



Convention on the Rights of the Child

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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-second session

SUMMARY RECORD OF THE 1136th MEETING (Chamber B)

Held at the Palais Wilson, Geneva,
on Friday, 19 May 2006, at 3 p.m.

Chairperson: Ms. KHATTAB

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The meeting was called to order at 3 p.m.

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

Second periodic report of the United Republic of Tanzania (continued)
(CRC/C/70/Add.26, CRC/C/TZA/Q/2 and Add.1)

1. At the invitation of the Chairperson, Mr. Chali, Mr. Charwe, Ms. Juma, Ms. Khamis, Mr. Lumbanga, Mr. Luvanda, Mr. Makelele, Ms. Malecela, Ms. Mwaffisi, Mr. Mwinuka, Mr. Said, Ms. Simba and Ms. Rugumyamheto (United Republic of Tanzania) resumed places at the Committee table.
2. Mr. FILALI said he would like to know why Burundian refugee children in Tanzanian camps were required to return to Burundi. He had been disturbed to learn that many child asylum-seekers were kept for long periods in border camps because of the slow consideration of their dossiers, and that the health and well-being of children in camps was apparently considered to be the responsibility of non-governmental organizations (NGOs) rather than of the State. He would like to know to what extent the State was assisting in caring for such children, in particular since reports indicated that many of them were suffering from malnutrition. He would welcome clarification of reports that children attempting to cross the border were arrested and detained.
3. He wondered whether any studies had been undertaken to assess the relationship between poverty and sexual exploitation in the United Republic of Tanzania and whether children exposed to domestic conflict and sexual abuse were removed from the home. Finally, he said he would be interested to know what policies were in place to reintegrate child victims into society and whether victims of sexual abuse received protection and assistance from the Government.
4. Ms. MALECELA (United Republic of Tanzania) said that the United Republic of Tanzania was a union of two countries, Zanzibar and Mainland Tanzania, and the Constitution drew a distinction between so-called union and non-union issues. Although health and education were non-union issues, the relevant ministries worked together closely. Resources were scarce, but the budget allocation for children had increased in the previous three years. Matters relating to children were multisectoral; ministries were responsible for monitoring resource allocations to the various sectors, which gave progress reports during the public expenditure review. The national programme of action modelled the State's approach to children's issues on the Millennium Development Goals (MDGs) and shared out the tasks among the various sectors. A draft of the programme had been prepared and widely circulated. In addition, the child policy drafted in 1996 was being revised to address new problems, such as the vast increase in the numbers of vulnerable children.
5. The Junior Council, a forum for children, had 72 members, two from each region of Mainland Tanzania and Zanzibar. National meetings were biyearly; regional meetings were more frequent. Although the Council was not a governmental body, it had links with local authorities. The issues addressed by the Council included gender issues, and the views

expressed at its meetings were brought to the attention of the Ministry of Community Development, Gender and Children. Data on children were admittedly inadequate but the Ministry was in the process of developing a system for the collection of data on children, including in such non-traditional areas as child protection.

6. As far as cooperation with NGOs was concerned, the Tanzanian Government worked closely with them in the development of policy, and regularly consulted them and other stakeholders.

7. The new Children Law Act addressed the criminal responsibility of children. Although the Government was willing to raise the age of criminal responsibility so as to conform to the provisions of the Convention, it would also have to consult stakeholders for their views. As for the matter of the best interests of the child, the former Children and Young Persons Ordinance provided that children should be asked to express their preferences in custody decisions and the Children Law Act would have similar provisions. The prohibition in force in Zanzibar on the expulsion of pregnant students from school would soon also be applied in Mainland Tanzania as well.

8. The CHAIRPERSON said it would be helpful to know which stakeholders the Government would be consulting on the question of raising the age of criminal responsibility to 18.

9. Mr. FILALI pointed out that the Government was responsible for implementing the Convention, and enquired as to how it would proceed if those stakeholders were not in agreement.

