

# Convention on the Rights of the Child

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## COMMITTEE ON THE RIGHTS OF THE CHILD

Thirty-eighth session

#### SUMMARY RECORD OF THE 1022nd MEETING

Held at the Palais Wilson, Geneva, on Wednesday, 26 January 2005, at 3 p.m.

Chairperson: Mr. DOEK

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

#### CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

<u>Second periodic report of Nigeria</u> (continued) (CRC/C/70/Add.24 and Rev.2; CRC/C/Q/NGA/2; CRC/C/RESP/72)

1. At the invitation of the Chairperson, Mr. Adeyemi, Ms. Adeyemi, Ms. Aiyedun, Ms. Anunike, Ms. Akpan, Mr. Asikpo, Mr. Ayalogu, Ms. Faluyi, Mr. Haruna, Ms. Imianvan, Ms. Jipreze, Mr. Ladan, Ms. Ndaguba, Ms. Nwaneri, Ms. Oladiji, Mr. Omotosho and Ms. Sani (Nigeria) took places at the Committee table.

2. <u>Mr. ADEYEMI</u> (Nigeria) said that a national project was currently being carried out in cooperation with the International Labour Organization (ILO), the United Nations Children's Fund (UNICEF) and the United Nations Office on Drugs and Crime to establish comprehensive databases on child protection issues. The data provided in the second periodic report (CRC/C/70/Add.24 and Rev.2) had been compiled from various sources, which might account for certain inconsistencies. In future, the Government would make use of the Federal Office of Statistics in all data collection activities.

3. <u>Ms. AKPAN</u> (Nigeria) said that the Government was committed to combating corruption and had established several institutions to that end. The Economic and Financial Crimes Commission investigated corruption and other economic crimes; the Budget Monitoring and Price Intelligence Unit monitored the observance of due process in the procurement of services and contracts; and the Independent Corrupt Practices and Other Related Offences Commission received and investigated reports of corrupt practices and, where appropriate, prosecuted the offenders.

4. <u>Ms. JIPREZE</u> (Nigeria) said that all officers working at the juvenile, children and women's desks at police posts received training on the Convention on the Rights of the Child and other relevant international instruments.

5. <u>Mr. LADAN</u> (Nigeria) said that, pursuant to the 2003 Child's Rights Act, a child was defined as a person under the age of 18. The Child's Rights Act contained provisions prohibiting all forms of corporal punishment.

6. <u>Ms. LEE</u> said that, since only four Nigerian states had adopted the Child's Rights Act, the provisions of that Act were not binding for Nigeria as a whole. The definition of the child therefore remained a matter of concern. While the Act prohibited the death penalty for offenders under the age of 18, she had been informed that a 17-year-old had been executed in 1997. She wondered how that execution could be reconciled with the State party's obligations under the Convention.

7. <u>Mr. LADAN</u> (Nigeria) said that the execution had been ordered by the military regime. Nigeria's current Government had intensified efforts to protect children under 18 and to implement the relevant provisions of the Convention. 8. <u>Ms. AKPAN</u> (Nigeria) said that most Nigerian states had taken steps to incorporate the Child's Rights Act into their legislation. It was only a matter of time before the Act entered into force in all parts of the country.

9. <u>The CHAIRPERSON</u> asked the delegation to provide details on public expenditure on children and to comment on the low percentage of the gross domestic product (GDP) spent on education and health.

10. <u>Ms. IMIANVAN</u> (Nigeria) said that 26 per cent of the State budget was spent on child-related programmes, which included national immunization programmes, the Maternal and Child Health programme and the creation of a children's library. It was difficult to determine to what extent other human development programmes benefited children.

11. In 2003, the organizers of the Day of the African Child had carried out sample birth registrations and distributed birth registration fact sheets. The Government encouraged local authorities to launch birth registration campaigns. There were at least two birth registration centres in each local government area and extensive training activities were being undertaken in cooperation with UNICEF. It was essential to educate parents on the need to register their children with the National Population Commission.

