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COMMITTEE ON THE RIGHTS OF THE CHILD

Thirty-fourth session

SUMMARY RECORD OF THE 903rd MEETING

Held at the Palais Wilson, Geneva,
on Tuesday, 23 September 2003, at 3 p.m.

Chairperson: Mr. DOEK

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

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Second periodic report of Madagascar (continued) (CRC/C/70/Add.18; CRC/C/Q/MDG/2; CRC/C/RESP/42; HRI/CORE/1/Add.31)

1. At the invitation of the Chairperson, Mr. Andriampanjava, Mr. Adrianantenaina, Ms. Andrianjaka, Mr. Rakotonarivo, Ms. Ramanantenaso, Mr. Rambeloso, Ms. Rasamihajamanana, and Ms. Ratsiharovala Razafindrambodo (Madagascar) took places at the Committee table.
2. Mr. CITARELLA said that he wished to know what status was conferred on a child by the simple adoption process since, although it was more straightforward than legal adoption, it did not confer on the adoptee the status of a legitimate child. According to Madagascar's second periodic report (CRC/C/70/Add.18), a simple adoption procedure could take place only with the consent of at least one blood parent, and he wondered whether such a procedure was possible if the child's biological parents were unknown or deceased. With regard to education, he requested information about the duration of free and compulsory schooling.
3. Mr. LIWSKI said that he was disappointed that Madagascar had not ratified the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. In that connection, he requested information about international adoption procedures. He was interested in knowing whether foreign nationals who wished to adopt a Malagasy child had to register with a national adoption service and whether there was a mechanism to monitor the situation of a child following adoption.
4. Madagascar had not made sufficient efforts to reduce infant mortality. He pointed out that programmes to promote breastfeeding and to train health personnel required relatively little funding but were highly effective.
5. He wished to know whether the Government had developed any programmes to prevent HIV/AIDS among young people and to provide assistance to those infected with the disease. He also wished to know whether the Government intended to introduce a programme on adolescent reproductive health.
6. Ms. VUCKOVIC-SAHOVIC requested information about Malagasy children's right to freedom of religion. She wished to have additional information about the increased use of drugs, especially cannabis, among young people in Madagascar. She was alarmed at the figures provided in the report, which indicated that a third of all Malagasy children used drugs and that more than half of those children used them on a daily basis. In the light of that information, she wished to know why only 25 boys and 5 girls had been reported to be involved in substance abuse.
7. Ms. SMITH said that she wished to know whether the delegation really believed that there was "no question of returning to the outdated notion of the welfare State". In her view, a welfare State was merely one that took responsibility for the welfare of its citizens. She

expressed disappointment that the report did not describe what happened to children after they were separated from their families. She enquired whether there were any children's homes in Madagascar.

8. Mr. ANDRIAMPANJAVA (Madagascar) said that the first part of Madagascar's Poverty Reduction Strategy Paper, which had been adopted in 2003, was devoted to promoting good governance and the rule of law. The establishment of an anti-corruption council that reported directly to the President was an indication of the Government's determination to develop an effective strategy to combat corruption.

9. A proposal to ratify the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption had already been approved by the Council of Ministers and Parliament. The document was currently awaiting approval by the President.

10. The Education for All Programme had been introduced to improve the education system in Madagascar. Over the past year, the Government had made considerable efforts to achieve the goals of the Programme, which would incorporate measures to promote girls' education, and to provide better access to schools in remote rural areas. The Government was expected to attend a meeting in Paris in October 2003 in order to secure donor funding for the implementation of the Programme.

11. Ms. RASAMIHAJAMANANA (Madagascar) said that 56 per cent of girls in Madagascar became pregnant before the age of 17 and more than a third of adolescent girls had at least one child. The vast majority of unwanted pregnancies were among young girls. According to a recent survey, 1 per cent of the population of Madagascar was infected with HIV. Young people were most severely affected by the disease.

