



**Convention on the
Rights of the Child**

Distr.
GENERAL

CRC/C/SR.1175
25 September 2006

Original: ENGLISH

COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-third session

SUMMARY RECORD OF THE 1175th MEETING (Chamber A)

Held at the Palais Wilson, Geneva,
on Monday, 18 September 2006, at 3 p.m.

Chairperson: Mr. DOEK

CONTENTS

CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

Initial report of Swaziland (continued)

This record is subject to correction.

Corrections should be submitted in one of the working languages. They should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of this document to the Editing Section, room E.4108, Palais des Nations, Geneva.

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.06-44326 (E) 200906 250906

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

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

Initial report of Swaziland (continued) (CRC/C/SWZ/1; CRC/C/SWZ/Q/1; CRC/C/SWZ/Q/1/Add.1)

1. At the invitation of the Chairperson, Ms. J. Dlamini, Ms. N. Dlamini, Mr. Masuku, Mr. Mazibuko, Mr. Maziya, Ms. Mkhwanazi and Mr. Ntshangase (Swaziland) resumed places at the Committee table.
2. The CHAIRPERSON said that the Committee would appreciate further information on Swaziland's policy on intercountry adoption.
3. Mr. MAZIYA (Swaziland) said that intercountry adoptions must be approved by the courts, and each case was screened by the Ministry of Health and Social Welfare in cooperation with social workers from the receiving country. Problems only arose if organizations that facilitated intercountry adoptions failed to submit dossiers to the Ministry. An investigation was currently under way into intercountry adoptions that were not registered with the Ministry, in order to prevent such practices in future. New legislation had been drafted, which aimed to minimize the number of intercountry adoptions.
4. Ms. ORTIZ requested detailed information on the number of intercountry adoptions that took place, and asked which countries children from Swaziland were sent to. She wished to know whether the Government planned to ratify the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.
5. Mr. MAZIYA (Swaziland) said that the Government was already in the process of ratifying the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption. The Ministry of Health and Social Welfare recorded the number of intercountry adoptions that took place. On protection for vulnerable children, he said that the Government had taken measures to ensure that persons over the age of 60 who were caring for vulnerable children, such as AIDS orphans, were paid a quarterly grant. Funds were also provided to institutions for abandoned children, abused children and orphans, and to organizations that were involved in foster care. A multisectoral training programme had been developed under the Ministry of Health and Social Welfare to strengthen social welfare capacity, and in particular to ensure that all social workers were adequately trained.
6. Turning to the issue of disabled children, he said that the most recent data had been collected in 2000, and were therefore not up to date. A consultant had been recruited to conduct a national survey on children with disabilities, and the Government was currently developing a disability policy. The statistics gathered during the survey, together with information on the new policy, would be included in the next State party report.
7. The number of children in institutions was increasing as a result of the increasing rate of HIV infection, and extreme poverty. Children were frequently abandoned, since their parents

could not cope with the pressure of caring for them. The number of fostering parents was decreasing, since people could not afford to care for children. Religious institutions that fostered children were required to meet certain standards set by the Ministry of Health and Social Welfare, and must be registered by the Ministry. They could be struck off the register if they failed to comply with the Ministry's standards. Lists of fostering institutions were compiled, which included a section on institutions that did not meet the necessary standards.

8. The CHAIRPERSON, noting that 70,000 children were either affected by HIV/AIDS or were living with HIV/AIDS, and that only 1,000 children were cared for in registered institutions, asked what was the fate of the remaining 69,000 children, and whether it was likely that some of them were living in unregistered institutions.

9. Mr. MAZIYA (Swaziland) said that a study was currently under way to ensure that all institutions were properly registered by the Ministry of Health and Social Welfare and the Ministry of Justice.

10. The CHAIRPERSON asked whether there was any policy in place, or support given to NGOs, to address the issues of child-headed households.

11. Ms. J. DLAMINI (Swaziland) said that since the problem of child-headed households was increasing, the Government had established a life skills education programme for children in that situation. Members of the women's regiment visited village households in order to monitor the health of children, teach them how to take care of themselves, and ensure that schoolwork was done. A project had been established whereby the local community participated with children in growing fruit and vegetables for child-headed households. NGOs were assigned funds by the Global Fund to Fight AIDS, Tuberculosis and Malaria, to ensure that housing repairs were carried out. A project was also under way to provide animals such as goats for communities with child-headed households. Psychosocial support was also provided, and caregivers were trained to work with children who ran households.

12. Ms. ANDERSON asked how many child-headed households there were in Swaziland, and how many of those households were reached by support projects and programmes.