12. The National Planning Commission coordinated all economic programmes and was the focal point for UNICEF activities in Nigeria, while the National Human Rights Commission was responsible for policy development and implementation of the Convention on the Rights of the Child.

13. <u>Ms. OUEDRAOGO</u> said that it might be useful to decentralize the birth registration centres of the National Population Commission in order to make them more user-friendly.

14. <u>Ms. CHUTIKUL</u> asked whether the National Plan of Action was based on the Convention and the Child's Rights Act.

15. <u>Mr. AL-SHEDDI</u> requested clarification on the status of the Convention in the State party and asked whether children who had not been registered at birth were allowed to attend school.

16. <u>Ms. IMIANVAN</u> (Nigeria) said that the Government was considering various ways of making the birth registration system more user-friendly, including decentralization. The National Plan of Action 2002-2007 provided the framework for Nigeria's cooperation with UNICEF and covered such areas as the prevention of mother-to-child HIV/AIDS transmission, the incorporation of the Convention into school curricula, measures to prevent trafficking in children, and protection of orphans and vulnerable children. The action plan for the promotion and nationwide implementation of the Child's Rights Act had been launched to promote the rights of Nigerian children.

17. <u>Ms. LEE</u> asked whether the State party had amended the National Plan of Action to take account of the outcome document approved by the special session of the General Assembly on children.

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18. <u>Ms. IMIANVAN</u> (Nigeria) said that the recommendations contained in the outcome document of the special session had been incorporated into the National Plan of Action 2002-2007.

19. <u>Ms. AKPAN</u> (Nigeria) said that low birth registration rates were particularly prevalent in rural areas. The Government had launched a number of awareness-raising campaigns to encourage parents to register their children. Children who had not been registered at birth were allowed to attend school; in such cases, a court issued a declaration of age on the basis of which a child's birth could be registered at the same time he or she was enrolled in school.

20. <u>Mr. ADEYEMI</u> (Nigeria) said that an education task fund had been established on the basis of corporate income tax levied by the State. Considerable private investment in the health sector was not documented. The establishment of a data collection system would make it possible to determine the real extent of investment in health and education.

21. <u>Ms. FALUYI</u> (Nigeria) said that, in recent years, a number of initiatives had been launched to bridge the gap between boys and girls in the field of education, including the establishment of federal girls' colleges, informal education programmes run by women's centres, and a project to encourage more girls to enrol in schools. In 2002, UNICEF had launched the Strategy to Accelerate Girls' Education in Nigeria in cooperation with the Federal Ministry of Education and international donors, including the United Nations Educational, Scientific and Cultural Organization (UNESCO). The aim of the Strategy, which would initially focus on the northern part of Nigeria, was to increase girls' enrolment and completion rates in regular schools.

22. <u>Ms. AKPAN</u> (Nigeria) said that the Ministry of Women's Affairs and Social Development granted scholarships to girls from the northern states to encourage them to remain in school. The Ministry also held skill-acquisition workshops for girls, including those infected with HIV. Several states in the southern Nigeria had recently introduced free education for girls.

23. <u>Mr. LADAN</u> (Nigeria) said that in 2003 the Government had adopted legislation that allowed schoolgirls who became pregnant to return to school after childbirth.

24. <u>Ms. AKPAN</u> (Nigeria) said that almost all Nigerian states had adopted legislation prohibiting the withdrawal of girls from education on account of early marriage.

25. <u>Mr. ADEYEMI</u> (Nigeria) said that a number of laws protected children against obscene and indecent publications and harmful information. While the press and media were subject to censorship, it was not always possible to prevent access to harmful material on the Internet. Children's access to unsuitable cable television programmes was restricted.

