



**Convention on the  
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD  
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**WRITTEN REPLIES BY THE GOVERNMENT OF HUNGARY  
CONCERNING THE LIST OF ISSUES (CRC/C/HUN/Q/2)  
RECEIVED BY THE COMMITTEE ON THE RIGHTS OF  
THE CHILD RELATING TO THE CONSIDERATION OF  
THE SECOND PERIODIC REPORT OF HUNGARY  
(CRC/C/70/Add.25)\***

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\* This document has not been edited.

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\* The appendices can be consulted in the files of the secretariat.

**PART I: DATA AND IMPLEMENTATION****A. Data and statistics, if available**

1. **Please provide disaggregated data (by sex, age, minorities, urban and rural areas) covering the years 2002, 2003 and 2004 on the:**

- (a) **number and proportion of children under 18 living in the State party;**

**Table 1 - 1: Appendix: Number and proportion of population under 18 by sex, age and settlement type, on 1 January 2002-2004**

**Table 2**

**Number of children by age groups among the whole Hungarian population**

Years	1992	1997	2002	2003	2004	2005
Whole population	10 323 700	110 154 900	10 158 600	10 142 362	10 116 742	10 097 549
0-4 years	613 300	554 200	478 400	477 677	476 348	477 844
5-9 years	621 100	612 200	551 000	540 532	521 952	503 128
10-14 years	749 500	620 400	617 500	615 479	607 817	598 725
15-17 years	550 000	436 300	391 300	322 352	314 694	317 164
0-17 years	2 533 900	2 223 100	2 038 200	1 956 040	1 920 811	1 896 861
0-17 years	24.5%	21.9%	20.1%	19.3%	18.9%	18.8%

- (b) **number and proportion of children belonging to minorities including Roma;**

1. As per the listed legislation currently in force in Hungary, no data may be collected on national or ethnic affiliations, on health status (disability), and on issues related to religion. The tables below as well as the report include data based on voluntary declaration or on estimates.

**Act LXXVII of 1993 on the rights of minorities**

2. Individual minority rights.
3. Section 7 paragraph (1): Declaring and expressing belonging to any national or ethnic or minority group (minority hereinafter) is the exclusive and inalienable right of the individual. Statement on belonging to a minority group must not be demanded from any person. (2) The right to identify oneself with a national or ethnic group or minority, belonging therein and expression thereof do not exclude recognition of dual or multiple attachments.

4. Section 8: It is the right of the individual citizen of any national or ethnic minority to declare his/her attachment to any minority secretly and anonymously during the national census.

5. Section 9: A person belonging to any minority has the right to political and cultural equal opportunities, and the Government shall, through efficient measures, promote such equal opportunities.

**Act LXIII of 1992 on the protection of personal data and on the public nature of data of public interest**

6. Section 2: Special data are: Personal data on:

(a) Racial origins, national, nationality and ethnic attachments, political opinion or party support, religious or other feelings;

(b) Health status, pathological passions, sexual orientation and criminal records.

7. Section 3, paragraph (2): Special data can be handled if:

(a) The concerned person gives a written consent to this effect; or

(b) In case of data as under Section 2, paragraph 2 (a), if it is based on international conventions or it is about prevalence of a basic constitutional right, or the law orders it for the sake of national security, crime prevention or law enforcement;

(c) In other cases when the law provides it.

**Act of 1999 on the Census in 2000 and on the amendment of Act XXLVI of 1993 on statistics**

8. The data collection activities of the Census also cover the so-called special data. It was not compulsory to answer such questions, as provided by the act on data protection. Enacting Section 3, paragraph (2), is a unique solution in the history of the Censuses in Hungary. This was the first time that besides the general obligation to answer, giving an answer to some of the questions became voluntary, as provided by law.

9. An important part of the Census was the question on the mother tongue, as well as inquiring about nationality and religious affiliations. Answers given to these questions belong to the scope of so-called special data; therefore handling them requires great care. Regarding such questions too, answering was voluntary.

10. Inquiring about nationality is in line with the recommendation of the United Nations European Economic Committee, which includes the Resolution of the International Nationality Statistics Conference held in Budapest on 2-5 September 1992.

11. The importance of the question related to religion is especially highlighted by the fact that such inquiry related to the religious affiliation of the citizens in a national, complete Census.

**Table 3****Belonging to national and ethnic groups according to the 2001 Census**

Minorities in Hungary	Declaring a mother tongue		Declaring belonging to a nationality		Those attached to nationality, cultural values and traditions	Using language among family and friends
	1990	2001	1990	2001	2001	2001
Bulgarian	1 370	1 299	-	1 358	1 693	1 118
Gypsy/Roma	48 072	48 685	142 683	190 046	129 259	53 323
Greek	1 640	1 921	-	2 509	6 140	1 974
Croatian	17 577	14 345	13 570	15 620	19 715	14 788
Polish	3 788	2 580	-	2 962	3 983	2 659
German	37 511	33 792	30 824	62 233	88 416	53 040
Armenian	37	294	-	620	836	300
Romanian	8 730	8 482	10 740	7 995	9 162	8 215
Serbian	2 953	3 388	2 905	3 816	5 279	4 186
Slovak	12 745	11 816	10 459	17 692	26 631	18 056
Slovenian	2 627	3 187	1 930	3 040	2 442	3 119
Russine	674	1 113	-	1 098	1 292	1 068
Ukrainian		4 885	-	5 070	4 779	4 519

**Table 4****Percentage of Roma students in classes in different types of settlements**

Classes	Village	Town	Budapest	Total
Only Roma	1.9	3.6	7.7	3.4
Mainly Roma	6.0	10.4	14.2	9.1
Mixed	60.7	54.0	32.5	53.9
Mainly non-Roma	31.1	30.5	44.4	32.5
No answer	0.4	1.5	1.2	1.0
Total	100.00	100.00	100.00	100.00

Kemény, 2003.

(c) **refugees and asylum-seeker children.****Table 5****Asylum-seekers and refugees under 18 in Hungary, 2002-2004**

Asylum-seeker				
Age		2002	2003	2004
0-14	Children	520	207	170
14-18	Youth	672	212	73
0-18	Total	1 192	419	243
Refugees				
0-14	Children	31	64	45
14-18	Youth	6	9	6
0-18	Total	37	73	51

**2. In light of article 4 of the Convention, please provide additional disaggregated data for 2003-2005, on budget allocations and trends (in percentages of the national budget or GDP) regarding the implementation of the Convention, evaluating also the priorities for budgetary expenditures given to the following:**

- (a) **education (different types of education, i.e. pre-primary, primary and secondary education and vocational training);**

**Table 7/B - 2. Appendix: Education expenditures of the budget as a percentage of the GDP per education levels**

- (b) **childcare services, including day-care centres;**

**Table 6****Childcare services, including day-care centres**

		2002	2003	2004
1.	Number of operating crèches	520	515	527
2.	Number of children in crèches	28 850	29 420	30 333
3.	Normative funding (budget) HUF/person	208 800	361 000	365 100
4.	Costs (=line2*line3) THUF	6 023 880	10 620 620	11 074 578

- (c) **health care (different types of health services, i.e. primary health care, vaccination programmes, adolescent health care and other health-care services for children);**

### **Paediatric health-care system**

#### *Primary health care*

12. The following services belong to the paediatric primary health-care system:

- Primary health care provided by family physicians and family paediatricians;
- Health visitors' system;
- School health service that is provided by school physicians (doctors) and school nurses and include all educational institutes, nursery schools and schools in the country;
- Dental care service, that includes regular dental screening, care and carries prevention for the 3-18-year-old population.

#### *Family paediatric health care*

13. Seventy-two per cent of the 0-14-year-old children, and 50 per cent of the 15-18-year-old adolescents are given medical attendance by paediatricians (paediatric specialist), the rest, mostly children living in small towns given care by general practitioners or family physicians.

14. The equal access to health-care services in small (or disadvantaged) villages is supported by consultation provided by Mobil Special Care Units, although equal opportunities are not fully ensured.

#### *Health visitor's system*

15. The health visitor's system that has over 90 years of tradition and is trained mainly in mother, infant and child health and prevention is active primarily on local level and offers prevention for families and secondly operates in educational institutes. The number of health visitors (or school nurses) working in educational institutes has doubled in 2005, as because of demographic reasons (low birth rate) the accent shifted to the school-related activity. Parallel to the financing of health visitor's system has significantly increased.

16. District health visitor take the 81 per cent of expecting mothers into care in the first trimester of pregnancy, take the newborns into care within 24 hours after leaving the hospital and visit them at home on a regular basis.

17. The recent increase in the number of 4-month-old infants having been exclusively breastfed and 6-month-old infants having been breastfed is due to the activity of the district health visitors.

*School health service*

18. One thousand, four hundred and sixty-four part-time family paediatricians, 1,418 part-time general practitioners, 240 full-time school doctors (mainly in secondary schools) operate in 9,000 educational institutes; the number of full-time school nurses increased to 842.

19. Activities/tasks:

- Yearly examination of preschool-aged children, two year examination of school-aged children: follow-up of the physical and mental development and screening (functioning of the sensory and motor system);
- Supervision of the educational institute's environment, hygienic conditions and canteen meals, reinforcing the health-promoting school activities;
- Contribution to school health promotion.

*Plans related to the future of the paediatric primary health care*

20. The European Office of the World Health Organization and the Hungarian Health Government handles the paediatric health care with prominent importance and it has resulted in the National Infant and Child Health Programme.

21. This programme aims to moderate the inequalities of opportunities in this health-care system: with local level cooperation; with establishing community health centres; with ensuring special consultation (obstetrical, gynaecologic and paediatric); and, where it is possible, ensuring specialized health care.

22. This programme defines many activities in order to improve the quality of the life chances of newborn babies and child population:

- Reduction of the number of premature infants or infants born with developmental disabilities;
- To improve the quality of the neonatal care;
- To enlarge the spectrum of neonatal screening (metabolic screening) and unification of sensory screening methods;
- To increase the breastfeeding ratio;
- To increase the level of school health care and health promotion;
- To strengthen the relations and exchange information within the paediatric health-care system.



## **Paediatric inpatient care**

### *The structure of inpatient care*

23. The medical attendance of hospitalized children and children suffering from special diseases takes place in 5 paediatric clinics of 4 medical universities, in 19 paediatric departments of county hospitals and in 3 hospitals for children, 2 rehabilitation institutes in the capital and in some paediatric departments of town hospitals.

24. We totally have 4,907 paediatric hospital beds in 91 inpatient institutions, that means 4.77 paediatric hospital beds for 10,000 residents (Data from 2004. Source: National Statistic Data Collection Programme, OSAP).

25. The number of paediatric hospital beds is decreasing since the middle of the '90s and the National Infant and Child Health Programme is planning further changes in the inpatient care structure.

26. About the changes in the inpatient care structure:

- To restructure the paediatric departments with few beds according to the needs (daytime care, local emergency care);
- To develop the early development network, neuro-habilitation, paediatric rehabilitation (especially the institutional structure);
- To develop the level of mental health care (especially the institutional structure);
- To develop the paediatric emergency care;
- To improve the level of neonatal care.

27. A significant number of children needing hospital treatment is provided medical attendance in adult hospital departments. Taking children's rights into account, the national programme plans to develop legislation in order to ensure care in paediatric departments for child patients.

### *Adolescent care*

28. The care of the 50 per cent of sick adolescents is done by family paediatricians and the other 50 per cent is provided care by general practitioners. For them screening is ensured by school health service. There are special adolescent centres, where mainly sexual health consultation and contraception consultation is offered, and there are regional and national centres for mental health problems.

29. In the National Child Health Programme the need for multidisciplinary adolescent consultation centres was formulated; their establishment in the capital and regional centres are planned.

### *Immunization*

30. In the past decades favourable changes could be experienced in eliminating the communicable paediatric diseases, primarily due to, even in international level, excellently executed immunization programme. Despite the increasing number of some communicable diseases (pertussis, purulens meningitis, varicella) the epidemic status is considered to be good and the number of HIV/AIDS infected children is very low.

31. Within the Hungarian immunization system, children are given free of charge immunization in 10 communicable diseases, and the immunization is obligatory. Some other vaccines used in other EU countries are also available free of charge.

32. The introduction of new immunization system is also planned that has an advantage in immunizing with polyvalent vaccines.

### *Data relating to the children's health status and paediatric health care*

33. Relating to the development needs of the European child health indicator systems (CHILD, PERISTAT) the reorganization of data collection and management system and the managing of existing international data collection systems (child tumour and leukaemia register, neonatal intensive care units, diabetic children register, health behaviour of school-aged children WHO collaborative study) and the development of technical/IT background is planned.

34. In the present data collection systems there is no special data collection relating to ethnical or minority groups. However it has long been noticed as the lack of information makes intervention more difficult in the involved areas.

### *Access to health care*

35. The paediatric health care and its legislation principally ensures medical care for all children without discrimination. However, children's residence and socio-cultural circumstances influences the access to health care partly because small and disadvantaged settlements suffer from poorer health-care facilities partly because of families' worse access to information.

36. The Mobile Special Health Care Units have been easing this problem for decades, however, the system needs to be reorganized.

## **Table 7 - 2. Appendix: Financed health-care data in paediatric service**

### **(d) programmes and services for children with disabilities;**

37. Special treatment and care of children with different educational needs is a complex and interdisciplinary work which is organized by governmental and non-governmental organizations, different foundations and associations.

38. At least 6 per cent but at most 10 per cent of the children need special care (rehabilitation) for a certain period of time. In fact less than 0.26 per cent of the rehabilitation hospital capacity serves the need of this special population. It is hardly sufficient to meet the 10 per cent of the needs, nevertheless, it is unevenly distributed. However, the medical

attendance of the paediatric population is more expensive than that of the adult population; the health insurance pays less for it. There were significant steps taken by the profession to develop the special treatment system, but the main problem is the lack of legislation, directives and reasonable financing.

39. Professionals try to provide even small towns with special care in the frame of early development strategy that was enacted in the last decade. There is a growing need for screening methods to help the early detection of developmental disorders and more transparent outline of the opportunities to get the proper treatment.

40. To help the proper school start, in the last year a screening test was edited for 5-year-old children that is focusing on the detection of possible retardations.

41. Although from the middle of the 90s family and person centred models of special treatment services were established (for example in Budapest, Debrecen, Pécs), there are only a few good examples of programmes offering proper free-time activities for the 0-18-year population. The role of the school in compensation of the social inequalities and in the warranting of the equal opportunities is not enough powerful. It is a tendency in the recent years that the non-governmental organizations try to compensate the absent services of the governmental institutions and in many small settlements NGOs take the educational activities from the local municipalities.

