

Convention on the Rights of the Child

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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-eighth session

SUMMARY RECORD OF THE 1327th MEETING

Held at the Palais Wilson, Geneva, on Tuesday, 27 May 2008, at 3 p.m.

Chairperson: Ms. LEE

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

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Initial report of Serbia (CRC/C/SRB/1, CRC/C/SRB/CO/1, CRC/C/SRB/Q/1 and Add.1) (continued)

1. <u>At the invitation of the Chairperson, the members of the delegation of Serbia resumed</u> places at the Committee table.

2. <u>Mr. POLLAR</u> asked the delegation to explain how citizenship rights were granted in practice, particularly in the case of children whose parents might not have been registered at birth. He wished to know how children were informed of their ancestry when they were not brought up by their biological parents. He was curious to know how the State party implemented its obligations under the Convention with respect to the "social orphans" in the Black Valley region of Serbia. He also asked for further information on parental assistance programmes, especially the mechanism through which child support and maintenance payments were ensured when men denied paternity and thereby defaulted from such obligations, or how women coped with raising children when they were dismissed after maternity leave.

3. <u>Ms. AIDOO</u> referred to table 18 of the initial report of Serbia (CRC/C/SRB/1), which presented the total number of beneficiaries and number of children who had received allowances between 1999 and 2005, and asked what proportion of the total number of children eligible for such assistance those statistics actually represented, and how the allowances were distributed geographically and demographically.

4. She said that the initial report lacked details on the standard of living, which was a pertinent issue, considering the social disparities in Serbia. While commending the Government for setting child poverty reduction as a priority of the National Action Plan (NAP), she said that she was interested in knowing precisely what the Government was doing, its achievements to date, and how it monitored progress in that regard. She asked whether child poverty was reflected in the goals, targets and implementation of the national poverty reduction strategy.

5. Turning to the issue of sexual exploitation, she said that it was not clear from the information provided that the State party had a comprehensive national strategy to prevent the exploitation of children. She asked about the scope of the recovery and reintegration programmes and how effective they had been.

6. There were some troubling elements in the proposed amendments to the Criminal Code that appeared to reduce penalties for child trafficking and domestic violence and to decriminalize sexual harassment. She asked how the Government was tackling the negative traditional attitudes and stereotyping that led to harmful practices towards women and children, and whether it had conducted studies to target its current awareness and educational campaigns.

7. <u>Mr. PARFITT</u> asked whether the Government did its utmost to prevent children from being taken into care because of their parents' destitution, and whether spouses who abandoned their families were legally obliged to pay maintenance. With respect to the privacy of minors, he asked about existing mechanisms to prevent intrusion by the media.

8. <u>Mr. CITARELLA</u>, referring to the training of the judiciary, asked whether judges receiving such training were regarded as specialized in the area of juvenile matters. He was interested in knowing more about the way the administration of juvenile justice throughout the Serbian territory was structured. It appeared that the most common penalty for juvenile offences committed in Serbia was detention; he therefore wondered whether provision was made for any alternatives to detention. In that vein, he asked the delegation to comment on conditions in detention facilities, and on the procedure for minors providing testimonies before juvenile courts.

9. <u>Ms. AL-THANI</u> asked whether the Government was studying the root causes of low academic performance at the primary level. Noting the low enrolment rate, particularly in rural areas and among the Roma population, she wondered what improvements were envisaged to deal with the educational situation of schoolchildren from the most vulnerable strata of society. She was especially interested in knowing about plans to enhance the system of data collection, and whether the National Action Plan included strategic goals for the integration of Roma children into the general school system, or for the education of parents. She asked about international technical assistance for education, if any, and the role of community-based organizations in supporting the efforts of the Government. The broader issue of creating an environment of tolerance and cultural diversity was also of interest to the Committee, as was the information on efforts to integrate human rights and children's rights into the school curriculum and teacher training programmes.