26. <u>Ms. IMIANVAN</u> (Nigeria) said that, prior to 1999, funds from the national budget had been allocated to some of the First Lady's programmes. However, that situation had changed as a result of the current administration's efforts to ensure transparency. Some non-governmental organizations (NGOs) were members of the National Child Right Implementation Committee. The Federal Ministry of Women's Affairs and Social Development cooperated with the National Council of Child Rights Advocates of Nigeria, an umbrella NGO. Other partners in children's projects were UNICEF, ILO, the United Nations Development Programme, international NGOs and private companies. 27. <u>Mr. ADEYEMI</u> (Nigeria) said that the appellate courts had the authority to overrule judicial decisions taken against minors. In three well-known cases, the death sentence had been overturned by the Supreme Court on the grounds that the convicted persons had been minors at the time the offences had been committed. In another case, international pressure had saved seven minors from execution by a military court.

28. <u>Mr. LADAN (Nigeria) said that, in Kebbi state, the Shariah court of appeal had</u> overturned a young boy's conviction for theft by a local Shariah court on the grounds that the Shariah Code of Criminal Procedure had been violated. Like all other Nigerians, children had access to the complaints mechanism established by the National Human Rights Commission and the system of redress for violations; complaints were usually filed on their behalf by NGOs.

29. <u>Ms. SMITH</u> enquired whether many children were aware of the complaints mechanism.

30. <u>The CHAIRPERSON</u> requested clarification regarding the role of the Special Rapporteur on Children in the National Human Rights Commission.

31. <u>Mr. LADAN</u> (Nigeria) said that the Special Rapporteur was responsible for monitoring violations of children's rights and assisting victims through the offices that had been established in Nigeria's six geopolitical zones. Although the services of the Special Rapporteur were not available to children in very remote areas, the situation was improving. The Office of the Special Rapporteur also carried out awareness-raising activities in cooperation with NGOs.

32. <u>Ms. LEE</u> asked whether the average child in Nigeria knew where and how to submit complaints concerning violations of his or her rights.

33. <u>Ms. NWANERI</u> (Nigeria) said that many publications contained information concerning centres that handled complaints. The centres were also publicized on the radio, which had proved to be the most effective medium for reaching people.

34. <u>Ms. OUEDRAOGO</u> wondered to what extent the need for complaints concerning children to be handled with sensitivity was taken into account in the training of the staff of complaints centres.

35. <u>Ms. JIPREZE (Nigeria) said that the Ministry of Women's Affairs and Social</u> Development had a legal aid clinic where women and children could file complaints. The clinic was widely publicized and frequently used. Complaints involving criminal offences were referred to the police and prosecuting authorities; all other complaints were referred directly to the courts. The Ministry also cooperated on a regular basis with the National Human Rights Commission in order to ensure that complaints were handled in an appropriate manner.

36. <u>Ms. AKPAN</u> (Nigeria) said that assistance was not provided only at the federal level. Children were encouraged to take their complaints to state commissioners, who referred the complaints to the appropriate body.

37. Trafficking in children was a serious problem in Nigeria, and had led to the Federal Government's establishment of the National Agency for the Prohibition of Traffic in Persons.

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38. <u>Ms. NDAGUBA</u> (Nigeria) said that, in only one year of activity, the National Agency had achieved very positive results. Some 250 children performing hazardous work in quarries and plantations in Ogun state had been rescued and repatriated; most of the children had come from Benin. Members of the State security and immigration services and the law enforcement and prosecuting authorities worked directly at the Agency in order to ensure rapid and coordinated action. Counselling and rehabilitation services were also provided to the victims of trafficking in coordination with the Federal Ministry of Women's Affairs.

39. Activities to raise awareness of trafficking were being carried out with assistance from UNICEF, ILO and the United Nations Office on Drugs and Crime. The United States Government had funded an anti-trafficking programme in 11 states in southern Nigeria, as a result of which data had been collected on the number of victims of trafficking. UNICEF would provide assistance for the implementation of a similar programme in the northern states. Children were trafficked for the purposes of sexual exploitation and employment in the worst forms of child labour in Nigeria and other countries, particularly Burkina Faso and Benin. A number of rehabilitation centres were operated in cooperation with the International Organization for Migration. A rehabilitation centre for victims of trafficking would soon be opened in Akwa Ibom state.

