



Convention on the Rights of the Child

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Summary record of the 1678th meeting

Held at the Palais Wilson, Geneva, on Friday, 20 January 2012, at 3 p.m.

Chairperson: Mr. Zermatten

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

Consideration of reports of States parties (continued)

Combined third and fourth periodic reports of Madagascar (continued)
(CRC/C/MDG/3-4; CRC/C/MDG/Q/3-4, Corr.1 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Madagascar took places at the Committee table.*
2. **The Chairperson** said that overcrowding and poor hygiene appeared to be common problems in the State party's prisons and requested clarification on the conditions in which children were held in pretrial detention or when serving prison sentences. Were children in detention held separately from adults? He would also like to know what care was provided for them and whether they could receive visitors. It appeared that children were sometimes subjected to physical violence when taken into custody and he would therefore like to have more information on the conditions of detention in police stations.
3. Turning to the issue of the alleged violation of the rights of women nationals of Madagascar working in the Middle East, he noted that many of the women concerned were underage, a situation exacerbated by the fact that women were frequently allowed to travel there even though they had no birth certificates. He asked what steps the State party was taking to put an end to such violations and to verify the conditions of recruitment.
4. **Ms. Wijemanne**, noting the high levels of neonatal, infant and maternal mortality in the State party, the shrinking availability of immunization for children, widespread malnutrition and stunting, and the extreme inequality in terms of health-care access between the cities and rural areas, said that budget cuts, staff shortages and a lack of funding for vaccines appeared to lie at the heart of the problem. Drugs and antibiotics, which were key to preventing maternal mortality, were in critically short supply in rural areas. While funding for hospitals and medical treatment for adults appeared to have increased, children were being ignored. Adolescents appeared to receive little guidance on addressing the issues of underage sex, teenage pregnancy, or sexually transmitted diseases, including HIV/AIDS. The Committee would like to know more about those issues.
5. **Mr. Rakotoniaina** (Madagascar) said that in most prisons an effort was made to house children separately from adults. Children held in pretrial detention and those serving prison sentences were entitled to receive regular visits. The State party had ratified the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and prison staff received training on its provisions. Prison warders found guilty of torturing or ill-treating prisoners were liable to be punished under the State party's legislation on torture. There was an obligation to investigate, prosecute and try anyone suspected of committing such acts against children.
6. **Mr. Cardona Llorens** asked whether both boys and girls in prison were kept apart from adults and whether prison warders with specialized training were assigned to deal with minors. Was there any specific training for prison staff on how to deal with girls in prison?
7. **Mr. Rakotoniaina** (Madagascar) said that girls were not held separately from adults but that efforts would be made to rectify that situation in the future. There was no specific training on the rights of the child for prison staff.
8. **The Chairperson** asked whether, given the difficulties and long distances involved in reaching prisons, relatives could visit their children in practice.
9. **Mr. Rakotoniaina** (Madagascar) said that, regardless of the difficulties, parents visited their children in prison regularly.

10. An estimated 7,000 women from Madagascar worked in domestic service in Lebanon. There had been reports of some of them being subjected to sexual exploitation and ill-treatment and the Government of the State party had received around 100 official complaints, mostly from the parents of alleged victims. The Ministry of the Civil Service, Labour and Social Laws verified the validity of work contracts and birth certificates prior to the departure of women, none of whom were minors, to Lebanon. The State party had provided air transport to repatriate around 100 women workers from Lebanon who had been selected in part because they had become unemployed and had no means of earning a living. Some had reported being subjected to ill-treatment and, for the time being, the State party had decided to freeze further contracts. Nevertheless, it should be highlighted that the majority of women working in Lebanon had not reported problems and that many preferred to stay there because wages were higher than in Madagascar.