10. <u>The CHAIRPERSON</u> asked how the marketing and use of breast milk substitutes was monitored. She also asked for a comprehensive description of the primary health-care system, within the framework of the National Action Plan. It was not clear from the information provided in the initial report and written replies whether the Government of Serbia had grasped the concepts relating to persons with disabilities, including the definition of disabled persons, the distinction between disabilities and mental health issues, and the extent to which a lack of attention to the complex of issues amounted to an infringement of all rights. In addition, she asked for details on the approach taken by the authorities to address the needs of Roma children, their living conditions, and their basic right to survival.

11. <u>Ms. FILA</u> (Serbia) explained the areas covered by the poverty reduction strategy paper concerning disadvantaged children. Among the major campaigns launched by the Government in the field of education, she highlighted the role of affirmative action programmes in encouraging the participation and retention of children from poor communities. Special emphasis had been placed on provisions aimed at improving the situation of Roma students and on major reintegration programmes.

12. With regard to primary health care, she said that a network of paediatric outpatient wards had been established in schools from the preschool level upwards.

13. <u>Mr. VUJIĆ</u> (Serbia) recognized that in the past there had been problems with protecting the privacy of children participating in court proceedings, but she said that the situation had much improved since the introduction of the laws on broadcasting, which provided strict guidelines on media coverage, especially in connection with the involvement of minors.

14. <u>Mr. KRAPPMANN</u>, reflecting on the situation of Roma children, stressed the importance of adapting the school curriculum to the needs of society, including specific language needs. He

also believed that early childhood education was crucial to development, and he was therefore interested in the Government's plans for preschool and kindergarten education targeting young Roma.

15. <u>Ms. AL-THANI</u>, following in the same vein, asked if, in addition to the grants and scholarships awarded under the affirmative action programme, Roma schoolchildren received extra support to compensate for their special needs.

16. <u>Ms. HERCZOG</u> (Country Rapporteur) asked whether parent education programmes had been formulated as a preventive measure, and whether playgroups or clubs had been set up for children who were too young to enter the formal school system.

17. <u>Ms. AIDOO</u> asked what period was covered by the current poverty reduction strategy, what its achievements to date were, and how its implementation was monitored.

18. <u>Ms. FILA</u> (Serbia) drew attention to the fact that Roma spoke several languages, depending on the communities in which they had lived prior to their readmission to Serbia. The reintegration programme offered education to Roma children through four models in varying combinations of languages of instruction, according to the children's previous experience and their level of education. She also took the opportunity to point out that there was a shortage of Roma teachers, and explained the steps that were being taken to overcome that basic problem.

19. She acknowledged that the school curriculum was outdated and had not reached the desired standard. However, a new curriculum was being designed and the system had been revamped up to the level of the seventh grade, with plans to continue the process through all levels.

20. <u>Mr. KRAPPMANN</u> asked whether the curriculum also took into account the living conditions and minority cultures represented by Roma.

21. <u>Ms. FILA</u> (Serbia) said that such considerations were taken into account, and further explained that the entire curriculum was in fact adopted by a national Educational Council, upon the recommendation of a special institute, comprised of education experts and minority representatives.

22. <u>Ms. PAUNOVIĆ</u> (Republic of Serbia) said that members of the Council for the Rights of the Child were appointed by the Government, and included representatives of non-governmental organizations (NGOs). The Council was currently presided by the Minister of Labour and Social Policy. For 2008, it had a budget of 1.5 million euros provided directly by the Government for the first time; previously it had been funded through different ministries. It had coordinated more than 25 local action plans for children prepared in collaboration with UNICEF.

23. A special team had been established to combat poverty, coordinated by the Deputy Prime Minister. The national Millennium Development Goals (MDGs) addressed the issue of poverty reduction and children. One goal was to establish a mechanism to monitor the requirements of disabled children and adults by 2010, while another was to halve the death rate of children under the age of 5 and infant mortality by 2015. Although death rates had been decreasing in most parts of the country in recent years, the infant mortality rate of the Roma population was 25 per cent. Consequently, the Government was trying to improve support for Roma women who were pregnant and was providing baby-friendly delivery centres.

24. <u>The CHAIRPERSON</u> asked why the Roma child and infant mortality rate was so high and whether it was due to inadequate living conditions, the inaccessibility of health-care services or the failure to register the births of Roma children. Would an unregistered Roma woman have access to the baby-friendly delivery centres?