12. Since 2000, a number of public health policies had been developed, including a national reproductive health policy targeting adolescents. The policy was implemented largely by qualified staff at drop-in centres in the provinces that provided young people with information about reproductive health issues, HIV/AIDS and sexually transmitted diseases. A safe motherhood programme had been introduced to help young mothers.

13. The CHAIRPERSON enquired whether education on reproductive health was provided in schools.

14. Ms. RASAMIHAJAMANANA (Madagascar) said that some schools had started to offer reproductive health classes. The Government's approach had been to encourage young people to talk about reproductive health issues with their peers.

15. Mr. ANDRIAMPANJAVA (Madagascar) said that the United Nations Population Fund had financed a major reproductive health project in Madagascar.

16. Ms. RASAMIHAJAMANANA (Madagascar) said that, in 2000, the infant mortality rate had been 142 per 1,000 live births. The Government had introduced a project to reduce that rate by two thirds by 2015. In order to achieve that goal, efforts were being made to ensure an immunization coverage rate of at least 80 per cent among infants under 1 year old. In 2002, the Government had organized a number of national vaccination days involving door-to-door visits.

As a result, a significant number of children had been vaccinated against polio. Efforts were also being made to improve epidemiological surveillance and access to health services and to promote awareness campaigns in communities.

17. The maternal mortality rate was also extremely high, at 488 per 100,000 live births. The Government hoped to halve that figure by 2015. Steps were being taken to vaccinate all pregnant women against tetanus.

18. One of the objectives of the poverty reduction strategy was to reduce the number of hospital deaths among children under 5 suffering from severe malnutrition from 26 per cent in 2002 to 15 per cent in 2005 and to reduce the number of children under 5 suffering from malnutrition from 48 per cent in 2002 to 36 per cent in 2005. The Government was committed to improving care for malnourished children and strengthening community-level structures that provided education about nourishment. The World Bank's Madagascar Food Security and Nutrition Project (SECALINE), which had been in operation since mid-1993, provided care for malnourished persons at the community level. Efforts were being made to create a rapid response system in the event of a nutritional crisis.

19. The Ministry of Health was currently providing comprehensive training to a group of health workers who would form part of a mobile health team designed to provide health care in remote communities. The Integrated Management of Childhood Illnesses (IMCI) strategy had been incorporated into training programmes for health workers at the university level in an effort to launch a community-based approach to IMCI. Efforts were also being made to inform health workers of the advantages of breastfeeding.

20. The CHAIRPERSON asked whether the Government had taken any steps to reduce the high teenage pregnancy rate.

21. Ms. RASAMIHAJAMANANA (Madagascar) said that the Government was concerned at the high number of unwanted teenage pregnancies. The problem was exacerbated by traditional practices, such as early marriage. The adolescent reproductive health policy had been designed to raise the awareness of children as young as 13 of the risks of early pregnancy.

22. Ms. OUEDRAOGO enquired whether the drop-in centres that provided information to young people also arranged teenage abortions. While she welcomed the Government's commitment to reduce the prevalence of HIV/AIDS, she expressed concern about the lack of an integrated approach to controlling the disease. She wondered whether additional resources would be made available to reduce sexually transmitted diseases among young people.

23. Ms. RASAMIHAJAMANANA (Madagascar) said that health workers had received training on how to treat sexually transmitted diseases. The Government of Madagascar would welcome additional support in improving its facilities for detecting and treating cases of HIV/AIDS. Regrettably, owing to a lack of resources, hospitals were unable to provide adequate care for patients with the disease, and the problem of mother-to-child transmission could not be addressed.

24. Mr. ANDRIANANTENAINA (Madagascar) said that 1,677 disabled children were currently enrolled in special childcare centres. Only 10 per cent of Madagascar's

estimated 61,370 disabled children were attending school. Congenital problems, difficulties at birth, communicable diseases, psychiatric problems and trauma were among the main causes of disabilities. Since disabled children had traditionally been marginalized, the Government had launched a large-scale awareness campaign to change people's attitudes.