40. There were currently 32 suspected traffickers in the detention centre at the headquarters of the National Agency for the Prohibition of Traffic in Persons. A High Court judge had recently sentenced a woman to three years' imprisonment for attempting to traffic six girls to Benin. The Agency had concluded bilateral agreements with Italy and Benin. The Italian Government had donated equipment and a monitoring centre to the Agency, and a number of Agency staff had been trained in Italy. The Agency was currently negotiating similar bilateral agreements with other States and, in February 2005, Nigeria would sign a memorandum of understanding with the Attorney-General of the United Kingdom.

41. <u>Ms. OUEDRAOGO</u> asked whether similar agreements would be concluded with other African States. Information on the fate of the 250 children who had been repatriated to Benin should be provided. The State party should ensure that such children did not fall victim to traffickers once they returned to their country of origin.

42. <u>Ms. ORTIZ</u> asked whether the media had played a part in raising awareness of the Agency's work.

43. <u>Ms. CHUTIKUL</u> asked whether the Agency drew on legislation other than the anti-trafficking law. It would be useful to learn whether the reporting State had set up a joint action plan with Benin, and whether the Government would sign a multilateral agreement with other African States.

44. <u>Ms. NDAGUBA</u> (Nigeria) said that Nigeria was currently negotiating anti-trafficking agreements with Togo, the Niger, Saudi Arabia and Burkina Faso. The media had provided a great deal of support in disseminating information about the Agency's work. A national consultative forum had drafted a national action plan to ensure that the police, immigration and customs officials and the Ministry of Justice participated in efforts to prevent trafficking in children. Although the Agency drew on all relevant legislation, the anti-trafficking law provided the most severe penalties for offenders. Nigeria was working with Benin on the preparation of

a joint action plan, which would include joint border patrols. The Economic Community of West African States was currently coordinating action that would lead to a subregional agreement with other African States.

45. <u>Ms. ADEYEMI</u> (Nigeria) said that the Government was aware of its poor performance in providing health care to children. Polio eradication had taken precedence over routine immunization owing to Nigeria's efforts to comply with the Global Polio Eradication Initiative. That had aroused the suspicion of much of the population, and some parents had refused to have their children vaccinated against polio. The Government had responded by taking the opinions of the local leaders into consideration, and had convinced them that polio vaccination was in the best interests of the child. Routine immunization against other diseases had resumed.

46. Exclusive breastfeeding for the first six months of the child's life had increased from 2 per cent in 1990 to 26 per cent in 2003. Efforts to promote exclusive breastfeeding would continue. The National Economic Empowerment and Development Strategy had identified household food security as a major area of concern, and steps would be taken to reduce malnutrition among children.

47. A programme had been launched to reduce mother-to-child transmission of HIV/AIDS. A total of 90 per cent of children infected with the virus as a result of mother-to-child transmission were being treated with antiretroviral therapy, and protocols on such treatment were being drawn up.

48. An initiative entitled "Roll Back Malaria" had provided mothers with affordable anti-malaria tablets so that they could treat their children within 24 hours of the first symptoms. Pregnant women had also been given anti-malaria treatment in order to reduce the risk of placental malaria. Insecticide-treated bed nets were also available at affordable prices for children and pregnant women. The National Health Insurance Scheme would guarantee free medical treatment to children and pregnant women.

49. <u>Ms. AL-THANI</u> asked what steps had been taken to educate the population, particularly mothers, about the transmission of HIV/AIDS and the administration of oral rehydration salts to children with diarrhoea. She wished to know whether the protocols on preventing mother-to-child transmission of HIV/AIDS would provide free and universal counselling, diagnosis and treatment for all.

50. <u>Ms. OUEDRAOGO</u> asked what measures the Government had taken to ensure that vaccinations reached children in all regions of the country.

