



**Use of ICTs to improve access to justice and health for
women and children victims of sexual and domestic
violence in the Republic of Congo**

A Survey Report

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1. Introduction

Access to health and justice for women victims of violence is certainly one of the effective ways of supporting victims as well as redressing the physical, moral and psychological damage suffered. In order to define these problems encountered by women and to find mechanisms to facilitate this access, a survey was conducted in the towns of Pointe-Noire and Nkayi.

1.1 Survey objectives

The objectives of this survey were to:

- Identify the different recurrent forms of violence against women.
- Define the obstacles to access to justice and health for women and children victims of sexual and domestic violence.
- Identify the different uses of information and communications technologies (ICTs) to combat violence against women.
- Propose actions to improve access to justice and health for women and children victims of violence through the use of ICTs.

1.2 Sample

Our sample is made up of: forty-six (46) married or cohabiting women who are victims of sexual and domestic violence, thirteen (13) criminal investigation department officers who handle women victims of violence, ten (10) associations working to combat violence against women and criminal justice personnel, particularly public prosecutors and investigating magistrates hearing victims' complaints. The towns covered by the research are Nkayi and Pointe-Noire, for the period between December 2013 and January 2014.

With regard to health, interviews were held with 10 health workers in hospitals and integrated health centres (centres de santé intégré, or CSIs) where AZUR Développement carries out its activities. These hospitals include the Nkayi Basic Hospital, the Congo Malembe Hospital in Pointe-Noire and the Muananto, Armée du Salut and ex-Suco integrated health centres in Nkayi.

Interviews were conducted with the following stakeholders: departmental directorates responsible for the promotion of women and the integration of women in development; departmental directorates for human rights; departmental directorates for health; and town councils.

1.3 Methodology

The methodology used for this survey primarily consisted of a review of documentation, notably of the laws to prevent and punish acts of violence, as well as court rulings. It also involved use of a questionnaire to conduct interviews with women victims of sexual and domestic violence, partner associations, and government institutions involved in combating violence against women. The collected data was subsequently analysed by a team made up of legal, ICT and health care professionals.

1.4 Use of the survey results

The results of this survey will be used to refine the intervention strategy of AZUR Développement, ARIPS and AFDB in the prevention and management of sexual and domestic violence against women and

children in Pointe-Noire and Nkayi. These results will also allow the APC Women's Rights Programme (APC WRP) and AZUR Développement to initiate new projects on ICT use to end violence against women and girls in the Congo.

2. Access to justice

2.1 The different forms of violence suffered by women and children

Our study revealed that physical violence is by far the most common form experienced by women. In fact, 60% of the women questioned said they had been beaten or experienced physical violence.

Unfortunately, most of this violence occurs in the marital home, with 41% of women saying they had been beaten by their partners. Ms J. M., 28 years of age and living in the Tié-Tié neighbourhood in Pointe-Noire, was beaten by her “husband” for making him jealous: “I was beaten almost to death and taken to the hospital. Since that time, I have had constant pain in my right ear and I can no longer hear well.”

Sexual assault is in second place. In fact, 42% of persons questioned said they had experienced a sexual assault, particularly rape and sexual harassment.

The third category of violence experienced by women is psychological abuse, made up of public insults, disparagement, defamation and verbal threats which are the daily fare of many women, both married and single. Furthermore, many children, particularly girls, have experienced violence at the hands of their parents. This type of violence comes down to inhumane treatment and negligence.

2.2 Access to justice by women victims of violence

Both physical violence and psychological abuse are violations of Congolese criminal law, except for certain acts of violence. The Criminal Procedure Code, which defines the process for law enforcement, stipulates a certain number of stages from offence to punishment, via investigation, criminal proceedings and sentencing.

Within the context of this presentation study, it was deemed necessary to provide a brief overview of the judicial system before moving on to the legal and judicial handling of victims of violence.

2.2.1 Organisation of legal structures

Two structures are concerned with access to justice for victims of violence: firstly, the structures involved with investigation and secondly, those involved with legal proceedings and sentencing.