42. According to the statistics (2002) most of the NGOs deal with education, free-time activities and sports.

43. One third of the foundations deal with education, one fourth of the NGOs with free-time activities, and one fifth with the sports.

44. Most NGOs give treatment and different services for mentally retarded (72 per cent), disabled (9 per cent) and autistic (7 per cent) children. Hopefully the National Infant and Child Health Programme of the Government - which emphasizes the children rehabilitation - will initiate good changes.

**(e) support programmes for families;**

**Table 8: Types of family benefits**

45. The State channels cash assistance for child raising in a number of ways. In part, these systems help to cover the costs of child raising, and in part they replace the income loss of the parent whilst looking after the child. Alleviation of the costs of child raising takes place both directly (through benefits), and indirectly (by the tax allowance through the tax system).

46. The Act on Assistance to Families (Act LXXXIV of 1998) provides for the benefits mentioned below. All these benefits are tax-financed and are allocated on a universal basis. They are established and disbursed by the competent Regional Directorate of the Hungarian State Treasury or the family benefit pay-office at the applicant's workplace.

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
1. Maternity grant Act LXXXIV of 1998	Every mother who gives birth to a child is entitled to maternity grant, provided during her pregnancy she attends free pregnancy care at least four times (in case of premature birth at least once).	Central budget (tax-financed)	Single payment, the amount of which is 225% of the minimum old age pension (55.575 HUF and 300% of the minimum old age pension (74.100 HUF) per child in case of twins in 2005.  Established and disbursed by the competent Regional Directorate of the Hungarian State Treasury (MÁK), except there is a family benefit pay-office at the applicant's workplace.
2. Childcare allowance Act LXXXIV of 1998	Childcare allowance is provided until the age of 3 of the child or until the age of 10 if the child is permanently ill or seriously disabled or in case of twins until the end of that year, when the children reach their school age.  Every parent (i.e. mother or father) who provides care for the child is eligible for this allowance.  Grandparents can also be entitled, if the child reached age 1, is cared for in the parents' household and the parents resign from the childcare allowance and agree with requesting childcare allowance by the grandparent.	Central budget (tax-financed)	Equal to the minimum amount of the old age pension, which is 24,700 HUF per month in 2005. In case of twins 200% of the lowest old age pension, 49,400 HUF in 2005.  (The benefit period is considered as a service period for pension because 8.5% pension contribution is deducted from the disbursed amount.)  The application for childcare must be submitted to the locally competent MÁK, except there is a family benefit pay-office at the workplace of the applicant.

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
	<p>In accordance with the Labour Code, employers must grant unpaid leave to the person claiming childcare allowance, however, when the child reaches 12 months of age, the parent is allowed to work full-time. The grandparent is allowed to work part-time when the child is more than 3 years old (no more than four hours a day) whilst on benefit.</p> <p><i>On equity basis</i> The head of the Hungarian State Treasury may establish eligibility to childcare allowance</p> <ul style="list-style-type: none"> <li>- If the parents of the child are hindered in their child-raising activities for more than three months, may establish or extend eligibility: until the child starts school, but at longest the child reaches 8 years of age.</li> <li>- if due to an illness the child cannot be cared for in an institution providing day-time services</li> </ul>		<p>Equity applications should be submitted exclusively to the competent directorate of MÁK.</p>

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
3. Child-raising benefit Act LXXXIV of 1998	Every parent (mother or father) who cares after at least three minor children (under the age of 14) - where the youngest is between 3 and 8 years of age - is eligible to child-raising benefit. The parent claiming this benefit is allowed to work part-time (no more than four hours a day) or without limitation, if the work is performed at home whilst on benefit.	Central budget (tax-financed)	<p>Equal to the minimum amount of the old age pension, which is 24,700 HUF per month in 2005.</p> <p>(The benefit period is considered as a service period entitling to pension 8.5% pension contribution is deducted from the disbursed amount.)</p> <p>Established and disbursed by MÁK.</p>
4. Family allowance Act LXXXIV of 1998	Payable to families that raise in their own household a child younger than 18 years of age, or aged between 18 to 23 who studies in a public educational institution (primary or secondary education). If the child is permanently ill or seriously disabled, the allowance is payable regardless of his age.	Central budget (tax-financed)	<p>Monthly paid flat rate universal benefit, differentiated according to the type of family.</p> <p>The sum of the allowance per month and per child in 2006:</p> <p>families with one child: 11,000 HUF</p> <p>single parent raising one child: 12,000 HUF</p> <p>families with two children: 12,000 HUF</p> <p>single parent raising two children: 13,000 HUF</p> <p>families with three or more children: 14,000 HUF</p> <p>single parent raising three or more children: 15,000 HUF.</p> <p>families with permanently ill or seriously disabled child: 21,000 HUF</p>

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
			single parent raising permanently ill or seriously disabled child: 23,000 HUF a permanently ill or seriously disabled person of full age (18): 18,000 HUF if the child is living in a children's home or placed with a foster parent: 13,000 HUF.

47. The following benefits are provided for by the Act on Compulsory Health Insurance (Act LXXXIII of 1997). Childcare fee, however, is considered contributory only from the point of view of eligibility (insurance period is required), because it is tax-financed from the central budget.

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
1. Confinement benefit Act LXXXIII of 1997	A person is eligible for the period corresponding to that of maternity leave (i.e. for 24 weeks) if she was insured for at least 180 days during the two years preceding birth and  - gives birth during the period insured or within 42 days following the cessation of insurance, or  - gives birth later than 42 days following the cessation of insurance but either while receiving sick pay or accident sick pay or within 42 days after receipt of these has ceased.	Health Insurance Fund (contributions)	The confinement benefit represents 70% of the previous daily average earnings. If the law does not provide to the contrary, the regulations applicable to sick pay must be applied as appropriate to pregnancy and confinement benefit.  8.5% pension contribution and personal income tax are deducted from it.  The period of disbursement is considered as service period.

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
			To be established and disbursed by the locally competent organ of the National Health Insurance Fund, or family support payment offices at the workplace.
2. Childcare fee Act LXXXIII of 1997	Childcare fee has the same eligibility criteria and conditions as the confinement benefit, with the exception that this is provided following pregnancy and confinement benefit until the age of 2 of the child.	Central budget (tax-financed)	<p>The sum of the benefit represents the 70% of the previous daily average earnings, however with a maximum amount of 83,000 HUF per month in 2005.</p> <p>8.5% pension contribution and personal income tax are deducted from it. The period of disbursement is considered as service period.</p> <p>To be established and disbursed by the locally competent organ of the National Health Insurance Fund, or family support payment offices at the workplace.</p>



**Social allowance-type benefits for children, provided for by Act XXXI  
of 1997 on Child Protection**

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
<p>Regular child protection benefit</p> <p>Act XXXI of 1997</p> <p>In the framework of the reforms of the Hungarian family benefit system, the resources of the regular child protection benefit, the family tax allowance and the family allowance are fused, the amount of the family allowance is almost doubled (as shown in the chart), and the regular child protection benefit is ceased.</p> <p>A new type of the benefits is the <b>regular child protection fare</b></p> <p>The eligibility criteria of this benefit are the same as at the regular child protection benefit.</p>	<p>Socially handicapped families, in which the income/person of the family does not exceed the old-age minimum pension, can be eligible for this assistance. The aim of the benefit is to promote the child's bringing up within the family.</p>	<p>Budget of local government (with central budget support)</p>	<p>22% of the minimum old-age pension; established by the local government.</p> <p>In the framework of the child protection fare different in kind benefits are available (e.g. school-book grants), which were granted to the people, who were entitled to regular child protection benefit, and a one-off benefit in the amount of 5,000 HUF in 2006.</p>

**Tax allowance, provided for by Act CXVII of 1995 on Personal Income Tax**

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
<p>Tax allowance</p> <p>Act CXVII of 1995</p> <p>In 2006 only the families with three or more children are entitled to the tax allowance, because - as mentioned above - the resources of the different family benefits were fused.</p>	<p>Persons can be eligible for tax allowance after their dependent relatives</p>	<p>Central budget</p>	<p>3,000 HUF/month/one dependent relative 4,000 HUF/month/two dependent relatives 10,000 HUF/month/three and more dependent relatives.</p> <p>The new amount of the tax allowance is maximum 4,000 HUF/month/person. The yearly total income of the</p>

Scheme	Key eligibility conditions	Funding arrangements	Amount and established by
			family has to be under 6,000,000 HUF in case of families with three children. This amount grows with the growing number of children.

### Changing the family benefit system

48. The basic grounds of changing the current family benefit system were to make it simpler, fairer, more transparent and more targeted.

49. One of the main elements of the measures is the *Unified System of Family Benefits*. The present system consists of three main elements: family allowance, regular child protection benefit and tax allowance.

50. The system would become one with a single pillar, in which every child-raising family is eligible for a higher amount of family allowance on a universal basis. Tax allowance would remain available only to families with three or more children if the annual income of the parent does not exceed 6 million HUF (the amount grows with the number of children). Regular child protection benefit would be replaced by regular child protection fare.

51. The eligibility conditions of the new, unified family allowance, the differentiation on the basis of the type of the family (one- or two-parent) and the health condition of the child would not be modified. The changes enter into force on 1 January 2006, but there are some temporary rules to make transition easier.

**Table 9**

### Types of benefits and the budget expenditure for the years 2003-2005

Type of benefit	2003		2004		2005	
	Estimate	Fulfilment	Estimate	Fulfilment	Estimate	Fulfilment
Family allowance	176 000.0	169 390.5	187 886.8	185 482.8	195 938.0	
Maternity grant	5 000.0	4 678.6	5 315.0	4 768.1	5 432.0	
Confinement benefit	16 355.0	20 206.8	21 348.1	23 433	25 340.0	
Childcare fee	44 000.0	45 560.0	53 019.1	54 500	57 941.0	
Childcare allowance	50 500.0	81 648.5	53 102.2	48 691	54 848.0	
Child-raising benefit	14 000.0	12 739.7	14 435.5	13 146	14 697.0	
Total	305 855	334 224.1	335 106.7	329 966.9	354 196	

The average rate of family benefits is 5-6 per cent of the central budget.

- (f) **support for children living below the poverty line (please also specify the criteria for “poverty” and indicate the number of children living below the poverty line);**

52. There are several sociological definitions of “poverty”:

53. Council of Europe definition: “An individual or a family or a group of people are to be considered as poor if the resources (financial, cultural and social) available to them are so restricted that they exclude them from the minimum way of living of the country where they live.”

54. In case of relative poverty, the situation of a group is assessed and measured by comparing it to the situation of another group living in the same environment, community or country. Thus it might happen that a person considered to be poor and living in a developed country has higher income than the more affluent people in a less developed country. The meaning of poverty depends on the traditions, requirements and values accepted by a given country or region, thus cultural dimensions also play a role in what is considered to be poor.

55. The concept of absolute poverty starts out from what we consider as minimum requirements for survival. According to this definition we accept the basic principle that there are certain minimum requirements under which people can be considered as poor. The most frequently used index is the level of income, and if the income of a person or of a family fall under the level that we consider as the minimum requirement for sustaining an acceptable level of living, that person or family is to be considered as poor.

56. In Hungary there is no data collected on children living under the set level of income. In Hungary this level is equal to the minimum old age pension, which is 24.700 HUFs per person per month in 2005.

57. In Hungary, no legislation in force uses the expression “**children living under the poverty line**”, instead they refer to them as children in socially disadvantageous situation.

58. The aim of the regular child welfare support, granted on the basis of Act XXXI of 1997 on the protection of children and public guardianship is to extend financial assistance to families in a socially disadvantaged position, in the interest of promoting care for the child in a family environment, and to prevent the removal of a child from the family.

59. This assistance is granted to every family by the self-government, where the sum of the per capita monthly income is not above the smallest sum of the old-age pension of the day. The sum of assistance per child is 5,434 HUF per month.

60. This allowance was granted to 674,000 children and majors still studying in the monthly average last year, and a total sum of HUF 44.2 thousand million was spent for this purpose. Ninety per cent of this assistance was financed by the central state budget.

61. In addition the assembly of representatives of self-governments in the settlements accords **extraordinary child welfare support** to a child when the family looking after him/her is struggling against temporary difficulties of subsistence, or, gets into an extraordinary situation endangering subsistence. During the past year about *240,000 children* received support under this title of a total sum of *HUF 1.8 thousand million*.

62. In case the self-government considers it justified, the regular or extraordinary support **may be granted in kind, too**, and this form of assistance is most frequently meals granted to children.

### **Meals for children**

63. In order not to have children famished in Hungary, the Government has increased the extent of the normative assistance granted to meals for children and has extended it to cover children receiving regular child welfare support, too, which corresponds to the social policy of the Government based on the principle of need.

64. From 1 January 2003 on 50 per cent of the institutional fee has to be granted as normative assistance to children brought up in families having three children or more, to children and pupils of lasting illness or impairment, and also to the ones receiving regular child welfare support, mentioned above.

65. Meals free of charge have to be given to those taking meals in kindergarten from 1 September 2003 on, and also to those who are cared for and receive regular child welfare support in crèches from 1 January 2004 on. From the year 2006 children in forms 1 to 4 of the primary school will also get meals free of charge if they are entitled for regular childcare benefits.

66. The self-government competent at the place of the child's place of residence may *grant further support on the basis of the child's individual needs* for each child. The eligible has to be granted care free of charge if the person obliged to pay fees has no income.

67. **Supply of textbooks** has become free of charge even for a broader circle of pupils than for meals from September 2003 on: children living in families having three or more children, children of lasting illness or of impairment, being brought up by a single parent, and receiving regular child welfare support and studying in forms 1 to 13 and participating in occupational training are entitled to receive textbooks free of charge.

68. In addition to normative advantages the school may identify and grant further assistance. When granting additional support those pupils have to enjoy priority who can certify that the per capita income in the family is not above one and a half times the sum of the obligatory minimum wage.

### **(g) the protection of children who are in need of alternative care including the support of care institutions;**

69. A further differentiation of special care provision was done with the amendment of the Act on the Protection of the Child in 2002, in the interest of care for children in specialist service near their need. According to the amendment special care has to be provided to children below

the age of 3 who have a lasting illness or who have some impairment and because of their age (1 January 2004). Special care should be provided for children and young persons having grave psychic symptoms (struggling against grave disturbances of personality development, or producing serious psychotic or neurotic symptoms), presenting grave dissocial symptoms (child-age offenders presenting grave disturbances of adjustment or grave antisocial behaviour), or struggling against psychoactive matter (alcohol, drug and other psychoactive matters) (1 July 2003). Care for a child/youth placed in a special children's home, or in a special group of a children's home may be longer than 2 years only in exceptionally justified cases.