11. **Ms. Rahantanirina** (Madagascar) said that there had been clear improvements in the delivery of health care in recent years, with the number of community health-care staff rising to 10,200 in 2011. They were employed in 8,700 community health-care centres across 72 districts and provided medical treatment as well as practising preventive medicine. In 2011, more than 2 million children had been cared for in community health-care centres. A national maternal health week to promote preventive medicine took place twice a year. Further programmes were organized to encourage breastfeeding and family planning, to combat HIV/AIDS and malnutrition, to promote immunization and to eradicate parasites.

12. The Government had implemented policies on reproductive health for young people. Committees responsible for rolling out those policies had been set up in seven regions and more would follow shortly. Around 45 youth centres, which also provided reproductive health-care services, had been established. Information points for young people had been set up and awareness-raising campaigns on adolescent health care were conducted.

13. **Ms. Sandberg** said that there appeared to be a gulf between the delegation's portrayal of the health-care situation in the State party and information before the Committee suggesting that the health budget had suffered swingeing cuts, resulting in a drop in immunization coverage and the closure of health-care centres. What was the State party doing to remedy what appeared to be a critical situation?

14. **Ms. Wijemanne** said that the Committee focused on health matters concerning children, not the broader issue of community health care. It wished to know the nature of problems in that specific context and how the State party planned to tackle them.

15. **Ms. Aidoo** noted that, according to the State party's periodic report, the State was responsible for providing 32 per cent of funding for health care, the rest being covered by contributions from the international community and the private sector. She said that she would like to know how much of that State funding was forthcoming and whether international aid reached agencies on the ground like the United Nations Children's Fund (UNICEF).

16. **Ms. Rahantanirina** (Madagascar) said progress had been made with regard to infant mortality, but maternal mortality was on the rise and neonatal mortality represented half of all infant mortality. It was also true that resources were lacking and that the shortfall had made it impossible for the State party to honour its commitments under the 2001 Abuja Declaration and Framework for Action for the Fight against HIV/AIDS, Tuberculosis and Other Diseases. The State party had not yet reached its objectives with regard to immunization but was committed to providing the necessary funding.

17. During the recent political crisis, community health workers had fled rural areas. However, the Ministry of Health had, with the help of international agencies like UNICEF, now reopened most of the health-care centres abandoned in 2009, including those in remote

areas. Funding had been made available in the 2009 and 2010 budgets to recruit more health-care workers. A workshop had been organized recently with a view to adopting a strategy on improving access to health care in remote areas.

18. Efforts by the State party and NGOs to reduce the number of teenage pregnancies ran up against deeply entrenched cultural practices. Nevertheless, aid programmes for young mothers were in place and attempts were being made to alert the general public to the problem. Campaigns were organized in regions where early marriages were common in an attempt to raise awareness of the issues among community leaders.

19. **The Chairperson** asked to whom young women in rural areas could turn for family planning advice or contraceptives.

20. **Ms. Rahantanirina** (Madagascar) said that all community health centres offered family planning assistance free of charge.

21. **The Chairperson** asked why, in that case, the problem of teenage pregnancies was so widespread. Something in the system was clearly not working.

22. **Ms. Rahantanirina** (Madagascar) agreed that the Government's efforts had not been completely successful and that more remained to be done to raise public awareness of family planning issues. Long-established customs had also held up progress.

23. **Ms. Al-Asmar** asked whether family planning services were regularly evaluated.

24. **Ms. Aidoo** asked if studies were conducted in order to ascertain how family planning services could be adjusted to ensure that they took into account the specificities of the different cultural groups living in the State party.

25. **Ms. Rahantanirina** (Madagascar) said that all health services were updated according to the results of the demographic health surveys, the most recent of which had been conducted in 2009–2010, and health statistics compiled by the Ministry of Health, Family Planning and Social Welfare. The Ministry analysed the uptake and results of the services it provided and took steps to make adjustments where necessary.

26. **The Chairperson** asked if the Government encouraged mothers to breastfeed exclusively for the first six months of their baby's lives, particularly in the light of the high incidence of malnutrition. It would be useful to have updated statistics on breastfeeding. He also requested details of any measures being taken in the State party to implement the International Code of Marketing of Breast-milk Substitutes.