With regard to investigating organisations, namely the police and gendarmerie, their unequal distribution should be noted. In the town of Nkayi, for example, there are eight (8) police posts apart from the police station and a gendarmerie brigade, but in the town of Pointe-Noire each neighbourhood has a police post. However, despite the existence of police and gendarmerie posts, whose officers are responsible for “recording criminal violations, collecting evidence and searching for the perpetrators...”, it should be noted that there are sometimes deviations, due either to lack of adequate training or to corrupt practices. Thus, the nine (9) police posts and stations questioned in Nkayi stated that they have already or are willing to proceed with an amicable settlement if requested by the parties, even for criminal offences such as rape. Furthermore, some believe domestic violence to be a minor offence.

This state of affairs results in a low level of case transmission to the public prosecutor. In fact, for victims going through the police or gendarmerie, the average number of cases sent to the public prosecutor is 3%. It may be noted that justice is often not sought in cases of violence against women, particularly when the perpetrators are their spouses. In the town of Nkayi, for example, only 10% of women victims of violence approach the police.

With regard to the structures for legal proceedings and sentencing, there is also some disparity which may hinder access to justice by victims. In fact, in the town of Nkayi, there is only one district court which is not authorised to hear offences. It is necessary to travel to Madingou, two hours away, to a regional court.

2.2.2 Legal and judicial management of victims

The process of punishment and reparation for damages is sometimes lengthy. It starts with submission of the complaint to the police station or public prosecutor's office. Evidence needs to be collected. It appears to be up to the victim to bring in evidence although, in principle, the victim should cooperate more with the authorities in charge of the investigation or those responsible for the legal proceedings by bringing in medical evidence (medical certificates, prescriptions, etc.), for example, or by citing persons who may be called as witnesses. This is despite Article 14 of the Criminal Procedure Code which stipulates that the criminal investigation department is responsible for conducting the investigations necessary for collection of this evidence. However, owing to a lack of resources, they are forced to give up.

In fact, women victims of violence fear lengthy and costly proceedings and are therefore not interested in going to court, although the cost of a lawsuit depends on the complexity of the case, the resolution of which may require the services of a lawyer or investigation by other professionals. When a case is simple, the lawsuit is not costly. The women therefore prefer the case to be settled amicably, albeit illegally, by the police, gendarmerie or district chiefs. In fact, 68% of women interviewed stated that they did not go to court owing to a lack of money. This is due to a lack of information.

According to the victims, another obstacle to referral to the courts is, of course, the length of time taken by the proceedings. In fact, 70% of interviewed victims stated they did not wish to go to court owing to the lengthy proceedings. Most often, and in violation of the law, the parties prefer to go no further than the police or gendarmerie. This means that only 5% of women victims of violence choose to seek justice through an examining magistrate.

2.2.3 Other reasons mentioned as obstacles to access to justice

Analysis of the collected data showed that women are not prepared to get involved in lawsuits against their husbands or partners, in the name of love or out of fear of abandoning their minor children. As an example, Ms K. N., 21 years of age, living in the Mpaka 120 district, was beaten by her partner and her rival who demanded that she have an abortion and move out of the home. Beaten and forced to spend the night with her rival and her man in the same bed, she refused to go to court out of love for the man. "I love my 'husband', I don't want to leave him to another woman..." However, this state of affairs is the result of the feeble implementation of the law often referred to by police officers or gendarmes, who make deals even for criminal offences, even though assault and battery are prohibited and punishable by law irrespective of the perpetrator and the victim.

Furthermore, dishonour is also mentioned by victims. Even though they are victims of violence, some women feel dishonoured when the case becomes public knowledge and are ashamed or afraid to explain the facts. To avoid her relations finding out that she has been beaten by her husband, Christine prefers to defend him or claim that she fell again.

Finally, some women believe that violence is normal or are unaware that it is a criminal offence and that they may go to court to obtain compensation.

It should be emphasised that the “amicable” settlement, particularly in front of the police or gendarmerie, perpetuates violence against women. This method of settlement is often favoured by the victims, their relatives and the perpetrators because everybody is happy: the victim is paid, the police are not concerned, and all the perpetrators need to do to ensure their freedom is to hand over the required amount.

This state of affairs encourages violence against women. It is therefore important for appropriate measures to be taken, particularly to further educate women on the consequences of violence and their rights as well as legal proceedings.

3. Access to health and health care

Violence against girls and women is multidimensional in that it can be physical, psychological and sexual. Victims of sexual and physical violence are the most common victims coming to the health centres at Pointe-Noire and Nkayi. Psychological violence and child abuse, among other forms of violence, often occur insidiously and victims suffer until this leads to health-related consequences.

