



Convention on the Rights of the Child

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Summary record of the 1466th (Chamber A) meeting*

Held at the Palais Wilson, Geneva, on Thursday, 14 January 2010, at 3 p.m.

Chairperson: Ms. Lee

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* No summary record was prepared for the 1465th meeting.

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The meeting was called to order at 3.05 p.m.

Consideration of reports of States parties (*continued*)

Second periodic report of Cameroon (continued) (CRC/C/CMR/2; list of issues (CRC/C/CMR/Q/2); written replies by the State party to the list of issues (CRC/C/CMR/Q/2/Add.1); (HRI/CORE/1/Add.109))

1. *At the invitation of the Chairperson, the delegation of Cameroon took places at the Committee table.*
2. **Ms. Villáran de la Puente** said that in its report submitted to the Human Rights Council under the universal periodic review mechanism, Cameroon had stated that it was not in a position to ensure completely free education. There had been reports of factors impeding universal access to primary education and she would appreciate information on any measures the State Party had taken in that connection. The Committee would also be grateful for a copy of the 2005 Cameroon study on violence in schools conducted in order to gain a clearer idea of measures that might be adopted to tackle the problem.
3. There being no studies or statistics on the extent of the phenomenon of sexual exploitation in Cameroon, she would like to know whether a national action plan to combat sexual exploitation had been prepared. She also wished to know whether the bill on the prevention and punishment of violence against women and gender-based discrimination had been adopted in line with the recommendation of the Committee for the Elimination of Discrimination against Women.
4. The downplaying of domestic violence against women and girls was a matter of extreme concern; it would be useful to know the Government's reaction to the culture of impunity and taboo surrounding the issue. The delegation might also state whether police officers and magistrates were trained to deal with such cases, and provide clarifications on arrangements in place for the protection of victims.
5. **Mr. Kotrane**, welcoming the State Party's efforts to recruit judges and build the capacities of the various juvenile justice officials, sought further details of measures taken, including the number of recruited judges who had actually taken up their posts. The issue of how children in detention were treated remained a matter of concern. Despite encouraging measures such as the creation of a special compound for minors in the Douala prison and the adoption of a decree, in February 2009, on juvenile detention facilities, he wondered what the concrete impact of those measures had been; minors, for the most part, were not after all separated from adult detainees, and the number of facilities for children remained inadequate. It would be useful to know whether there were any plans afoot to raise the age of criminal responsibility — currently set at 10 years — in the future Child Protection Code.
6. **Mr. Gurán** said that he would appreciate further information on the two types of alternative care order available, namely "full-time" and "interim". He was surprised that the report made no mention of foster families and wondered why Cameroon had not ratified the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.
7. **Mr. Citarella** invited the delegation to comment on the fact that there were no plans to establish minors' chambers within ordinary courts or juvenile courts, a matter of great concern to the Committee.
8. **Ms. Al-Asmar** said that Cameroon's national education strategy established targets to be attained by 2015, including increasing the number of children with access to preschool education, achieving universal access to primary school and reducing school dropout rates; implementation of the strategy called for much higher levels of funding that

could be provided by the Ministry of Education alone. Special budgets should be envisaged for registering births, raising awareness of the early marriage issue and providing support to the families of working children. Were any additional sources of funding being envisaged for those purposes?

9. **The Chairperson** pointed out that the State party in its written replies had indicated that 22 per cent of children aged between 2 and 9 had at least one disability, an extremely high disability rate. She was also surprised by the categories of disability established by the State party, namely “difficulty in sitting or standing”, “inability to speak clearly” and “difficulty in understanding instructions”. Assessment of such difficulties was surely subjective; she would appreciate clarification of the criteria used.

10. Problems persisted with regard to vaccination, with children continuing to die of preventable diseases such as malaria and yellow fever. She wondered whether those problems were linked to inadequate funding of health. Moreover, according to some reports, mothers were ill-informed as to the benefits of breastfeeding. She wondered what follow-up had been given to the issue. It would also be useful to know how many hospitals had been certified under the Baby-Friendly Hospital Initiative, since contradictory reports had been received.

11. The teacher-student ratio was low; the delegation should thus indicate what concrete measures had been introduced to improve matters. According to available information, the gap between girls and boys in respect of rates of enrolment and academic achievement could in part be explained by inadequate infrastructure, such as an absence of lavatories for girls. Apparently, parents of primary school pupils were called upon to meet costs. The delegation might provide further details and state whether any measures had been taken to rectify the problem.

