

# **Report on the 55<sup>th</sup> Session / 56<sup>th</sup> Pre-Session of the Committee on the Rights of the Child**

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**13 September – 1 October 2010**

**Geneva  
Switzerland**

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**IBFAN - International Baby Food  
Action Network**



**GIFA – Geneva Infant Feeding  
Association**



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## *I. Summary*

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During the 55<sup>th</sup> session, the CRC Committee paid particular attention to infant and young child nutrition. It has recommended to most of the countries under review to take measures to protect, promote and support breastfeeding as well as optimal infant and young child feeding.

**For the first time, the CRC Committee recommended that a State party (Guatemala) establish appropriate sanctions in cases of violations of the International Code. Also, great importance was given recommendations on the quality and availability of nutritional education and training of health personnel on the issue of breastfeeding.**

During the Plenary meetings, eight States parties - **Angola, Burundi, Guatemala, Montenegro, Nicaragua, Spain, Sri Lanka, and Sudan** - were reviewed in relation to the Convention itself (periodic review). IBFAN presented alternative reports for four out of the eight countries reviewed which describe the national situation of infant and young child feeding. In all other cases, the Committee received some basic information compiled by IBFAN-GIFA in Geneva. In its Concluding Observations, the CRC Committee made direct recommendations concerning breastfeeding in five cases out of eight, two indirect recommendations related to nutrition issues and no recommendation in the case of Spain. **Almost every recommendation in the area of breastfeeding relied on the information provided to the Committee by IBFAN groups.**

More specifically, the «Concluding Observations» of the Committee, included the following (for a detailed list by country see the table below):

- Enforcement of the International Code.
- Establish appropriate sanctions in cases of violations. **(NEW!!)**
- Promotion of exclusive breastfeeding for six months.
- Training and sensitization of the health personnel on breastfeeding promotion and support.
- Access to information and education on child health and nutrition for all segments of society.
- Promotion and implementation of the Baby Friendly Hospital Initiative.
- Development of counseling services and support for families, especially the vulnerable ones.
- Development of strategies for infant and child feeding.

If we aim for questions/discussions during country reviews to continue and for recommendations to be maintained at a high level, it is essential that **IBFAN continues sending in reports on the infant and young child feeding situation**, and maintain our presence during the sessions. Equally important, and in the long-term even more essential at country level: health professionals, breastfeeding and child rights advocates have to **follow up on discussions and recommendations at country level *after* the review of their country.**

The next step for IBFAN groups, as well as for every actor in civil society that works in the area of infant and child nutrition, is to push their national government while working hand in hand with it to solve problems and find solutions. Breastfeeding advocates should approach the National child rights' coalitions in their countries, to work together to implement or push for the implementation of the Committee recommendations.

**Summary table:**

<i>Country</i>	<i>IBFAN report</i>	<i>Questions on BF</i>	<i>Summary of specific recommendations on BF (and related issues)</i>
1 <a href="#">Angola</a>	No	Yes	<b>Direct:</b> Para 40, 49, 50: address and combat malnutrition including through the promotion of exclusive breastfeeding for 6 months; implement the IC; provide counselling support to parents also through education and information.
2 <a href="#">Burundi</a>	No	Yes	<b>Direct:</b> Para 53-54-55: establish a National Breastfeeding Committee; collect systematic data on bf; ensure the enforcement of the IC; promote BFHI; include bf in the training of nurses; ensure access to education and support on child health and nutrition; reduce infant and maternal mortality.
3 <a href="#">Guatemala</a>	Yes	Yes	<b>Direct:</b> Para 72-73: provide training on bf promotion and support; train and sensitize personnel; effectively monitor the implementation of the IC; establish appropriate sanctions in cases of breaches of the Code.
4 <a href="#">Montenegro</a>	No	Yes	<b>Direct:</b> Para 51-52: promote exclusive breastfeeding practices; enact legislation to implement the IC.
5 <a href="#">Nicaragua</a>	Yes	Yes	<b>Direct:</b> Para 62-63: promote exclusive breastfeeding; enforce the International Code; develop a feeding strategy for small children; implement the Women and Child Friendly Units Initiative.
6 <a href="#">Spain</a>	No	No	<b>No</b>
7 <a href="#">Sri Lanka</a>	Yes	Yes	<b>Indirect:</b> Para 53, 33: fight deprivations of malnutrition and poverty; implement the Integrated Nutritional Programme in the whole country; establish a national nutritional committee to coordinate nutritional interventions; improve the quality of nutritional education and counselling services.
8 <a href="#">Sudan</a>	Yes	Yes	<b>Indirect:</b> Para 50-53: improve access to primary health care; ensure that health services are adequate; develop an integrated and multidimensional approach to early childhood development, paying particular attention to preventive diseases, malnutrition and potable water; strengthen institutional capacity for early childhood development.

## ***II. General information***

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Since 1993, there have been more than 500 State party reports prepared for review by the CRC Committee, of which about 400 have been considered so far. More and more of these are 3<sup>rd</sup>, 4<sup>th</sup> and even 5<sup>th</sup> reports. In order to catch up on late reporting, the Committee has asked several States Parties to present combined 3<sup>rd</sup> + 4<sup>th</sup> or 4<sup>th</sup> + 5<sup>th</sup> combined reports for a specific date. Also, in 2010, the CRC Committee met in dual chambers to catch up on the backlog. During the sessions in 2011, this will no longer be the case.

Unfortunately, still a few countries such as Cook Islands, Nauru, Niue, Tuvalu & Tonga, have not presented any report to the Committee though they have been requested to do so on several occasions.

From one session to another, the functioning of the Committee remains similar – as described in Part II (Articles 42 - 46) of the Convention. The most recent session 55 was divided into two parts, the session per se, and the pre-session (of session 56). As a few years earlier, the Committee members met in two parallel chambers to consider **eight** periodic reports on the implementation of the Convention (**Angola, Burundi, Guatemala, Montenegro, Nicaragua, Spain, Sri Lanka, Sudan**) and six State parties were reviewed on the implementation of the two Optional Protocols (Bosnia Herzegovina, Montenegro, Nicaragua, Sierra Leone, Sri Lanka, Sudan). This report discusses only the eight periodic reviews. The Committee also met in pre-session with a number of NGOs from several of the countries that will be reviewed in January 2011 (session 56).

The members of the CRC Committee are: Ms. Agnes Akosua Aidoo (Ghana), Ms. Hadeel Al-Asmar (Syria), Mr. Luigi Citarella (Italy), Ms. Azza El Ashmawy (Egypt), Mr. Kamel Filali (Algeria), Mr. Peter Guran (Slovakia), Ms. Maria Herczog (Hungary), Mr. Sanphasit Koompraphant (Thailand), Mr. Hatem Kotrane (Tunisia), Mr. Lothar Krappmann (Germany), Ms. Yanghee Lee (Republic of Korea), Ms. Marta Mauras Perez (Chile), Ms. Maria Rosa Ortiz (Paraguay), Mr. Awich Pollar (Uganda), Mr. Dainius Puras (Lithuania), Mr. Kamla Devi Varmah (Mauritius), Ms. Susan Villaran de la Puente (Peru), Mr. Jean Zermatten (Switzerland).

Ms. Yanghee Lee (Republic of Korea) is the chairperson of the Committee. Ms Agnes Aidoo, Mr. Kamel Filali, Ms. Rosa Maria Ortiz and Mr. Jean Zermatten are the Vice-Chairpersons; Mr. Lothar Krappmann, the Rapporteur.