The consequences are numerous, visible or invisible, and vary depending on the personality of the victim, the social representation of the act, etc. Clinically, there are traumatic injuries and unwanted pregnancies, psychologically there is post-traumatic stress or depression and there are also sexually transmitted diseases (STDs).

In terms of access to care, we analyse the existence of medical treatment facilities, services on offer, and the accessibility and quality of these services.

3.1 Health care facilities

The health delivery system in the Congo consists of three levels: general hospitals, basic hospitals and integrated health centres (CSIs).

In Pointe-Noire, the victims of violence heard by AZUR Développement and the project’s civil society partner organisations mentioned receiving care in the two general hospitals: Adolphe Cissé and Loandjili, and the basic hospital at Tié-Tié. Some have been to integrated health centres which are first-line medical outposts between the people and the health care system.

In Nkayi, victims mentioned the basic hospital and at least four integrated health centres. Private healthcare facilities are also used by families with resources.

Medical outposts are areas of intervention of the APC AFRICATTI project.

However, in integrated health centres, working equipment is lacking. For example, laboratories are not well equipped and victims of sexual and domestic violence need to go to private laboratories for tests which are very costly.

The finding is almost the same in all hospitals. There are no staff members specifically trained in the medical and psychological treatment of victims of sexual and physical violence. Triage departments and health care centres generally refer to midwives, gynaecologists or psychologists. However, although gynaecologists have adequate training, the same does not apply to midwives. There are health care centres and hospitals with no psychologist.

Therefore, as noted by other projects such as the *Projet de Consolidation de la Reconciliation* [Reconciliation Consolidation Project] (PCR), a project funded by the European Union (EU) within the context of the 9th European Development Fund, equipment and kits for the medical treatment of victims of sexual violence are lacking. To contribute towards solving this problem, the PCR has built or rehabilitated more than ten integrated health centres and basic hospitals, namely Makélékélé and Talangai, which were equipped with drugs to support the medical and psychosocial treatment of vulnerable populations and specifically the victims of sexual violence.

However, the demand for medical care is still enormous in Pointe-Noire and Nkayi, where there are no specific units to treat victims of sexual violence in hospitals. In Pointe-Noire, there is an ongoing project at the Adolphe Cissé General Hospital to open a medical-psychological treatment unit for victims of sexual violence.

3.2 Medical treatment

Factors involved in medical treatment consist of prevention of pregnancy, prevention of bacterial STDs (especially chlamydia but also gonorrhoea and syphilis), prevention of viral diseases including HIV and hepatitis B, and the treatment of traumatic injuries. In cases of complex trauma, surgical treatment is considered (fractures, sprains, etc.).

In Pointe-Noire, it costs at least FCFA 3,000 (USD 6) to FCFA 5,000 (USD 10) for a consultation with a doctor in a public hospital. Medical tests could cost up to FCFA 50,000 (USD 100) or more, depending on the severity. A medical certificate is one of the essential documents needed to support a complaint in court for physical or sexual violence and costs FCFA 10,000 (USD 20) and FCFA 30,000 (USD 60) in Brazzaville.

Medical treatment requires the prescription of certain laboratory tests and the start of antiretroviral (ARV) treatment within 72 hours for victims of sexual violence in order to prevent HIV transmission, but this does not always happen. Victims or their relatives must procure the vaccines for viral hepatitis in pharmacies. With regard to care, victims or their relatives must often procure basic products such as alcohol and cotton wool themselves because the health centres or hospitals do not have any. Some victims say they have waited days before seeing a gynaecologist and the risk of HIV transmission cannot therefore be eliminated in time.

These costs are generally paid by relatives close to the victim and in rare cases by the perpetrators of the violence. There are cases where doctors consult free of charge, but these are limited. Out of all the laboratory tests required, only HIV testing is free. Some patients are lost to follow-up and do not return after the consultation because they are financially unable to pay for the laboratory tests and medical prescriptions. For example, in the Tié-Tié basic hospital in 2012, two out of the 12 cases seen did not return for treatment after the consultation.

One woman reported that her six-year-old daughter had been raped, but she waited one month before going to the hospital for a consultation because she did not have the necessary financial resources and the perpetrator of the sexual assault could not pay because he was still at large.

Battered women only go to hospital when “it is serious”, for example, if there is “loss of consciousness or serious injury”. The victims of marital rape only go to hospital if they notice bodily injuries.