70. Experts' committees of child protection have been set up in counties and in the capital in 2003, to identify the need for care provision. It is the opinion of experts' committees that lays the foundation for selecting the form of care corresponding to the condition of children, and for the elaboration of individual plan of placement. The experts' committee for child protection should consist at least of three members (paediatrician, psychologist, social worker), and in the case of surveying children of special needs it should consist of five members (psychiatrist and specialist educationist as well).

**Table 10**

**Changes of the normative support granted to specialist service of children with special needs between the years 2002 and 2004**

Year	Specialist service (HUF/person provided for)	Specialist service (HUF/person provided for)
2002	-	714 400
2003	-	952 060
2004	900 000	966 000

71. Each year the sectoral ministry of the day offers assistance to the replacement of big children's homes by homes in flats and to the development of special children's homes in primary schools and students' hostels by the announcement of funds available by competitive application.

**Table 11**

**Sum of support available by competitive application for development of a set of institutions offering service to children of special needs, 2002-2004**

Year	For the setting up of extraordinary and special children's homes (HUF)
2002	386 000 000
2003	238 500 000
2004	73 000 000

**Table 12**

**Numbers**

Year	Number of children placed in special children's homes (persons)	Number of children placed in primary schools and their students' hostels and in children's homes (persons)
2002	447	1 398
2003	466	1 337
2004	342	1 234

**Table 13**

**Number of impaired children living in specialist service of child protection**

Year	Placed in children's homes (persons)	Placed with foster parents (persons)
2002	2 845	1 217
2003	3 138	1 672
2004	3 101	1 445

- (h) programmes and activities for the prevention of and protection from child abuse, child sexual exploitation and child labour;

**Table 14-3. Appendix: Perpetrators of harming underage persons**

- (i) juvenile justice;

**Table 15**

**Disaggregated data of minors involved in criminal procedure - by sex and age group in Hungary covering the years 2002-2004**

	2002		2003		2004	
	Number	%	Number	%	Number	%
Minor perpetrators total	3 959	100.0	3 553	100.0	3 963	100.0
From this:						
Boy	3 456	87.3	3 066	86.3	3 342	84.3
Girl	503	12.7	487	13.7	621	15.7
0-10 years	893	22.6	762	21.4	843	21.3
11 years	632	16.0	536	15.1	582	14.7
12 years	959	24.2	868	24.4	974	24.6
13 years	1 475	37.3	1 387	39.0	1 564	39.5

**Table 16**

**Disaggregated data of juveniles involved in criminal procedure -  
by sex and age group in Hungary covering the years 2002-2004**

	2002		2003		2004	
	Number	%	Number	%	Number	%
Juvenile perpetrators total	11 689	100.0	10 473	100.0	12 325	100.0
From this:						
Boy	10 344	88.5	9 098	86.9	10 678	86.6
Girl	1 345	11.5	1 375	13.1	1 647	13.4
14 years	1 974	16.9	1 858	17.7	2 178	17.7
15 years	2 830	24.2	2 540	24.3	2 945	23.9
16 years	3 378	28.9	3 001	28.7	3 462	28.1
17 years	3 507	30.0	3 074	29.4	3 740	30.3

*Source:* Single Police and Prosecutorial Crime Statistics Data Collection Programme.

**Table 17**

**Number of minors involved in criminal procedures by crime categories  
in Hungary covering the years 2002-2004**

	2002		2003		2004	
	Number	%	Number	%	Number	%
Minor perpetrators total	3 959	100.0	3 553	100.0	3 963	100.0
From this:						
Perpetrators of crimes against the person	125	3.2	144	4.1	179	4.5
From this:						
Manslaughter	1	0.0	1	0.0	1	0.0
Battery	86	2.2	89	2.5	113	2.9
Perpetrators of traffic offences	150	3.8	128	3.6	152	3.8
Perpetrators of crimes against connubiality, family, youth and sexual morality	33	0.8	43	1.2	51	1.3
From this:						
Rape	5	0.1	8	0.2	13	0.3
Perpetrators of crimes against public safety	364	9.2	330	9.3	335	8.5
From this:						
Disorderly conduct	226	5.7	182	5.1	220	5.6
Misuse of narcotic drugs	11	0.3	7	0.2	9	0.2
Perpetrators of crimes against property	3 269	82.6	2 888	81.3	3 225	81.4
From this:						
Theft	1 744	44.1	1 638	46.1	1 883	47.5
Theft using actual force against a thing	699	17.7	539	15.2	606	15.3
Robbery	165	4.2	180	5.1	191	4.8
Perpetrators of other crimes	18	0.5	20	0.6	21	0.5

*Source:* Single Police and Prosecutorial Crime Statistics Data Collection Programme.

**Table 18****Number of juvenile minors involved in criminal procedures by crime categories in Hungary covering the years 2002-2004**

	2002		2003		2004	
	Number	%	Number	%	Number	%
Juvenile perpetrators total	11 689	100.0	10 473	100.0	12 325	100.0
From this:						
Perpetrators of crime against the person	659	5.6	622	5.9	740	6.0
From this:						
Manslaughter	21	0.2	23	0.2	12	0.1
Battery	499	4.3	426	4.1	521	4.2
Perpetrators of traffic offences	266	2.3	225	2.1	281	2.3
Perpetrators of crime against connubiality, family, youth and sexual morality	88	0.8	116	1.1	93	0.8
From this:						
Rape	21	0.2	11	0.1	13	0.1
Perpetrators of crimes against public safety	2 445	20.9	2 045	19.5	2 936	23.8
From this:						
Disorderly conduct	1 129	9.7	1 108	10.6	1 306	10.6
Misuse of narcotic drugs	761	6.5	389	3.7	1 021	8.3
Perpetrators of crimes against property	7 923	67.8	7 153	68.3	7 932	64.4
From this:						
Theft	4 159	35.6	3 814	36.4	4 380	35.5
Theft using actual force against a thing	1 765	15.1	1 379	13.2	1 469	11.9
Robbery	586	5.0	622	5.9	671	5.4
Perpetrators of other crimes	308	2.6	312	3.0	343	2.8

**(j) juvenile crime prevention and recovery and reintegration;****Table 19****Number of supervision by probation officers in Hungary covering the years 2002-2004**

Year	Number of cases	Number of accused	From these			
	Supervision of probation officers		Adult		Juvenile	
			Accused	%	Accused	%
2002	4 422	6 254	993	15.9	5 261	84.1
2003	4 259	5 959	1 113	18.7	4 846	81.3
2004	4 330	6 037	1 416	23.5	4 621	76.5



72. All fields of the Ministry of Interior are covered by the programmes and tasks concerning children and juveniles. They include the activity of the local governments, the reform of the public administration, the JHA, the Euro-Atlantic cooperation, the protection of public safety, the prevention of accidents and crime, the protection of victims of crime, the protection of human and minority rights, the protection of the rights of migrants and refugees, the civil protection, the protection of the built physical environment, the elections, the public information, the education and training, and research. (Detailed programmes in Part III.)

**Table 20**

**Number of supervision by probation officers in Hungary  
covering the years 2002-2004**

Year	Number of juveniles accused	From these			
		Boy		Girl	
		Number	%	Number	%
2002	5 261	4 759	90.5	502	9.5
2003	4 846	4 304	88.8	542	11.2
2004	4 621	4 621	100.0	506	11.0

*Source:* Data on action of prosecutors before the criminal court procedures (VLP) supervision by probation officers in Hungary covering the years 2002-2004.

**(k) other social services.**

73. No relevant data are available regarding other social services.

**Please also indicate the estimated expenses of the private sector, in particular for health and education**

74. No relevant data are available in Hungary on the estimated expenditures of the private sector on health and education matters.

**3. With reference to children deprived of a family environment and separated from parents, please provide disaggregated data (by sex, age, minority; in particular Roma, urban and rural areas) for the last three years on the number of children:**

- (a) separated from their parents;**
- (b) placed in institutions;**
- (c) placed with foster families;**

**Table 21**

**Children living separated from the parents - children living in  
children's homes - children living with foster parents**

	2002	2003	2004
(a) Children living separated from their parents			
Those in temporary care	1 417	1 771	3 419
Temporary placements	3 307	3 329	5 923
Temporarily fostered	14 966	15 576	15 518
Long-term fostered	2 281	2 172	1 935
Total	21 971	22 848	26 795
From this:			
(b) Children living in children's homes	7 424	8 512	8 225
From these:			
Girls	3 343	3 778	3 644
Boys	4 081	4 734	4 581
(c) Children living with foster parents	8 183	8 608	8 826
From these:			
Girls	4 007	4 134	4 289
Boys	4 176	4 474	4 537

(d) **adopted within the country and through inter-country adoptions.**

**Table 22**

**Adoption, 2002-2004**

Denomination	Municipal guardianship office		
	2002	2003	2004
Approved adoption	847	769	750
Approved adoptions for foreign citizens	112	100	80
Of which:			
closed	89	78	69
open	23	22	11
Number of approved adoptions of children who are foreign citizens	21	13	14

**4. Please specify the number of children with disabilities, disaggregated by sex, age, minority (in particular Roma) covering the years 2002, 2003 and 2004:**

(a) **living with their families;**

75. Data are only available regarding children living with disabilities who receive institutional care.

(b) in institutions;

**Table 23**

**Number of children living in homes for the disabled by sex and age, 2004**

Sex	0-13 years of age	14-17 years of age	Total
Male	487	384	871
Female	362	249	611
Together	849	633	1 482

(c) attending regular schools;

**Table 24**

**The number of children with disabilities attending regular schools**

School years	Female	Male	Total
2002/03	5 949	12 216	18 165
2003/04	8 768	16 275	25 043
2004/05	11 169	20 180	31 349

(d) attending special schools;

**Table 25-4. Appendix: The number of children with disabilities attending special schools**

(e) not attending any school.

76. No such data collection is done in Hungary.

**5. Please provide information on the number of children abducted from or to Hungary:**

77. We have no information on the number of children abducted from or to Hungary.

78. The Penal Code does not use the concept of “abduction of a child” as such. On the abduction of a child, the crime of “kidnapping” as stated under section 175/A of Act IV of 1978 of the Penal Code is committed. There is no age specification of the passive subject, which means that it involves the abduction of minors as well. In addition, depending on the circumstances, two more legal facts may occur:

(a) altering the family status - section 193 2/A of the Penal Code;

(b) trafficking in human beings - section 175/B of the Penal Code.

79. Kidnapping and trafficking in human beings are violent acts and the data of the offended party registered in ERÜBS (Single Criminal Statistics of the Police and the Prosecutor’s Office) cover also the age of the offended person. Hence we know whether the person is a minor (0-14) or a juvenile (14-18).

80. The above statistics covers crimes perpetrated in Hungary and/or crimes perpetrated by Hungarian citizens abroad. We cannot provide any more disaggregated data.

**Number of accused, punishment or measures enforced, changing of family status (193.§/2/a of the Criminal Code)**

**in 2002: 2 persons**

**in 2003: 2 persons**

**in 2004: 13 persons**

**Table 26**

**Kidnapping and trafficking in human beings**

Crime victim age group	2002		2003		2004	
	Number	%	Number	%	Number	%
Abduction	16	100.0	25	100.0	17	100.0
child	0	0.0	0	0.0	0	0.0
juvenile	0	0.0	2	8.0	3	17.6
adult	16	100.0	23	92.0	14	82.4
Trafficking in humans	33	10.0	18	100.0	22	100.0
child	0	0.0	1	5.6	0	0.0
juvenile	1	30.0	7	38.9	2	9.1
adult	32	97.0	10	55.6	20	90.9

**6. With reference to child abuse, please provide disaggregated data (by age, gender, minority, in particular Roma and types of violations reported) covering the years 2002, 2003 and 2004 on the:**

**(a) number of reported cases of child abuse;**

**Table 27**

**Number of cases reported to specialist services of child welfare covering the years 2002-2004**

Of problems		Number of problems dealt with		
		2002	2003	2004
1.	Financial (existential, related to housing, etc.)	131 326	148 203	151 629
2.	Child-raising	84 160	97 945	115 029
3.	Difficulty in fitting into a child's institution	26 678	30 446	31 672
4.	Behavioural and achievement disturbance	50 904	57 051	62 449
5.	Family conflict (between parents, between parent and child)	55 345	63 870	69 018
6.	Lifestyle of parents of the family	71 470	82 249	95 830
7.	Parental neglect	30 409	32 723	36 204
8.	Intra-family abuse (physical, sexual)	7 202	8 842	11 093
9.	Impairment, retardation	10 637	12 053	12 814
10.	Additions	21 350	21 732	23 372
11.	Total number of problems (lines 1-10)	489 481	555 114	610 324

- (b) **number and percentage of reports which have resulted in either a court decision or other types of follow-up;**

**Table 28-5. Appendix: Disaggregation of data on victims by age groups in case of sexual crimes, crime categories covering the years 2002-2004**

**Table 29-6. Appendix: Disaggregated data by age groups of victims in violent crimes, crime groups covering years 2002-2004**

**Table 30-7. Appendix: Number of initiated criminal procedures in Hungary because of pornographic and other - sexual - crimes against minors covering the years 2002-2004**

**Table 31-8. Appendix: Distribution of punishments and independently applied measures on legally binding judgement**

- (c) **number and proportion of child victims that have received counselling and assistance in recovery.**

81. No such data collection is done in Hungary.

7. **Please provide disaggregated data (including by sex, age, minority; in particular Roma, urban and rural areas) covering the years 2002, 2003 and 2004 on:**

- (a) **the enrolment and completion rates in percentages of the relevant group in pre-primary schools, in primary schools and in secondary schools;**

82. No such data collection is done in Hungary.

- (b) **rates of literacy under 18 years old;**

83. The Ministry in charge has no related data available.

- (c) **rate of children completing primary and secondary schools;**

**Table 32**

**Graduates**

Year	Pupils completed 8th grade	Students passed final examination at secondary level			Vocational graduates	
		In secondary schools	In vocational schools	Total	Without	With
					Certificate of maturity examination	
Students in full-time education						
2002	118 038	33 550	36 062	69 612	25 303	30 047
2003	115 863	34 998	36 946	71 944	24 952	26 366

(d) number and percentage of dropouts and repetitions;

**Table 33**

**Number of participants in different levels of education, and number of private student children with special needs**

	Number of participants in education, 2002/03	Of these			Number of participants in education, 2003/04	Of these			Number of participants in education, 2004/05	Of these		
		Girl	Repeater of class	Of these		Girl	Repeater of class	of these		Girl	Repeater of class	Of these
				Girl				Girl				Girl
Kinder-garten	331 707	159 538			327 508	157 702			325 999	157 305		
E1	414	161	42	19	325	123	36	13	322	120	28	9
E2	307	114	31	13	300	115	22	13	259	105	15	5
1	116 463	56 151	5 533	2 219	107 822	51 787	4 909	2 001	104 176	49 825	4 620	1 827
2	111 566	54 132	2 319	938	111 562	54 084	1 915	757	103 639	50 089	1 791	675
3	115 825	56 559	1 731	610	110 917	53 771	1 437	496	110 994	53 869	1 286	463
4	119 190	57 773	1 661	582	115 684	56 474	1 399	490	111 171	53 847	1 351	481
5	126 571	60 920	3 679	1 153	121 177	58 387	3 261	1 069	117 772	57 053	3 198	1 003
6	126 495	61 419	3 720	1 134	125 498	60 526	2 985	992	120 520	58 268	2 947	971
7	122 753	59 608	3 345	1 028	125 638	61 152	2 988	1 013	125 358	60 440	3 214	1 017
8	118 145	57 775	890	329	119 077	58 451	859	329	121 758	59 954	870	320
9	130 167	63 211	8 677	3 533	128 891	62 365	9 369	3 979	128 902	62 495	8 729	3 662
10	114 323	56 751	4 289	1 555	116 081	57 384	4 713	1 891	115 923	57 274	4 261	1 636
11	117 362	57 281	3 503	1 101	118 220	56 849	3 727	1 182	119 867	57 568	3 493	1 127
12	100 912	50 346	1 097	333	105 456	52 484	1 284	353	105 440	51 887	952	265
13	47 052	24 204	322	106	48 077	23 859	456	138	46 960	23 927	453	165
14	18 812	9 245	114	35	23 686	10 460	210	56	23 760	10 396	184	37
15	867	409	4		1 006	486	2	1	1 377	654	7	1
16	4	2			25	5			27	16	1	1
Total	1 818 935	885 599	40 957	14 688	1 806 950	876 464	39 572	14 773	1 784 224	865 092	37 400	13 665

(e) teacher per child ratio.