10. Ms. SIMBA (United Republic of Tanzania) said that the stakeholders were all members of the community, including children, along with NGOs, civil society organizations and religious leaders. She noted that the United Republic of Tanzania was a deeply religious country and that, while NGOs were particularly helpful in promoting change, parts of the community still held strict traditional values.

11. The CHAIRPERSON said that it was essential to convince the whole community that the provisions of the Convention were in the best interests of society as a whole.

12. Ms. RUGUMYAMHETO (United Republic of Tanzania) said there were two categories of children in prison in the United Republic of Tanzania: young children accompanying their mothers and children sentenced to prison terms for petty offences. Children usually stayed in prison briefly and were then sent to special remand homes. Recently, however, the Tanzanian president had released all child prisoners, on the grounds that most had been incarcerated for minor offences.

13. Ms. SIMBA (United Republic of Tanzania) said, by way of clarification, that juvenile offenders were held in special prisons; they were not incarcerated together with the adult prison population.

14. Ms. MALECELA (United Republic of Tanzania) said that an important facet of Tanzanian child development policy was the child's right to be heard. Measures had been developed to ensure that right, including a children's parliament and various children's forums.

15. The Government was currently considering abolishing fines for late birth registration. As the Committee had pointed out, some parents chose not to register their children, rather than pay the fine.

16. The Government was making efforts to abolish the use of corporal punishment, and was running a pilot project developed with the help of NGOs in which alternative disciplinary methods were employed.

17. Tanzanian and East African citizens as well as foreigners with Tanzanian residency could adopt children. Adoptive parents who moved to another country were permitted to take their adopted children with them. Tanzanian agencies monitored such adoptions, even after the children had moved abroad, with the help of international agencies.

18. Mr. ZERMATTEN asked whether the State party was considering becoming a party to the Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption.

19. Mr. FILALI enquired whether adoption practice was the same in Mainland Tanzania and Zanzibar.

20. Mr. SAID (United Republic of Tanzania) said the Government hoped to ratify the Convention on Protection of Children and Cooperation in respect of Inter-country Adoption. Mainland Tanzania and Zanzibar had similar legislation regulating adoption practice. Zanzibar, however, was a Muslim country, and sharia law did not permit adoption. Therefore Zanzibar adoption legislation was for non-Muslims who wished to adopt.

21. Ms. MALECELA (United Republic of Tanzania) said that the courts determined the custody of children, taking their preferences and best interests into consideration. For children born out of wedlock, the courts determined custody until the child was 14 years of age, when the child could make his or her own decision. Although maintenance allowances were small, the courts often determined the amount of the allowance on the basis of the financial situation of the father. The Government did not provide assistance in the payment of maintenance.

22. Mr. SAID (United Republic of Tanzania) added that once the court had determined the amount of maintenance, social workers followed up to ensure that the payments were made, in particular in the case of fathers working in the informal sector. If the father was on a payroll, his salary was attached.

23. Ms. MALECELA (United Republic of Tanzania) said that the Government had made progress in its campaign against malaria, in particular with the use of insecticide-treated materials, and was making efforts to introduce that campaign into the country's most isolated regions. In addition, the Government had set up clinics to educate mothers in the proper feeding of children, with a view to combating malnutrition, and pilot studies on the integrated management of childhood illness had been successful. Although the Government recognized the

importance of breastfeeding, other challenges in the field of health, such as AIDS, had to take priority. In that regard, antiretroviral treatment was currently available in all regional and district hospitals, and should soon be available in local health centres as well. Zanzibar had a programme specifically for disabled children; Mainland Tanzania, on the other hand, cared for disabled children under its programme for vulnerable children. Both programmes handled, inter alia, school enrolment and care services.

24. Mr. PARFITT asked whether any effort had been made in the secondary education plan to ensure gender parity in secondary education, and if so, whether it involved any affirmative action measures.

25. Mr. SAID (United Republic of Tanzania) said that girls were given priority when selection took place for secondary education.