Committee members' domains of expertise and cultural backgrounds<sup>1</sup> are various (legal, judiciary, medical, education, social, and other). Issues related to health and nutrition of infants and young children remain of central importance to many Committee members who have stressed this to GIFA staff on several occasions, and discuss them at practically every State review.

### **1) Plenary session 55 (13 September – 1 October)**

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<sup>1</sup> See Annex 1 for background of Committee members.

During the Plenary meetings, seven States parties - Angola, Burundi, Guatemala, Montenegro, Nicaragua, Spain, Sri Lanka, and Sudan - were reviewed in relation to the Convention itself (periodic review). Questions asked by Committee members to the government representatives followed the usual given order, with issues linked to the child's rights to health, nutrition and more specifically breastfeeding entering into the "*basic health and welfare*" section. At the end of the session, the Committee made official recommendations to the State parties in its Concluding Observations<sup>2</sup>.

Representatives from NGOs, the press and UN organisations attended the session but did not intervene; there were occasions to meet informally with Committee members, and to discuss relevant documentation with them, data and country reports on, for example, health and nutrition issues, including breastfeeding. The Committee uses some of this material to formulate its questions to government officials.

The size of government delegations varies from one country review to the other: some are very large, with official delegates from a variety of ministries such as Health, Education, Social Affairs, Gender, Family Affairs, Economy, Labour, etc. - this was the case of the delegation from Spain and Guatemala for example.

## **2) Pre- 56 session meeting (27 September – 1 October)**

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The pre-session meetings are not open to the public. During the pre-session, representatives from NGOs from Afghanistan\*, Belarus\*\*\*, Cuba\*, Denmark\*, Laos\*, New Zealand\*, Ukraine\*\*\*, and Mexico\*\*<sup>3</sup> had been invited to meet with the Committee regarding the periodic and optional protocol reviews to be held in January 2011. GIFA contacts IBFAN groups in each country to prepare a short country report focused on the situation of infant and young child feeding.

The pre-session meetings generally last three hours per country, and participants include representatives from domestic and international NGOs and/or national NGO coalitions as well as international organisations such as WHO, UNICEF, etc. that have prepared reports on child rights in these countries. Government officials are not present. The Committee questions NGO representatives on various issues but most importantly on specific difficult or controversial issues.

**GIFA encourages IBFAN members to contact the national NGO coalition of their country<sup>4</sup>** to take part in the preparation of a national coalition (or alternative) report in time for the pre-session. The NGO Group for the CRC usually sets up a meeting during the pre-session and NGOs based in Geneva meet representatives from these NGO Coalitions. It is interesting for these National Coalitions to hear about the situation in other countries, as well as the experiences of other National Coalitions. GIFA staff was unable to attend the meeting held for NGOs.

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<sup>2</sup>For the complete text of the Concluding Observations made to State parties go to the following link: <http://www2.ohchr.org/english/bodies/crc/crcs55.htm>.

For the recommendations related to our issues, see section II (1-7) "Country reviews" below.

<sup>3</sup> Countries with one star (\*) will be reporting on the CRC. Countries with two stars (\*\*) will be reporting on the optional protocols. Countries with three stars (\*\*\*) will be reporting both in relation to the periodic review of the CRC and to the optional protocols.

<sup>4</sup> See Annex 2 of this report for the list of NGO Coalitions by country.

### ***III. Country Reviews***

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The following summary concerns the discussions relating to the eight countries examined during the plenary session: Angola, Burundi, Guatemala, Montenegro, Nicaragua, Spain, Sri Lanka, and Sudan. IBFAN-GIFA had received **four alternative reports** on the situation of breastfeeding from IBFAN national groups (Guatemala, Nicaragua, Sri Lanka, and Sudan). However, information regarding infant and young child feeding was compiled by the IBFAN-GIFA office and sent to the Committee for each of the other countries reviewed.

#### **1) Angola**

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This was the review of the combined 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> periodic report of Angola. The government delegation consisted of 13 members, one of which was from the Ministry of Health. IBFAN-GIFA prepared a short letter on the breastfeeding situation in Angola. The Committee Expert, Lothar Friedrich Krappman, served as country rapporteur for the CRC.

#### **Discussion**

**Legislation and other measures:** The CRC welcomed the entry in force of the new Constitution in 2010 which creates a legal framework for the rights of children; the creation of the National Council for Children in 2007; the decree on free birth registration and identity cards for children up to 11 years; the preparation of a National Strategy to Prevent and Mitigate Violence Against Children (aiming to mitigate and prevent abuse of children); the adoption of the Optional Protocols to the CRC and the Optional Protocol to the Convention on the Elimination of Discrimination against Women.

The Committee welcomed the positive developments in Angola since the first periodic report, namely the progress towards the Millennium Development Goals: the progress in poverty reduction, the rise in school attendance rates, and the drop in under-five child mortality rates. However, the Committee noted that progress remains slow and has not yet reached satisfactory levels. More needs to be done to overcome constraints and challenges to further development, especially through education. Concern was also expressed in relation to the lack of clear mandate for the Ombudsman, the difficult coordination of the different action plans on children and development plans, and the limited budget allocations for health, education and child protection.

The discussion concerned the following **issues**: accusation of witchcraft against children (which is a residual of the armed conflict, as a result of which children are subject of violence and mistreatment); the best interest of the child (the need to integrate this principle in all national legal provisions); child labour; protection of child victims (Angola should cooperate with the UN Interagency Panel on Juvenile Justice); internally displaced persons; children's view (not taken into account in the strategies, plans and networks); corporal punishment; violence against children; the use of the Convention in practice by judges; training of judges on the progress of the Convention; corporate responsibility (lack of a clear policy especially of private sector actors involved in mining and the diamond industry); the little benefits that the children have from the resource profits; birth registration (long periods for issuing a birth certificate and low rates of

children under 1 registered, registration of refugee children; orphans and vulnerable children (lack of exact information);

Concerning **health issues**, the following was discussed: HIV/AIDS situation (contradiction in statistical trends, prevention of mother-to-child transmission, availability of anti-retroviral treatment for children, lack of technical staff trained in diagnosis and management of persons with HIV/AIDS); abortion; educational programmes for adolescent health; disabled children (the need for awareness raising campaigns); very high level of adolescent pregnancies (how is this tackled in national programmes, the link with high school drop rates); harmful practices (linked to early marriages and girl disempowerment and lack of education).

### **Committee Recommendations**

**Family environment and alternative care** (paragraph 40): the Committee recommended the State party to "*strengthen and expand its efforts to help families invigorate parent-child relationship by increased financial, economic infrastructural and counselling support such as [...] parental information and education and further recommends that the State party pays particular attention and efforts to single-parent families, in particular to young mother headed families.*"

**Regarding health care and nutrition** (paragraph 49) the Committee expressed its concern that "*the infant mortality, under-5 mortality and the maternal mortality rates are still high in spite of some progress made, that almost one third of children under the age of five are underweight and that exclusive breastfeeding for at least six months, while improving, remains low.*"

Following this concern, in paragraph 50, the Committee urged Angola to "*massively reduce the death rates of newborn and young children and mothers, including by more attended deliveries, and take the necessary steps to address the problem of malnutrition in children under the age of five, including through the promotion of exclusive breastfeeding until the age of six months and to implement the International Code of Marketing of Breast-milk Substitutes.*"

### **Suggestions for future action**

The recommendations highlight the important contribution of breastfeeding in combating child malnutrition and achieving the right of the child to the highest standard of health. The Committee's recommendations address the necessary protection, promotion and support of breastfeeding and other optimal infant and young child feeding practices.