It should also be recognised that the first reflex of victims and their families in cases of sexual and physical violence is to go to the police station. Going to the health centre or hospital thereafter is often not a priority. This attitude is reinforced by fear of the cost of health care in a country where most of the population has no access to health insurance. This can be explained by poverty, as household living conditions have not progressed much: 46.5% of the Congolese population has been estimated as poor, living below the poverty line set at FCFA 839 (USD 1.89) per day and per equivalent adult (according to the second Congolese household survey, ECOM2).

Furthermore, the victims state that they cannot go to the health centre for fear of breaking the silence around the rape that occurred, because many have received no psychological support and feel ashamed and guilty.

3.3 Psychological treatment

Most victims and their families do not know that violence against women and children has serious psychological consequences that include aggression, consumption of drugs or alcohol, anxiety, nightmares, concentration problems, depression, delayed development, fear or timidity, fear of certain adults, insomnia and lying.

However, despite the numerous consequences, at least 90% of victims have no access to psychological support. This can be explained by ignorance of the existence of such treatment on the part of victims and their families.

Culture confers on certain men the “right” to make mistakes. A woman will therefore say that she “did not react to abuse from her husband because women must submit to their husbands” or a brother who commits incest will not be denounced “because that would divide the family”. In rape cases, the victim often does not want her family to hear about it because it is a “shameful incident” for her.

All victims need to be believed and heard, they need to cry, shout or be silent, get rid of guilt and normalise their reactions. They need their expectations to be confirmed, supported and upheld. They need to be respected at their own pace, to be safe, encircled and to regain power over their lives, amongst other things.

Psychological support is therefore indispensable because the situation of violence creates several emotional, intellectual and moral disorders.

4. Use of information and communication technologies (ICTs) to improve access to health and justice

The Congo is engaged in a policy of modernising the telecommunications sector. For several years, the electronic communications sector has made rapid progress in the Congo. Fibre-optic projects will enable increased access to the internet by the population. There are several projects underway such as the Central African Backbone (CAB) project, which aims to provide Congo with fibre-optic telecommunications

infrastructures and to interconnect the countries in the Central African subregion; the WACS project, which connects the Congo to the worldwide high-speed system via an undersea fibre-optic cable that services countries along the Atlantic Ocean; and the Projet de couverture nationale (National Coverage Project, PCN), which consists of interconnecting large towns and installing metropolitan loops to provide greater access for companies, communities and individuals.

Among other initiatives is the structuring of the Agence Congolaise de Nommage Internet du Congo (Congolese Internet Naming Agency, ACNIC). Henceforth, this new organisation will manage the country's ".CG" internet domain names. Another initiative is the Internet Exchange Point (IXP) project which interconnects several internet access providers (IAPs) in order to optimise local traffic and improve the quality of internet service.

With regard to the internet, more than 10 internet access providers shared 307,721 internet users as of 31 December 2013, which is 6.6% of the population.¹ Furthermore, as the internet is now accessible on mobile telephones (3G), more Congolese people are connected to the internet. The market penetration rate of mobile telephony was 108.5% in the first quarter of 2014 [source: ARPCE]. In the same quarter, the Congolese market registered more than 4.8 million subscribers spread between the four operators in the Congo.

In light of this improvement in ICT access by the population, it is essential to understand the potential of these technologies in improving the living conditions of the people. ICTs affect all sectors of life and may, if used for good, advance the rights of women in general. They have a role to play in fighting violence against women and girls, but to what extent can they contribute towards eliminating this phenomenon? Our survey does not attempt to respond to the question of whether ICTs are the most effective way of responding to sexual and domestic violence, but rather tries to see to what extent ICTs can make this response more effective.

Our analysis is based on aspects of infrastructure, human resources and the different uses of computers and the internet by criminal justice officials and health workers and how these uses can contribute towards filling the gaps noted in the criminal justice process and in the delivery of health care to vulnerable persons, particularly women and children victims of violence. These findings should be used to work out how ICTs can be employed to make a significant change in the fight against violence against women and girls in the Congo.