27. **Ms. Rahantanirina** (Madagascar) said that community health-care workers encouraged breastfeeding. Mothers were currently encouraged to breastfeed for the first two years of their children's lives. Steps were being taken to establish areas within workplaces where women could breastfeed during their breaks. On 29 December 2011, Decree No. 2011-629 concerning the marketing of breast-milk substitutes had been adopted.

28. **Ms. Wijemanne** asked whether the Government was aware that, under the International Code of Marketing of Breast-milk Substitutes, manufacturers of breast-milk substitutes should not have any involvement with paediatric associations or doctors. It would appear that several such companies had funded meetings of the Madagascar Paediatrics Association. It would be useful to know whether any regulations had been introduced to prevent those companies from becoming involved with medical or hospital staff.

29. **Ms. Rahantanirina** (Madagascar) said that the workshop had been held prior to the entry into force of Decree No. 2011-629. Since then, no meetings had been funded by companies that manufactured breast-milk substitutes.

30. **Mr. Pilaza** (Madagascar), responding to the question about measures to improve the level of birth registration, said that under the national programme to improve birth registration, district chiefs had been authorized to stand in for magistrates in birth registration proceedings. The National Institute of Statistics had set up a database which would facilitate the identification of children who had been excluded or were at risk of being excluded from the birth register.
31. **The Chairperson** asked what steps were being taken to register the huge number of children who had not been registered at birth. It would be useful to know what methods the State party employed to ascertain a child's age.
32. **Mr. Pilaza** (Madagascar) said that children who did not have birth certificates were given a physical examination to determine their age.
33. **The Chairperson** said that such examinations were extremely expensive. Surely it would make better economic sense for the State party to establish a nationwide system of birth registration.
34. **Mr. Pilaza** (Madagascar) said that it was not always possible to carry out physical examinations, particularly in areas where there were many child workers. Efforts were being made to involve local and municipal authorities in the birth registration process.
35. **Ms. Lee** requested additional details on the physical examinations that were used to determine age. In particular, she asked whether the examinations were child-sensitive and non-intrusive.
36. **Ms. Aidoo** asked how physical traits were used to determine a child's nationality, as indicated in paragraph 154 of the periodic report. She also wished to know whether the birth registration system was funded by the State.
37. **Mr. Pilaza** (Madagascar) said that, in many cases, parents could estimate when their children had been born. The birth registration system was funded by the State and UNICEF.
38. The Government had ratified the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption in 2004 and had subsequently promulgated relevant domestic legislation.
39. **Ms. Lee** asked which central authority oversaw intercountry adoptions.
40. **Mr. Gastaud** asked what happened to individuals who had been found to have put their children up for adoption illegally.
41. **Mr. Pilaza** (Madagascar) said that, under Act No. 2005-014, the central adoption authority was in charge of all adoptions. There was no risk of any adoptions it oversaw being conducted illegally.
42. **Ms. Wijemanne** said that, while the State party's law enforcement authorities deserved praise for their success in identifying some children who had been caught up in child trafficking networks related to adoptions, the low rate of birth registration facilitated illegal adoption. Moreover, the majority of illegal adoptions allegedly took place with the consent of the biological parents, many of whom were single mothers. The State party should therefore redouble its efforts to prevent underage pregnancies and to support teenage girls who did become pregnant.
43. **Mr. Pilaza** (Madagascar), responding to questions on child labour, said that the National Action Plan against Child Labour was supported by measures taken by the labour ministry, in partnership with the International Labour Organization (ILO)/International Programme on the Elimination of Child Labour (IPEC). In 2007, the first national survey on child labour had been conducted in cooperation with the National Institute of Statistics.

The National Commission to Combat Child Labour was made up of all the relevant public and private entities, and regional commissions had also been set up.