**Table 34**

**Number of pupils/students per teacher in full-time and part-time education together**

	2002/03	2003/04	2004/05
Kindergartens	10.5	10.4	10.6
Primary (general) schools	10.5	10.2	10.2
Vocational schools	15	14.6	14.8
Special vocational schools	8.2	7.6	8
Secondary general schools	13.6	13.5	13.4
Secondary vocational schools	14.4	14.1	14

**8. Please provide disaggregated statistical data (including by sex, age, minority; in particular, Roma, urban and rural areas) on early pregnancies, abortions, sexually transmitted infections (STIs), mental health problems (e.g. suicide rates, eating disorders, depression), drug use, alcohol and tobacco abuse covering the years 2002, 2003 and 2004. Please also provide numbers of health professionals working in the health-care services for children**

84. We cannot answer to the parts of questions 8 and 9 on minorities because no data are, nor can be, collected for reasons of personal data protection.

**Table 35**

**Live births and foetal losses of females aged under 18 years  
by settlement type, 2002-2004**

Settlement type, year	Live births	Foetal deaths		Induced abortion	Total
		Early and medium term	Late		
Budapest					
2002	141	32	-	383	556
2003	110	44	-	376	530
2004	135	28	-	337	500
Urban					
2002	1 055	203	13	1 345	2 616
2003	1 042	155	13	1 340	2 550
2004	1 005	175	7	1 286	2 473
Rural					
2002	1 328	163	12	1 036	2 539
2003	1 269	184	7	1 052	2 512
2004	1 281	174	8	1 119	2 582
Total*					
2002	2 550	399	25	2 819	5 793
2003	2 434	387	20	2 817	5 658
2004	2 441	378	15	2 744	5 578

\* Including homeless persons, foreigners and persons of unknown residence.

### **Reproductive health of children and adolescents**

85. Even if there was a significant decrease in the last decades in the rate of teenagers who had abortions and childbirths, there were almost 20:1,000 girls who had abortions and another 20 who delivered babies in the last year (2004) (see the figure).

86. Early and unprotected sexual life threatens not only the teenage mother's health but the health of the offspring. Among the babies of teenage mothers the infant mortality rate is significantly higher (10.1/1,000 live births) than the national average (6.6/1,000 live births). Three quarters of these children come to the world out of marriage.

87. One third of 15-year-old boys, one fifth of 15-year-old girls, half of 17-year-olds (both male and female) have already had sexual intercourse. Three quarters of the sexually active students have used contraception: most of them (55-92 per cent) used condoms. Twenty to forty per cent of them used contraceptive pills, but there was a significant proportion who used the unsafe method of withdrawal. (These data are from the last data collection of the HBSC study, carried out in 2002.)

88. As a result of the effective sexual education in Hungary, the number of students who used condoms has increased in the recent years.

89. We have to note that the Hungarian Health Insurance System does not support contraceptive pills because they are expensive.

### **Mental health problems, suicide rate**

90. Experiences and the data collected sporadically show increasing rates of children who have mental disorders, depressive and psychosomatic symptoms. We do not have current data about psychiatric symptoms and mental disorders.

91. The mortality rate of suicide in childhood is relatively high and stable (it does not decrease or increase for years).

92. We do not have reliable data about attempted suicide, the number of which is estimated to be 10 times higher than the number of deaths due to suicide.

### **Smoking, alcohol, drinking and drug use among Hungarian adolescents**

93. The source of the data presented below is the HEALTH BEHAVIOUR OF SCHOOL-AGED CHILDREN (HBSC) 2001/02 survey that is a WHO collaborative cross-national study. The study includes the data of 11 to 18-year-old students with nationally representative sample. The survey is carried out using self-reported questionnaires and anonymous data collection is ensured. There are various topics in the questionnaires, e.g. family background, smoking, drinking, drug consumption, physical activity, nutrition, mental health, school climate, peer relations, family climate, injuries and bullying, etc. The aims of the study are to understand young people's health behaviour and lifestyles in their social context and to inform and influence health educators and policymakers, as well as to monitor the young population.



## Tobacco smoking prevalence

### *Prevalence of young people ever having smoked*

94. The proportion of young people trying out smoking triples from the 5th grade to the 11th grade and it is true both for girls and boys, although the initial level at 5th grade is high in itself especially for boys.

**Table 36**

### **Young people reporting ever having smoked by gender and grade**

Grade	Boys		Girls	
	Number	%	Number	%
5th grade	170	25	92	12.6
7th grade	356	50.9	333	41.1
9th grade	396	72.7	590	68.1
11th grade	611	77	628	76.7
Total	1 533	56.4	1 643	51

### *Frequency of smoking*

95. If we divide young people by frequency of smoking, we can conclude that the proportion of non-smokers decreases with school grade, and in the 11th grade 20 per cent of students are considered to be dependent.

**Table 37**

### **Frequency of smoking by grade**

Grade	Non-smokers		Tryers		Experimenters		Regular smokers		Dependents		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.
5th	1 157	81.4	183	12.9	45	3.2	16	1.1	20	1.4	1 421
7th	820	54.4	411	27.2	146	9.6	61	4.0	71	4.7	1 509
9th	426	30.1	428	30.2	167	11.9	111	7.8	282	20.0	1 414
11th	374	23.1	513	31.7	128	8.0	111	6.8	488	30.3	1 614
Total (No.)	2 777	46.6	1 535	25.5	486	8.2	299	4.9	861	14.4	5 958

96. As the Hungarian HBSC study has almost 20 years of history, it was possible to compare data from previous data collections and to analyse the trend of changes.

**Table 38**

### **The changes of the prevalence of daily smoking between 1986 and 2002 by gender**

	1986	1990	1993	1997	2002
Boys	20.6	24.8	17.3	25.2	22.1
Girls	14.1	14.4	13.2	17.1	19.4

**Alcohol consumption prevalence***Prevalence of young people ever having drunk alcohol*

97. Similarly to the smoking behaviour the prevalence of young people trying alcohol is increasing from the 5th grade to the 11th grade and it is again true for both genders. In the 11th grade the proportion is almost 100 per cent in both genders.

**Table 39**

**Young people ever having drunk alcohol more than just a tip,  
by gender and grade**

Grade	Boys		Girls	
	Number	%	Number	%
5th	260	39.5	171	23.8
7th	461	66.5	465	58.1
9th	483	89.3	715	82.9
11th	727	92.8	742	91.3
Total	1 931	72.2	2 093	65.5

*Frequency of drunkenness*

98. In the frequency of drunkenness there are significant gender differences, but again the proportion of youngsters having been drunk two times or more is higher with higher grades.

**Table 40**

**Young people who have been drunk two or more times, by gender and grade**

Grade	Boys		Girls	
	Number	%	Number	%
5th	25	3.7	11	1.5
7th	97	13.8	60	7.4
9th	257	48.3	241	27.9
11th	502	63.7	334	40.8
Total	887		646	

99. From previous HSBC data collection the trend changes in the frequency of drunkenness can be detected as seen below. There is a significant increase in the latest data collection in the proportion of boys and girls having been drunk two times or more, but there are important gender differences as well.

**Table 41**

**The changes of the prevalence of youth who have been drunk two or more times  
between 1986 and 2002, by gender (%)**

	1986	1990	1993	1997	2002
Boys	26.6	35.5	35.2	36.6	49.7
Girls	6.6	12.5	19.7	20.2	29.3

### Illicit drug use

#### *Prevalence of illicit drug use*

100. From the table below it is apparent that almost one fourth of 9th and 10th grade students have already had experience with legal or illegal drugs.

**Table 42**

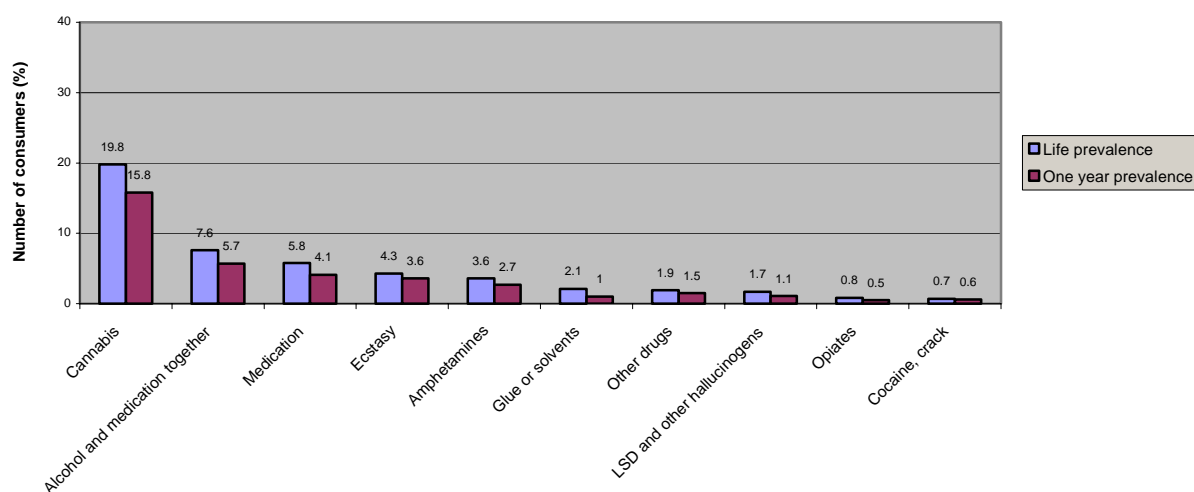
**Life prevalence of different drug consumption behaviour  
in the 9th and 10th grades (%)**

Drug consumption behaviour	%
Total life prevalence of substance use of legal drugs	9.3
Life prevalence of illicit drug use and inhalants	21.5
Total life prevalence of legal and illicit drug use	24.3
Number	3 034

101. Among illicit drugs cannabis has the highest prevalence over a lifetime, followed by alcohol, medication and ecstasy.

**Table 43**

**Life and one year prevalence of certain drug types**



102. There has been a significant increase in the consumption of cannabis, medication, ecstasy, amphetamines and other drugs from 9th grade to the 11th grade, but there is a significant decrease regarding the use of glue or solvents. From the tables below it can be concluded that in Budapest there is a higher prevalence of drug use and more boys use drugs than girls.

**Table 44****Life prevalence of certain drug types by grade**

Type of drug	Life prevalence (%) <sup>1</sup>	
	9th grade	11th grade
Cannabis	13.8	25.1***
Medication to get high	4.8	6.6*
Ecstasy	3.2	5.2**
Amphetamines	2.8	4.3*
Glue or solvents	2.9	1.4*
Others	1.3	2.4*

**Table 45****Life prevalence of certain drug types in Budapest and the countryside**

Type of drug	Life prevalence (%) <sup>2</sup>	
	Budapest	Countryside
Cannabis	25.3	19.0**
Ecstasy	6.8	3.9**
LSD or other hallucinogens	3.7	1.5**

**Table 46****Life prevalence of certain drug types by gender**

Type of drug	Life prevalence (%) <sup>3</sup>	
	Boys	Girls
Cannabis, hashish	24.5	15.9***
Amphetamines	4.8	2.7***
Glue or solvents	2.8	1.6*
Other drugs	2.9	1.0***

<sup>1</sup> Pearson Chi-Square Sig.: \* 0.05, \*\* 0.01, \*\*\* 0.001.

<sup>2</sup> Pearson Chi-Square Sig.: \* 0.05, \*\* 0.01, \*\*\* 0.001.

<sup>3</sup> Pearson Chi-Square Sig.: \* 0.05, \*\* 0.01, \*\*\* 0.001.

**Table 47 - 9. Appendix: Number of registered patients at child and youth psychiatric dispensaries by diagnosis, age groups and sex, 2002**

**Table 48 - 10. Appendix: Number of registered patients at child and youth psychiatric dispensaries by diagnosis, age groups and sex, 2003**

**Table 49 - 11. Appendix: Number of registered patients at child and youth psychiatric dispensaries by diagnosis, age groups and sex, 2004**

**Table 50**

**Number of suicides ending with death of persons aged under 18 years  
by sex and settlement type 2002-2004**

Settlement type, year	Male	Female	Total
Budapest			
2002	3	2	5
2003	1	-	1
2004	1	1	2
Urban			
2002	10	4	14
2003	12	2	14
2004	8	2	10
Rural			
2002	3	4	7
2003	6	5	11
2004	7	5	12
Total			
2002	16	10	26
2003	19	7	26
2004	16	8	24

**Table 51**

**Suicide/death rates among 100,000 males and females of same age**

Years	2000	2001	2002	2003	2004
Males					
10-14 years	2.5	0.9	1.3	2.6	1.6
15-19 years	10.9	10.1	11.2	8.9	12.3
Females					
10-14 years	1.0	0.3	1.0	-	0.7
15-19 years	3.2	3.7	3.8	3.8	3.2

**School health service**

103. One thousand, four hundred and sixty four part-time family paediatricians, 1,418 part-time general practitioners, 240 full-time school doctors (mainly in secondary schools) operate in 9,000 educational institutes, the number of full-time school nurses increased to 842.