¹ www.internetworldstats.com/africa.htm#cd

4.1 Use of ICTs by court officials

The *Projet d'actions pour le renforcement de l'Etat de droit et des associations* (Action Project to Strengthen the Rule of Law and Associations, PAREDA) is an example of the state's commitment to the use of ICTs in the justice system. This project, piloted by the Ministry of Justice and Human Rights with the financial support of the European Union, aims to implement and network "penal chain" and "civil chain" software in the registries of courts and tribunals, prisons and criminal investigation departments in Brazzaville, Dolisie and Pointe-Noire. There is a plan to use specific penal chain software to establish a network for the central criminal records office with the criminal investigation department, prisons and municipal registry in Brazzaville. In order to develop the skills of the clerks in use of the software (under development) and to improve registry management, this project trained 80 clerks in basic information technology in 2011 and 2012.

In Nkayi and Madingou, where there is a district court and a regional court, there are on average five computers. There is no internet connection at the court. Some officials use internet cafés. Several officials are self-taught in information technology and others are trained by the PAREDA project.² The work done on computers is generally entry of court rulings, judicial processes and other legal procedures. There is still no electronic archiving.

In summary, access to information technology and the internet at court remains limited for justice officials. Although clerks and judges sometimes own personal portable computers and confirm that information and communication technologies would help greatly in their work, they must use them at their own expense.

As one of them stated, "Of course computers would enable the rapid [retrieval] of rulings and other administrative documents as well as the collection of data."

At a time when the PAREDA project wishes to computerise the penal chain, the issues of availability of information technology equipment, electricity and maintenance of this equipment and software must be resolved.

Furthermore, at the level of the departmental directorates of human rights, the finding is the same. In Madingou, there is only one computer and at least five officers trained by the departmental director and also CIRAS in Brazzaville. This computer is generally used to enter administrative documents. Officials must go to internet cafés to access the internet.

4.2 Use of ICTs by officers in police stations

Police stations are some of the most commonly used entry points by victims of sexual and domestic violence and their relatives, as are district chiefs. Given that computers and the internet are no longer a luxury but work tools, it seemed relevant to enquire about the situation in these police stations.

It is evident that the police station offices in the areas in which the ATTI project conducted this research are insufficiently equipped with technological resources, which would facilitate their operational and administrative work. In this environment, work is manual at nearly all levels; the few computers are used only for secretarial work.

² Project of Actions to Strengthen the Rule of Law and Associations/Expertise on International and Regional Human Rights Instruments and Legal Codes in the Republic of Congo.

Using Nkayi as an example, police stations are equipped with at least one or two computers. Generally, no officers have been trained by the department to use them and learning about information technology is more a result of personal endeavour. In such cases, there are often two to four trained officers who can use these computers. The work performed includes data entry for information collection and scanning and printing of various documents. There is no electronic archiving.

For police stations in the interior of the country that may have access to information technology hardware, the challenges related to electricity, the telecommunications network, maintenance of the equipment and the budget for computer consumables cannot be ruled out.

With regard to an internet connection, officers go to internet cafés and one of them stated that “everybody accesses the internet in his own way, for his own objectives.” Many believe that computers and the internet would facilitate their work: “In their work, the police need information and the internet is an effective communication tool. It enables exchanges.”

The issue of training police officers in the use of information technology may appear secondary for some, but with the increase in cases of violence against women and girls resulting from the abuse of technological tools and increasing cyber crime in Africa, it remains a necessity.

4.3 Use of ICTs by health care personnel in hospitals and integrated health centres

In Pointe-Noire and Nkayi, computers in hospitals and integrated health centres are primarily used for administrative work, but also in some departments to enter test results. However, the information technology equipment remains inadequate and is sometimes low-performing or broken, which does not allow personnel to perform their work effectively. There are no computers in the integrated health centres in Nkayi.

The health care personnel have almost no in-service information technology training opportunities and even less in training schools such as the Jean Joseph Loukabou Paramedical School and the Faculty of Medicine, as information technology is not one of the modules taught. However, medicine should be a progressive science and health care personnel should be up to date on research. Having no internet connection in the department, it is not uncommon to see doctors using personal portable computers and connecting with modems provided by the mobile telephone companies and in internet cafés at their own expense.

For many, the internet would enable them to improve their knowledge, obtain data and search for information on medical subjects. “Computers would enable more effective registration and storage of collected data; with the internet, more information could be obtained on the medical treatment of victims of sexual violence,” one of them stated.