44. **Ms. Nores de García** requested additional information on the composition of the National Commission, its mandate and the work it was currently undertaking.

45. **The Chairperson** asked why there were so many children under the age of 15 who were working in the State party, given that several measures were being taken to combat that scourge.

46. **Ms. Wijemanne** noted that child labour was often found where compulsory education was not enforced. There appeared to be many children who dropped out of school or did not complete primary school education in the State party. She therefore requested additional information on the Government's education policy, particularly on whether school attendance was compulsory. It would also be useful to have statistics on the school dropout rate.

47. **Mr. Pilaza** (Madagascar) said that the National Commission to Combat Child Labour was made up of representatives of several ministries, including the Ministry of Education, the Ministry of Decentralization and the Ministry of Population, Women and Children, and NGOs that worked in the field of child labour. The Commission drew up annual action plans to coordinate measures to combat child labour. According to the 2007 national survey on child labour, some 28 per cent of children aged between 5 and 17 worked, and about 1.5 million children were engaged in dangerous work. Under the National Action Plan against Child Labour, the Government provided opportunities for child workers to go back to school, and vocational training for those who were 15 or over.

48. **The Chairperson** reminded the delegation of a question raised at the previous meeting regarding visits by labour inspectors to informal agricultural and domestic workplaces.

49. **Mr. Pilaza** (Madagascar) said that such visits were undertaken if the inspectors received specific information, for instance, about the situation of domestic workers.

50. **The Chairperson** asked whether any employers had been prosecuted for offences against labour law.

51. **Mr. Pilaza** (Madagascar) said that alleged offenders had been prosecuted but he had no statistics regarding convictions.

52. **The Chairperson** said that legal action would not be sufficiently dissuasive unless offenders were convicted and punished.

The meeting was suspended at 4.25 p.m. and resumed at 4.45 p.m.

53. **Mr. Rajemison Rakotomaharo** (Madagascar), referring to questions raised by the Committee concerning the registration of births and marriages, described the institution of community weddings, which took place once a month in the capital city Antananarivo. The marriages of some 100 couples were regularized on such occasions through the issue of a registration booklet, which was also used to register each couple's children, including those born prior to the marriage ceremony. Parents frequently waited for one or two weeks before registering a child's birth, so that the dates tended to be inaccurate. Other parents failed to register their offspring. Children born in hospitals, however, were systematically registered and it was hoped to extend that practice to the country as a whole.

54. Adoption procedures in Madagascar had been aligned with international standards, which were meticulously observed in all cases. Couples who had adopted children were required to submit periodic reports on the children's well-being through Malagasy

embassies. The reports were sent to the Ministry of Justice, the Ministry of Population and other relevant authorities.

55. With regard to school dropout rates, vigorous action had been taken to comply with the Millennium Development Goal concerning universal primary education. Almost 90 per cent of children had been enrolled in compulsory primary education in public or private schools before the 2009 political crisis. School kits had been distributed as an incentive to parents, who were no longer required to pay for uniforms, satchels or other articles. The crisis had led, however, to the suspension of financial and technical aid and the State had so far been unable to remedy the loss. As noted in the report, the Ministry of Education had decided to extend primary education from five to seven years. The additional two years would focus on semi-vocational education, especially for children in rural areas.

56. **Ms. Rabemananjara** (Madagascar) said that the right to education of children with disabilities was guaranteed by Act No. 97-044 of 2 February 1998 on people with disabilities and by Decree No. 2001-162 of February 2001. Depending on the degree of disability, the children were guaranteed access to normal education in regular schools or to special needs education. The Decree also provided for high-level training of specialized educators and for the building of school facilities geared to the children's needs. Such action naturally called for the investment of substantial financial and human resources and hence for the assistance of international technical and financial partners. Madagascar currently had 11 special needs centres, 10 of which were run by the private sector.