**Protection:** The Committee reaffirmed the right of parents and children to be protected from misinformation on infant feeding, through the recommendation to adopt and implement the International Code. **Promotion:** The recommendations stress the importance of promotion of exclusive breastfeeding, also through information and education to parents. **Support:** The government is urged to provide support to parents, especially the most vulnerable ones, through financial and economic means as well as support, on all parental matters, including also infant and young child feeding practices.

These recommendations provide a valuable platform on which IBFAN groups can build their actions and push the Angolan government to protect, promote and support infant and young child feeding. Also, IBFAN members can play a valuable role in the implementation of these

recommendations, while making use of their experience in drafting the code and monitoring its effective implementation and promoting exclusive breastfeeding.

The next combined 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> report is due in October 2015.

IBFAN groups are encouraged to cooperate with the **National Coalition on Child Rights** in Angola for the next alternative report:

Alliance l'enfant et la paix  
CP 6570, Luanda, Angola

## 2) Burundi

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This was the review of Burundi's 2<sup>nd</sup> periodic report. The country was represented by a delegation of 4 members, none of which from the Ministry of Health. IBFAN-GIFA prepared a short letter on the breastfeeding situation in Burundi. The Committee experts, Maria Herczog and Kamla Devi Varmah, served as country rapporteurs for Burundi.

### Discussion

A number of **reforms and legal measures** have been undertaken since the last review. The Committee welcomed the adoption of the new Constitution in 2005, which integrates human rights principles and the new Penal Code in 2009 (which increased the minimum age of criminal responsibility from 13 to 15 years of age); the ratification of the Optional protocols to the CRC, the ratification of the ILO Convention 182 on the Prohibited and Immediate Action for the Elimination of the Worst Forms of Child Labor; the release of all children associated with the "Forces Nationales de Libération".

However, the Committee remained concerned that there is lack of a national policy on children and national comprehensive legal instrument; that corporal punishment continues to be practiced and that it is not explicitly prohibited in the homes, schools and alternative care facilities. It also remains concerned about the high number of internally displaced children in Burundi as well as the situation of child labour.

The **discussion** during the plenary session concerned the following issues amongst others: the persistent situation of conflict and violence in the country and its effect on children; harmonization of the customary law with the Convention; birth registration (it has become free of charge, however unregistered births remain extremely high); the right of the child to express her/himself; the situation of street children; juvenile justice (the high number of children still imprisoned, the need to create specialized court rooms inside the existing tribunals, provisional detention is too long); education (quality of teaching, since 2005 primary education has become free of charge, which has led to higher enrolment rates); orphans and vulnerable children (the implications of the national policy); the implication that the conflict has had on social services for children; child labour; sexual exploitation of children; forced marriages and sexual abuse with young girls; the situation of the Batwa (especially of girls); corporal punishment; national adoptions; disabled children (limited access to health education and work); the situation of girls (they lack the right to inherit from their parents).

In relation to **health**, the Committee expressed concern with regard to the low levels of immunization rates; high rates of malnutrition and micro-nutrient deficiency; the poor health conditions among children, high infant and mortality rates and the lack of sufficient and adequate health facilities. Other issues discussed included: disabled children (their limited access to health care services); HIV/AIDS (despite the decrease of rates in urban areas there is an increase in rural areas where there is a lack of trained personnel).

### **Committee Recommendations**

The Committee recommended that Burundi take immediate action to elaborate and adopt a comprehensive legal instrument gathering all provisions related to the rights of the child, and ensure adequate resources for its implementation.

**Regarding health care and nutrition** (paragraphs 53), the Committee recommended that Burundi "*continue to prioritize the allocation of financial and human resource to the health sector*". It recommends "*that the State party strengthen its efforts to improve the health situation of children including through: [...] (b) Strengthen its efforts to further **reduce infant and child mortality**, especially by focusing on preventive measures and treatment, including vaccination; (c) **reduce maternal mortality** throughout the country, including specific actions to prevent post-partum bleeding and other major causes of maternal death, [...] (e) Ensuring that all segments of society are informed of and have **access to education on the use of basic knowledge of child health and nutrition***".

Paragraphs 54 and 55 of the concluding observations focus on **breastfeeding**. The Committee (paragraph 54) "*regrets the absence of systematic data collection on breastfeeding practices and the absence of a National Breastfeeding Committee as well as the lack of breastfeeding promotion.*" It recommends that Burundi "*establish a National Breastfeeding Committee and systematically collect data on the practices of breastfeeding ensuring at the same time the enforcement of the International Code of Marketing on Breast-milk Substitutes. The State party should also promote baby-friendly hospitals and encourage breastfeeding to be included in the training of nurses.*"

### **Suggestions for future action**

In the case of Burundi, the Committee has confirmed the importance that proper infant and young child practices have in post-conflict and high poverty contexts to enhance the right of the child to the highest attainable standard of health. IBFAN groups in Burundi should make use of these recommendations to empower their work as human rights defenders.

IBFAN groups and other advocates working on infant and young child nutrition should advocate for the government to put these recommendations into practice. Moreover, they can play a proactive role in setting up a National Breastfeeding Committee by representing civil society; by helping the government in drafting a law that adopts the International Code and by playing an active role in monitoring and disseminating Code violations. IBFAN groups can also contribute in informing the communities about the advantages of breastfeeding and enlarge the access to basic knowledge about child nutrition including through sensitization campaigns and training of health personnel on the Code.

It is important to note the concern of the Committee for well-trained health personnel on the issue of breastfeeding. Even though important, this is not often noted by the Committee. National and regional IBFAN groups can effectively contribute in training health workers, by making use of the long experience of the network in this area.

The next combined 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> report is due in October 2015.

There are no National Coalitions on the rights of the child in Burundi.

### 3) Guatemala

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This was the review of Guatemala's combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report. The country was represented by a team of 16 people, none of which was from the Ministry of Health. IBFAN presented a report on the situation of infant and young child nutrition in Guatemala prepared by IBFAN-Guatemala. Ms. Rosa Maria Ortiz was the country rapporteur for the Committee.

#### **Discussion**

A number of **legislative and other measures** taken since the last review were welcomed by the Committee. These include: the 2007 Adoption Law; the establishment of the National Council on adoptions in 2008; the 2009 Law against Sexual Violence; Exploitation and Trafficking in Persons and the creation of the related Secretariat; measures taken to coordinate and promote policies related to indigenous affairs; the adoption of the Public Policy for Coexistence and the Elimination of Racism and Racial Discrimination.

However, the Committee remains concerned by the lack of a national coordinating body which would oversee the work on the implementation of the Convention; the high inequality that exists in the country; the impact of the financial crisis on children; the situation of violence against children.

The **discussion** included the following issues: survival strategies due to the financial crisis have pushed children into hazardous situations; the coordination of actions in favour of children; adoptions; the security situation for children and the high number of homicides amongst children; high number of street children and those involved in street violence; the high vulnerability of migrant children; juvenile justice (the lack of specialized judges, the insufficient number of juvenile appeal courts, the high number of adolescents in detention, absence of internal and external control of detention centres, detention of children in the same place as adults); the situation of Maya, Garifuna and Xinca children (their access to land and basic services); the respect and the interdiction of corporal punishment; education; adolescent marriage; the high mortality rates linked to homicides (especially involving women and children); the recruitment of children in the criminal gangs – *maras* – and their reintegration in the society; access to clean water and sanitation in rural areas; child labour.