26. Mr. FILALI expressing satisfaction at the positive experience that the Government had had with the introduction of a new juvenile justice system in some parts of the country and its intention to replicate it throughout the country, requested more details about the system. Could the delegation provide some concrete examples of the kinds of offences committed by juveniles, the ensuing verdicts and the alternatives to deprivation of liberty that were employed?

27. Mr. CHARWE (United Republic of Tanzania) said that children committed various offences, ranging from petty crimes such as pickpocketing to serious crimes such as assault or physical violence, and in some cases even murder. In general, juvenile offenders were committed to remand homes, where they lived with youth workers and social workers and where the atmosphere was quite friendly. The Government acknowledged, however, that there was a shortage of such facilities. Children who were convicted were assigned to approved schools, where they were able to continue their schooling. Children who were convicted of murder were not normally committed to prison, but assigned to adult remand homes; in cases where they were sent to prison, there were special, separate facilities for them, and they were not subject to a very strict regime. A large number of prison officers had received training in social work and were thus better qualified than previously to deal with minors.

28. The CHAIRPERSON asked about the plight of street children who were detained by the police.

29. Mr. CHARWE (United Republic of Tanzania) said that when street children were arrested, the social welfare services worked with the police to transfer them from prison to remand homes.

30. Mr. SAID (United Republic of Tanzania) said that community service had recently been introduced in Zanzibar. Street children who were arrested were thus assigned to community service rather than being imprisoned.

31. Ms. MALECELA (United Republic of Tanzania) said that the rules on community service also applied on the mainland. Addressing the issue of refugees, she said that the Government had for decades conducted an open-door policy for refugees. It had recently

engaged in a voluntary repatriation process, principally for refugees from Rwanda and Burundi, where there had been a return to calm. The Refugee Act clearly set out that no refugees should be forcibly repatriated.

32. Ms. MWAFFISI (United Republic of Tanzania) said that the national strategic framework to deal with HIV/AIDS had set up a number of programmes and had ensured that AIDS coordinators were stationed throughout the country. A significant advocacy effort was being conducted by the Government and by some 1,000 NGOs active in HIV/AIDS-related fields, yet the pandemic remained a serious problem, mainly owing to a failure to change behaviour patterns. According to one study, some 96 per cent of adults were aware of HIV/AIDS and how to avoid contracting it. The most vulnerable age group consisted of adults between the ages of 20 and 35. Religious leaders had spoken out against the use of condoms, and had called for abstinence as a means of combating HIV/AIDS. The Government's position was that the religious leaders should work to convince their congregations to avoid HIV/AIDS by leading better lives, but that it remained the role of the State to do whatever possible to stem the pandemic.

33. Mr. LIWSKI, noting the high incidence of HIV/AIDS among newborns, asked if any birth procedures had been adopted to reduce the transmission of the virus from mothers to their children. He also enquired about the efforts of the international community, in particular in respect of the provision of drugs.

34. Ms. MWAFFISI (United Republic of Tanzania) said that the Prevention of Mother-to-Child Transmission Programme had been operating for a number of years, and that recently it had been expanded to include fathers as well, in an effort to reduce the number of HIV/AIDS orphans. One aspect of that programme involved the encouragement of hospital deliveries, especially among women in rural areas. The international assistance that was provided to combat HIV/AIDS was often tied to burdensome conditions. For example, it was sometimes stipulated that the assistance must be used for the purchase of specific, brand-name drugs that were expensive. The United Republic of Tanzania required more and less expensive HIV/AIDS drugs, and it was hoped that competition would soon drive down prices.

35. Mr. PARFITT, noting that the enrolment rates for pre-primary education were higher in Zanzibar than in the rest of the country, asked what was being done to increase the number of children enrolled at that level. He observed that the country's open-door policy entailed a responsibility to provide education to refugee children. How did the Government cope with the extra demands placed on its education system and with the additional financial burden? While the delegation had mentioned that a study would be conducted into the situation of disabled children at school, it had not specified a time frame for such research.