104. Activities/tasks:

- Yearly examination of preschool aged children, two year examination of school-aged children: follow up of the physical and mental development and screening (functioning of the sensory and motor system);
- Supervision of the educational institute's environment, hygienic conditions and canteen meals, reinforcing the health promoting school activities;
- Contribution to school health promotion.

**Table 52****School health service**

MCH nurses	2002	2003	2004
Full-time MCH nurses, school health services	471	483	482
District MCH nurses	3 626	3 696	3 740
Total	4 097	4 179	4 222

*Source of data:* Until 2003 Physicians, MCH nurses providing school (nursery) health tasks, NSDCP1554. Report on school health service. In 2004 Physicians, MCH nurses providing school (nursery) health tasks, 1002 departmental order signed by the health minister. Report on school health service.

**Table 53****School health service**

Physician	2002	2003	2004
Full-time school doctor	225	240	242
Family paediatricians	1 492	1 464	1 452
GPs	1 414	1 418	1 410
Part-time internist	16	15	11
Part-time paediatricians	60	61	62
Other part-time doctor	35	23	28
Total	3 242	3 221	3 205

*Source of data:* Until 2003 Physicians, MCH nurses providing school (nursery) health tasks, NSDCP1554. Report on school health service. In 2004 Physicians, MCH nurses providing school (nursery) health tasks, 1002 departmental order signed by the health minister. Report on school health service.

**Table 54**  
**Data on family paediatricians**

Year	Number of family paediatricians
2002	1 579
2003	1 582
2004	1 577

*Source of data:* National Statistical Data Collection Program (NSDCP) 1021: Report on general practitioners' and family paediatricians' activities.

**Table 55**  
**Posts of MCH nurses**

MCH nurses	2002	2003	2004
Number of the posts of district MCH nurses	4 537	4 546	4 501
Number of the filled posts of district MCH nurses (posts of MCH nurses)	4 105	4 190	4 183
Average number of working district MCH nurses during the year	3 705	3 867	3 910
Number of the posts of protection of families MCH nurses	127	124	119
Number of the filled posts of protection of families MCH nurses	127	121	115
Average number of working protection of families MCH nurses during the year	126	121	107
Total number of posts of MCH nurses	5 342	5 338	5 259
Total number of filled posts	4 881	4 949	4 913
Average number of working MCH nurses during the year	4 460	4 610	4 616

*Source of data:* Until 2003 all district MCH nurses, chief MCH nurses of capital and country institutes of NPHMOS NSDCP 1483, summary report of MCH nurses. In 2004 all district MCH nurses, chief MCH nurses of capital and country institutes of NPHMOS 1003 departmental order signed by the health minister, summary report of MCH nurses.

## **Paediatrics**

105. We have a total of 4,907 paediatric hospital beds in 91 inpatient institutions, that means 4.77 paediatric hospital beds for 10,000 residents. (Data from 2004. Source: National Statistic Data Collection Program, OSAP.)

106. The number of paediatric hospital beds has decreased since the middle of the '90s and the National Infant and Child Health Program is planning further changes in the inpatient care structure.

107. About the changes in the inpatient care structure:

- To restructure the paediatric departments with few beds according to the needs (daytime care, local emergency care);
- To develop the early development network, neuro-habilitation, paediatric rehabilitation (especially the institutional structure);
- To develop the level of mental health care (especially the institutional structure);
- To develop the paediatric emergency care;
- To improve the level of neonatal care.

**9. Please provide disaggregated statistical data (including by sex, age groups, minority; in particular Roma, urban and rural areas) on children infected or affected by HIV/AIDS**

108. According to the HIV/AIDS registry of the National Center of Epidemiology, between 1 January 2003 and 30 September 2005 two children (14 years old or younger) were reported to be infected with HIV.

109. Both children are 1 year old, one of whose mother has immigrated to Hungary from an infected area. One was discovered to be HIV infected as AIDS symptoms appeared, the other one was simply proved to be HIV infected. Both were infected by the mother.

110. As regards questions 8 and 9, we note that disaggregated data by minority are not collected for personal data protection reasons.

**10. Please provide appropriate disaggregated data (including by sex, age, minority; in particular Roma ethnic, urban and rural areas and type of crime) covering the years 2002, 2003 and 2004, in particular on the number of:**

- (a) persons below 18 who have allegedly committed a crime, reported to the police;

**See Table 17: Disaggregated data on number of minors and by crime categories in Hungary covering the years 2002-2004**

**See Table 18: Disaggregated data on numbers of juvenile and by crime categories in Hungary covering the years 2002-2004**

**See Table 30 - 7. Appendix: Number of initiated criminal procedures in Hungary, because of pornographic, and other sexual crimes against minors covering the years 2002-2004**



- (b) **persons below 18 who have been sentenced and type of punishment or sanctions related to offences including length of deprivation of liberty;**

**Table 56**

**Number of convicted juveniles in Hungary by the type of principle punishment covering the years 2002-2004**

Year	Number of convicted juveniles	Type of principal punishment					Ancillary punishment or independently enforced measures
		Imprisonment lasting for a definitive period of time	From these		Labour in the public interest	Fine	
			To be executed	Suspended			
			Convicted juvenile				
2002	7 285	1 934	502	1 432	203	444	4 704
2003	6 700	1 882	472	1 410	180	323	4 315
2004	7 059	1 824	381	1 443	218	409	4 608

Year	Juveniles sentenced to imprisonment to be executed	From these							
		6 months or less	6-12 months	1-2 years	2-3 years	3-5 years	5-8 years	10-15 years	15-20 years
2002	502	91	138	157	79	26	3	6	0
<b>2002</b>	<b>Average length of punishments: 1.55 years</b>								
2003	472	90	95	167	73	34	8	2	0
<b>2003</b>	<b>Average length of punishments: 1.62 years</b>								
2004	381	55	78	139	70	24	7	2	0
<b>2004</b>	<b>Average length of punishments: 1.78 years</b>								

**See Table 15: Disaggregated data of minors involved in criminal procedure - by sex and age group in Hungary covering the years 2002-2004**

**See Table 16: Disaggregated data of juveniles involved in criminal procedure - by sex and age group in Hungary covering the years 2002-2004**

**See Table 31 - 8. Appendix: Distribution of punishments and independently applied measures on legally binding judgment**

- (c) **persons below 18 who have been tried as adults;**

111. No such data is available in the Ministry.

- (d) **detention facilities for juvenile delinquents and their capacity;**

**New institutions**

112. The Hungarian Prison Service (HPS) placed the juvenile prisoners according to regions since the previous report.

113. The following new prisons have started to operate:

- Regional Juvenile Prison in the city of Kecskemét with the capacity of 30 male juvenile prisoners;
- Regional Juvenile Prison in the city of Szirmabesenyő with the capacity of 115 male juvenile prisoners;
- Juvenile female prisoners are not placed at the Mélykút Unit of the Pálhalma National Prison anymore; a new unit is being established at the Regional Juvenile Prison in the city of Kecskemét. The capacity of the prison has changed since October 2005: it holds 20 juvenile male prisoners and 10 juvenile female prisoners;
- In order to place children who were born in prisons a mother/child unit was established in Kecskemét in 2002. After building a new unit 20 mothers and 21 infants can be placed there since November 2003. Convicted women can stay together with their children until the age of 6 months of the child which can be lengthened with another 6 months at request;
- Regional Juvenile Prison in the city of Pécs will begin to operate with the capacity of 50 male prisoners.

#### **Newly implemented policies**

114. The Government resolution No. 1009/2004 (II. 26) on government tasks in implementation of the short-, medium- and long-term objectives of the national strategy of social crime prevention was adopted. There is a separate chapter in the resolution which deals with the prevention and reduction of childhood and juvenile delinquency. (It was repealed by the resolution of Government number 1036/2005 (IV. 21.) on the 2005-2006 governmental tasks of the implementation of the objectives of the national strategy of social crime prevention.)

#### **Newly implemented programmes and projects and their scope**

##### *Whole prison service*

115. Programme MATRA: in the framework of the MATRA programme which was implemented on 2002-2004 jointly with the Royal Netherlands Hungarian experts of HPS had the opportunity to study the treatment of juvenile offenders and the daily practice. During the programme five trainings were given to 150 people. These experiences are taught to the newly employed staff with the help of a course book.

##### *Szirmabesenyő*

##### **Programme EQUIP**

116. On 2003-2004 on the basis of Dutch exchange of experience courses regarding the development of communication skills, the management of anger and aggression and social skills were introduced.

*Tököl*

117. On 2003-2005 a course of Social skills was run on an experimental basis in order to try differentiation which is based on competence.

Programme EQUIP:

118. Courses regarding the development of communication skills, the management of anger and aggression and social skills were introduced.

119. A health education project was introduced for staff who work with juvenile offenders.

*Kecskemét*

120. A health education project was introduced for staff who work with juvenile offenders.

*Szirmabesenyő and Tököl*

121. Drug-free units were established for drug users. This service is available for juvenile prisoners. From the school year of 2006/07 primary education has to be organized for pretrial prisoners as well due to the increase of the age limit.

**(e) persons below 18 detained in these facilities and minors detained in adult facilities;**

122. In Hungary the practice does not exist that convicted minors are placed into adult institutions.

**See Table 56: Number of convicted juveniles in Hungary by the type of principle punishment covering the years 2002-2004**

**(f) persons below 18 kept in pretrial detention and the average length of their detention;**

123. There are no such data available in Hungary.

**(g) reported cases of abuse and maltreatment of children occurred during their arrest and detention.**

124. There are no such data available in Hungary.

**11. With reference to special protection measures, please provide statistical data (including by sex, age, minority; in particular Roma, urban and rural areas) covering the years 2002, 2003 and 2004 on:**

**(a) the number of children involved in sexual exploitation, including prostitution, pornography and trafficking and the number of those children who were provided access with recovery and reintegration treatments;**

**See Table 29 - 6. Appendix: Disaggregation of data on victims by age groups in violent crimes, crime categories covering years 2002-2004**

**(b) the number of children involved in substance abuse and the number of those children who received recovery and reintegration treatments;**

125. There are no data in Hungary on children receiving cure and reintegration treatment, thus we can answer only the first part of the question.

126. The ESPAD research was funded by the National Scientific Research Fund (OTKA) (T037395) and the Ministry of Children, Youth and Sport (GYISM) and conducted by the Behaviour Research Centre of the Budapest Corvinus University. The research was implemented on a representative sample stratified by the type and location of schools in the 8-10 grades. The gross sample size of the 16 year old students was of 3,167 persons and the net size of 2,677 persons. Data collection was carried out according to ESPAD standards with self-reporting method in classes.

127. According to the data of the 2003 ESPAD research in Hungary 16.2 per cent of the questioned 16-year-old youngsters (18.4 per cent of boys and 13.8 per cent of girls) have tried an illicit drug<sup>4</sup> in their lives (Elekes, Paksi 2003b unpublished, Hibell et al. 2004, Elekes 2005a, Elekes 2005b unpublished). Last year prevalence of illicit drug use was 12.5 per cent and last month prevalence was 6.7 per cent. Data on frequency indicate that illicit drug use is limited to merely some occasions, 6.3 per cent of young people have tried an illicit drug on six or more occasions. Cannabis use is outstandingly the most widespread, 15.8 per cent of the respondents have tried it at least once in their lives. Five per cent of all respondents have used some other illicit drugs and the differences in gender are also slight. Experimental or occasional use is characteristic also in case of other illicit drugs.

128. 16.8 per cent of the respondents have abused pharmaceuticals (use without a doctor's prescription)<sup>5</sup> in their lives. Within pharmaceuticals abuse, the combined use of alcohol and pharmaceuticals is the most widespread among 16-year-old youths. Besides the above mentioned drugs, inhalants (5 per cent), ecstasy (3.1 per cent), amphetamines (3.1 per cent) as well as LSD and other hallucinogens (2.1 per cent) are the most widespread among Hungarian 16-year-olds. The prevalence of all other drug use is below 1 per cent. The prevalence rates of cannabis indicate that the results of the 2003 ESPAD study and the 2001/02 HBSC research show similar patterns of illicit drug use in Hungary (Hibell et al. 2004:59). According to ESPAD data the most frequent age of the first experiment with illicit drugs is at the age of 14-15 both for boys and girls. Under this age it hardly eventuates even within illicit drugs of higher lifetime prevalence. Thus the proportion of those having experimented before the age of 14 is 1.8 per cent for cannabis, 2.0 per cent for the combined use of alcohol and pharmaceuticals and 1.7 per cent for tranquillizers.

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<sup>4</sup> The following drugs were considered illicit drugs in the research: cannabis, LSD, amphetamines, crack, cocaine, heroin, ecstasy.

<sup>5</sup> Tranquillizers/sedatives, or the combined use of alcohol and pharmaceuticals.

129. In 2003 the first used drug was unequivocally cannabis for both boys and girls. 13.8 per cent of respondent boys and 9.5 per cent of girls used cannabis first (11.7 per cent of the whole sample). Tranquillizers were the second most frequently mentioned first-used drug among girls in 1999, however, while in 1999 mentioning of tranquillizers hardly lagged behind cannabis, in 2003 twice as many girls reported cannabis as first used drug, than tranquillizers.

130. There is a significant correlation in lifetime prevalence rates by school types. Prevalence rate is the lowest among primary school students (10.0 per cent) and the highest among trade school students (23.1 per cent). It is worth noting that lifetime prevalence at the two types of schools with final examination is almost identical (14.1 per cent for secondary schools and 15.2 per cent for vocational schools).

**(c) the number of migrant unaccompanied minors, asylum-seeking, refugee children, as well as the number of children awaiting expulsion;**

131. In 2002, 1,192 under-18 foreign nationals filed applications for asylum. Out of them 658 were unaccompanied minors; of them 601 boys and 57 girls. Most of them were Afghani, Iraqi and Bangladeshi citizens. In 2002, 37 under-18 persons received refugee status; of whom 2 were unaccompanied minors.

132. In 2003, 469 under-18 foreign nationals filed applications for asylum. Out of them 150 were unaccompanied minors; of them 144 boys and 6 girls. Most of them were Afghani and Iraqi citizens. In 2003, 73 under-18 persons received refugee status, of them again 2 were unaccompanied minors.

133. In 2004, 243 under-18 foreign nationals filed applications for asylum. Out of them 59 were unaccompanied minors, of them 51 boys and 8 girls. Most of them were Moldavian, Georgian, Somali and Turkish citizens. In 2004, 50 under-18 persons received refugee status; of them 4 were unaccompanied minors.

**(d) the number of children involved in labour who are under 16;**

134. It is the competency of the National Office for Labour and Labour Safety to control the implementation of the stipulations of the Labour Code and monitor casual irregular employment of children.