As regards **infant and young child nutrition**, the Committee was concerned by the chronic malnutrition of children under five, which is among the highest in Latin America (reported as high as 49.3% in 2002). The government has a national strategy applied in 110 out of 334 municipalities, targeting children from 6 months to 3 years of age, but also pregnant and breastfeeding women, as reported by the governmental delegation.

### **Committee Recommendations**

Regarding **health matters**, the Committee expressed its concerns about the disparities in access to health services on economic, geographic and cultural grounds, which contribute to persistent high levels of child and maternal mortality (paragraph 70). In paragraph 71 it recommends the State party to *"take the necessary measures to increase allocation of resources and develop comprehensive services focused on primary health care, in order to ensure access to high quality health services and medicines in a culturally sensitive manner, including in rural areas."*

In relation to **breastfeeding**, the Committee was concerned that (paragraph 72) *"the health professionals have insufficient understanding of the importance of exclusive breastfeeding, including in the case of children of HIV mothers. The Committee is also concerned that the baby-friendly hospital initiative is integrated only in public hospitals and that private hospitals violate the International Code of Marketing of Breast-milk Substitutes."*

In paragraph 73, *"the Committee recommends that the State party provide training on breastfeeding promotion and support by well qualified and sensitized personnel. It further recommends effective monitoring of implementation of the Code and the State party establishes appropriate sanctions in cases of breaches of the code."*

### **Suggestions for future action**

The Committee recommendations highlight the importance of breastfeeding for the right of the child to attain the highest possible standard of health and confirm that the implementation of the *International Code of Marketing of Breastmilk Substitutes* is a step toward the implementation of this right. National NGOs should use these recommendations to integrate a **child rights approach** to their work.

The recommendations point to two major areas of action: 1) establishing sanctions for violations of and strengthen the monitoring of the International Code; 2) improve the quality and intensify the training of health personnel on the advantages of breastfeeding.

It is to be noted that this is the first time that the Committee recommends not only the effective implementation and monitoring of the Code, but it goes further in recommending the establishment of appropriate sanctions whenever the Code is breached. This recommendation is a valuable tool for IBFAN groups and other actors working on the Code, to push for implementation related to the Code that would establish clear sanctions for violations and strengthen monitoring mechanisms.

As we have argued for the case of Burundi, IBFAN members can play a crucial role in training health personnel on the advantages of breastfeeding, as they are qualified and sensitized on the issue.

Further possible actions of include advocacy and lobbying, direct sensitization of the public and professional associations, awareness raising campaigns, networking with other organizations that work in the areas of the rights of the child, monitoring violations of the IC and disseminating information on violations.

The next combined 5<sup>th</sup> + 6<sup>th</sup> periodic report, is due in October 2015.

IBFAN groups are encouraged to contact and cooperate with the **National NGO Coalition** on child rights in Guatemala:

Coordinadora Institucional de Promocion por los Derechos del Nino (CIPRODENI)  
12, Avenida 7 - 21 Zona 2, Ciudad Nueva Ciudad de Guatemala, Guatemala  
Tel: 00 502 254 1830  
Fax: 00 502 254 1830  
Email: ciprodeni@c.net.gt

#### **4) Montenegro**

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This was Montenegro's first periodic report on the implementation of the Convention. The government delegation was composed of 14 members, none of which represented the Ministry of Health. There is no IBFAN group in Montenegro. Therefore IBFAN-GIFA prepared a letter on the situation of infant and young child nutrition for this country. The Committee expert, Dainius Puras, served as the country rapporteur.

##### **Discussion**

**Legislation and other measures:** The Committee welcomed the adoption of several laws that incorporate the principles of the Convention: the 2010 Law on Family Violence Protection, the 2010 Law on Anti-discrimination, and the 2007 New Family Law. It also welcomed the ratification of various international conventions (e.g. the Convention on the Rights of the Persons with Disabilities and its Optional Protocols, the Optional protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment).

However, the Committee was concerned that the National Plan of Action for Children 2004-2010 did not cover all areas of the Convention and was not sufficiently financed and monitored and that the government needs to develop a mechanism of evaluation including through cooperation with the civil society. It was also concerned that a comprehensive Children's Rights Act has not yet been adopted, the Juvenile Justice Law is still pending for approval, that the number of sexual abuses of children is raising and that very few reach the courtrooms.

During the **discussion**, the following themes were brought up: the need for a child rights-sensitive approach to budgeting (the safeguard of funds for children's issues despite economic downturns); the right of children to privacy and the respect of this right; the involvement of children in decision-making in schools; corporal punishment; the need to set up a national

Ombudsman; the situation of children living under extreme poverty, in particular the Roma children; the definition of child poverty within the Poverty Reduction Strategy; education (the need for a minority sensitive curriculum, school overcrowding); alternatives to the institutionalization of children; the lack of an early childhood development strategy; peer bullying; children of asylum seekers and refugees.

Concerning **health**, the discussion focused on issues related to the right of adolescents to seek medical assistance without parental consent; disabled children (their right to live in their communities and with their families; the lack of data); abortion; the availability of counselling services for adolescent; the extent of children abusing drugs, alcohol and tobacco (the availability of rehabilitation services).

### **Committee Recommendations**

In relation to **family environment and care**, the Committee made several recommendations to the State party to support parents in carrying their parental responsibilities, (paragraph 40/a) *"inter alia, by creating a social network of child protection at the community level and strengthening the family structure."* The recommendations included providing families with social and economic assistance and community-based and family-focused services and strengthening counselling services by training professionals, including social workers.

Regarding **health matters**, the Committee expressed its concern about low availability, limited quality and inequitable access to health services (paragraph 49). In paragraph 50, it recommended the State party to *"(a) increase efforts to improve sanitation and quality of care in health facilities; (b) address inequalities in access to health services [...]; (c) **develop a comprehensive programme to improve mother and child health**, including through basic health care services for the most vulnerable children, in particular for Roma children, children living in rural areas and refugee children."*

As regards **breastfeeding**, the Committee (paragraphs 51 and 52) *"is concerned about the low rate of exclusive breastfeeding in the State party, and that the State party has not incorporated the International Code of Marketing of Breast-milk Substitutes into national legislation."* Therefore it recommended Montenegro to *"enhance its efforts to promote exclusive breastfeeding practices and enact legislation implementing the provisions of the International Code of Marketing of Breast-milk Substitutes."*

### **Suggestions for future action**

The Committee recommendations highlight the importance of promoting exclusive breastfeeding. It has also highlighted that the implementation of the *International Code of Marketing of Breast-milk Substitutes* is an important step toward the implementation of the Convention on the Rights of the Child.

Unfortunately there is no IBFAN group in Montenegro. The opportunity to use these recommendations and work toward a national law may be an incentive to create such a group. IBFAN can make use of its expertise at the international level to support Montenegro in adopting a national law which incorporates the provisions of the Code from a rights-based perspective.

NGOs working on infant and child health and nutrition should develop awareness-raising campaigns; disseminate information to stimulate a public debate on infant feeding and in particular exclusive breastfeeding; train professionals and cooperate with organizations such as UNICEF. Moreover, there is scope for pro-active action in initializing programmes and strategies in cooperation with the government in order to fulfil the above recommendations, through the promotion, protection and support of breastfeeding.