4.4 Use of ICTs by civil society organisations (CSOs)

Within the context of the APC AFRICATTI project, the following civil society organisations have worked together: the Agence Régionale d’Information et de prévention du SIDA (Regional AIDS Information and Prevention Agency, ARIPS), the Réseau des associations de solidarité positive (Network of Positive Charity Associations, RASPC) in Pointe-Noire, and the Association des femmes pour le développement de la Bouenza (Bouenza Women’s Development Association, AFDB) as well as the satellite offices of AZUR Développement in Pointe-Noire and Nkayi.

ARIPS has worked throughout Kouilou Province and in Pointe-Noire since 2007. It has a minimum of 50 members and at least four managers and members (all women) of the CSO are trained in information technology and internet use. ARIPS has one laptop acquired with its own funds. Its members access the internet at the office using a modem which costs them FCFA 30,000 per month. They use it for email, to perform Google searches and to contribute to their association's blog.³

The members of ARIPS have also received additional training from AZUR Développement.

RASPC has been active in Pointe-Noire since 2005. Out of the 30 active members (25 women and five men), five of them (three women and two men) have been trained in information technology and internet use. RASPC has one computer and one printer acquired with its own resources. Information technology training was offered by AZUR Développement. The cost of the internet connection is FCFA 30,000 per month, funded by its own budget.

AFDB started its activities in Nkayi in 2011 within the context of HIV/AIDS and then as a partner in a project for the psychosocial management of women and children victims of sexual violence in Nkayi in 2012. AFDB has no computers and no regular internet access. Its members connect in the two internet cafés in Nkayi or go to the AZUR Développement satellite office in the department to enter documents and send email. They use the internet to send reports and budget proposals to potential partners.

The satellite offices of AZUR Développement in Pointe-Noire and Nkayi have at least five computers and printers which have facilitated the work of ARIPS, RASPC and AFDB and have also provided information technology training for survivors of violence. They contribute to the domestic violence monitoring site.⁴

The difficulties for all CSOs are recurrent and can be summarised to include the following: inadequate information technology equipment, lack of financial resources to pay the monthly cost of an internet connection and extension of their regular activities of fighting violence against women and children.

4.5 How can ICTs improve access to justice and health care for survivors of sexual and domestic violence in the Congo?

4.5.1 Use of ICTs to improve access to justice

With regard to access to justice, if the courts, police stations and gendarmerie posts had access to information technology tools and the internet, complaints by victims or their relatives could be more effectively followed throughout the proceedings. Real and reliable data on cases and types of violence would be available by town and even by district/village. More details would be available on the outcome of legal proceedings or their limits by the number of victims who had managed to take at least the first step.

ICTs have an important role in the process of modernising the law and its reforms. They may lead to change at different levels:

- Management of judicial activity would be improved with effective case management; electronic archiving of documents would also enable improved document storage and circulation.
- Judicial production: magistrates would be able to make use of jurisprudential databases which could be created by the Ministry of Justice and Human Rights with the tribunals and courts;

³ www.violconjugauxcg.blogspot.com

⁴ www.violencedomestique-congo.net/main

criminal procedures could be computerised as planned with the ongoing PAREDA project. Drafting of legal instruments would be facilitated by the use of collaborative tools (wikis, Google docs, etc.) which would allow several magistrates to draft the instruments without having to be present physically and together; data and statistics on complaints and court rulings on violence against women and children would be easy to collect and access.

- Relationships between the law and citizens seeking justice: an information portal or website for the public on the legal system would be useful in providing information on procedures, the different laws, codes, legal instruments and possibly essential court rulings on issues of violence against women and girls. This portal or website would also improve exchanges between the Ministry of Justice and Human Rights and the public by allowing messages to be sent. Such an action could complement the PAREDA project which plans to support the technical unit of the Ministry of Justice in compiling a register of all legal instruments necessary for implementation of the penal chain and for the crime registry.
- Networking of legal and law enforcement professionals: magistrates and officials working in the tribunals and courts as well as lawyers, notaries and bailiffs could use ICTs to create a network and improve their access to legal and judicial information, such as jurisprudence and legal databases.

Every department, public service sector and jurisdiction should have access to an electronic address and adequate material resources to use it as well as regular internet access.

Internet exchange lists called “discussion lists” for magistrates and legal officials could reinforce internal communication, strengthen cooperation between magistrates and also be used to disseminate laws and essential legal instruments.

However, the introduction of ICTs into the judicial system cannot take place without a subsequent budget for access to hardware, software and staff training, which should start from the École nationale de magistrature (National School of Magistrates, ENAM).