135. In 2002 following the Office's control of irregular employment of children under 16, measures had to be taken in 25 cases, which covered 47 employees.

136. For the year 2003 we only have aggregated data concerning the employment of women, juveniles and persons with decreased working capacity. In these groups there were 86 measures introduced because of irregularities, the number of irregular employees amounted to 153 involving also employees under 16.

137. For the year 2004 we can provide statistical data concerning young employees, i.e. employees under 18. Due to irregularities, measures had to be taken in 46 cases, which meant offences by employers against 163 employees. There has been no irregular child labour.

**(e) street children.**

138. According to official data collection, in Hungary there are no street children or homeless children.

**B. General measures of implementation**

**1. The Committee would appreciate receiving information on intended or planned activities related to recommendations contained in the Committee's previous concluding observations (CRC/C/15/Add.87) on the first periodic report of Hungary (CRC/C/8/Add.34) which have not yet been fully implemented, in particular those contained in paragraphs 8 (coordinated policy relating to children), 9-10 (monitoring access, budget allocations and disaggregated statistics), 11 (training of professionals), 16 (violence against children), 17 (adoption), 14, 18 (non-discrimination and children belonging to an ethnic minority, 19 (health issues and reproductive health information) and 22 (sexual exploitation and trafficking)**

139. As corresponds to the recommendations of the Committee, measures were taken in Hungary on the following areas:

**Training of professionals**

140. In 2004, the staff of the Crisis Management Centre held training courses for the police and for child protection experts in cooperation with the National Police Headquarters and the Crime Prevention Academy of the Ministry of the Interior. A cooperation agreement is under way with the Police Academy, within which, hopefully, special training on recognizing and handling domestic violence will be given to the students.

141. **ICSSZEM puts special emphasis on the training of experts** working with and helping victims of violence. Their basic and further training forms are vital parts of the development of the institutional system that helps battered victims, and it will remain a priority in the future as well.

142. A number of methodology studies have been published on treating and preventing child abuse too, with special attention to the fact that as of 1 January 2005, Act XXXI of 1997 on the protection of children and on guardianship management prohibits every form of corporal punishment of children, that is to say the principle of zero tolerance. This methodology newsletter was prepared for family practitioners, family paediatricians, for district nurses and for child health professionals which serves to prevent, recognize and treat child abuse and child neglect. In December 2004, several locations (Budapest, Debrecen, Pécs, Miskolc, Szombathely, Szeged) were linked up to a video conference to provide knowledge on child abuse to paediatricians, district nurses and social workers. The background to this training was the methodological letter issued.

143. In 2004, a methodology booklet was published which outlined in detail the role of the different organizations participating in child welfare primary care and in guardianship management, and was aimed at preventing and treating child abuse. In certain counties, typically the county guardianship authorities give training to professionals according to the given cooperation and the unified professional protocol.

144. The Hungarian Public Administration Office has accredited a four-day (30 hours) training course called “Recognizing and treating child abuse in the guardianship authorities’ practice” for the officers of the local municipalities and guardianship authorities.

### **Violence against children**

145. **Act 31 of 1997 on the protection of children and on guardianship management (Gyvt.)** was amended with effect 1 January 2005, prohibiting all forms of corporal punishment, that is, provides for the principle of zero tolerance.

### **Non-discrimination and children belonging to an ethnic minority**

146. In 2005 the Educational Ministry’s Office of the Commissioner responsible for disadvantaged and Roma children set up an **anti-discrimination warning system** in the field of education. The first phase of the setup began with training for 600 participants. The aim of the warning system is twofold: it provides legal advice for people affected by ethnic or other kinds of discrimination, and it also coordinates the most convenient processes for legal assistance; it operates as a legal assistance body in a way. It also provides impact analysis for the centralized integration measures, using its feedback possibilities. This means that it also works as an indicator system assisting the political bodies. Details of programmes for Roma children can be seen in Part III.

147. **The 2003 modification of the Act on Public Education** implemented a new expression, “young people with special education needs”, instead of mentally, physically or in any other way disabled children. This change emphasized the different and varied supply available by the children.

148. Based on OM Ordinance 2/2005 (III.1) of the Ministry of Education on kindergarten and school education of **children and students with special education needs**, integrated education of SNI children is gradually spreading. For the sake of integration of children and students with special needs, according to the planned measures currently under way, the First National Development Plan, the Ministry of Education takes the horizontal aspects in the integrated education of children and students with special needs. Besides the central programme and all kinds of training, different grant schemes are also available for the implementation of the targets and goals set for the purposes of NFT.

### **Health issues and reproductive health information**

149. See under point I.A.2.C.

## Sexual exploitation and trafficking

### *Description of relevant national legislation*

150. Human trafficking was for the first time regulated by the Hungarian Criminal Code (HCC) in 1998 among the crimes directed against “personal freedom and human dignity” by Act. No. LXXXVII/1998 (entered into force on 1 March 1999). Prior to its codification, trafficking in human beings was penalized according to various sections of the Code, depending on the facts of the case. For instance, if the victim was a minor, the crime could be penalized as the changing of family status, whereas if the victim was of age, the relevant crime could be the violation of personal freedom or pandering.

151. In 2002 the relevant section of the Criminal Code was modified, according to the definition of the Palermo Protocol.

152. The Hungarian legislation as well as legal policy paid great attention and sharpened its focus on trafficking in human beings as a serious human rights violation. The issues like ensuring victim’s rights, victim’s protection, assistance and support also contributed to the development of the situation of the victim in the criminal proceeding.

153. On 1 April 2002, several modifications to the Criminal Code entered into force - by Act CXXI/2001 - among others including the regulation on trafficking in human beings and pornography. According to the amendment, the former definition of trafficking have *changed and harmonized to the* international standards. *The definition follows the wording of the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.* The new legal text reads as follows:

“Any person:

- who sells, purchases another person;
- who conveys or receives a person in recompense;
- who exchanges a person for another person;
- also the person who recruits, transports, harbours, hides or acquires people for such purposes for another party;

is guilty of felony, punishable by imprisonment not to exceed three years.”

154. According to the basic elements of the definition of the act of crime *the perpetrator does not need to use force, threat or coercion to commit the crime*, the criteria for the realization of the felony are fulfilled even in the case of having the victim’s consent. The Supreme Court of Hungary has stated in one of its decisions that “trafficking in human beings is a violation against



human dignity, personal freedom and self-determination. These basic rights are so fundamental to human existence that they are considered inalienable, and no person can validly waive them, therefore the trafficking of human beings is an illegal act even when the perpetrator has the victim's consent. The consent of the victim bears no significance when assessing the question of criminality".

155. The protected legal object of the felony trafficking in human beings is society's interest in the personal freedom of the human being. Trafficking in human beings is prohibited by the Geneva Convention on the Prohibition of Slavery of 25 September 1926, which was ratified by Hungary and promulgated via Act III of 1933. According to the definition of the Act, slavery is the state or status of a person, who is at the disposal of another person in a fashion characteristic of objects of property. Slave trade includes all acts, which are committed with the purpose of casting a human being into slavery, such as the selling of a human being into slavery or acquiring or offering a person in exchange for some kind of compensation. The Universal Declaration of Human Rights also proclaims that all human beings are born free, and that all human beings have equal dignity and equal rights. Article 55 section 1 of the Hungarian Constitution guarantees the right to freedom and personal security as well. Article 175/B of the Criminal Code is in accordance with the above provisions when punishing trafficking in human beings.

156. "In accordance with the rules of international law and the Constitution, article 175/B of the Criminal Code punishes those acts, which simultaneously offend human dignity, personal freedom and self-determination and through which human beings become objects, items for trade - independent of their will, in spite of their will, or as a result of their incapability or decreased ability to express their will."

157. An act of felony is committed by anyone who sells, procures, conveys or acquires for compensation a human being (for example to cancel a debt), or exchanges one person for another. Furthermore anyone who recruits, transports, harbours, hides or appropriates a person for another party for such purposes is identically punishable.

158. "Among the qualifying circumstances of the felony the law considers certain specific subjects of the crime, as well as the modes and purposes of perpetration as factors enhancing the degree of danger to society and thus aggravating the legal consequences of the crime."

159. The qualified forms of the crime carry stricter consequences between 1 to 5, 2 to 8, 5 to 10 and 10 to 15 years or life imprisonment according to the following criteria:

(1) The punishment shall be imprisonment between 1 to 5 years, if the criminal act is committed:

- (a) against a person under the age of 18;
- (b) against a person deprived of personal freedom;
- (c) for the purpose of forced labour;
- (d) for the purpose of fornication or sexual intercourse;

- (e) for the purpose of illegal use of human bodily parts;
  - (f) as part of a criminal conspiracy or in a businesslike manner.
- (2) The punishment shall be imprisonment between 2 to 8 years, if the criminal act is committed:
- (a) against a person under the tutelage, guardianship, supervision or medical treatment of the perpetrator; or
  - (b) for the purpose described in section 2 points (c)-(e):
    - by the use of physical force or threat;
    - by fraud;
    - by tormenting the injured party.
- (3) The punishment shall be imprisonment between 5 to 10 years, if the criminal act:
- (a) involves acts against persons described in section 2 points (a)-(b) or section 3 point (a) either for the purposes listed in section 2 (c)-(e), or in a manner described in section 3 point (b) subsections 1-3, or if the criminal act is committed;
  - (b) for the purpose of taking prohibited pornographic pictures.
- (4) The punishment shall be imprisonment between 10 to 15 years or life imprisonment, if the criminal act is committed against a person under the age of 12:
- (a) for the purposes of section 2 points (c)-(e);
  - (b) in a manner described in section 3 point (b) subsections 1-3; or
  - (c) for the purpose of taking prohibited pornographic pictures.
- (5) Any person making preparations to engage in trafficking in human beings commits a misdemeanour offence and shall be punishable with imprisonment of up to two years.

160. *Comparing the facts of the crime with the definition of the Palermo Protocol, one observes that according to Hungarian law for the realization of the basic elements of the crime the perpetrator does not need to use physical force, threat, coercion, fraud, misrepresentation, or the abuse of official power.* Nonetheless, Hungarian law considers perpetration by the use of force, threat and fraud or the torment of the injured as qualified circumstances of perpetration and attaches more severe legal consequences to the acts committed.

161. Punishment can be as severe as life imprisonment if the crime is committed against a person under the age of 12 for the purposes nominated in the Act (forced labour, fornication or sexual intercourse, illegal use of human body parts, illegal pornography) or in a manner prescribed by the Act (force, threat, fraud, torment of the injured party).

162. It is quite important to note that according to section 69 of the Act making preparations for trafficking in human beings is also punishable.

*Violation of personal freedom in connection with trafficking*

163. Apart from the provisions on trafficking in human beings *articles 175, sections 2 and 3 regulate the qualifying circumstances for the felony of “violation of personal freedom”*.

164. Any person “who acquires another person through trafficking in human beings and maintains the status of deprivation of the victim’s personal freedom, and forces such victim into forced labour, commits a felony offence”. The item of punishment for this felony is imprisonment between 2 to 8 years. The punishment is increased to imprisonment between 5 to 10 if the criminal act is committed via the qualifying circumstances enlisted in section 3, that is, the crime is committed for a malicious motive or purpose, by feigning official action, by tormenting the aggrieved party, causing a significant injury of interests, against a person under the age of 18.

165. The primary purpose of trafficking in human beings is to utilize and exploit the victim, and as opposed to smuggling of humans a longer-term exploitive and coercive relationship come into being. This has nothing to do with how the victim reached the scene of exploitation. If during the course of the trafficking in human beings the crossing of a State border takes place, this may occur by entering the destination country legally or illegally.

166. Illegal migration may be connected with trafficking in human beings, but in a wider sense this concept is more generally related to the illegal entry and illegal residence of individuals. Consequently, illegal migrants in the broader sense are not necessarily the victims of traffickers of human beings.

*Exploitation of prostitution of others*

167. Among activities exploiting and making profit of prostitution the Penal Code enshrines the crime of promotion of prostitution (art. 205), living on the earnings of prostitution (art. 206) and pandering (art. 207). The legislator defines the notion of prostitution among the Interpretative Provisions, in article 210/A.

168. The person, who makes available a building or another place for prostitution to *another person*, commits the crime of *promotion of prostitution* (the crime is punishable with imprisonment of up to 3 years).

169. The person, who maintains, runs a brothel, or makes available financial means to the functioning thereof commits also the crime of promotion of prostitution (this conduct is punishable with imprisonment of up to 5 years). If a person who has not yet completed his eighteenth year engages in prostitution in the brothel or prostitution is promoted as part of a criminal organization the activity constitutes an aggravated crime and shall be punishable with a more serious penalty (with imprisonment from 2 to 8 years).

170. The Criminal Code of the Republic of Hungary gives regulation for the crime of pandering among Crimes Against Sexual Morals as well (art. 207). “The person who solicits another person for sexual intercourse or fornication for somebody else in order to make profit, commits a felony, and shall be punishable with imprisonment of up to 3 years.” If the pandering is committed in a businesslike manner the punishment shall be imprisonment from 1 to 5 years.

171. The penalty is even more serious, imprisonment from 2 to 8 years, if the pandering is committed:

“(a) to the injury of a relative of the perpetrator or of a person under his/her education, supervision or care or who has not yet completed his/her eighteenth year of age;

(b) with deceit, violence or direct menace against life or personal safety;

(c) as part of a criminal organization.”

The legislator declares punishable the conduct of the person who agrees on the perpetration of pandering with imprisonment of up to 3 years.

172. The following criminal acts are connected to child prostitution:

- Endangering the minor;
- Seduction;
- Promoting prostitution is an aggravating circumstance in the case of a person under 18.

173. The amendment of the Criminal Code has increased the punishment rates of several criminal offences where the offended party is often a person under 18. This includes the assault against decency, the forceful fornication against nature and the causing of pathological addiction. In case of several criminal offences including the promotion of prostitution or pandering, the law provides for heavier punishments if they are committed to the detriment of juveniles or minors.

174. Article 35 of the Convention on the Rights of the Child prohibits the selling, the kidnapping of and the trafficking in children. Accordingly, in the interest of a more effective criminal protection, the Criminal Code, by changing the status of family and completing the offence of endangering the minor, ordains to punish the buying and selling of and the trafficking in children or the person making the child obtained through buying and selling do forced labour.

175. During the elaboration of the Criminal Code, the requirement was raised to present the criminal offences relating to the sexual exploitation of children, child prostitution and child pornography as separate criminal offences in the Criminal Code.

176. The children and juveniles are especially affected by the provision of the amendment creating the punishability of the child pornography by embodying the criminal offence of “making prohibited pornographic shootings”. In addition, in case of forced sexual criminal offences, the age of the victim under 12 is determined as a separate aggravating circumstance.