The 2<sup>nd</sup> and 3<sup>rd</sup> combined periodic report for Montenegro will have to be submitted by October 2015.

There is no **National NGO Coalition** on the rights of the child in Montenegro.

## 5) Nicaragua

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The Committee reviewed the 4<sup>th</sup> periodic report of Nicaragua. The government delegation was composed of 6 members, none of which came from the Ministry of Health. IBFAN presented an alternative report on the situation of infant and young child feeding, prepared by IBFAN Nicaragua. The rapporteur for Nicaragua's report under the Convention was Committee Expert Marta Mauras Pérez.

### **Discussion**

Since the last review, some **legislative and other measures**, which incorporate the principles of the Convention, have been taken such as the adoption of the 2009 Framework Law on the Right to Food; the 2009 Special Law for the Promotion of Housing Construction and Access to Social Housing; the 2008 Law of Equal Rights and Opportunities; the Law on Protection of Human Rights of People with Mental Illness. The Committee welcomed the initiatives of Nicaragua to become party in international conventions such as: the Convention on the Rights of Persons with Disabilities and its Optional Protocols; the Optional Protocol to the Convention against Torture; the Second Optional Protocol to the Covenant on Civil and Political Rights; and the ILO Convention 169.

However the Committee expressed concern regarding the implementation progress of all norms and laws that already exist as well as investigations and sanctions applied to those who use violence against children. Moreover, the Committee was concerned that the National Council for the Comprehensive Care and Protection of Children had lost authority and suffered a coordination deficiency due to its new location under the Ministry of Family, Adolescence and Childhood. As a consequence, cooperation with the network of national and international NGOs has become more limited. It was also concerned that the promotion and protection of the rights of the child had lost its specificity and transparency due to the New National System of Social Welfare.

The **discussion** concerned the following issues: violence against children; the definition of the child; the minimum age of marriage; the penal responsibility of children, juvenile system (the division amongst children and adults in prisons); education (has become free but dropout rates remain high, with disparities among regions, quality of education); the right of the child to be

heard; child work; social and environmental responsibility of enterprises and their accountability towards the rights of the child; corporal punishment (it has been banned by law in public institutions but it is still practiced and not prohibited in families or communities); measures taken to stop sexual exploitation of children and abuse; children involved in armed conflicts; insufficient budget allocation to social welfare.

Concerning **health**, the discussion focused on: the interdiction of abortion (Nicaragua is the only country in Latin America where abortion is not allowed in case of rape or illness); services for disabled children; reproductive health for adolescents. The government has approved the National Health Plan (2001-2015) and the National Action Plan on Food and Nutritional Security (2001-2015), as reported by the governmental delegation.

### **Committee Recommendations**

Regarding **health and health services**, the Committee was concerned at the high rates of **child, infant and maternal mortality**, albeit progress in their reduction; the limited access to health services especially in the Caribbean Coast autonomous regions and in rural areas; and that recent allocations to public health has been decreasing due to the economic crisis (paragraph 62). The Committee recommended that the State party (paragraph 63) *"increase its efforts to sustain and increase achievements in infant, child and maternal mortality, by ensuring access to high quality, culturally sensitive health care for all children and women, including in rural and indigenous areas, targeting especially the prenatal and neonatal period."*

**Breastfeeding** has a central role in these recommendations, as the Committee further recommended that the State party (paragraph 63): *"(a) Promote exclusive breastfeeding and the enforcement of Breastfeeding Marketing Code and develop a feeding strategy for small children."* Moreover it recommended the implementation of comprehensive maternal and child care programmes, including the **Women and Child Friendly Units Initiative**; strengthen support for the implementation of the maternal houses network and the increase in budgetary allocation to primary health care.

### **Suggestions for future action:**

The CRC recommendations point to breastfeeding as an essential concern regarding health and access to health services. Particularly important are the promotion of exclusive breastfeeding and the compliance with the International Code. This gives scope for actions through advocacy, lobbying and networking with other stakeholders, including public institutions. Moreover, NGOs and IBFAN members can play an important role in monitoring compliance with the International Code.

IBFAN groups in Nicaragua can take up this recommendation by pushing their government to strengthen enforcement of the Code. A national monitoring campaign can, for example, be launched to create momentum and sensitize the general public about the violations, and leverage the Committee recommendation in an effective way, while creating public debate.

The 5<sup>th</sup> and 6<sup>th</sup> periodic report is due in October 2015.

IBFAN national groups are encouraged to contact and collaborate with the child rights **National Coalition** in Nicaragua:

Federación Coordinadora Nicaraguense de ONGs que trabaja con la ninez y la Adolescencia

c/o Dos Generaciones, de donde fue el restaurante Terraza 75 vs abajo Managua, Nicaragua

Tel: 00 505 277 3517

Email: [codeni@codeni.com.ni](mailto:codeni@codeni.com.ni)

## 6) Spain

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The Committee considered the combined 3<sup>rd</sup> + 4<sup>th</sup> periodic reports of Spain. The delegation had 16 members, four of which were from the Ministry of Health and Social Policy. Committee expert Luigi Citarella served as the rapporteur for the Spain report. IBFAN-GIFA prepared a short letter on the situation of infant and young child nutrition for this country.

### **Discussion**

**On legislative and other measures:** The Committee welcomed measures taken by the government of Spain to implement the Convention such as the measures by the autonomous communities to promote and protect the rights of the child; the National Strategic Plan for Children and Adolescents; the upward trend in budgetary allocation for social sectors; the measures taken to combat discrimination against children, notably Roma children, children of migrant workers, children with disabilities and accompanied children; the approval of the Strategic Plan for Integration 2007-2011 which guarantees education rights to migrant students.

However, the Committee remained concerned that the minimum age for marriage is set at 14, which is considered too low by the Committee, and that de facto discrimination for unaccompanied children still exists and it requires further actions.

**Discussion** concerned the following issues: minimum age of marriage and minimum age of consent to marriage; unaccompanied children; adoptions; institutionalization of minors for "behavioural troubles"; the situation of Roma children; differences among regions in determining the best interest of the child, the lack of a unanimous mechanism for this purpose, especially with regards to repatriation and adoption; lack of appropriate assistance for families in their child-rearing responsibilities; the situation of children in poverty especially due to the financial crisis and other vulnerable families (single parent families or foreign families); decentralization and its impact on child rights.

On **health issues**, the Committee was concerned about mental health (institutionalization of minors for "behavioural troubles"); the adoption of a national mental health strategy; prevention of the use of drugs, alcohol and cigarettes; abortions (the number remains very high).

There was no discussion on **infant and young child feeding practices**.

### **Committee recommendations**

Regarding **basic health and healthcare**, the Concluding Observations included the following issues: *children with disabilities* (paragraphs 46-47: strengthen the protection and promotion of their rights; undertake studies on violence against children with disabilities); *health and health*

*services* (paragraphs 48-49: develop a national child mental health policy; research in the field of child psychiatry with special focus on the social determinants of mental health and mental disorders; examine the phenomena of over-prescription of medication to children); *adolescent health* (paragraphs 50-51: combat substance abuse and **manage obesity among children**); standard of living (paragraphs 52-53: address and combat child poverty and child exclusion; establish a national plan for this purposes and allocate the necessary resources).

No recommendations were made on **infant and young child nutrition**.

