerable - Finding of systematic review in Haut KATANGA and LUALABA provinces

We found a large number of girls and boys aged 6-9 and 10-15, the first group helping their mother by bearing babies or with small tasks as triage, and second group more involved in mining operations (handling, transportation, cleaning) in different mining sites in Haut KATANGA (n=8,000) and LUALABA (n=11,000) despite the prohibition of child labor by Congolese law and UN Convention ratified by the nation.

Three distinct categories of children and girls are reported in ASSM Zones; those who work with their families (parents), those who work with other adults, and those who work alone.

We can clearly observe a negative impact of this work for children and girls with regards to education (illiteracy, dropping out of school), health (sexual abuse, early marriage), and welfare. Future opportunities are just not existent.

Children, girls and women make significant proportion of ASSM workers. They carry out a full range of activities, in mines and in providing supportive services. Outside the mines, girls and women give services to the camps by selling good, being employed restaurants and hotels or by earning a livelihood as sex worker.

ASSM sites often attract or cultivate a sex trade, which results in health risks such as HIV and other sexually transmitted diseases as well as in exploitation of those entering the sex trade unwillingly. Early sex and marriage practices (early marriage, forced sex or through exchange of food or money) tend to aggravate the need for children to work in mines. A large number of young men living far from home and family, make a rapid daily turnover of cash which results in high alcohol and drugs consumption. This very often leads to sexual abuse of girls and gender based violence.

HIV/AIDS awareness is low and prevention tends to rely on superstition rather than behavioral change, condoms, testing, counselling, etc. Other health issues are linked to the work in ASSM such as lung diseases, skin diseases, pollution, radiation and cancer.

Presented as ores cocktail, acid and radioactivity reactions are reported during cleaning processes.



Boys and girls at the Mining place in Puit 5 Basin open mine in Kipushi (Haut Katanga province), instead of going to school. Once there, there is no chance to return to school or to be admitted to technical vocational education training center. Photo: John, 2019

Theory of change

There is enough evidence that ASSM environment is not appropriate for health and education of children aged 6-9 and 10-15. Ecologic theory of change model is the best framework for fighting against girls' presence and attendance in ASSM communities. This theory of change recognizes the interconnected influences of family, community and society on child's protection and development and therefore works in partnership with actors at different levels. We believe that three strategies are needed to prevent and solve this issue:

- I. Advocate for child protection law enforcement by addressing issues around children's health and development, social protection, education, labor laws and mining,
- 2. Increase sensitization campaign for children, parents and community leaders regarding dangers and respecting laws involved with girl and child labor,
- 3. Build resilience and protection mechanism by sensitizing mining occupational to reduce gender based violence, rape, early marriage and violence.

Certainly, we need to better understand the risk factors and vulnerabilities in such communities in order to improve the living conditions of children in these areas.

References

1. CASM, DFID and World Bank (2007). Artisanal mining in the DRC – key issues, challenges, and opportunities, retrieved on April 19, 2019 from

http://www.eisourcebook.org/cms/Feb%202013/DRC%20Artisianal%20Mining,%20Key%20Issues,%20Challenges%20&%20Opportunities.

- Harvard Humanitarian Initiative (2015). Resources and resourcefulness: gender, Conflict and artisanal Mining communities in Eastern of Democratic Republic of the Congo, retrieved on April 19, 2019 from http://documents.worldbank.org/curated/en/262411467998211567/Resources-and-resourcefulness-gender-conflict-andartisanal-mining-communities-in-Eastern-Democratic-Republic-of-the-Congo
- 3. Weijs B., et al, (2012). Researching Livelihoods and Services Affected by Conflict, *retrieved on April 19, 2019 from* http://www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/7717.pdf
- 4. The World Bank (2008). Democratic Republic of Congo: Growth with Governance in the Mining Sector, retrieved on April 19,2019 from https://siteresources.worldbank.org/INTOGMC/Resources/336099-1156955107170/drcgrowthgovernanceenglish.pdf
- 5. PACT (2010). PROMINES Study: Artisanal Mining in the Democratic Republic of Congo, retrieved on April 19, 2019 from http://congomines.org/system/attachments/assets/000/000/349/original/PACT-2010-ProminesStudyArtisanalMiningDRC.pdf?1430928581
- 6. ILO (2007). Girls in Mining: Research Findings from Ghana, Niger, Peru, and United Republic of Tanzania, *retrieved on April* 19, 2019 from http://www.ilo.org/gender/Informationresources/WCMS_090521/lang--en/index.htm
- 7. Rhys Evans (2018). Substance abuse in mines better control with broader understanding, retrieved on April 19, 2019 from https://www.miningglobal.com/operations/substance-abuse-mines-better-control-broader-understanding
- 8. Annie Kelly, The Guardian, <u>(2016)</u>. Children as young as seven mining cobalt used in smartphones, says Amnesty, *retrieved on April 19, 2019 from* https://www.theguardian.com/global-development/2016/jan/19/children-as-young-as-seven-mining-cobalt-for-use-in-smartphones-says-amnesty



André Shongo Diamba, MD, MPH. André is a medical doctor, specialised as a general practitioner from University of Lubumbashi-DRC and he completed his studies in Global public health (MPH) at Tulane University (United States of America). He also holds a degree in Veterinary Medicine from the University of Lubumbashi-DRC. André is the Director of PHOrg (Public Health Organization), a local DRC NGO of health system strengthening. He is also a voluntary program advisor at PISRF (Integrated production health and family)

Program of reproduction health and family).

Maguy Ngongo Omoy, MD Pediatrician. Maguy finished her studies at the University of Lubumbashi (DRC) as a Medical Doctor. She is working as an academic in the field of child health at the University of Lubumbashi-DRC, faculty of Medicine, Department of Paediatric. She is akis coordonator at PISRF. Email

John Malolo Zubela, MD. Graduated from the University of Lubumbashi - DRC, as a general practitioner. Currently, John is a teacher assistant at the Protestant University of Congo. He is the Director of peer education of girls and parents (PEGAP project) - preventing and fighting against child marriage and early unions at PISRF.

Faustin Mukini, MD. Faustin is a Medical Doctor specialised as a general practicioner from the University of Lubumbashi - DRC. He works as a clinic health care provider and also as a Community Health Worker supervisor for the project peer education of girls and parents (PEGAP project), preventing and fighting against child marriage and early unions at PISRF.

Kontakt

Deutschschweiz

Medicus Mundi Schweiz Murbacherstrasse 34 CH-4056 Basel Tel. +41 61 383 18 10 info@medicusmundi.ch Suisse romande Medicus Mundi Suisse Rue de Varembé I CH-1202 Genève Tél. +41 22 920 08 08 contact@medicusmundi.ch

Coordonnées bancaires

Basler Kantonalbank, Aeschen, 4002 Basel Medicus Mundi Schweiz, 4056 Basel IBAN: CH40 0077 0016 0516 9903 5 BIC: BKBBCHBBXXX