25. Ms. AL-THANI wished to know whether the Government had considered involving religious leaders and other influential figures in awareness campaigns.

26. Mr. FILALI asked whether health care was free of charge for disabled persons.

27. Mr. ANDRIANANTENAINA (Madagascar) said that, in specialized government schools, health care for disabled children was free of charge. However, most health-care centres were private and their services were not free. His delegation had taken note of the suggestion concerning awareness campaigns.

28. Ms. RASAMIHAJAMANANA (Madagascar) said that changing one's name was a common practice in Madagascar, especially among certain tribes. In Malagasy culture, each name had a meaning that reflected a child's personality, and the name changed as the child grew. Under the 1961 legislation on names, children were allowed to change their names as many times as they wished until they reached majority. An adult could change his or her name only once, by submitting a declaration to a registration officer. However, since 1990, name changes required the authorization of a judge.

29. The simple adoption procedure allowed anyone over the age of 21 to adopt a child or an adult. Husbands could adopt their wives and vice versa. The adopted child continued to belong to its family of origin and the family of origin continued to have obligations towards to the adopted child. However, if the family of origin could no longer provide for the child, its obligations were transferred to the person who adopted the child.

30. Ms. ORTIZ said that the Government should consider how simple adoption affected children. She asked whether intercountry adoption was linked to simple adoption. The Government's accession to the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption would enable it to establish a framework for protecting children.

31. Ms. RASAMIHAJAMANANA (Madagascar) said that there had been no cases of simple intercountry adoptions.

32. Ms. OUEDRAOGO wished to know how children adopted through intercountry adoption were monitored. She was concerned that the number of such children was very high. Most of those children came from disadvantaged families, particularly from single-mother families, and often ended up on the streets. The State did not seem to be taking steps to support such families.

33. Mr. ANDRIANANTENAINA (Madagascar) said that the Government had included social protection in its poverty reduction strategy. While the systematic monitoring of all adopted children was not possible, some Malagasy children, particularly those living in France and Belgium, received regular visits.

34. Ms. SARDENBERG wished to know whether twins who had been abandoned and placed in special centres were available for adoption.

35. Mr. ANDRIANANTENAINA (Madagascar) said that twins could be adopted. Taboos regarding twins persisted in some parts of the country. Although the Government was making concerted efforts to raise public awareness about the issue, it would be difficult to eradicate traditional attitudes.

36. Mr. FILALI said that the matter should be taken up by the justice system and discussed at the national level.

37. Ms. RASAMIHAJAMANANA (Madagascar) said that abortion was not accepted by the general public. To date, all legislation that had been proposed with a view to legalizing abortion had been categorically rejected.

38. Mr. ANDRIANANTENAINA (Madagascar) said that activities of the World Bank's Madagascar Food Security and Nutrition Project (SECALINE) were being conducted in 56 of Madagascar's 111 prefectures. In its third stage, the project was expected to cover all or most of the national territory.

39. Unfortunately, the activities of the Say Yes for Children initiative had had to be suspended owing to the economic, social and political crisis. He suggested that, in order to help the Government address the needs of children in Madagascar, an opinion poll for children should be conducted with the help of the United Nations Children's Fund (UNICEF).

40. The Ministry of the Population was about to open a rehabilitation village where disadvantaged families and street children would be accommodated. The Government planned to establish three such villages for 3,000 people. The villages would be located at a distance of 80 to 135 km from the capital and have 50 hectares of land, including at least 5 hectares of rice fields. They would also have all the necessary education, health and police infrastructure.

41. Ms. OUEDRAOGO asked how street children were placed in a rehabilitation village. It was important to try to trace the origins of such children with a view to reuniting them with their families. Psychological and other treatment might also be required to prepare children for placement in such villages.

42. Mr. ANDRIANANTENAINA (Madagascar) said that surveys had revealed that most street children had not been abandoned but had been forced by their parents to beg.

43. Ms. OUEDRAOGO wished to know what the Government was doing to address family problems and to strengthen families instead of sending them to rehabilitation villages.