36. Mr. CHARWE (United Republic of Tanzania) said that while the number of children enrolled in pre-primary education was low, the Ministry of Education and Vocational Training had recently issued a guideline calling for each school to establish a pre-primary centre, and was working with the Ministry of Community Development, Gender and Children on a strategy to increase enrolment. As from 2007, a budget allocation would be granted directly to schools in respect of each child enrolled in pre-primary education. There were also day-care centres run by the social welfare services and by NGOs. Education was provided to refugee children in accordance with the curriculums of their countries of origin, with support from the Office of the

United Nations High Commissioner for Refugees (UNHCR), and the United Nations Children's Fund (UNICEF). The main challenge was to provide secondary education for such children. Refugee children had a relatively high graduation rate, and some had integrated into the Tanzanian school system. The integration of disabled children into schools was difficult to organize, but efforts were under way to identify them and bring them into the education system. However, it was not enough merely to bring them to school; it was also necessary to ensure their effective integration. Because the required facilities and equipment were costly, the Government was seeking support from development partners.

37. Ms. JUMA (United Republic of Tanzania) said that in Zanzibar there had been some progress in the integration of disabled children, as there was already an inclusive education programme. There were five district-based communities for disabled children.

38. Ms. MWAFFISI (United Republic of Tanzania) said that in 2000 the United Republic of Tanzania had acceded to the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. It had also ratified the Convention, for which the instrument of ratification would be deposited in Vienna in June 2006. The Convention and the Protocol would soon thereafter be incorporated into domestic legislation. The UNICEF Innocenti Research Centre had conducted a study in 2000, which had concluded that the bulk of the trafficking problems in the country involved the movement of children from rural to urban areas. The Government was about to embark on a study of laws related to human trafficking, with a view to addressing gaps and disparities in the legislation.

39. Mr. CHARWE (United Republic of Tanzania) said that effective measures had been taken to combat various forms of child labour. Advocacy and awareness-raising activities were carried out with families before such children were returned. Children who had been working in mines had been enrolled in school. The budget for activities to combat the worst forms of child labour in the period from 2002 to 2005 had been met exclusively by the United States Department of Labor, through the International Labour Organization (ILO). While no precise statistics existed, there had been credible reports that the prevalence of the worst forms of child labour had been declining. In 2005-2006, the Tanzanian Government had begun subsidizing such activities with a token appropriation of 72 million shillings, or about US\$ 72,000, to show its commitment. Street children were considered to be a category of the most vulnerable children. While most of the care and services provided for street children came from civil society, the Government issued guidelines regarding the quality of care and worked with NGOs to bring such children into the education system and to return them, whenever possible, to their families.

40. Ms. MWAFFISI (United Republic of Tanzania) said that the vast majority of street children came from broken families or from destitute backgrounds. The Government was looking into ways of helping very poor families to be able to support their children so as to keep them from returning to the streets.

41. Mr. CHARWE (United Republic of Tanzania), addressing the question of sexual exploitation of children, said that a public inquiry had been held to ascertain the exact situation on the ground, and a feedback meeting had been held to discuss efforts to combat sexual abuse and assist victims of sexual exploitation. The issue of sexual exploitation had been included in a

comprehensive national plan of action, which had the support of the United States Agency for International Development (USAID), with technical assistance from Family Health International. Work was being carried out on more specific plans to deal practically with the needs of disadvantaged children, including child victims of sexual exploitation. While no studies had as yet been conducted on conflict within the family, the Government was seeking financial support for such research. When family conflicts arose, they were handled by special conflict-resolution courts, at the ward level. Such courts, known as ward tribunals, also dealt with conflicts outside the family, and often included retired government officials, including former magistrates.

42. Ms. SIMBA (United Republic of Tanzania) said that the Government was aware of the importance of combating conflict in the family as a preventive measure to reduce the number of street children and, especially, runaways. The Ministry of Community Development, Gender and Children was currently preparing a family development policy to address that question and to raise awareness among families of their responsibilities.