51. <u>Ms. ALUOCH</u> asked whether insecticide-treated bed nets were provided free of charge throughout Nigeria.

52. <u>Ms. ADEYEMI</u> (Nigeria) said that studies had shown that ignorance about the appropriate care of young children was widespread. In 2005, measures to educate the population would focus on breastfeeding, the prevention of diarrhoea and the care of sick children.

53. A pilot project on mother-to-child transmission of HIV/AIDS had been carried out. Although treatment was offered to women free of charge, it was available only to women who lived near a health-care centre.

54. The Government had taken steps to establish a dialogue between local leaders who were suspicious of vaccination programmes, and health-care providers. Most local leaders had made a commitment to cooperate in the six forthcoming national immunization days.

55. State governments were responsible for purchasing and distributing insecticide-treated bed nets. Some authorities provided the nets to pregnant women free of charge, and many nets were sold at subsidized rates. All children in boarding schools had been instructed to sleep under such nets.

56. The Government, under the auspices of the National Agency for Food, Drugs and Administration Control, had taken effective measures to stem the circulation of counterfeit medicines.

57. Training in modern methods had been provided to practitioners of traditional health care, many of whom had been integrated into local primary health-care services.

58. <u>Ms. SMITH</u> asked what steps had been taken to raise adolescents' awareness of reproductive health and contraception.

59. <u>Ms. ADEYEMI</u> (Nigeria) said that the Government attached great importance to adolescent health. It had prepared a strategy to promote access to information, treatment and contraceptives and had published a textbook on sex education. The Government was also making efforts to prevent drug abuse.

60. <u>Ms. JIPREZE</u> (Nigeria) said that legislation in the individual states had already existed before the enactment of the Child's Rights Act, which established nationwide provisions on adoption and foster care. The Government endeavoured to place children in families instead of institutions. Nigerian law prohibited international adoptions because Nigeria did not have the mechanisms to ensure that internationally adopted children were properly treated after they were taken abroad. There were strict conditions for national adoptions. If a prospective adoptive parent was unmarried, he or she must be at least 35 years of age. A married couple must be at least 25 years old, and 21 years older than the child. Unmarried applicants could adopt only a child of the same sex. The court took the final decision on adoption, and a register was kept of adopted children. A campaign was under way to encourage people to adopt children or provide foster care.

61. <u>The CHAIRPERSON</u> asked whether the Shariah permitted adoption.

62. <u>Ms. JIPREZE</u> (Nigeria) said that Nigeria's northern states did not encourage adoption because of Islamic law but promoted foster care instead.

63. <u>Ms. ALUOCH</u> asked whether the law allowed polygamous spouses to adopt children.

64. <u>Ms. JIPREZE</u> (Nigeria) said that the law did not contain any provisions on that question. Nigeria did not encourage polygamy.

65. <u>Ms. AKPAN</u> (Nigeria) said that, as a result of successful awareness campaigns, many people were adopting children for humane reasons. Even the President had an adopted child.

66. <u>Ms. IMIANVAN</u> (Nigeria) said that there were some 1.3 million HIV/AIDS orphans in Nigeria. Such children were stigmatized and were in a very vulnerable situation. Until recently, HIV/AIDS orphans were cared for mainly by NGOs, with support from international donors. A special government body had been established to care for such children, and the state governments had been encouraged to set up similar entities. Resources had been earmarked to build six shelters for orphans and vulnerable children in different parts of the country. Following a donor conference organized by UNICEF and the World Bank, the United States Agency for International Development (USAID) had undertaken to carry out an initiative for 400,000 Nigerian orphans; the initiative would continue until 2007.

67. <u>Ms. ORTIZ</u> asked why there were so many orphans in Nigeria and whether they were cared for by families or in orphanages.