44. Ms. CHUTIKUL said that, according to paragraph 1141 of the report, there were abandoned children on the streets. She believed that the rehabilitation villages programme was not the right strategy for helping such children.

45. Mr. ANDRIANANTENAINA (Madagascar) said that orphans and abandoned street children were placed in special institutions. The Government had conducted a survey of disadvantaged families in various cities in Madagascar, asking them how it could improve their living conditions and whether they would agree to be resettled. It had been on the basis of the wishes of such families that the Government had decided to set up rehabilitation villages.
46. The CHAIRPERSON welcomed the establishment of rehabilitation villages and asked whether the Government was also conducting income-generating projects for families that did not wish to be resettled in such villages.
47. Ms. SMITH said that the delegation should provide further information on centres for street children who had been abandoned or taken away from their parents.
48. Mr. FILALI said that the Government should be careful when implementing the rehabilitation village project. In particular, it should adopt adequate accompanying measures and ensure that the villages were properly run.
49. Ms. OUEDRAOGO said that, instead of resettling families, the Government should assist them in finding income-generating activities. She enquired whether the Government had established minimum standards to regulate the conditions in institutions for abandoned children that were operated by non-governmental organizations (NGOs).
50. Mr. ANDRIAMPANJAVA (Madagascar) said that, 30 years earlier, the Government had made the mistake of forcing families to resettle in artificial villages. The rehabilitation village programme was entirely different in that families participated at their own request and helped to build their own houses. In most cases, the Government was actually helping families to return to the countryside, since most of them had only recently migrated to the capital in search of work.
51. Inspectors made regular visits to homes for abandoned children in order to monitor compliance with minimum hygiene standards. In addition, every institution was required to meet the child's basic education and health needs.
52. Ms. Yanghee LEE asked whether children taken into care had better access to health and educational services than those who remained with their families.
53. Mr. ANDRIAMPANJAVA (Madagascar) said that, in rural communities, most orphans were taken in and raised by neighbouring families. Some orphans were taken to the capital and forced to earn money for exploitative families. It was important to realize that street children in Antananarivo had rarely come to the capital of their own free will. Since the root cause of many social problems was poverty, the Government was focusing its efforts on a poverty reduction strategy that had been prepared with the participation of all relevant State and civil society organizations.
54. The Ministry of Population was making efforts to raise the awareness of the general public and government ministries about the rights of the child. His delegation had been accompanied to Geneva by a journalist, and planned to hold a press conference on its return to Madagascar.

55. Ms. RATSIHAROVALA RAZAFINDRAMBODO (Madagascar) said that, under the Criminal Code, child abuse was classified as aggravated assault. New provisions, introduced in 1998 and 2001, had increased the penalty for offences related to child prostitution and pornography.
56. Mr. ANDRIAMPANJAVA (Madagascar) said that the Children's Congress had met for the first time in 2001, and a draft law had been proposed with a view to making it an annual event. Although the draft law had been rejected, the Government still planned to consolidate the initiative.
57. Mr. LIWSKI asked whether the Government was concerned about reports of institutional violence against children, especially in prisons and police cells. The report did not contain any details of torture or ill-treatment of children by public authorities.
58. Ms. RATSIHAROVALA RAZAFINDRAMBODO (Madagascar) said that there had been cases involving the torture of minors by State agents, and the penalty for assault was greater for State agents than for ordinary civilians. Several police officers had been found guilty of such offences. There were plans to reform the juvenile justice system, which included the creation of a juvenile detention centre and the introduction of sentences other than deprivation of liberty.
59. Mr. KRAPPMANN drew attention to paragraph 320 of the report, in which it was stated that legal provisions concerning respect for the views of the child applied to children of Malagasy nationality. He asked why non-nationals had been excluded from those provisions.
60. Ms. RATSIHAROVALA RAZAFINDRAMBODO (Madagascar) said that protection of the right to be heard applied to all children, irrespective of their nationality, and that a mistake had been made in the report.
61. Mr. ANDRIAMPANJAVA (Madagascar) said that, over the next few years, the Government planned to ensure that every primary and secondary school had a library, and that every secondary school was equipped with computers. So far, no action had been taken to prevent children from gaining access to harmful or offensive material on the Internet. The various government ministries concerned would meet shortly to develop recommendations in that regard.
62. Ms. OUEDRAOGO said that she had received reports of trafficking in children and their forced labour as prostitutes or domestic workers. She asked what steps the Government was taking to eliminate those problems or to protect child prostitutes. She wished to know whether the initiatives taken in the context of the International Programme on the Elimination of Child Labour (IPEC) had taken account of the informal sector. She urged the Government of Madagascar to consider ratifying the African Charter on the Rights and Welfare of the Child.
63. Mr. FILALI said that he did not understand why children were not entitled to institute criminal indemnification proceedings. He requested additional information on government programmes to prevent drug abuse. He was not satisfied with the claim that drugs were too expensive for children and adolescents because some substances, such as glue, could be obtained very cheaply.