12. **Ms. Aidoo** (Country Rapporteur) asked whether the social map being drawn up would provide full information on children placed with foster families or in institutions and children with disabilities. She would appreciate further information as to the nature of the map and its state of progress.

13. **Ms. Bakang Mbock** (Cameroon) stressed that although there was no lack of political will to resolve the problems cited, Cameroon was a developing country facing myriad difficulties. The figure of 22 per cent of children with disabilities quoted in the report was inaccurate and must have been provided by the National Centre for the Rehabilitation of Disabled Persons and based on a non-representative sample. Reliable data would become available once the social map was finalized. The criteria for defining disabilities in children were identical to those used in the definition in the Convention on the Rights of Persons with Disabilities, and it was those same criteria that would be used in preparing the social map.

14. **Mr. Nsangou** (Cameroon) said that despite the difficulties experienced by Cameroon, the budget of the Ministry of Health had grown from 69 billion CFA francs in 2001 to 84 billion in 2010. The health of mothers, children and adolescents was one of the four priority areas for action contained in the 2001–2015 Health Sector Strategy paper. Cameroon was conscious of the problem of protein-energy malnutrition (PEM), and the public health authorities were intent on resolving it with a dual focus on both prevention and treatment. Preventive action first and foremost involved combating the diseases that led to malnutrition. A vaccination programme had therefore been put in place, and vaccination coverage currently stood at 90 per cent. With regard to the issue of children dying from preventable diseases, yellow fever was one disease that had been much in the spotlight, but whose incidence remained rare. Each reported case led to a mobilization of the entire health system and to systematic check-ups in the affected area.

15. Under the national anti-malaria programme, all pregnant women in antenatal consultation and all children under the age of 5 received free insecticide-treated mosquito nets. Cameroon had also launched programmes to combat HIV/AIDS and tuberculosis. Tuberculosis, virtually eradicated, had begun spreading again with the arrival of HIV/AIDS. Treatment for tuberculosis was free of charge for children, and medicines were available at all levels of the health system and throughout the national territory. Screening for HIV/AIDS in children and pregnant women was free of charge, as was treatment for HIV-positive children and children with AIDS. Under the programme for the prevention of mother-to-child transmission of HIV/AIDS, HIV-positive mothers and mothers with AIDS also received free treatment.

16. **Ms. Aidoo** (Country Rapporteur) said that malnutrition was a cause of mortality, especially in the poorest regions, and could have long-term consequences on the intellectual and academic performance of children who did not actually die of it. Efforts must be made in communities and families to ensure that children were properly nourished. Cameroon might also consider establishing an inter-ministerial body to coordinate efforts at combating malnutrition.

17. **Mr. Nsangou** (Cameroon) said that a national, multisector nutrition committee had recently been established and was chaired by the Permanent Secretary in the Ministry of Health. As part of a food fortification programme, certain foods were being enriched with micronutrients. As a result, endemic goitre had been virtually eradicated with the iodization of cooking salt. Under the expanded vaccination programme, all infants received a dose of vitamin A free of charge every six months.

18. The Integrated Management of Childhood Illness (IMCI) strategy, aimed at combating under-five morbidity, comprised both a clinic-based and a community-based service. It had enabled infant diarrhoea to be reduced, in particular through extended vaccination against measles, and the administration of zinc.

19. The authorities placed special emphasis on adolescent health, especially among girls. Maternal mortality was high in Cameroon and nearly a third of cases involved adolescents. Adolescent health strategy papers had been developed and user-friendly criteria established for health training for adolescents. All health training activities should thus be able to offer young people services that took account of age-specific circumstances such as lack of financial resources, shame or academic constraints.

20. The Government would need to tailor its education and health strategies to marginal population groups, such as the forest-dwelling Pygmies and the Bororo people, who were nomadic herders. Each region in Cameroon possessed its own public health representative, who reported to the central authorities on the local situation and on difficulties with specific situations or affecting particular population groups.

21. **Ms. Villarán de la Puente** said that there were wide malnutrition gaps between northern Cameroon — where children were subject to particularly serious deficiencies — and the rest of the country. She wondered whether any multisector programmes were in place to combat the causes of malnutrition. She also wished to know whether pregnant women and nursing women and infants received iron supplements, since iron deficiency caused anaemia and diarrhoea. She would appreciate clarifications on the supply of clean drinking water in the different regions.