68. <u>Ms. IMIANVAN</u> (Nigeria) said that there were some 7 million orphans in Nigeria, including 1.3 million HIV/AIDS orphans. NGOs had been working in states where HIV/AIDS was particularly widespread. Between 80 and 90 per cent of the most vulnerable orphans had lost parents as a result of AIDS. An initiative launched in a number of areas to place such children in extended families would be expanded to all parts of the country. There was also a programme to reunite orphans with their families in rural communities. Children whose families could not be found were placed in orphanages.

69. <u>Mr. ADEYEMI</u> (Nigeria) said that a bill on female genital mutilation had been submitted to the National Assembly, and he hoped that it would become law by the end of the year.

70. <u>Ms. FALUYI</u> (Nigeria) said that children with disabilities were not discriminated against in mainstream schools; resources for such children had been earmarked in the national education budget. There were special schools for blind and deaf children. Other measures to improve the situation of children with disabilities were under consideration.

71. <u>Ms. AKPAN</u> (Nigeria) said that the private sector often sponsored and cared for children with disabilities in special schools. One of the tasks of the NGO operated by the First Lady was to promote acceptance for such children in society. The situation of children with disabilities had improved considerably, especially in urban areas. The Government planned to focus its attention on improving the situation of such children in rural areas.

72. <u>Ms. IMIANVAN</u> (Nigeria) said that schoolgirls who became pregnant could return to school after giving birth. Adult education courses were offered by the Ministry of Education. The Ministry of Women's Affairs and Social Development had set up two drop-in centres, one in the north and one in the south, to provide life skills, vocational and computer training, and literacy courses. The states were also encouraged to offer such programmes.

73. <u>Mr. KRAPPMANN</u> requested further details on vocational training in Nigeria.

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74. <u>Ms. IMIANVAN</u> (Nigeria) said that the Ministry of Women's Affairs and Social Development had established a national centre for women's development to conduct vocational training courses for girls.

75. <u>The CHAIRPERSON</u> asked how many of the girls who attended such vocational training courses succeeded in finding employment.

76. <u>Ms. AKPAN</u> (Nigeria) said that most girls who completed vocational training courses found employment, because they worked for low wages. Those who did not find work received assistance in starting small businesses.

77. <u>The CHAIRPERSON</u> asked what measures the Government was taking to prevent violence in communities.

78. <u>Ms. OLADIJI</u> (Nigeria) said that an institute for peace and conflict resolution had taken a number of initiatives to deal with communal violence, which had begun to decline.

79. <u>The CHAIRPERSON</u> asked whether there were any programmes to reduce the estimated 6,000 children in prisons and detention centres. He wondered what alternatives to imprisonment were being considered.

80. <u>Mr. ADEYEMI</u> (Nigeria) said that children in conflict with the law were separated from children in need of care and assistance, who were not regarded as offenders. Imprisonment of children was discouraged and was only a last resort. Children were incarcerated in states that had no juvenile detention facilities. A plan of action for juvenile justice and administration recommended that every state government should open at least one remand centre for children. Since prisons were already overcrowded, it was important to ensure that children were not incarcerated. A child could be transferred from a state that had no juvenile detention facility to one that did.

81. Another problem was that information on the age of incarcerated children was often incorrect. Sometimes a remand warrant stated that a detainee was 18 or 19 years of age, while in reality the person in question was only 16. In order to address that problem, prison superintendents had been encouraged to request a court investigation if they had doubts about a child's age. That had been done in a number of cases, and the children had subsequently been released.

82. <u>Ms. SMITH</u>, Country Rapporteur, said that Nigeria clearly demonstrated the political will to improve children's rights, especially at the federal level. Although Nigeria should make efforts to allocate additional resources to children's health care, education, juvenile justice and data collection. The Committee was impressed with many of the Government's initiatives, in particular its efforts to combat trafficking in children. Given its influence in the region, Nigeria had a special responsibility to serve as an example for others in the promotion and protection of children's rights.

83. <u>Ms. AKPAN</u> (Nigeria) said that Nigeria would endeavour to take measures to remove the shortcomings cited by the Committee by the time it submitted its next report.

### The meeting rose at 6.05 p.m.