64. Ms. SMITH enquired whether there was a system for detecting cases of neglect and ill-treatment in families.
65. Mr. CITARELLA said it was unclear whether the State was fulfilling its duty to provide primary education free of charge, since it was stated in paragraph 156 of the report that parents often withdrew children from school because they could not afford the minimal expenses. The delegation should explain whether the Convention took precedence over domestic law, particularly with regard to juvenile justice. In paragraphs 1093 and 1094, he had noted a contradiction between domestic law and the Convention concerning application of the death penalty. He doubted whether the long terms of imprisonment applicable to children between the ages of 13 and 16 were in conformity with the Convention.
66. Mr. KOTRANE said that measures to counter child abuse and child labour should be more preventive than reactive, which implied training social workers and labour inspectors to identify children at risk.
67. Mr. LIWSKI asked whether the Government had made it a priority to provide special training for judges before they began working with juveniles. It was advisable to seek assistance from universities or international cooperation for such training.
68. Mr. ANDRIAMPANJAVA (Madagascar) said that free and universal primary education had been introduced in 2003, and that children were provided with exercise books, pens and other equipment free of charge. Schools also loaned textbooks to pupils. Although the Public Safety Office was taking steps to curb child trafficking and prostitution, it was very difficult to address the root causes. The Government was considering the possibility of ratifying the African Charter on the Rights and Welfare of the Child.
69. Ms. RATSIHAROVALA RAZAFINDRAMBODO (Madagascar) said that, in criminal matters involving juvenile offenders, the examining magistrate also served as the juvenile court judge. The Government recognized that that was a breach of due process, and it planned to address that matter in its next round of legislative reforms. The practice had been justified in the past by the fact that, in order to determine the appropriate sanctions, it was important for juvenile court judges to be familiar with minors' personalities. The Malagasy criminal system did not provide for the sentence of life imprisonment.
70. In civil law cases, children had to be represented by their parents or guardians. In matters relating to educational support, children had the right to complain to a juvenile court judge; however, that right had never been exercised.
71. Overcrowding in prisons was exacerbated by the fact that Madagascar's justice system did not provide any alternatives to imprisonment, and many persons in Madagascar had no fixed abode and could flee from justice if released. Moreover, Malagasy society placed pressure on judges to imprison persons brought before the courts. The Government was considering a major reform of its criminal procedure, particularly as concerned minors, to include mediation and other alternatives to imprisonment. It was also considering the possibility of handling some cases involving young juvenile delinquents, without recourse to the courts.

72. While there were currently no legal provisions for preventing or detecting child neglect or abuse, a number of pilot projects had been set up, whereby community-based social assistance bureaus performed that task. The bureaus assisted the affected family or placed the abused child with another family. The Government was considering extending the projects to other communities. It was true that there were no measures to prevent child labour, and infractions had to be committed before any action was taken; that problem would be addressed in future legislative reforms.