22. **Mr. Nsangou** (Cameroon) said that his country, considered the breadbasket of Central Africa, had a highly varied climate and a wide diversity of foods. In order to ensure food security, the authorities were seeking to develop agriculture and livestock raising throughout the country, as well as agroforestry, which involved the domestication of certain wild species. A survey had shown that malnutrition was endemic in the fertile west of the country. The population had apparently been selling their harvests and livestock products

rather than consuming them themselves. Education and awareness-raising initiatives on the importance of acquiring healthy eating habits had therefore been conducted in that region.

23. Pregnant women systematically received iron supplements as part of a revised system of antenatal checks. Iron was also a micronutrient regularly administered for the treatment of childhood diseases.

24. The proportion of the population with access to clean drinking water was on the rise.

25. **Ms. Aidoo** (Country Rapporteur) pointed out that it was poverty which caused people to sell rather than consume the greater part of the food they produced. She wondered whether malnutrition had been taken into account in the Poverty Reduction Strategy Paper and Growth and Employment Strategy Paper.

26. **Mr. Nsangou** (Cameroon) said that the authorities encouraged women to breastfeed exclusively until their babies reached the age of 6 months. There was continued reluctance, however, among women, owing to the high incidence of HIV infection and HIV-positive women's fears of transmitting the virus to their children.

27. **Ms. Bakang Mbock** (Cameroon) said that integrated health centres took special account of early childhood issues and were responsible, inter alia, for implementing the Expanded Programme on Immunization (EPI) at the local level, which included vitamin supplements.

28. **Mr. Aroga** (Cameroon) said that the budget of the Ministry of Primary Education had risen to 167.5 billion CFA francs for 2010, compared to 130 billion for 2009 and 117 billion for 2008. (The secondary education budget for 2010 stood at 204 billion CFA francs.) There were real disparities between girls and boys, including in the east, Adamaoua, north and far north regions and in certain neighbourhoods in Yaoundé and Douala. In order to minimize those inequalities, priority education zones had been set up and parents were being encouraged to participate in the management and running of schools. Mothers' associations had also been set up and had organized themselves into a network. Religious communities and traditional chiefs had been invited to help explain to parents the benefits of sending daughters as well as sons to school. In each priority education zone, 25 pilot schools had been established with the assistance of the United Nations Children's Fund (UNICEF). A partnership had been launched with economic stakeholders for the purpose of building modern school infrastructure, and school canteens had been set up. In addition, child-rights education had been introduced into curricula, so that teachers now served as agents for the promotion of the rights of the child.

29. Cameroon was short of approximately 50,000 teachers. A survey had revealed that the country was losing some 500 teachers per year as a result of HIV/AIDS. The Government had therefore introduced a strategy to combat AIDS in the workplace and had begun recruiting new teachers. By the end of 2010, nearly 7,000 primary teachers would have been recruited and 7,000 new teachers would be entering the secondary school system at the beginning of the 2010–2011 school year. The Government hoped to have resolved the teacher shortage at primary level by 2015.

30. In accordance with a decision adopted in 2000 by the Head of State, primary school enrolment fees had been abolished. Unlike the situation in secondary education, parents of primary school pupils were not required to pay parents' association dues.

31. **Ms. Aidoo** said that the school enrolment rate, especially for girls, was stagnating in a number of regions, and would like to know whether the State party had reviewed its strategy for eliminating enrolment inequalities between boys and girls, with a view to making adjustments.

32. She wished to know what measures the State party intended to implement to redress the AIDS-related teacher shortage, in particular whether it intended to provide accelerated training to recent university graduates and temporarily hire them as schoolteachers to cover the 50,000 posts currently vacant. Lastly, she wished to know whether Cameroon considered itself on track to attain the Millennium Development Goals by 2015.

33. **Ms. Ortiz** asked whether the Cameroonian education system took account of the country's multi-ethnic nature, most particularly whether the members of the 230 or so ethnic groups of which the country was composed enjoyed access to intercultural and bilingual education.

34. **Ms. Bakang Mbock** (Cameroon) said that account had been taken of linguistic and cultural diversity in the elaboration of primary and secondary school programmes and that multilingualism did not in any way hamper access to education. Teaching was provided in the country's two official languages, namely English and French. In school everyone respected each other's differences and children of all ethnic groups enjoyed equal access to education. Members of so-called marginal population groups such as the Pygmies, Bororos and Baka/Bakola, were involved in the drafting and implementation of programmes that concerned them. The Pygmies had accordingly been consulted during the drafting of a memorandum of understanding to facilitate their access to health and education, signed on 13 May 2009 between the Ministry of Social Affairs and the Ministry of Forestry and Wildlife with World Bank support.

35. **Ms. Takam Kembo** (Cameroon) said that the entry into force of the new Code of Criminal Procedure which had incorporated relevant international standards, had represented an important step forward, especially since the work of the judiciary had been hampered in the past by the multiplicity of legislative sources.