177. The spread of child pornography and the increase of danger contained in it were perceived by the national legislators. It is ordained by the new amendment to punish the shooting and selling of prohibited pornographic shots. The sentence is a punishment of imprisonment from 2 to 8 years.

178. This kind of criminal offence is committed by a person who is making pornographic shots by camera, video camera, movie camera or by other ways; selling, trading such shots or making such products available for others. In our cases this provision of the law must be used in deciding whether the data contents on the Internet are contrary to the law, committing criminal offences or not.

179. In accordance with the new section of the law, films, pictures and programmes are included in the category of pornography which present the sexuality with the openness of heavy obscenity and are purposely directed to arouse sexual desire. Persons who “only” financially support the creation of porno-products of visualizing minors are also threatened by the punishment of imprisonment from 2 to 8 years.

180. Concerning the amendment, it must be stated that further possibilities of legislation has already been practically exhausted. Results can be achieved through effective enforcement of law.

181. **The Governmental Order 172/2002 (IX. 26)** on detailed regulations of the refugee proceeding and on the documents of refugees has measures for the proceeding concerning the asylum-seekers under 18, with different guaranteed regulations. According to 7. §. (1), it is the obligation of the competent authorities to arrange immediately the participation of a guardian to protect the interest of the unattended minor. According to 10. §. (3) it is an obligation to nominate a child protection institution or a separate reception centre or other accommodation reserved on the basis of a contract for unattended minors.

182. Government resolution 1074/1999 on protection of victims of crime and their relatives touches upon the issue of sexual exploitation of women and children.

183. Government decree 209/2001 concerns the compensation of the victims of violent crimes. Aliens Act 39/2001 allows short-term relief from deportation to victims of trafficking who cooperate with police and prosecutors. *Ex officio* residence permit may be granted.

184. In order to provide protection for trafficking victims, a shelter is situated outside of Budapest in a separated area. The four houses are new, each have four rooms, a kitchen, a bathroom and are equipped with security cameras. A Cooperation Agreement has been signed by all parties and is effective from 1 November 2005.

185. According to one of the provisions of the act on Aliens, which came into force on 1 January 2002, foreigners cooperating with the judiciary may be granted residence permits on humanitarian grounds.

186. The Republic of Hungary has signed the United Nations Convention against Transnational Organized Crime and Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children.

*Institution building*

187. The Victim Protection Office of the Ministry of the Interior has been operating since 1998. Thanks to the cooperation of the police, the municipalities and voluntary organizations, today, there are 64 victim protection offices all over the country, with the double task of assisting the victims of trafficking in human beings and crime prevention. Information brochures on victim protection have been placed in every police station. The office provides psychological support services, legal advocacy for victims and safeguards their rights.

188. The Hungarian Interpol National Bureau is represented by a liaison officer in the special experts group of Interpol.

189. The Ministry of Youth, Family, Social Affairs and Equal Opportunities, in cooperation with the Swedish Embassy, held a one-day professional workshop at the beginning of September 2005, on the issue of combating trafficking in humans, where Government officials and representatives of NGOs participated.

190. In order to help elaborate and implement new governmental measures an interministerial working group was set up in November 2004. The members are the relevant Government and law enforcement bodies and also the interested NGOs. The Hungarian office of IOM as well as the Embassy of the United States also participates in the working group. Thanks to the work of the group in September 2005 a multilateral agreement was signed and entered into force on 1 November 2005 in order to introduce the Hungarian referral system for victims of trafficking. See answers given to questions A/2/h, A/5, A/11 and III.

**2. Please provide additional information on measures taken to improve the system for collection of disaggregated data on children under 18 in all areas under the Convention**

191. The specialized Ministries continuously transform their data collection practices to comply with the expectations of the European Union and the Commission.

**3. Please submit a copy of the Hungarian Child Protection Act of 1997 in English incorporating the most recent amendments**

See in appendix 12

**4. Please provide updated information on advances towards the establishment of a comprehensive national policy and national plan of action on children**

192. In October 2004 following the transformation of the Government, the Ministry of Youth, Family, Social Affairs and Equal Opportunities was established. The new scope of the responsibilities of the portfolio covers child protection, youth protection, family benefits, social benefits, issues of people with disabilities, Roma integration tasks and the issues of equal opportunities. No national plan of action was prepared to implement the tasks set forth in the

Millennium Declaration, but the implementation of such tasks - with regard to the economy's efficiency - has been in progress. Within the frames of the Public Health Programme the National Health Care Programme for Infants and Children called "Our Wealth - the Child" had been established and was adopted by the Government.

193. The implementation of the new Health Care Programme for Children is a key issue, however it is only one of the elements of the necessary steps which have been already taken and must be taken in future to create a healthy, secure and happy childhood for our children. We are aware of the fact, that where people are in need, diseases are more frequent and treatment is more difficult. For this reason in addition to the development of the Health Care Programme for Children the key objectives of the Government's "100 Steps Programme" are: to improve the financial situation of families with children, combat child poverty, provide healthy and safe housing conditions, improve the level of education, decrease the inequality of chances and last, but not least, cooperation and common efforts of family and society.

194. The objective of the Health Care Programme for Children launched recently is to increase the number of children born healthy in Hungary and to ensure that they are raised in a healthy and safe family to become physically and mentally prepared for adult society.

195. On the request of the Government, sociologist and academician Zsuzsa Ferge agreed to develop a National Programme to Combat Poverty. Based on the Network against Poverty she embarked on elaborating the Programme which, in addition to being a long term strategy for the next 10 years, will also serve as a guide for the coming 1 or 2 years.

196. The development of the National Programme to Combat Poverty will be supported by experts and NGOs; place and frameworks will be provided by the Hungarian Academy of Sciences with little formalities, many experts, and NGOs as support. The experts working on the development of the Programme want to gradually implement its elements to help families with children. I hope for a chance of realization - said the leading expert of the Programme.

**5. Please provide information on how local child-welfare services and authorities are monitored in accordance with the duties placed upon them by the Child Protection Act**

197. The monitoring system of the professional work of the providers of child protection services has been developed at two basic levels.

198. The first level is the investigation of the professional suitability and the conditions of legality of the newly launched services. For this purpose every form of provision offering personal care in child protection and welfare is an activity requiring licence. According to paragraph (1) of article 100 of **Act XXXI of 1997 on child protection and on the management of guardianship** (hereinafter: Child Protection Act) "service provision in child welfare and protection is an activity requiring an operational licence. The detailed rules of licensing are contained in a separate legal norm".

199. The detailed rules of licensing an operation are contained in **Government Decree No. 259/2002 (XII. 18) on licensing service provision for child welfare and protection, and on entrepreneurial licence for child welfare and protection.**

200. The obligatory licensing of operation represents professional and legal safeguards to ensure that the new providers entering the system of services would operate in keeping with the norms.

201. The second level is the continuous, multilevel professional, legal and economic control of services already in operation. The sphere and competency of those entitled to do the inspection is stipulated by the Child Protection Act.

### **The tasks and competency of the maintainer**

202. According to items (c) and (e) of paragraph (1) of article 104 of the Child Protection Act the maintainer of a State and non-State institution providing services for child welfare and protection controls the economic activities and the legality of the operation of the institution, and controls and assesses the success of professional work, the implementation of the professional programme and the observance of rules and the efficiency of economic operation.

203. **Paragraph (3) of article 104:** The maintainer controls the legality of the house order as well as other internal regulations in the interest of ensuring legality. As a result of inspection the State and non-State maintainer calls the attention of the head of the institution to eliminate legal violation, and if it is without result the maintainer annuls the house order or other internal regulation.

### **Tasks and competency of the licensing organ**

204. According to paragraph (3) of article 100 of the Child Protection Act the licensing organ controls whether the servicing activity is conducted in keeping with the contents of the licence and of the legal norms.

### **The tasks and competency of the county office of guardianship**

205. According to items (a) and (b) of paragraph (2) of article 108 of the Act on Child Protection the guardianship office exercises its tasks and competences within its sphere of authority as stipulated by this Act and by a separate legal norm, including control over services offering personal care, and controls the performance of administrative tasks of guardianship.

206. In keeping with paragraphs (1) to (3) of article 118, the county guardianship office professionally controls and supervises the notary of the self-government and of the urban guardianship office belonging to its competency, and exercises second instance authority over cases of child protection and guardianship authority of the notary of the self-government of the settlement and of the urban guardianship office.

207. The county guardianship office chooses institutions performing professional methodological tasks from among institutions providing specialist services of child protection based on the opinion of the National Institute for Family and Social Policy and of experts



included in the Register, elicited by it. The county guardianship office controls the activities of the State and non-State service providers of child welfare and protection on the basis of the stipulations of a separate legal norm - excepting health-care inspection - involving the National Institute for Family and Social Policy or an institution appointed to perform methodological tasks, or an expert included in the Register, if necessary.

208. As stipulated by paragraphs (1)-(2) of article 119 the county guardianship office is authorized to ask for information, documents and references and to get information on the spot, or to call for a **professional coordination meeting during the course of performing the tasks outlined in article 118.**

209. **In case of a violation of a legal norm the county guardianship office signals the organ licensing operation or the maintainer.**

210. The level of legal protection may be regarded as a third level which is partly separated from the above presented professional and administrative levels. **The 2002 amendment of the Act on Child Protection, that entered into force on 1 January 2003, creating the institute of the representative of children's rights by the inclusion of article 11/A** is meant to assert and protect children's rights. The legal status and procedural rules of the representative of children's rights is specified by **Decree No. 1/2004 (I.5.) of the Ministry of Health, Social and Family Affairs on the conditions of the operation of the representative of patients', recipients' and children's rights.**

211. The representative of children's rights is entitled to ask for information, documents and references and to get on-the-spot information in the operational sphere of a service provider in child welfare and protection. The representative of children's rights shall handle the child's personal particulars in keeping with the legal norms on data protection.

212. The provider of services for child welfare and protection ensures that the child and its relatives may get acquainted with the person of the representative of children's rights and the way they can establish contact with him.

213. Heads of the institutions of child welfare and protection and of the services have to discuss the notifications of the representative of children's rights within 15, and the maintainer within 30 days, and the body or assembly of representatives have to discuss those remarks meaningfully at their next session and shall inform the representative about their related decision and measures taken.

214. The representative of children's rights follows with attention activities related to child protection conducted in the nursery school, school, hostel, and in the institutions of specialist pedagogical service, and helps in the assertion of children's rights. In a justified case the representative of children's rights contacts the maintainer of the above-mentioned institutions, and, if necessary, would initiate a procedure with the guardianship authority in the interest of the child.

**6. Please provide information on relevant legislative amendments and a detailed description of measures available to assist victims of domestic violence, sexual abuse, sexual exploitation and trafficking**

215. **Parliament resolution 45/2003 (IV.14.)** defines a number of responsibilities for government organizations for the sake of more effective government action against domestic violence.

216. Nearly 30 legal facts of the Criminal Code fall under the concept of domestic violence. The procedural rights of the victims are regulated by the Criminal Procedural Code, which provides inter alia that an organization of public benefit can also proceed on behalf of the victim.

217. The Government adopted a *new proposal* in October 2005, and probably submitted it to Parliament in November, which includes provisions on the restraining order proposed to be introduced in procedures started due to violent crimes that could be considered as domestic violence. The proposal defines restraining order as a *coercive measure in the criminal procedure* with the purpose of providing a *fast and efficient instrument of protection to the victims including to the minor living in the family* before the binding ruling on the case. It also helps in the proving procedures. *Act XCI of 2005 section 82 (5) B on the amendment of Act IV of 1978 on the Criminal Code and other acts* also provides with a form of restraining order. Accordingly, the Court, or in case there are charges brought the Prosecutor, can, in his/her ruling and for the sake of helping to implement the goal of control, provide, as a special rule of conduct, different obligations and prohibitions, and restraining order is one of them.

218. The proposal T/17841 on the amendment of Act III of 1952 on Civil Procedures, which was submitted by the Government to the Parliament on 13 October 2005 could be a tool to reduce domestic violence. According to the proposal, the scope of temporary measures would be widened in cases of marriage. The novelty of the proposal is that the Court may order temporary measures before its final rulings regarding the exclusive use of the home by the abused spouse and the child if the other spouse has made impossible with abusive behaviour the mutual use of the property.

219. Act LXIX of 1999 on offences will also be amended. The draft bill, which is currently being consulted and discussed at the public administration level, will most probably include the application of the restraining order in offence procedures and will include the legal fact of harassment.

220. Furthermore, the amendment of Act XXXIV on the Police will simplify the interruption of the domestic abuse episode by authorizing the police, the perpetrator can be taken into the police station without special notice if the offences defined in the draft (dangerous threat, disturbance, hooliganism, libel) are committed and the victim is a relative living in the same household.

221. Act 41 of 2005 also amended the provisions of the crime of endangering a minor (**section 195 of the Criminal Code**). The amendment was necessitated by the practice of certain divorced parents who made impossible contact between the child and the other parent despite a court or an administrative decision to that effect and despite having been fined for that conduct.

222. The amendment of the Criminal Code has increased the punishment rates of several criminal offences where the offended party is often a person under 18. This includes the assault against decency, the forceful fornication against nature and the causing of pathological addiction. In case of several criminal offences including the promotion of prostitution or pandering, the law provides for heavier punishments if they are committed to the detriment of juveniles or minors.

223. The children and juveniles are especially affected by the provision of the amendment creating the punishability of the child pornography by embodying the criminal offence of “making prohibited pornographic shootings”. In addition, in case of forced sexual criminal offences, the age of the victim under 12 is determined as a separate qualifying circumstance.

224. The Child Protection Act regulates, within basic child welfare services and in the framework of temporary care of children, the operation of **transitional home for families**. In these institutions, battered, fleeing mothers and children could be accommodated together.

225. The amendment of the Child Protection Act serves the purpose of strengthening the child protection network through its provision that says that **as of 1 July 2005, a transitional home for families shall be operated in all settlements with a population of over 30,000**.

226. **The Child Protection Act - as of 1 July 2005 -** provides that larger settlements (over 40,000 inhabitants) and cities of county rights compulsorily shall have so called “**street-children programmes**” running, providing street and housing estate social work services, and furthermore, providing hospital social work services in the paediatric units for abandoned and battered children and at the maternity wards for women in a social crisis situation.

227. From among the organizations established to help victims, the **National Crisis and Information Telephone Service** has to be mentioned. See detailed description under Part III.

228. According to plans, the secret shelter where women fleeing with or without children can get accommodation and help, will be opened at the beginning of 2006.

229. The Ministry of Youth, Family and Social Affairs and Equal Opportunities launches a social information programme in the autumn of 2005 to spread information on domestic violence and on the National Crisis and Information Telephone Service telephone number among the public.