57. Awareness-raising campaigns were being conducted to highlight the importance of school enrolment for girls and to reduce dropout rates, especially in rural areas. A national plan of action had also been adopted to promote the education of girls, to prepare them for their role as citizens, wives and mothers, and contributors to national development, and to combat inequality between the sexes. The plan of action had led to an increase in the proportion of girls in the education system.

58. **Mr. Cardona Llorens** asked whether there were any inclusive education facilities for children with disabilities outside the two main cities. He understood that there were cultural barriers to their enrolment, especially in rural areas, and that parents were sometimes unwilling to take their children to school.

59. **Mr. Gastaud** asked whether the national plan of action for girls was applicable to primary or secondary education.

60. **Ms. Rabemananjara** (Madagascar) said that it was applicable to both levels. With regard to the enrolment of children with disabilities in rural areas, the Government was seeking to remedy the situation, but she was not currently in a position to provide accurate figures.

61. **The Chairperson**, referring to the lack of schools and infrastructure in some areas, asked whether the Government planned to extend the existing educational infrastructure despite the current economic difficulties. He also enquired about preschool education and vocational education facilities. Lastly, he warned that the low level of teachers' salaries might have an impact on the quality of education.

62. **Ms. Rahantanirina** (Madagascar) said that teachers were paid the same salary as other civil servants. There was no discrimination or favouritism.

63. Children with physical disabilities attended regular schools. However, children with learning difficulties or who were deaf or blind attended specialized establishments, some of which were run by religious congregations. Support was provided for the travel, accommodation and education of the children concerned.

64. Public education began at the primary level. There were a few public preschool establishments but most of them were run by the private sector. Working parents who could afford to pay the fees enrolled their children in preschool education. Others waited until their children had reached the primary school age of 5.

65. **Ms. Sandberg** said that the Committee had been informed that many teachers did not receive State salaries but were paid by parents, and that teachers seeking a State salary were often required to travel long distances.

66. **Ms. Rahantanirina** (Madagascar) said that it was difficult to find teachers to work in schools in remote rural areas. Parents had occasionally assumed responsibility for paying part of their salary, and in some cases teachers from the same rural area accepted payment in kind, for example in the form of agricultural produce. That strategy had been accepted by the authorities, since it was not always easy to implement the free primary education programme and anything that improved access to education in remote areas was to be welcomed.

67. **The Chairperson** said that such an approach undermined the principle of universal primary schooling, since needy families might be unable to pay a fee.

68. **Ms. Aidoo** suggested that the State should introduce an incentive system to persuade teachers to move to remote areas. Poor families in rural areas who spent 75 per cent of their household budget on food would be unable to pay for their children's education.

69. **Ms. Rahantanirina** (Madagascar) said that the Ministry of Education had been paying a premium to teachers willing to move to remote areas for some time, but the budgetary appropriation had been insufficient to meet the total demand. In 2011, however, budgetary funds had been used to recruit as public servants teachers who had previously relied on fees paid by parents. The goal was to assign one teacher to each *fuktan*, a village of about 5,000 inhabitants.

70. **The Chairperson** noted that budgetary cuts in recent years in response to economic and political difficulties were quite alarming and had caused major problems of access to health care and educational services. He asked whether priority was given to certain sectors of the State budget with a view to protecting basic services.

71. **Ms. Rahantanirina** (Madagascar) said that budgetary cutbacks had affected all ministries. Fortunately, international partners had offered support for activities in the areas of health and education, so that planned activities could be implemented notwithstanding the cutbacks.

72. **The Chairperson** suggested that undue reliance on the partners concerned might be avoided if the State decided to confine cutbacks to less important areas such as defence.

73. **Mr. Rajemison Rakotomaharo** (Madagascar) said that education and health were treated as priority sectors of the budget. The State was prepared to make sacrifices in other sectors.

74. **The Chairperson** asked whether the delegation wished to comment further on domestic violence, corporal punishment, sexual abuse or any other topics about which questions had been asked.