### **Suggestions for future action**

Although no direct recommendations were made on the issue of breastfeeding, the Committee expressed concern regarding the obesity among Spanish adolescents. Since the link between infant feeding and obesity has been studied and various programmes exist to combat obesity that make use of appropriate feeding practices, IBFAN groups in Spain should use this area to develop proposals for action.

The lack of a national IBFAN report on the issues of breastfeeding means that the Committee did not have specific information on this issue or on the implementation of the International Code. IBFAN and other groups in Spain should monitor the situation of infant and young child nutrition as well as the implementation of the International Code and prepare a report for the next review session.

The next combined 5<sup>th</sup> and 6<sup>th</sup> periodic reports have been requested for October 2015.

IBFAN national groups are encouraged to contact and collaborate with the child's right **National Coalition** in Spain.

Plataforma de Organizaciones de Infancia  
Calle Escosura, 3, bajo derecha de Madrid  
Madrid, Spain  
Tel: 00 34 91 447 7853  
Fax: 00 34 91 369 5028  
Email: [poi@plataformadeinfancia.org](mailto:poi@plataformadeinfancia.org)  
Website: [www.plataformadeinfancia.org](http://www.plataformadeinfancia.org)

## **7) Sri Lanka**

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Sri Lanka was reviewed on its combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report. The government delegation was composed of 12 members, none of which represented the Ministry of Public Health. IBFAN submitted an alternative report on the situation of infant and young child feeding, prepared by IBFAN-Sri Lanka. The rapporteur in charge of the country report for the Committee was Ms Akosua Aidoo.

### **Discussion**

The Committee recognized the positive position of Sri Lanka in promoting social and human development, through widespread standards of health and education. It also welcomed the **positive developments** regarding child recruitment in armed forces: the age of voluntary recruitment has been established at 18 years without exception and the penal code has been amended to integrate this principle. Moreover, ILO Convention No. 182 on child labour was ratified by Sri Lanka in 2001.

The CRC Committee, however, remained concerned about the impact of the armed conflict on children; the lack of independence and of necessary resources for the National Human Rights Commission; that the previous recommendation by the Committee to establish a national bureau for children's rights had not been followed; that independent investigations on the causes of death of children during the last months of conflict remained insufficient; that hundreds of children were missing and their whereabouts remained unknown.

The discussion focused also on the following **issues**: restrictions imposed on humanitarian organizations working in the field and the insufficient cooperation of the government with international organizations; the need for independent investigations for the missing children and causes of death; discrimination against children (on the grounds of gender, race, caste, disability and economic status); the impact of migrating women on the rights of children; the status of the Convention in national legislation; human rights education; the application of the best interest of the child; the competencies of the various bodies working on human rights; the right of the child to religious belief; the progress of the reform of the Muslim Law; the need for data collection; the situation of institutionalized children; education (high number of children not enrolled in schools); high number of suicides.

As regards the discussion on **health**, the Committee was concerned at the high levels of malnutrition and poverty which undermine the right of the child to survival and development, especially the conflict affected and disadvantaged children; mental health services; the prioritization of primary health care; disabled children.

### **Committee Recommendations**

Regarding **basic health and welfare**, the Committee expressed concern regarding **child and maternal malnutrition** (paragraph 52): "*[...] maternal under-nutrition continues to be a major challenge, malnutrition affects nearly one-third of children and 14% of children under five suffer from acute malnutrition due mainly to the unequal distribution of services in the regions.*"

In the following paragraph (53), the Committee recommends the State party to: "*(a) prioritize the allocation of financial and human resources to the health sector with a special emphasis on primary health care [...]; (b) strengthen its efforts to improve the health situation of all children, including through the implementation of the **Integrated Nutrition Programme throughout the State party and the establishment of a national nutrition committee to coordinate nutritional interventions at all levels; (c) improve the quality of nutritional education and counselling services and determine the particular regions, districts and groups of children for priority intervention.***"

In relation to the **child's right to life, survival, and development**, the Committee urged the State party to (paragraph 33/b) *"fight the deprivations of malnutrition and poverty which impact on the life, survival and full development of the children."*

Regarding **family environment and alternative care**, the CRC Committee was concerned in particular with the effects of women migration on children. It recommended (paragraph 45) that the state party support vulnerable families, especially those of migrant workers through support programmes including *"the needed child care support and adequacy of provisions for children left behind"*.

### **Suggestions for future action:**

These recommendations clearly point to malnutrition as the major problem regarding infant and child health and feeding. NGOs working on infant and child health and nutrition should concentrate their efforts to promote breastfeeding as an important tool in combating malnutrition. They should develop awareness-raising campaigns, disseminate information to stimulate a public debate on the infant feeding, train professionals and cooperate with organizations such as UNICEF. Moreover, there is scope for pro-active action in initializing programmes and strategies in cooperation with the government in order to fulfil the above recommendations.

IBFAN Sri Lanka and other NGOs working on infant and young child feeding can play a very important role in integrating breastfeeding within the Integrated Nutritional Programme as well as advocating for the promotion and protection of breastfeeding with the national nutritional committee. Also, the recommendations point to the need to improve the knowledge and education of the health personnel in relation to infant nutrition. The contribution of IBFAN, with its international experience in training health workers on the optimal infant and young child feeding practices, may prove a valuable tool in implementing such a recommendation.

The next combined 5<sup>th</sup> + 6<sup>th</sup> periodic report has been requested for October 2015.

IBFAN national groups are encouraged to contact and collaborate with one or both **National NGO Coalitions** for child rights which exist in Sri Lanka:

#### Child Rights Group

10 Kynsey Terrace Colombo 8, Sri Lanka  
Tel: 00 941 74 610 943  
Fax: 00 941 74 610 943  
Email: [crg@diamond.lanka.net](mailto:crg@diamond.lanka.net)

#### NGO Forum on the CRC

37 Mihindu, Mawatha Colombo 8, Sri Lanka  
Tel: 00 941 927 364  
Fax: 00 941 438 720 / 00 941 677 255  
Email: [dcilanka@slt.net.lk](mailto:dcilanka@slt.net.lk)

## **8) Sudan**

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The CRC Committee reviewed the combined 3<sup>rd</sup> and 4<sup>th</sup> periodic report of Sudan. The government delegation was composed of 7 members, none of which represented the Ministry of Public Health. The rapporteur in charge of the country report for the Committee was Mr Kamel Filali. IBFAN-Sudan prepared and submitted an alternative report on the situation of infant and young child feeding in Sudan.

## Discussion

**Legislative measures:** the Committee welcomed the adoption of the law on the rights of the child (2001) such as the 2010 Child Act, the 2008 Southern Sudan Child Act, and the 2008 southern Kordofan Female Genital Mutilation Act. It also greeted the ratification of the African Charter on the Rights and Welfare of the Child, and the ratification of ILO Convention No. 182; the promulgation of the 2010 Child Act and the adoption of the National Human Rights Commission Act in 2009.

However the Committee was worried about the persistence of armed conflict and violence and the effects on children; the recruitment of children in armed groups in southern Sudan; the sanitation problem and access to drinking water; the difficult situation of extremely poor children which are at the root of the high infant mortality; premature marriages, and the discrimination of children born out of wedlock.

**Discussion** focused on: corporal punishment; proliferation of arms in the country; low enrolment rates at school; lack of national coordination for the rights of the child; the role of the national Council for the well-being of the child; the problem of violence within families; the application of the non-discrimination principle; the regime of *kafala*; refugee children; kidnapping of children and sexual abuse of which abducted girls are often victims; forced recruitment particularly in the context of inter-tribal conflict in Southern Sudan; juvenile justice and death penalty; children of women detainees are living with the mothers in very poor conditions; children of executed women often remain in prison.