Issues of confidentiality and data security should be addressed.

4.5.2 Use of ICTs to improve access to health

With regard to health care, the use of ICTs would have a particular impact at the different levels below:

- Continuing training for health care personnel: use of the internet would enable an improvement in the health-related knowledge of health care personnel, such as nurses, midwives and even doctors and psychologists, given that opportunities for refresher training are not accessible to all health care personnel in hospitals or integrated health centres.
- Case management and patient follow-up: effective computerisation of management and the different departments would enable quicker and easier processing of patient information, better patient follow-up and electronic archiving of cases.
- Networking of health care professionals: health care personnel could use ICTs to create a network and improve their access to information on health such as current data and information on health research.

Every department should have access to an electronic address and adequate material resources to use it as well as regular internet access.

Internet exchange lists called “discussion lists” for healthcare personnel could strengthen internal communication and enable updating of their knowledge.

However, ICTs cannot be introduced into the health care system without a relevant budget to access hardware and software and provide training for personnel, which should begin with training schools and the Faculty of Medicine.

4.5.3 Use of ICTs to strengthen the work of the CSOs involved in fighting violence against women and girls

The work of the CSOs would be improved and expanded if they had access to up-to-date hardware of adequate quality and quantity:

- Administrative work: this work would be improved if documents, reports and other notes from meetings on sexual and domestic violence were easier to keep, store and retrieve.
- Telephone-based information and assistance services: for example, MTN’s “yellow line” on HIV/AIDS. CSOs could use a toll-free number to offer services related to sexual and domestic violence such as information, listening and referral, as mobile telephony has a high penetration rate in the Congo of 100.8% [source: ARPCE]. Furthermore, there have been encouraging results from past experiences by CSOs in 2010 such as Dynamique Plurielle (Plural Dynamic) who, with the support of APC WNSP, worked with 250 high school students on the prevention of sexual harassment via SMS in the sexual milieu of the Brazzaville youth.
- Data collection: the use of tablets and smartphones would enable quick and easy collection of data to map domestic and sexual violence and would also enable easy registration of cases monitored by CSOs.
- Case monitoring: mapped cases on the website www.violencedomestique-congo.net could be better documented and viewed by geographic zone, type of violence and court outcome. Advocacy and management actions by CSOs would therefore be better targeted and based on reliable documentation.
- Relationships between victims of violence and CSOs: using the telephone and the website www.violencedomestique-congo.net, information on procedures and support offered by CSOs

could be shared with victims and their families. Survivors of violence could also talk about their experiences through blogs which could be summarised and expanded by media professionals.

- Knowledge network on good practice: by creating a telephone and email network, CSOs could share and discuss good practice in fighting violence against women and children in general. There is no exchange or discussion list between CSOs, which would enable easy circulation of information and regular exchanges between them.

5. Recommendations

Subsequent to all the findings on access to health and justice by women victims of violence and on the use of ICTs for health as well as justice, the following recommendations were formulated with the public authorities, donors and civil society.

Public authorities:

- Organise regular training sessions on criminal law (general and special), criminal procedure and civil liberties with officials and officers from the criminal investigation department.
- Equip the legal, police and public health care departments with information technology hardware as well as an internet connection.
- Strengthen and increase the efficacy of work supervision of the criminal investigation department in accordance with the new Articles 12 and 13 of the Criminal Procedure Code.
- Provide police stations with toll-free numbers on which victims can reach them.

Civil society:

- Educate women on their rights, organisation of the justice system and legal proceedings.
- Make it easier for women victims to obtain medical certificates.
- Guide women victims of violence in their approach to the legal system or in hospitals.

Donors:

- Support civil society in assisting women victims of sexual and domestic violence by building their capacities.
- Support civil society with information technology equipment and internet connections.
- Provide financial support to civil society.

6. Conclusion

This survey, conducted in Pointe-Noire and Nkayi, has enabled the identification of the recurrent forms of violence to which women are subject in these two towns; the identification of the obstacles to access to justice and health; an inventory of the use of information and communication technologies in fighting violence against women; and the proposal of recommendations for civil society, partners, donors and the Ministry for the Promotion of Women and Women's Integration in Development as well as town councils. The results of the survey will certainly contribute towards actions by civil society and various stakeholders involved in the response to sexual and domestic violence in the Republic of Congo.