230. Other relevant legal changes:

231. The **Governmental Order 172/2002 (IX. 26.)** on detailed regulations of the refugee proceeding and on the documents of refugees has measures for the proceeding concerning the asylum-seekers under 18, with different guaranteed regulations. According to 7. §. (1), it is the obligation of the competent authorities to arrange immediately the participation of a guardian to protect the interest of the unattended minor. According to 10.§. (3) it is an obligation to nominate a child protection institution or a separate reception centre or other accommodation reserved on the basis of a contract for unattended minors.

232. Concerning the **LXXIX Public Education Act of 1993**, changes were made to the rules of procedure in this spirit:

84. § (7) Decisions made by maintainers and school management that violate the requirements of equal treatment and are against the interest of children are void. Decisions declared void can be referred to irrespective of deadline.

233. The Act on public education and the Act on vocational education and the decrees related to these laws focus on disadvantaged children. Taking into account the international agreements, the aims of the present regulations are to exclude all the measuring, behaviour, omission that directly or indirectly break the principle of equal treatment. The modification of the public law in 2003 increased the advantages that are able to compensate the disadvantaged position of children.

234. The modification of the Act on Public Education in 2003 related to the closing up education pays special attention to students who did not complete the 8 grades of primary school and who are over 16 with different preliminary training to be able to join the preparatory class. During the 10-month course they learn all those competences that are necessary to start the vocational training.

235. After successful completion of the course they receive qualifications and they prepare themselves to take a final professional exam at the vocational class.

**7. Please give further details of how the Act on Equal Treatment and the Promotion of Equal Opportunities adopted in 2003 will be implemented and monitored**

236. The **CXXV Law of 2003** of enhancing equal treatment and equal opportunities defines unfair discrimination and its various forms prohibiting it, in accordance with Council Directive 2000/43/EC on implementing the principle of equal treatment between persons irrespective of racial or ethnic origin.

237. Making equal treatment the norm is especially important in the field of education according to the law in the following instances:

- Defining the terms of entering education, decisions on applications;
- Setting the requirements in education;
- Evaluating performance;
- Providing education and access to services in connection with education;
- Access to funds in connection with education;
- Student housing and services;

- Issuing certificates, diplomas and degrees in education;
- Access to career information; and
- Ending the legal relationship in connection with education.

238. In order to realize the goals set up by this legislation, the **Equal Treatment Authority** was set up, also in accordance with the above quoted EU directive. This authority operates as a special body and has special procedural possibilities to examine cases of discrimination. Some of these special rules of procedure are: inverted burden of proof, testing as a means of proof, possibility of *actio popularis*, possibility of joining an ongoing trial, etc.

239. Within the Ministry of Education the **Office of the Commissioner for Disadvantaged and Roma Children**, was set up in August 2002, which realizes the integration efforts.

240. Preparatory training for the realization of potentials and integration of disadvantaged children has been introduced, which means that children who are disadvantaged in multiple ways receive individual support to improve their development, in a way that takes into consideration their existing individual skills and aims to build upon them. A special normative can be requested to organize such trainings. If the educational institution decides to perform such training in an integrated format, they can apply for an increased amount of normative support, which is three times higher than otherwise. The pedagogical system of integration confirms that integrated education is the solution and that children coming from different social and cultural backgrounds should be provided the same level of education.

241. The **LXXIX Public Education Act of 1993** also contains legislation to give legal power to realize the requirements of equal treatment, for example among the general principles:

4/A. § (1) Those acting in the organization, management, operation of public education and those executing its tasks are required to adhere to the requirements of equal treatment when making decisions concerning children and students.

(2) Based on the requirements for equal treatment, each child and student in public education has the right to the same quality of service on the same conditions as those in a comparable situation.

**8. Please provide further information on the role of non-governmental organizations in the implementation of the Convention as well as in the process of preparation of the State party report, if any**

242. The non-governmental organizations participate actively in the implementation of the Convention. They are one of the basic components of the Anti-discrimination alarm system. We can highlight the activity of the “Chance for the Children Foundation” which plays a key role in the work of the Equal Treatment Authority by exploring and reporting discriminatory treatment in public education.

243. Furthermore, ICSSZEM is planning to conclude an agreement in the near future with the NGO running the shelter established for the victims of trafficking in humans. The agreement will consist of two parts: one of the cornerstones will be to get the victims into the shelter, the other one is the way the two organizations will cooperate professionally (referral system).

**9. Please indicate the issues affecting children that the State party considers to be priorities requiring the most urgent attention with regard to the implementation of the Convention**

**PART II**

**Please provide the Committee with copies of the text of the Convention on the Rights of the Child in all official languages of the State party as well as in other languages or dialects, when available. If possible, please submit these texts in electronic form**

244. **13. Appendix:** This Appendix includes the text of the Convention on the languages of the national and ethnic minorities of Hungary (Bulgarian, Greek, Croatian, German, Romanian, Roma, within this Beá and Lovari dialects, Polish, Armenian, Slovak, Slovenian, Serbian, Russian and Ukrainian).

**PART III**

**Under this section, the State party is invited to briefly (3 pages maximum) update the information provided in its report with regard to:**

**New bills or enacted legislation**

245. **Act on equal treatment and the promotion of equal opportunities.** The Hungarian Act on Equal Treatment and the Furtherance of Equality of Opportunities, adopted in December 2003, prohibits discrimination on an ethnic basis in education. The Hungarian Act on Equal Treatment and the Promotion of Equal Opportunities is available in Hungarian at: <http://www.complex.hu/kzldat/t0300125.htm/t0300125.htm>.

246. **No. 1021/2004 (18/03) State resolution on social integration of Roma.** In 2004 the Hungarian Government enacted a State resolution **No. 1021/2004 (18/03)** on governmental programmes for the Social Integration of the Roma community in order to promote development and increase the living standards of Roma. The package concerned education, employment, and social, medical, anti-discrimination and mass media communication issues.

247. The Hungarian Parliament adopted the Parliamentary **resolution No. 45/2003 on the elaboration of the National Action Plan on preventing and effectively combating domestic violence**. In this resolution, Parliament called upon the Government to do certain specific legislative work on the one hand (introduction of the concept of restraining order in the Hungarian legislative system), and on the other hand to take further steps - such as development of the institutional network for the victim support - to prevent and combat domestic violence.

248. **The Parliamentary resolution No. 115/2003 (X.28.) on the governmental responsibilities in implementing the short, medium and long term goals of the National Strategy of Social Crime Prevention** calls upon the Government to prepare a detailed Action Plan for the implementation of the National Strategy to prevent crimes in the area of domestic violence.

249. The Government adopted Government resolution No. 1009/2004 (II.26.) **on the governmental responsibilities in implementing the short, medium and long-term goals of the National Strategy of Social Crime Prevention**. In order to develop the institutional network to help the victims of domestic violence, the crime prevention strategy defines responsibilities and tasks primarily in the areas of social policy and child protection.

250. The Government discussed the 2003-2004 report on the implementation of the Action Plan and National Social Crime Prevention Strategy in February 2005, and subsequently submitted it to Parliament. **Government resolution 1036/2005 (IV.21.)** defines the 2005-2006 Action Plan, in which prevention and handling of family violence is once again a priority task.

### **New institutions**

#### *Anti-discrimination Client Service Network for Roma*

251. The National Educational Integration Network set up in 2003, provides professional support for institutions for the introduction and running of integrative trainings. The network is organized on a regional and subregional basis, and its task is not only to provide professional support for institutions but also to collect and promote good practices.

#### *Crisis-intervention Centre*

252. The Government Office for Equal Opportunities launched a pilot project to set up a Crisis Centre in January 2004. The aim of the service was to provide telephone or personal help especially to those battered women who were victims of domestic violence, or who felt threatened by their family members. The Centre started operating with three persons (two lawyers and one psycho-educator). Besides taking care of the specific cases, the staff of the centre tried to provide professional help to professionals acting in cases of such victims, or to those who happened to turn to them. The responsibilities of the centre included maintaining connections with the authorities, proceeding in such cases and coordinating administrative actions. The Crisis Centre was receiving the calls of battered persons on weekdays during working hours on a free telephone number.

253. However, experience soon showed that working hours and the scope of the Crisis Centre has to be widened. That is why the Crisis Centre was modernized and the Ministry of Youth, Family, Social Affairs and Equal Opportunities (ICSSZEM) set up a pilot model to upgrade the telephone service to a 24-hour, free helpline. The National Crisis Management and Information Telephone Service (OKIT) started to operate on 1 April 2005. The staff of the Telephone Service includes a mental hygienic expert, lawyer, psychologist and social workers. In cases of urgent help immediate action is taken to help battered victims (e.g. accommodation in specially equipped Temporary Family Homes). When prompt action is not needed the Helpline provides with information about the possible ways of help to the victims. The target group of the

National Crisis Management and Information Telephone Service consists of the Hungarian and non-Hungarian citizens living in Hungary who are in a crisis situation. The staff had gone through a comprehensive training course before the Helpline started operating.

*Regional Crisis Management Network - a pilot model*

254. Legislation in force makes the accommodation of a child and parent together possible, transitional homes for children and families, if necessary, based on the right of the child. Therefore increasing the capacity to accept individual battered persons became necessary in the existing institutions. In the first half of 2005, a pilot model is being created in seven regions of the country and in Budapest to increase the capacity in the transitional homes for families.

255. Before the programme was launched, a five-day training course on the special professional content of the work was organized for the receiving institutions, for the child welfare services working in the regions and for the staff of the methodological centres, and NGOs working in this field, including NaNE, were invited as trainers. Within this programme, the institutions received practical help for the handling of victims of domestic violence (case processing and supervision).

256. The primary objective of the pilot model was providing accommodation and special help for victims of domestic violence in the transitional homes for families participating in the programme. The target group of the pilot model is a parent and child, the single woman, or expectant mothers-to-be suffering battering, family threats, violence or family conflicts or crises. Those in connection with the battered persons form an indirect target group (the perpetrator, the family, the relatives, friends, neighbours). Providing help to them is a basic condition for settling such problems. In the wider sense, society at large is also an indirect target group. Prevention, social awareness and collection of information also play an important role in the programme. Based on the positive outcome of the pilot model, the programme continues in 2006. To evaluate the effectiveness of the pilot project a one-day workshop was held in summer 2005 for the participating transitional family homes.

257. The members of the pilot project work in close cooperation with the National Crisis Management and Information Telephone Service and the authorities working on the cases of the victims.

258. The house for secret, closed shelter to accommodate battered persons has already been bought. The public tender for running the shelter is currently being prepared, and the winner will run and maintain the shelter - according to plans - from the beginning of 2006; the shelter has been created by our Ministry especially to accommodate women fleeing alone or with their children.

259. One of the greatest achievements of this past year was that the safe shelter to accommodate and help the victims of trafficking in humans has been functioning since March 2005. The National Crisis Management and Information Telephone Service under the auspices of ICSSZEM plays a very important role in accommodating the victims in trafficking in humans in this shelter. The staff of the 24-hour helpline aimed primarily at the victims of domestic violence - who also speak foreign languages - also receive calls from victims of trafficking in humans, and in case it is necessary, they divert them to the shelter.



### **Newly implemented policies**

260. **The National Core Curriculum:** in order that everybody learns about the culture and history of minorities, stipulates that “at every level of school education every child should be taught about the culture and history of minorities of the country”. Similarly, elements of Roma culture and history have been built into the requirements for the Matura, the school-leaving exam in the subjects of History and Hungarian language and literature. Roma culture is first introduced in the lower grades of primary school, and then reappears in higher grades and also in secondary school. It is our hope that introducing multicultural content into the requirements will enable the children of the majority society to get information at an early age about the culture of their minority peers and to decrease the distance between them created by prejudice. A similarly major change is the introduction of Romany languages into public education.

261. **The Hungarian Prison Service (HPS)** placed the juvenile prisoners according to regions in Regional Juvenile Prisons since the previous report

### **Newly implemented programmes and projects and their scope**

#### *Roma Decade*

262. The Decade of Roma Inclusion, 2005-2015, is an initiative adopted by eight countries in Central and Southeast Europe, and supported by the international community. It represents the first cooperative effort to change the lives of Roma in Europe. An action framework for governments, the Decade will monitor progress in accelerating social inclusion and improving the economic and social status of Roma across the region.

263. Roma participation is a core value of the Decade. Roma representatives and civil society organizations are involved in every stage. Roma shaped and defined the vision from the outset and have been involved in the Steering Committee and preparation of country action plans. An essential aspect of the Decade is improving the database for monitoring the status of Roma. In preparing its action plans, each country has identified indicators which it will use to measure progress in reaching its Decade goals. Monitoring these outcomes will require a combination of designing and implementing new data collection instruments, and upgrading existing data sources to ensure that Roma are effectively included. UNDP has been supporting these efforts through implementing a cross-country baseline survey and convening a data expert's group for sharing information.

#### *Human Resources Development Operational Programme of the National Develop Plan*

264. In the framework of the 2.1 measure of the Human Resources Development Operational Programme of the National Develop Plan the Government separated a budget of 10,300,000 EUR, implemented by the *suliNova* Non-profit Organization, for the training of educational professionals involved in the education of disadvantaged, especially Roma pupils, and pupils with special educational needs and for the development of related curricula and methodology to promote inclusive education.

265. The programme **“From the Last Desk”** aims to decrease the school segregation of those disadvantaged children who have unjustifiably been labelled handicapped; the long-term goal is to put this kind of segregation to an end.

266. In May 2005, an invitation for application for the grant scheme called **“Integrated education of students with special needs”** was issued, which was a compulsory phase in the implementation of the National Development Plan on the spreading of inclusive education principles in Hungary. The Government Office for Equal Opportunities organized a national campaign in the spring of 2004 with the purpose of awareness raising and shaping public opinion in terms of domestic violence. Television advertising of public interest and a conference were elements of the campaign.

267. The Ministry of Youth, Family, Social Affairs and Equal Opportunities launched a social information programme in the autumn of 2005 in order to make the information related to domestic violence and the telephone number of the National Crisis Management and Information Telephone Service (06-80-20-55-20) known to the general public.

268. In 2003 - the programme **“IMPULSUS”** was launched in the framework of the youth programme of the Ministry of Interior. It is one week training with the purpose to prevent juveniles becoming victim or offender of a crime, based on the methods of drama-pedagogy, with the yearly participation of 1,200 children. This programme is in the phase of accreditation, with its 60 hours training material.

269. The programme for 8-16-year-old juveniles, named **“Education for safe life”** is implemented in children’s homes and elementary schools in Budapest, for one school year. This programme is implemented by teachers, using exercise books for children and handbooks for teachers, helping the work. The topics of the programme are special, enhancing the identification of the emergency, the improvement of the legal behaviour.

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