25. <u>Ms. PAUNOVIĆ</u> (Republic of Serbia) said that all Serbian citizens, even those without papers, had the right to health-care services for the birth of a child. However, the main problem as regards the Roma was the registration of newborns, and the Government had recently established a Roma health mediation entity, employing Roma women, to liaise between the Roma and the health-care system and to encourage its use. The high infant mortality rate among the Roma was due to many factors, including absence of medical supervision during pregnancy, home births, and failure to take advantage of post-natal services. The rest of the population benefited from a programme that provided home visits by qualified personnel for six weeks after a child was born, but the service was not available to Roma whose addresses were not registered.

26. <u>Ms. IVANOVIĆ</u> (Republic of Serbia) said that the Ministry of Labour and Social Policy was developing a pilot project in a small number of municipalities with UNICEF and the United Nations High Commissioner for Refugees aimed at registering Roma children, organizing campaigns and activities, and developing mechanisms to ensure the sustainability of the project and its replication in other municipalities.

27. <u>Ms. PAUNOVIĆ</u> (Republic of Serbia) said that the Government had established a committee on environmental protection, to prepare a national plan and a report for the Ministerial Conference on the environment. For Europe, one of the four principle goals was to reduce the death rate from external causes.

28. Each municipality had its own health-care establishment where primary health care was provided to children by paediatricians. Regarding coverage, each doctor saw an average of almost 700 preschool children or 1,600 primary school children. Primary health-care services were restructured in 2006, and a standard medical examination was introduced as a preventive measure. It was found that more than half the preschool and school students suffered from respiratory problems. With regard to access, under the Health Care Act all children under the age of 15 years were provided with free health care. Children up to the age of 18 also received free health care if they were students, and anyone who was disabled or studying could receive free health care up to the age of 26.

29. <u>The CHAIRPERSON</u> asked the delegation to comment on the high rate of teenage pregnancies and to provide information on the age at which a child could visit a doctor alone and obtain counselling in private. The Committee was concerned about the increased rate of suicide and sexually-transmitted diseases and would welcome information on any actions the Government was planning in that regard.

30. <u>Ms. PAUNOVIĆ</u> (Republic of Serbia) said that such problems were being approached from an interdisciplinary perspective. The Ministry of Health and the Ministry of Education

organized joint programmes to educate children on sexually-transmitted diseases and HIV/AIDS, the latter financed by the Global Fund to fight AIDS, Tuberculosis and Malaria, and a preventive programme had been introduced for children in institutions. Regarding access to health care, the public system, which provided free health care, offered the full range of medical specialities.

31. The age at which a child could visit a doctor alone was related to the right to privacy and decision-making in health care. At 15 years of age, a child could decide on any kind of medical intervention, including abortion, without parental consent. That option was also open to children under the age of 15 if the doctors decided that decisions taken by the parents were not in the best interest of the child.

32. The national Ombudsman could inspect any health-care establishment ex officio or based on a complaint. In addition, each establishment had its own ombudsman to ensure the protection of patients' rights. Suicide was merely recorded as death from external causes, so the Ministry of Health had no means of knowing whether the number of children's deaths by suicide was increasing. The law regulating data collection was out of date and needed to be modified. Special programmes aimed at preventing children from becoming victims of substance abuse were organized at school during religious instruction, in collaboration with the Ministry of Religion.

33. <u>Ms. IVANOVIĆ</u> (Republic of Serbia) said that a pilot procedure had recently been conducted in response to the suicide of a child, who had a six-year-old sibling. Meetings with the school authorities and psychologists had been organized for all the students who attended the child's school and the Ministry of Labour and Social Policy had carried out several inspections. In addition, a special programme had been devised for the surviving sibling, and it was being monitored periodically.

34. According to article 6 of the Family Act, everyone was obliged to be guided by the child's best interest in all activities related to the child, and the State had to ensure the protection of the child, within the family environment whenever possible. Special thematic training modules had been prepared for professionals and judges based on case studies. At one workshop, more than 800 employees of the Ministry of Labour and Social Policy who worked with children had discussed what the best interest of the child signified and, based on their answers, a questionnaire had been developed to find out whether parents respected the various rights of the child.