36. The juvenile justice system was reflected in a specialization of posts rather than a specialization of structures; for example, in cases involving children, two assessors appointed by the Ministry of Justice and the Ministry of Social Affairs and known for their interest in matters affecting juveniles served alongside the magistrate. They were also entitled to vote on the rulings.

37. Under article 221 of the Code of Criminal Procedure, which applied also to minors, the duration of pretrial detention could not exceed 6 months, except in the event of misdemeanours, in which case it could be extended by 6 months, or by 12 months in the event of a felony. Detention of minors was, however, an exceptional measure and was only applied in the event of a life-threatening crime. In other instances, the Code favoured alternative care orders.

38. When imprisonment of a minor was unavoidable all efforts were made to ensure that the minor was held separately from adult detainees. To that end, the Government was doing its utmost to revamp quarters for minors in existing prisons and build quarters where they were lacking.

39. The Care and Observation Centre in Bépanda had been transformed into a pilot care facility for juveniles in need of special protection measures. It aimed to facilitate the reintegration of young people in conflict with the law by offering them specialized care and an alternative solution to prison.

40. The age of criminal responsibility had been set at 10 years. However, 10–14-year-olds could not be placed in detention and were thus routinely subject to special protection measures, which usually involved placement in care. Children aged 14 to 18 could claim minority as an attenuating circumstance, and placement or a return to their parents was favoured. For certain offences, the punishment consisted of a reprimand by a judge, who

would draw juveniles' attention to their inappropriate behaviour and make them aware of the error of their ways.

41. **Mr. Kotrane** asked whether magistrates dealing with cases involving minors specialized in that area or whether they could also be called upon to rule on matters outside the sphere of juvenile justice.

42. He wondered whether the State party was ready to raise the minimum age of criminal responsibility to 13 years, and invited it to refer in that connection to the Committee's general comment No. 10 (2007) on children's rights in juvenile justice.

43. **Ms. Takam Kembo** (Cameroon) said that within each court it was the presiding judge who decided what type of cases the various magistrates would handle, by issuing an order assigning responsibilities. However, certain judges had specialized in juvenile justice, including through training programmes provided as part of efforts to enhance magistrates' skills. With the support of UNICEF, specialized courses on special protection measures had been offered in 2009 to various professionals working with children, including 52 magistrates, 28 judicial police officers, 28 social workers and 24 members of the prison administration.

44. Cases involving minors could be heard at all levels of the court system, whether in a court of first instance, appeal or cassation.

The meeting was suspended at 4.35 p.m. and resumed at 4.50 p.m.

45. **Ms. Bakang Mbock** (Cameroon) said that her country's authorities took violence against children very seriously and were meticulously monitoring the issue of breast ironing of girls. That practice was not, however, widespread.

46. Children with disabilities were usually cared for within the family, there being few specialized centres in Cameroon. The results of a survey on social support for persons with disabilities launched on 30 May 2008 would soon allow a clearer picture of the situation to emerge.

47. As part of efforts to strengthen institutions and with a view to ensuring that the problem was tackled comprehensively, a 2009 decree had broadened the mandate of the Cardinal Paul-Émile Léger National Centre for the Rehabilitation of Persons with Disabilities to include all disabilities.

48. The issue of adoption was exacerbated by the large number of AIDS orphans. The Ministry of Social Affairs had specified a certain number of criteria that must be met before a child could be entrusted to a person. Cameroon was still considering joining the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.

49. The phenomenon of street children was recent. Some 467 children had been counted in a survey of street children conducted as part of a project completed in 2008. Those children had subsequently been cared for in specialized facilities geared towards long-term assistance. A new project to be launched in March 2010 would promote the social reintegration of such children and, most importantly, allow them to make the most of their childhood.

50. **Ms. Ortiz**, noting that a large number of AIDS orphans were still awaiting a host family, requested clarification of the obstacles to ratification of the Hague Convention.

51. **Mr. Nkou** (Cameroon) said that there were no obstacles to joining the Hague Convention, but that given the crucial importance of the issue, Cameroon preferred not to

rush into it. The case involving the Arche de Zoé (Zoé's Ark)¹ had, moreover, strengthened the Cameroonian authorities' conviction that it was better to be prudent in order to ensure that Cameroon never faced a similar tragedy.