43. Ms. SMITH (Country Rapporteur) requested clarification on the number of HIV/AIDS orphans and on the situation of those orphans who were not cared for by the extended family. She asked whether the statistics on the number of children with disabilities contained in the written replies referred only to children living in institutions, and whether there were many more children with disabilities living in the family who were not included in statistics. She would welcome information on sports facilities in schools.

44. Mr. CHARWE (United Republic of Tanzania) said that a rapid assessment, analysis and action planning exercise for orphans and other vulnerable children conducted in 2004 had revealed that some 10 to 12 per cent of the country's children were considered vulnerable, a figure which confirmed the findings of the 2002 national census. Of those vulnerable children, 42 per cent were orphans, of whom 53 per cent were cared for by grandparents or the extended family. It was estimated that the number of vulnerable children who were not orphans might reach 4 million by 2010. A data management system had been established, with the support of UNICEF, to collect information on orphans and vulnerable children, and it was hoped that the exact number of such children would be known within two years.

45. The placement of orphans and vulnerable children in institutional care was a last resort, and therefore communities were being mobilized to take responsibility for taking care of them. Once the exact number of orphans in a community was known, a fund was established under which the amount provided by the community was matched by local government contributions. UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria were also contributing to community funds used to pay for school materials and medical care for orphans and vulnerable children.

46. UNICEF had provided support to the Department of Social Welfare to develop early identification and intervention tools for children with disabilities, and a project had been piloted in four districts. It was hoped to extend the project if government funding became available.

47. Ms. RUGUMYAMHETO (United Republic of Tanzania) said that the revised child development policy included a stipulation that communities and schools should provide sports facilities for children. District councils assisted communities in financing such facilities.

48. The CHAIRPERSON asked whether female genital mutilation had been criminalized.
49. Mr. FILALI asked what measures were being taken to combat drug abuse and trafficking.
50. Mr. LIWSKI requested additional information on the provision of outpatient treatment in the community to adolescents with mental health problems. He also asked how the Government was addressing the problem of the high rate of teenage pregnancies.
51. Mr. CHARWE (United Republic of Tanzania) said that the Drug Control Commission, which was part of the Ministry of Home Affairs, ran a programme to prevent the transit and trafficking of drugs in the country. In addition, the Commission conducted awareness-raising campaigns on television and radio and in the print media. There were also resource and rehabilitation centres which provided treatment, including counselling, to drug-users. Recovered drug addicts were assisted by social workers in areas such as family reintegration, and received follow-up psychosocial support. Drug trafficking was a crime, and drug traffickers were prosecuted and sentenced.
52. Mr. SAID (United Republic of Tanzania) said that the issue of drug abuse was also included in the school curriculum at primary and secondary levels.
53. Ms. MWAFFISI (United Republic of Tanzania) said that youth-friendly programmes and clinics providing access to information and services, which were being run by NGOs, had proved successful.
54. Ms. SIMBA (United Republic of Tanzania) said that female genital mutilation was a crime under Tanzanian legislation. There were many programmes to combat the practice, and the issue was being addressed by the Government as well as by NGOs. The Ministry of Community Development, Gender and Children had developed a plan of action and was running awareness-raising campaigns in the affected regions, which had already had some success.
55. Ms. RUGUMYAMHETO (United Republic of Tanzania) said that there were penalties for female genital mutilation; the delegation would provide information at a later date on a number of well-documented cases in which criminal sanctions had been imposed.
56. Mr. FILALI asked what punishment was imposed in female genital mutilation cases, and whether it was the practitioner or the parents who were prosecuted.
57. Ms. RUGUMYAMHETO (United Republic of Tanzania) said that penalties included imprisonment and fines, but fines had proved not to be an effective deterrent, as practitioners had simply asked the families for payment in order to pay the fines. Therefore, the imposition of prison sentences was increasing. Both the parents and the practitioner could be prosecuted. For example, in a recent case in the Morogoro region, a number of girls had reported their parents, alleging that they had forced them to undergo female genital mutilation. Although the parents had not been convicted because of a lack of evidence, the case had raised awareness among parents of the possible consequences of that harmful practice.

The meeting rose at 5.05 p.m.