75. **Mr. Pilaza** (Madagascar) said that a system of children's rights protection networks had been established in 2000 and served as the basis for preventing and addressing mistreatment and neglect of children. A national committee established in 2011 coordinated the child-protection activities of State and civil-society entities at the district and commune levels. A toll-free hotline had been set up to facilitate the reporting of abuses. Calls were routed to police stations and taken by specially trained officers who directed callers to the

appropriate services. While the hotline was designed primarily for reporting child abuse, calls about mistreatment of adults were also received from time to time.

76. **The Chairperson** requested more information about the legal aid clinics mentioned at the previous meeting.

77. **Mr. Rakotoniaina** (Madagascar) said that the clinics were being established in poverty-stricken areas to provide legal assistance to people who lacked the requisite financial resources and legal knowledge to file court cases. The clinics provided free services, and confidentiality was preserved. They were authorized to take action to reconcile disputes involving violations that did not necessarily require the opening of a court case. They also provided guidance and assistance to victims who did wish to bring a case before the competent authorities. In addition, the clinics provided clients with information on human rights. Nine clinics were operational and there were plans to increase their number and scope so that in addition to human rights violations they would provide legal and medical help to women and children who were victims of violence.

78. **The Chairperson** requested information about the use of corporal punishment in Madagascar.

79. **Mr. Rakotoniaina** (Madagascar) said that there had been isolated cases of corporal punishment in some schools, and some teachers had been prosecuted and convicted. Unfortunately many parents believed that corporal punishment was part of a proper education and were reluctant to support efforts to do away with it.

80. **Ms. Sandberg** asked whether, in cases of sexual abuse, it was possible to bribe members of the judiciary so that cases did not go to trial and perpetrators were not punished. She stressed the importance of having a judicial system that was not vulnerable to corruption and bribery.

81. **Mr. Rakotoniaina** (Madagascar) said that, while implementation of the relevant legislation had generally been successful, some court decisions did raise the question of whether corruption had been involved. He stressed that sometimes perpetrators were wrongly presumed guilty until their innocence had been established, and that it was important to distinguish the publicity surrounding some cases from reality. Regarding informal settlements, he noted that suspects could be prosecuted by the State even if the victim or the latter's legal guardians had not filed a complaint. He added that, for the Convention and related legislation to be implemented effectively, the population needed to be well informed about the relevant procedures and punishments.

82. **Ms. Wijemanne** drew attention to research in Madagascar and three other African countries showing that children with disabilities were especially vulnerable to sexual violence. She said that families participating in the studies had generally been reluctant to reveal the abuses, partly out of fear of reprisals, and had not had access to legal or medical services. She emphasized that sexual violence constituted a gross violation of children's human rights.

83. **The Chairperson** requested information regarding sex tourism involving children in Madagascar.

84. **Mr. Rakotoniaina** (Madagascar) said that sex tourism was a criminal offence in his country. The phenomenon nevertheless existed and was particularly developed in some areas. There had been five or six cases of tourists being prosecuted for having paid sex with minors. A large-scale campaign was being conducted with the support of UNICEF, ILO and the United Nations Population Fund to enhance awareness of the fact that sex tourism was illegal and that there was a legal obligation to inform the authorities of known cases. His Government hoped that the campaign would encourage people to file complaints.

Victims' families were often afraid to speak up for fear of reprisals, which might explain why there were so few reported cases.

85. **The Chairperson** expressed the hope that the State party would in due course meet its obligations under the Optional Protocol on the sale of children, child prostitution and child pornography by presenting its first report on the Protocol's implementation.

86. **Mr. Rajemison Rakotomaharo** (Madagascar) said that progress on various human rights issues was currently impeded by the political crisis in his country. While some headway had been made, much remained to be done. His country needed the assistance of international partners to establish as realistic an overview as possible of the situation regarding children's rights in Madagascar. His delegation would take due note of all the Committee's observations.

The meeting rose at 6 p.m.