35. <u>Ms. VITOSĚVIĆ-ĆELKIĆ</u> (Republic of Serbia) said the Ministry of Religion ran a permanent campaign to protect children from addictions. In addition, with the introduction of religious instruction in 2001, the Government had created a Commission for Religious Instruction composed of representatives of the Ministries of Education and Religion, and of all churches and religious communities. The Commission was preparing reading matter for religious instruction in schools that was related to real life situations, and also identifying texts to recommend to parents.

36. According to the 2003 census, Muslims accounted for 3.2 per cent of the population. The Islamic community had two secondary schools, and there were 85 Muslim teachers in Serbian schools subsidized by the Ministry of Religion.

37. In Serbia, religious instruction was carried out in 10 languages and there were special textbooks for Roma children; also, textbooks were provided in Albanian for the Albanian population in the southern part of the country. The Jewish community represented a tiny percentage of the population and, currently, there were no Jewish students in school establishments. Both the Jewish community and the Islamic community were represented on the Commission for Religious Instruction.

38. Around one-third of the religious instruction curriculum was devoted to multicultural issues and it had been designed to promote tolerance, democracy and respect for human and minority rights. A child did not have to be a believer to attend religious instruction classes.

39. <u>Ms. HERCZOG</u> (Country Rapporteur) said that her question had referred to the issue of how Serbia defined a minority group. Since Jews and Muslims were considered minorities, it appeared that the criteria were based on religion as well as nationality.

40. <u>Ms. MOHOROVIĆ</u> (Republic of Serbia) said that national minorities were defined in the Protection of Rights and Freedoms of National Minorities Act as groups of citizens of a certain size that, although different from the majority of the population, had been connected with the Republic of Serbia for a long time, but wished to retain their own customs, culture and language.

The meeting was suspended at 4.35 p.m. and resumed at 4.55 p.m.

41. <u>Ms. ZEČEVIĆ</u> (Republic of Serbia), referring to the large number of suicides indicated in the report, said that the Ministry of the Interior had data which it could submit to the Committee, because suicides were reported to the police and investigated.

42. The Criminal Code and the Public Order and Peace Act established sanctions for selling alcohol to minors. The police took numerous preventive measures and, in that regard, the role of the school police officer was particularly important, because he was obliged to monitor stores and restaurants in the vicinity of the school to ensure they did not sell alcohol to minors. The police also took special measures at public events, in collaboration with other government authorities, especially those of the Ministry of Education.

43. The manufacture and sale of narcotics were defined as criminal offences against human health. Special attention was given to eliminating organized criminal groups involved in that type of crime, and the Ministry of the Interior took numerous preventive actions, particularly in collaboration with the Ministry of Education, to inform children of the consequences, risks and dangers of consuming controlled substances.

44. Violence was a very complex problem and a multidisciplinary and multi-departmental approach had been adopted, especially since 2004, when the national action plan for children was adopted. Special attention had been given to amending existing laws and enacting new legislation establishing comprehensive procedures in all cases of violence against children under the age of 18 years. Training had been provided to professionals dealing with children who committed violence and with children who were victims of different forms of violence. A general protocol for the protection of children from abuse and neglect had been adopted and various ministries were working on treatment procedures. In addition, the ministries of education, labour and social policy, and the interior had adopted their own protocols on the issue.

45. <u>Mr. CITARELLA</u> asked whether the protocol was compulsory or merely provided guidelines.

46. <u>Ms. ZEČEVIĆ</u> (Republic of Serbia) said that the protocol adopted by the Government obliged five ministries to adopt their own protocols. Both the general protocol and the separate protocols had the force of law; they were binding on all ministry employees and violations were sanctioned. Special seminars on child abuse and neglect based on case studies had been organized for the police who worked with children, as well as training courses for school staff. It was planned to continue activities at the regional level and good results were expected because experts could exchange experiences and learn from best practices.