As regards the discussion on **health**, the Committee discussed the effects of poor sanitation conditions, the high child mortality, and the vaccination rates in Sudan.

## Committee Recommendations

Regarding **health services** (paragraph 50), the CRC Committee is concerned about the limited access to health care and that health care facilities and rural hospitals are poorly staffed, lack essential equipment and have extremely high population to medical doctors ratios. The situation is particularly critical in southern Sudan and in Darfur. As a consequence, the CRC Committee recommends that the State party (paragraph 51): *"(a) take effective measures to **improve access to health care**, particularly in remote rural areas, and to rebuild health infrastructure in Darfur and Southern Sudan; (b) **ensure that health services are of an adequate standard** [...]; (c) consider establishing a network of mobile health care facilities."*

Moreover, the Committee expressed particular concern in relation to infant and child mortality rates, which are due to (paragraph 52) *"waterborne disease, malaria and acute respiratory infections. It notes that the situation is exacerbated by weak human resource and institutional capacity and the insufficient allocation of funds to the social sectors."* In paragraph 53, it recommends that Sudan, *"(a) ensure that all children, especially those in the most severely affected regions of southern Sudan and Darfur, have **access to primary health care**; (b) focus its efforts on developing and implementing a national policy to ensure **an integrated and multidimensional approach to early childhood development, paying particular attention to the treatment of preventable diseases, malnutrition and the provision of potable water**; (c)*

*strengthen human resource and institutional capacity for early childhood development and allocate sufficient funds for this purpose".*

### **Suggestions for future action:**

The recommendations point to the need to improve availability, adequacy and access to health care, especially primary health care. The indirect recommendations for breastfeeding stated above, all relate to meeting MDG 4 and are central to IBFAN's work. It is important that civil society and government work hand in hand towards this and that real progress be made for the next review which takes place in 2015 – same year as the Millennium Development Goals.

NGOs working on infant and child health and nutrition should emphasise the role that breastfeeding plays for child survival, health and development, thus advocate for its inclusion in the interventions that aim at strengthening primary health care services. They should develop awareness-raising campaigns, disseminate information to stimulate a public debate on the infant feeding, train professionals and cooperate with organizations such as UNICEF. Moreover, there is scope for pro-active action in initializing programmes and strategies in cooperation with the government in order to fulfil the above recommendations.

The next combined 5<sup>th</sup> + 6<sup>th</sup> combined periodic report has been requested for October 2015.

IBFAN national groups are encouraged to contact and collaborate with one or both child rights **National NGO Coalitions** in Sudan:

#### Child Rights Forum

c/o Amal Society P.O. Box 10094  
Khartoum, Sudan  
Tel: 00 249 11 467 644  
Email: [amalsociety@yahoo.com](mailto:amalsociety@yahoo.com)

#### National Council for Child Welfare

c/o Rädä Barnen, PO Box 3134, Khartoum,  
Sudan, Sudan  
Tel: 00 249 11 452293  
Fax: 00 249 306140

## ***IV. Other points of interest***

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### **1) Periodicity and format of reports**

Due to the current backlog of reports which are pending for review and the lack of conformity of many State parties to the report guidelines, the translation of state reports has not always been possible. For these reasons, the CRC Committee adopted the Harmonized Treaty Specific Reporting Guidelines on 1 October 2010 (CRC/C/58/Rev.2) which request that future State party reports should not exceed 60 pages. If a report is longer than the requested length, the State party will be asked to review and resubmit the report in conformance with the guidelines.

## **2) General comments**

General Comments provide an interpretation of the provisions of the Convention on the Rights of the Child and they assist countries in implementing the Convention. They provide useful analysis and explanation of state obligations and at the same time they provide guidance with respect to particular issues. General Comments are prepared on an ongoing basis by the CRC, taking up to two years to draft. The CRC Committee is in the process of discussing and drafting the following general comments:

1. The best interest of the child – Article 13
2. Protection from abuse and neglect – Article 19

## **3) Single chamber and elections**

While in 2010, the Committee on the Rights of the Child has been operating in dual Chambers, A and B, this will no longer be the case in 2011. All State party reports will be reviewed by a single chamber.

Nine members of the CRC Committee will be elected on 21<sup>st</sup> of December 2010.

## **4) Complaints mechanism**

There is an ongoing discussion concerning the adoption of a third Optional protocol to the CRC regarding a complaints mechanism for individual complaints. All other HRs Conventions have such a mechanism. States are invited to collaborate in the elaboration process and participate in a working group on the issue.

## **5) Days of general discussion**

The Committee has decided on the themes of the days of general discussion to be held in 2011 and 2012: Children with Parents in Prison (2011), and Children in Migration Situation (2011). NGOs can participate in these meetings, and they can contribute by sending information before hand. Further information will be available by beginning of 2011.

## ***V. 56<sup>th</sup> Session, January 2011 + 57<sup>th</sup> pre-session***

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### **1) Plenary session 56 (January 2011)**

The State party reviews of the following countries will take place in January: Afghanistan, Belarus, Denmark, Cuba, Laos, New Zealand, and Ukraine. Optional protocol reviews: Belarus, Mexico, and Ukraine.

## **2) Pre-session 57 (May 2011)**

NGOs from States parties to be reviewed in May 2011 will attend the pre-session in February. Countries are: Bahrain, Cambodia Costa Rica, Czech Republic, Egypt, Finland, Iceland, Singapore.

## ***Annex 1: Members of the Committee on the Rights of the Child (May 2010)***

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*Ms. Agnes Akosua Aidoo* (Ghana) (Vice-Chairperson): Elected in 2007 (till 2011). Advisor and researcher: child's rights, gender issues, social policy, poverty, exclusion. Member of the Advisory Board of the Institute of African Studies, International Women's Empowerment Research Consortium.

*Ms. Hadeel Al-Asmar* (Syria): Elected in 2009 (till 2013). Has worked as UNESCO coordinator (Early childhood sector), as well as for the Syrian Commission for Family Affairs, the Montessori School and NGOs. Expertise in early childhood education (curriculum, licensing, book standards), child protection.

*Mr. Luigi Citarella* (Italy): First elected 2001-2005; elected 2007 (till 2011). Director of studies of International Academy of International Law; professor of International Law and Human Rights (Rome); consultant.

*Mr. Kamel Filali* (Algeria): Elected in 2003 (till 2011). Expert on International Humanitarian Law, with special interest in the rights of women and children. Committee member of the National Commission on the Promotion and Protection of Human Rights.

*Mr. Peter Guran* (Slovakia): Elected in 2009 (till 2013). Head of the Slovak child rights department of the Slovak National Centre for Human Rights. Expertise in all areas of child rights as related to the Convention, EU and child rights, research. Collaboration with UNICEF and Slovak government bodies.

*Ms. Maria Herczog* (Hungary). Elected 2007 (till 2011). Senior researcher (child welfare and protection); editor of journals; consultant for UNICEF; co-author of the Hungarian NGO alternative report.

*Ms. Azza el-Ashamawy* (Egypt): is a medical doctor (paediatrics).

*Mr. Sanphasit Koompraphant* (Thailand): Elected in 2009 (till 2013). Areas of expertise: child abuse, trafficking of children. Researcher. Active in several national bodies, committees and agencies in relation to protection policies and legislation.