73. The Convention on the Rights of the Child took precedence over domestic law and, pursuant to constitutional provisions, was incorporated into Madagascar's positive law. In practice, judges were reluctant to take a decision based on the Convention and refrained from invoking the Convention in court. The Government should perhaps consider undertaking a study to raise awareness among judges, or enacting legislation to give effect to the Convention.

74. Although judges did not receive special training to become juvenile court judges, they were familiar with the principles of the Convention. The National College of Magistrates organized both initial training and further training courses on the protection and rights of the child.

75. The CHAIRPERSON said that he wished to know how children in Madagascar, who had experienced physical or psychological abuse within their families could get help.

76. Ms. OUEDRAOGO enquired what mechanisms existed to prevent natural disasters. She requested information on the minimum age for conscription and for voluntary recruitment into the armed forces in Madagascar.

77. Ms. RATSIMAROVALA RAZAFINDRAMBODO (Madagascar) said that there was no official structure to deal with victims of child abuse. Although victims had the right to complain to the children's magistrate or the social assistance office, that right had never been exercised since children in Madagascar did not have the right to express their opinion. The Government recognized the importance of making children aware of their rights.

78. Mr. ANDRIAMPANJAVA (Madagascar) said that, in general, incidents of child abuse were kept hidden in Madagascar. The minimum age for conscription and for voluntary recruitment into the armed forces was 21, the age of civil majority. With regard to natural disasters, Madagascar had a national rescue committee; however, there were no special measures to protect children from such disasters. The Government recognized that it needed to strengthen its preparedness for natural disasters.

79. Ms. OUEDRAOGO enquired what the situation of minorities was in Madagascar and how they were integrated.

80. Mr. ANDRIAMPANJAVA (Madagascar) said that there was a small number of racial and ethnic minorities in Madagascar. They presented few problems, apart from occasional flare-ups during economic or political crises.

81. Ms. RATSIMAROVALA RAZAFINDRAMBODO (Madagascar) said that, in Madagascar as a whole, 25 per cent of the total population had access to drinking water. In Antananarivo, that figure was 98 per cent; in other urban areas it was 60 per cent; and in rural areas it was 12 per cent. The objectives that had been established by the Government in 2000 for improving the population's access to drinking water had not been met. The lack of drinking water remained a serious problem, especially in rural areas, since it could lead to the spread of disease and increased child mortality.

82. Mr. ANDRIAMPANJAVA (Madagascar) said that the Government was implementing a water code, the purpose of which was to extend the water infrastructure to all towns and villages in the national territory, with particular emphasis on the southern dry region of Madagascar.

83. The CHAIRPERSON said that the delegation's comments regarding the prevailing attitude in Madagascar towards children, which was that they should be seen but not heard, had helped the Committee to gain a better understanding of the overall situation of children in Madagascar.

84. Ms. OUEDRAOGO said that the Committee's discussion with the high-level delegation had been comprehensive and candid. The Government faced a number of serious challenges, including legislative reform, establishment of a system of coordination and follow-up, improvement of data collection systems, and allocation of resources for children's programmes. It was also necessary to strengthen cooperation with NGOs, increase awareness of children's rights and develop the juvenile justice system. She urged the delegation to take the necessary measures to address the problem of HIV/AIDS and improve adolescent health. The Government should conduct a study to determine the extent of such problems as child labour, street children and child trafficking. Child prostitution, in particular, should be viewed in the context of the Constitution, and child prostitutes should be regarded as victims. Other challenges included strengthening the family and reducing poverty. It was essential to raise awareness within the family, among children and parents alike, that children had a right to express their opinions and to expect them to be taken into account.

85. She commended the Government for the steps it had taken to abolish health-care costs. It was important for health care to be free for the poorest segments of the population in order to increase overall health-care coverage.

86. Mr. ANDRIAMPANJAVA (Madagascar) thanked the Committee for its constructive recommendations for better implementing the Convention in Madagascar. A visit to Madagascar by several members of the Committee would greatly support the Government's efforts to give effect to the Convention.

The meeting rose at 6 p.m.