47. In 2007, the Ministry of Social Affairs had established a 24-hour emergency response system whereby, when acts of violence were reported, the police and social workers went to the scene immediately to ensure that measures were taken as soon as possible.

48. <u>Mr. KOTRANE</u>, in the context of the State party's programme to combat violence against children in schools and other sectors, asked if the State party had a compulsory reporting system in place whereby doctors and social workers were legally obliged to report possible cases of child abuse, despite the principle of medical confidentiality, so as to enable the authorities to intervene quickly.

49. <u>Ms. ZEČEVIĆ</u> (Serbia) said that doctors had a legal duty, which was well respected, to report all cases of violence against children to the police. A special protocol, prepared by the Ministry of Health, provided guidelines for the medical examination of alleged child victims of abuse and would serve as good basis for further cooperation with the ministries of the interior and of justice.

50. <u>Mr. VUJIĆ</u> (Serbia) said that the prosecution office had a legal obligation to take action in cases of child victims of violence according to the law on criminal acts. Care for child victims during such proceedings was provided by experts.

51. <u>Ms. MARKOVIĆ</u> (Serbia) said that all disability legislation was in line with the Convention on the Rights of Persons with Disabilities, which Serbia signed in 2007 and which was in the process of being ratified. A definition of disabilities that included both psychological and physical disabilities had been incorporated into domestic legislation and current documents and legislation would be amended accordingly.

52. In response to the question about a database of children with disabilities, she said that unfortunately the most recent census did not include information on such children. Local and regional pilot projects had therefore been launched in order to find the best census model to cover persons with disabilities.

53. Regarding broadcasting on issues related to children with disabilities, she said that all information programmes must be broadcast in the language of the children. Those programmes were broadcast by some media, however, but not all as required by the national broadcasting agency. Regarding access to certain modules for children with disabilities, she said that centres had been established where children with hearing or sight impairment could read or listen to the information that they required for their education, including school books and Braille texts.

Regarding the national strategy to reduce poverty among children with disabilities, she said that such children had been identified in 2003 as one of the most vulnerable groups. The strategy included six goals to be attained by 2015, one of which was deinstitutionalization of children with disabilities. Some steps had been taken, including pilot projects promoting alternative care measures, such as care in day centres.

54. <u>The CHAIRPERSON</u> said that, given that education for children with disabilities was being provided in facilities such as day centres and not within the mainstream education system, it could be concluded that inclusive education for children with disabilities was not progressing as the Committee might have hoped.

55. <u>Ms. MARKOVIĆ</u> (Serbia) said that a new law was soon to be adopted on preschool education and free inclusive education of children with disabilities.

56. <u>Ms. IVANOVIĆ</u> (Serbia), regarding placement of children in institutions, said that the State party's reservation to article 9 of the Convention had been withdrawn when the family law had been adopted. Under that law, only the courts were authorized to take the decision to separate children from their parents without their parents' consent. Before such a decision was taken, parental supervision measures could be imposed.

57. <u>Ms. SMITH</u> asked what was done to explore the possibility of providing more support to parents of children with more serious disabilities, who placed their children in institutions because they were simply unable to cope with caring for them at home.

58. <u>Ms. IVANOVIĆ</u> (Serbia) said that although support for the child's biological family and material assistance had not featured prominently in the programmes undertaken so far, non-material support had been provided, such as parenting programmes and accreditation of persons working in social institutions. Measures had been adopted the previous year which provided that no child could be placed in an institution without the consent of the Ministry of Labour and Social Policy. They included training for professionals, focusing on the principles of the Convention, that encouraged them to explore all other possibilities, especially support for the biological family, before removing children from their natural environment. As a result of those measures, children were now separated from their families only in extreme cases, such as when the child's life was in danger. Social welfare centres were required to examine each case every six months, or every three months in the case of children under the age of 7 years, to determine whether the child should remain in the institution, during which time the centres would continue searching for a place with a foster family or with members of the child's extended family.

59. <u>Ms. HERCZOG</u> (Country Rapporteur) asked whether a national documentation and assessment system was used when making decisions about whether or not to place a child in care and when reviewing each child's case in order to reach a fair decision, and what measures could be taken to prevent children being placed in residential homes as a result of poverty.