52. **Mr. Kotrane**, supported by **Ms. Ortiz**, said that the Committee understood Cameroon's concerns on the issue, but the Hague Convention was precisely the tool which regulated international adoption procedures and thus enabled aberrations such as the Arche de Zoé incident to be avoided. The Hague Convention, moreover, favoured national over international adoption and drew States' attention to the need to ensure the legality of international adoptions.

53. **Ms. Bakang Mbock** (Cameroon) said that the social map would facilitate identification of the categories of individual falling within the remit of the Ministry of Social Affairs — children, older persons, marginalized individuals and persons with disabilities — as well as the development of indicators for key areas for action, in consultation with private welfare agencies and other NGO partners active in the country. The social map would also make it possible to generate reliable statistics, agree on a common frame of reference and clarify welfare needs so that the necessary measures could be determined.

54. With a view to providing a support system for children in difficulties, including those with disabilities, regional inspection teams had been made responsible for monitoring the proper functioning of care facilities under the Ministry of Social Affairs.

55. **Ms. Villarán de la Puente** asked what measures the State party was taking against corruption and the misuse of financial resources intended to promote children's issues, and what budgets were earmarked for children. She wished to know what strategies were in place to tackle violence in schools and whether corporal punishment was prohibited in schools.

56. **Ms. Ortiz** said that she would appreciate details of the plan of action to protect the rights of indigenous groups, including Pygmies, which the Committee had recommended should be adopted. She wondered whether the plan included provisions specifically relating to children.

57. **Mr. Kotrane** paid tribute to the State party for its cooperation with the Office of the United Nations High Commissioner for Refugees in caring for refugee and displaced children and for its adoption in 2005 of the Act concerning the status of refugees. Application of that law remained patchy, however, and refugee children continued to be subject to abuse; he wondered how the State intended to remedy those shortcomings and make for real improvement in the lives of those children.

58. **Ms. Aidoo** (Country Rapporteur), welcoming the establishment by the State party of the National Anti-Corruption Commission, said that she would appreciate more information on how the body operated and whether any offenders had been prosecuted.

59. **Ms. Bakang Mbock** (Cameroon) said that, in addition to the National Anti-Corruption Commission, each ministry had its own anti-corruption unit. Cameroon had also established a national financial investigation agency tasked with monitoring the rational use of public funds, and an independent national anti-corruption agency. These bodies, which had revealed their effectiveness, were instrumental in the prosecution of persons guilty of embezzlement or corruption.

¹ Translator's note: A French organization that had attempted to kidnap children from Darfur and take them to France via Chad.

60. **Ms. Aidoo** (Country Rapporteur) asked whether those bodies actually enabled concrete work to be undertaken on the ground, and the misappropriation of financial resources intended for children to be tackled.

61. **Ms. Bakang Mbock** (Cameroon) said that regional, departmental and district representatives were subject to the same anti-corruption requirements as the national anti-corruption units which reported to a decentralized mechanism and included among their members Ministry of Social Affairs staff as well as civil society representatives.

62. The whistle could easily be blown on corruption at the local level, thanks in part to a television programme devoted to the fight against corruption, which made a telephone hotline available to television viewers, so that anyone could report information that might help curb the problem.

63. Despite the impression that the report might have conveyed, school violence was a relatively rare occurrence in Cameroon and female genital mutilation, like breast ironing, were not widespread. Cameroon did, however, lack the qualified human resources needed to tackle the many hurdles that stood in the way of achieving the Millennium Development Goals. Ms. Bakang Mbock appealed to the international community to demonstrate its commitment in that connection and put a global development partnership into effect. Her delegation would also appreciate the Committee's advice and guidance on psychological and social care options for children in difficulties.

64. **Ms. Aidoo** (Country Rapporteur) welcomed the frank and informative dialogue that had occurred between the Committee and the Cameroonian delegation.

65. She urged the State party to make efforts in certain areas, including with regard to the drafting and application of legislation and the coordination and protection of budgetary resources for health, education and social welfare. Also, the State party would do well to take measures to reduce disparities among children and to combat discrimination.

66. The country's health indicators were a matter of concern to the Committee; it was hoped that the State party would do its best to focus local and national policy on the fight against malnutrition. The maternal mortality rate was far too high, and Cameroon, like other countries in West Africa, must urgently step up its efforts to reduce the mortality of teenage mothers.

67. The Committee had taken due note of the State party's appeal for greater international cooperation for realizing the rights of the child. She was sure that Cameroon would manage to draw on its incredible diversity and enormous potential in order to meet the challenges before it and become a model for the rest of Africa.

68. **The Chairperson** said that the Committee had concluded its examination of Cameroon's second periodic report.

The meeting rose at 5.40 p.m.