

COMMITTEE ON THE RIGHTS OF THE CHILD

**WRITTEN REPLIES BY THE GOVERNMENT OF THE PRINCIPALITY
OF MONACO CONCERNING THE LIST OF ISSUES
(CRC/C/Q/MON/1)**

**RECEIVED BY THE COMMITTEE ON THE RIGHTS OF THE CHILD
RELATING TO THE CONSIDERATION OF THE INITIAL REPORT
OF THE PRINCIPALITY OF MONACO
(CRC/C/28/Add.15)**

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APPLICATION OF THE CONVENTION ON THE RIGHTS OF THE CHILD

Part I

A. Data and statistics

1. Please provide disaggregated data, for 1998, 1999, 2000 and 2001, on budget allocations (including as a percentage of the total budget) for primary, secondary and special education and for primary, adolescent and other child related health services (cf. Annex I).

I. Preventive care

Medical inspection of schoolchildren and sports participants

Medical inspections of schoolchildren and sports participants were instituted by Act No. 538 of 12 May 1951.

(1) The medical inspection of schoolchildren as defined in the Act and in Sovereign Ordinance No. 669 of 10 December 1952 concerns children attending public or private teaching, educational, childcare and holiday establishments.

It is intended:

- to determine whether children are medically fit to enter such establishments;
- to monitor their health through systematic, periodic check-ups;
- to assess and monitor their general development and adaptation to life in school or the community.

Inspections of the 6,000 children attending schools in the Principality are carried out by two doctors.

Every child also undergoes an annual dental check-up thanks to the cooperation of all the dentists practising in the Principality.

The inspection service comprises two inspecting doctors, two nurses and one secretary. Over the past four financial years it has received budgetary allocations of:

(French francs)

1998	1999	2000	2001
1 721 000	1 720 000	1 724 000	1 710 000

(2) The medical inspection of sports participants applies to people under 30 who wish to practise one of the sports appearing on a list published by Ministerial Order No. 77-219 dated 26 May 1977.

The arrangements governing such inspections are laid down by Sovereign Ordinance No. 6052 of 26 May 1977, as amended.

The inspections are intended:

- to enable subjects who can do so without risk to their health to engage in certain sports in authorized groups, and to take part in competitions; and
- to monitor their abilities from time to time.

The doctor in charge of this division performs some 2,100 check-ups annually. The Sports Medicine Centre consists of one doctor, one nurse and one secretary. Over the past four financial years it has received budgetary allocations of:

(French francs)

1998	1999	2000	2001
740 000	740 000	740 000	740 000

II. Medical and social units

A. Medical and Social Prevention Unit

Established in 1985, the Medical and Social Prevention Unit, which operates under the supervision of the Office of Health and Social Promotion, provides care free of charge for people in difficulties. Such people are followed by a social and medical team which, in medical matters, operates under the authority of a psychiatrist. The unit consists of a psychiatrist, a psychologist, three education specialists, one (female) welfare assistant, one (female) paediatric nurse, one nurse, and a secretary. Over the past four financial years it has received budgetary allocations of:

(French francs)

1998	1999	2000	2001
1 874 000	1 900 000	1 989 000	2 035 000

B. Medical Psychological Centre

Established in 1993, this Centre operates under the supervision of the Office of Health and Social Promotion. It caters for children attending school in the Principality. There is no charge for its services.

The staff consists of two paediatric psychiatrists supported by three psychologists, one (female) psychomotor therapist, one (female) psychotherapist, a nurse, a (female) speech therapist, a (female) welfare assistant and a medical secretary. Over the past four financial years it has received budgetary allocations of:

(French francs)

1998	1999	2000	2001
1 820 000	1 850 000	1 983 000	2 022 000

The Centre caters for about 130 children each month.

III. AIDS Screening Centre

Situated in the grounds of the Princess Grace Hospital Centre, this provides free, anonymous HIV screening and offers follow-up care if they so wish to persons testing HIV-positive. The Centre consists of one doctor and one nurse. Over the past four financial years it has received budgetary allocations of:

(French francs)

1998	1999	2000	2001
485 000	495 000	512 000	528 000

The Centre caters for about 1,000 people each year, of whom 300 are new applicants.

2. Please provide data on the number of children with disabilities in the State party, and on the numbers living with their families and/or living in institutions. Please also indicate how many children with disabilities attend regular schools and how many attend other schools.

Number of disabled children	27
Number of disabled children living with their families	25
Number of disabled children placed in institutions	2
Number of disabled children attending normal schools	10 (plus two children still too young to attend school)
Number of disabled children attending special educational establishments	13

This table covers disabled children domiciled in the Principality of Monaco who are over 50 per cent handicapped.

3. Please provide disaggregated data on the numbers of children living within the State party enrolled in primary and secondary education, indicating also whether their education institution is within the State party or not. Please also provide information on the numbers of children who complete their primary and secondary education as a proportion of the total numbers of eligible children and the total numbers of children who enrol.