60. <u>Ms. IVANOVIĆ</u> (Serbia) said that a process of standardization of services had been taking place over recent months and procedures were being defined in great detail. Alternative care measures were currently available. The biological family would always be preferred over placement of the child in a foster home or institution, in order to respect the child's right to an identity and family relations.

61. <u>Ms. ORTIZ</u> asked who decided whether a child should be placed in an institution and whether the views of the child were heard before that measure was taken. She asked how the State party checked to ensure that children did not suffer abuse in institutions and foster homes and whether there was a reporting system for use by abused children.

62. <u>Ms. IVANOVIĆ</u> (Serbia) said that the decision to place a child in an institution could be made only by the courts. In extreme, urgent cases only, a social welfare centre could place a child in an institution, subject to obtaining an opinion within three days from the Ministry of Labour and Social Policy on whether the placement was justified, given that in most urgent cases there was not enough time to find a foster family. The whole social welfare system was based on monitoring the children's situation, the circumstances under which they had been placed in an institution, whether their rights were being respected and so on. Such checks were compulsory, and the Ministry's inspection services ensured that the procedures were respected. The opinions of the child regarding placement at an institution were heard if the child was capable of giving such a statement, as determined by the temporary custodian appointed in each case.

63. <u>Mr. KOTRANE</u>, acknowledging that in an emergency situation, when a child's life might be in danger, the child must be placed quickly in an institution, asked why it was the Ministry, which was part of the executive power, that had to be informed and not a judge.

64. <u>Ms. IVANOVIĆ</u> (Serbia) said that measures were imposed on any parent who neglected their duties and put the life of their child at risk, starting with partial deprivation of their parental rights and ending, if necessary, with the decision that the parents were unable to care for the child.

65. <u>Mr. VUJIĆ</u> (Serbia) said that court proceedings were indeed initiated in the case of children being taken away from their parents, but the urgency of the situation might bring about the need for a temporary measure to remove the child from danger. Judges were therefore not excluded, but there was simply a period in which action had to be taken quickly.

66. <u>Ms. KOVAČEVIĆ</u> (Serbia), in a response to a question about the definition of "youth", said that a strategy had recently been adopted which defined youth as covering the age range 15 to 30. Health and sport activities were being developed as an excellent opportunity for promoting adolescent health, including a Government programme to distribute equipment worth 1 million euros to all schools and a programme to build open-air, free playgrounds in local communities.

67. <u>Mr. VUJIĆ</u> (Serbia) said that the juvenile justice system was being modernized. The number of indictments of juvenile offenders had decreased as a result of prosecutors applying the principle of opportunity and alternative measures. The age of criminal responsibility in Serbia was 14 years. Minors could be detained during criminal proceedings in circumstances that were precisely defined by law and for certain offences, and there were currently 21 minors in custody in Serbia. Alternatives to detention included temporary placement in an educational institution or in a family. Judges specialized in juvenile justice were receiving training in order to increase use of alternative measures. Detained minors were normally placed with other minors. In exceptional circumstances a judge might decide to place minors with adults subject to certain conditions.

Currently only one minor was being detained with adults. Detained minors continued to receive an education and were given a certificate on their release, which was issued by the local municipality and which bore no indication that education had been received while attending a juvenile correctional institution.

68. <u>Mr. ĆEKLIĆ</u> (Serbia) said that the new Criminal Code, which had entered into force in January 2000, had improved protection of children from abuse by imposing more serious penalties for all forms of child abuse.

69. <u>Ms. HERCZOG</u> (Country Rapporteur) thanked the delegation for its hard work, openness and commitment. Acknowledging that it was difficult to answer the Committee's questions quickly, she encouraged the State party to submit more detailed, written replies at a later date.

70. <u>Ms. FILA</u> (Serbia) thanked the Committee for the opportunity to reply to its additional questions, which would help the State party prepare its next report in as detailed and constructive manner as possible. She said that her delegation was pleased that the Committee members had been so well acquainted with the issues they had raised. Serbia was making every effort to meet international standards and to ensure a better life for children.

The meeting rose at 6 p.m.