*Mr. Hatem Kotrane* (Tunisia): Elected in 2003 (till 2011). UNICEF consultant supporting the elaboration of reports to the Committee on the Rights of the Child from Tunisia, Saudi Arabia, and Oman. ILO expert on the revision of labour codes in several Middle-Eastern countries. Currently, law professor and independent expert to the Commission on Human Rights and the Vice President of the Tunisian Association of Social Rights.

*Mr. Lothar Krappmann* (Germany) (Rapporteur): Elected in 2003 (till 2011). Researcher at the Max Planck Institute for Human Development and Education. Professor of Sociology and Education. Member of various associations on human rights.

*Mrs. Yanghee Lee* (Republic of Korea) (Chairperson): Elected in 2003 (till 2009). Professor of Child Psychology at Sung Kyunkwan University and member of Save the Children Korea. Currently the governing director of the Korean Association for the Prevention of Child Abuse and Neglect and member of the Korean Institute for Children's Rights. Member of the Committee on Child Welfare for the city of Seoul.

*Mrs. Marta Mauras* (Chile): Elected in 2009 till 2013. Expertise in social policies, human rights and international relations, women's affairs, child rights, health (HIV/AIDS), UN reform agenda. Has worked for UNICEF as well as for the UN (Executive Office of the UN General Secretary).

*Mrs. Rosa Maria Ortiz* (Paraguay)(Vice-Chairperson): Elected in 2003 (till 2011). Well known leader in child rights work in Paraguay, she has personally participated in and/or founded several of Paraguay's most influential NGOs and has represented Paraguay's human rights NGOs in many regional and international fora. Is currently Joint Director of the International NGO on Infancy.

*Mr. Awich Pollar* (Uganda): Re-elected in 2009 (till 2013). Areas of expertise: Legal issues, problems between national laws and the CRC, corporal punishment, data collection, discrimination against girls, child soldiers, plans of action.

*Mr. Dainius Puras* (Lithuania): Elected in 2007 (till 2011). Head and associate professor of child psychiatry and social paediatrics; head of clinic (Vilnius Children's Hospital), WHO mental health programme.

*Mrs. Kamla Devi Varmah* (Mauritius): Elected in 2009 (till 2013). Attorney at law and legal advisor on child rights for government authorities. Expertise in child welfare, state responsibility in relation to the child, sexual exploitation, child development and parental responsibility.

*Mrs. Susana Villaran de la Puente* (Peru): Elected in 2009 (till 2013). President of the Institute for Human Safety. Areas of expertise include: prevention of violence, public safety at regional, provincial, district level, reparation for victims in armed conflict zones, torture, youth violence, sexual abuse.

*Mr. Jean Zermatten* (Switzerland): Re-elected 2009 (till 2013). Lawyer by training; Judge and President of the Tribunal of Minors (1972 - 2005), director of International Institute for the Rights of the Child (Sion). Areas of expertise: children in institutions, alternative care and detention centres, child participation and right to be heard, discrimination (indigenous children, asylum seekers), domestic violence, criminal responsibility.

## ***Annex 2: List of National Child Rights NGO Coalitions, by country***

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### **Taken from the NGO Group website: National Coalitions**

#### **Albania:**

Albanian Children's Rights Network  
Kutia Postare 1738 Tirana, Albania  
Tel: 00 355 425 5941  
Fax: 00 355 424 3690  
Email: [albchildnet@albmail.com](mailto:albchildnet@albmail.com)  
Website: [www.crca.org.al/networking.html](http://www.crca.org.al/networking.html)

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#### **Angola:**

Alliance l'enfant et la paix  
CP 6570, Luanda, Angola

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#### **Argentina:**

Comité Argentino de Seguimiento y Aplicación de la Convención Internacional sobre los Derechos del Niño  
Alsina 1905 5to piso "C"  
Buenos Aires, Argentina  
Tel: +54 (11) 4952 0810  
Email: [casacidn@casacidn.org.ar](mailto:casacidn@casacidn.org.ar) ;  
[prensa@casacidn.org.ar](mailto:prensa@casacidn.org.ar)  
Website: [www.casacidn.org.ar](http://www.casacidn.org.ar)

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#### **Aruba:**

Asociacion Trabao de Hubentud na Aruba  
Caya Appeldam 2 Dakota, Aruba, Aruba  
Tel: 00297-582-3773  
Fax: 00297-583-4290  
Email: [atha@setarnet.aw](mailto:atha@setarnet.aw)  
Website: [www.athaaruba.org](http://www.athaaruba.org)

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#### **Austria:**

National Coalition for the Implementation of the UN Convention on the Rights of the Child in Austria  
c/o Ludwig Boltzmann Institute of Human Rights,  
Hessgasse 1, A-1010 Vienna, Austria  
Tel: 00 43 1 4277 27420  
Fax: 00 43 1 4277 27429  
Email: [helmut.sax@univie.ac.at](mailto:helmut.sax@univie.ac.at)  
Website: [www.kinderhabenrechte.at](http://www.kinderhabenrechte.at)

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#### **Azerbaijan:**

Azerbaijan NGO Alliance for Child Rights  
117, Nizami Street, AZ-1010, Baku, Azerbaijan  
Tel: + 994 12 4932142  
Email: [relfuture@azdata.net](mailto:relfuture@azdata.net)  
Website: [www.ngoalliance.net](http://www.ngoalliance.net)

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#### **Bangladesh:**

Bangladesh Shishu Adhikar Forum  
House #24B (2nd Floor), Road #14A

Dhanmondi Residential Area  
Dhaka-1209, Bangladesh  
Tel: + 880 2 811 0857  
Fax: + 880 2 911 0017  
Email: [bsaf@bangla.net](mailto:bsaf@bangla.net)  
Website: [www.bsafchild.org/open](http://www.bsafchild.org/open)

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#### **Belarus:**

Belarus Network of NGOs working with Children  
PO Box 432  
Minsk 220050, Belarus  
Tel: +375 17 237 4857  
Fax: +375 17 237 8791  
Email: [belau@user.unibel.by](mailto:belau@user.unibel.by)  
Website: [www.belau.info](http://www.belau.info)

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#### **Belgium:**

Coordination des ONG pour les Droits de l'Enfant  
Rue Marché aux Poulets 30  
1000 Bruxelles, Belgium  
Tel: + 322 209 209 61 68  
Fax: + 322 209 61 60  
Email: [info@lacode.be](mailto:info@lacode.be)  
Website: [www.lacode.be](http://www.lacode.be)

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#### Kinderrechtencoalitie Vlaanderen

Eekhout 4  
9000 Ghent  
Belgium  
Tel: + 32 (0)9 225 90 25  
Email: [info@kinderrechtencoalitie.be](mailto:info@kinderrechtencoalitie.be)  
Website: [www.kinderrechtencoalitie.be](http://www.kinderrechtencoalitie.be)

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#### **Belize:**

National Organization for Prevention of Child Abuse and Neglect  
P.O. Box 1441 Belize City, Belize  
Email: [nopcanbelize@yahoo.com](mailto:nopcanbelize@yahoo.com)

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#### **Benin:**

Coalition Nationale pour les droits de l'enfant au Benin  
03 B.P 1599 Jéricho Cotonou , Benin  
Tel: 00 229 30 5737  
Fax: 00 229 32 1908  
Email: [ritdeib@leland.bj](mailto:ritdeib@leland.bj)

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08 BP 0049 Cotonou , Benin  
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