PUBLIC INSTITUTIONS	
PRIMARY	1 390
SECONDARY	
First cycle (up to age 16)	1 112
Second cycle, general and technical	711
TOTAL	3 213

PRIVATE INSTITUTIONS	
PRIMARY	594
SECONDARY	
First cycle (up to age 16)	543
Second cycle	190
TOTAL	1 327

Education in the Principality of Monaco is compulsory up to the age of 16. All registered children thus attend school until the end of the first cycle. Thereafter, most of them take school-leaving examinations: those following the technical second cycle, the Vocational Study Certificate or a vocational or technical baccalaureate (secretarial, accounting, hotel management); those following the general cycle, a baccalaureate in literature, economics and science or sciences only.

4. Please provide recent statistical data (including by gender, age and type of crime) covering the period between 1997 to 2000 on the:

- Number of minors who were sentenced by Courts to sanctions, and the nature of sanctions (community service; detention; other types of sanctions) (cf. Annex II);
- Number of juveniles detained and imprisoned (cf. Annex III).

(a) Conditions of detention for minors

The Principality's remand prison includes an independently run area known as the minors' block, separate from those where men and women are held. It operates rather specially because there are so few under-age detainees. The cells within the block are left open between 7:30 a.m. and 7:30 p.m. so that the inmates need not feel quite cut off. The inmates are, of course, kept under special surveillance so as to prevent any outbreak of violence among them.

The daily routine for a minor in detention is as follows:

- 7.30 Get up, have breakfast (cells opened, walk, gym, shower, library)
- 11.45 Lunch
- 2.00 Walk, gym, shower
- 6.45 Dinner
- 7.30 Cells locked

Under-age detainees can watch films or television programmes broadcast between 11 a.m. and 2 p.m., and between 5 p.m. and 11 p.m., during the week, or at any time between 9 a.m. and 11 p.m. over the weekend.

During the day they also have the option of doing sports under the guidance of specially trained monitors. They can also pursue their school studies with qualified teachers.

(b) Lengths of detention

The statistics indicate that on average, children spend a relatively short amount of time in detention since, when minors have been incarcerated, it has always been as a preventive measure associated with judicial inquiries that the guardianship judge is required to conduct into offences committed by minors.

(c) Percentage of recidivism

This may seem high, at around 50 per cent for the years concerned, inasmuch as convictions abroad are taken into account as first offences. It would not seem so, however, if the statistics reflected nothing but convictions handed down by the courts in the Principality. It would then be virtually zero.

(d) Contact with family

Wherever possible, contact is maintained through liberally granted visiting rights, as can be seen in the statistics kept by the remand prison.

Part II

Please provide the Committee with copies of the text of the Convention on the Rights of the Child in all official languages of the State party as well as in other languages or dialects, when available. If possible, please submit these texts in electronic form.

The official language of the Principality is French. The text of the Convention is thus that already published in French by the Office of the High Commissioner for Human Rights.

Part III

A. New institutions

Family Guidance and the reception centre

An educational specialist at the Office of Health and Social Promotion has taken a two-year course leading to a certificate to practise as a family guidance counsellor.

This has enabled the Principality to establish two new institutions recently: the Family Guidance Service and the reception centre.

I. The Family Guidance Service

Family guidance on divorce and separation is intended for the parents concerned: it seeks to re-establish communication and prompt them to shoulder the responsibilities inherent in parental authority. It may be undertaken voluntarily or “ordered” by a judge.

A judicial response alone is inadequate and often unsuited to what the spouses need. Family guidance makes the parents aware of the importance of maintaining parental links. Thus the child’s basic need to have access to both parents is respected (as required by the Convention on the Rights of the Child).

Family guidance is a lasting means of soothing conflict to which judges are resorting in increasing numbers.

II. The reception centre

This is designed to meet those situations where visiting rights are interrupted, difficult or too confidential to exercise. Children and their mothers, children and their fathers, children and their grandparents or anyone else with visiting rights can come to the centre and spend time together there. The aim is to maintain contacts, to put the child in touch or back in touch with the parent it is not living with when no other solution presents itself. The child can thus establish where it stands vis-à-vis its own history and origins.

These two new institutions will shortly be provided with new, custom-built premises in a community project within the Principality.

At present, the two structures comprise an educational specialist; a (female) stand-in family guidance counsellor; and secretarial support from the Social Section of the Office of Health and Social Promotion.

Health centre

A new medical, social and psychological facility for young couples and teenage girls attending school in the Principality of Monaco will shortly be opening. It will be staffed by professionals who can suggest solutions and provide moral, psychological and medical support for teenage girls and young mothers in difficulties. It will be situated in neutral premises out of a regard for confidentiality and anonymity.

Young women arriving at the centre will be met by a nurse or welfare assistant and be offered solutions by a qualified staff consisting of a nurse, a (female) welfare assistant, a psychologist, a midwife from the Gynaecology Unit at the Princess Grace Hospital Centre, a paediatrician and a (female) paediatric nurse.