13. Ms. ORTIZ asked what KaGoGo centres were, and who funded them.

14. Ms. J. DLAMINI (Swaziland) said that in 2002, there had been 10,000 child-headed households. That figure was increasing, and a study was currently under way to collect new data, which would be submitted to the Committee in the next periodic report. In total, 90 per cent of child-headed households were being reached by NGOs and international organizations that provided support. KaGoGo centres, an integral part of the social system, monitored and issued reports on the situation of children in the community, including their degree of vulnerability, whether they were attending school, and whether they were orphaned. The centres also coordinated support programmes for children in the community, and monitored the support provided and the distribution of funds to avoid duplication of effort.

15. Mr. MAZIYA (Swaziland) said that, despite the relative lack of available data on substance abuse by children, the figures were very high. Some children sought assistance for drug abuse problems. Efforts were being made to educate children about the harmful effects of substance abuse. Legislation was currently being drafted on tobacco, which was due to be submitted to Parliament by the end of 2006. Mental health institutions did not have the capacity to ensure the social integration and rehabilitation of all children who engaged in substance abuse.

16. Ms. MKHWANAZI said that the national defence force had received assistance in clearing landmines from one region, 90 per cent of which was now mine-free. Obscene and violent television programmes were prohibited, and programmes that were not suitable for children were only screened after 9 p.m. In the media, efforts were made to ensure that children were not subjected to excessive publicity. Children's personal stories could be used in the media for awareness-raising purposes, provided that the child's identity was adequately protected. Many laws and policies were still in draft form as the Government had been awaiting the adoption of a revised Constitution, in order to ensure the constitutionality of all new legislation. Regarding the status of refugee children, the Ministry of Foreign Affairs granted children in that category a provisional identity while dealing with their regularization. Efforts were being made to incorporate the provisions of the 1951 Convention relating to the Status of Refugees into Swazi national legislation. Although human rights issues had not been included in school curricula because of financial constraints, efforts were being made to rectify that situation.

17. Mr. MASUKU (Swaziland) said that although Swaziland did not have an Ombudsman's office, and did not plan to establish one, a national human rights commission was being established to deal with human rights issues, and children's rights issues in particular. On the issue of the criminal responsibility of parents whose children had committed offences, he said that, while under common law parents were not held responsible for crimes committed by their children, under customary law they could be punished.

18. Ms. MKHWANAZI (Swaziland) said that, traditionally, parents were held responsible for offences committed by their children, since children were often not in a position to fulfil the punishment, which was usually a fine in the form of a cow, a goat or a number of chickens. Recently, cases had begun to be referred to the Swazi national courts, where penalties were less severe.

19. Mr. MASUKU (Swaziland) said that although Swaziland had not been in a situation of armed conflict, efforts were being made to accede to the relevant international instruments on the involvement of children in armed conflict, since conflicts could arise in the future. Criminal cases were often abandoned owing to a lack of evidence, insufficient training for investigating officers, and lack of cooperation by witnesses. Children were usually taken into detention if their mothers were detained, since it was very difficult to find alternative care for them. Efforts were made to provide young offenders with vocational education and to reintegrate them into the community.

20. Ms. ORTIZ asked whether children held in detention with their mothers were ensured adequate food, clothing and medical care.

21. Ms. MKHWANAZI (Swaziland) said that the Minister of Justice was aware of the potential problems for children placed in detention with their mothers. Efforts were being made by the Ministry of Justice, in cooperation with the Ministry of Health and Social Welfare and NGOs, to provide food and care for such children. A strategy was being developed to address their needs, since the conditions of detention, apart from being injurious to their well-being, were a cause of distress to their mothers.
22. The CHAIRPERSON asked whether there were any regulations regarding school-age children held in detention with their mothers.
23. Ms. MKHWANAZI (Swaziland) said that the Ministry of Health and Social Welfare had handled some cases in which the children were given access to education and medical care.
24. Mr. MAZIYA (Swaziland) said that the Ministry was working closely with SOS Children Swaziland to ensure that children were taken out of detention centres and placed in foster homes run by organizations such as SOS Children to receive schooling.
25. The CHAIRPERSON asked whether children in school were allowed to visit their mothers in prison.
26. Mr. MAZIYA (Swaziland) said that social workers would generally take children to see their mothers every weekend at detention centres.
27. Ms. J. DLAMINI (Swaziland) said that a placement programme had been established to allow school-age children who had committed petty crimes to work a specific number of days instead of serving a prison term.
28. Ms. N. DLAMINI (Swaziland) said that per capita income statistics were misleading. The bulk of per capita income was generated by the manufacturing and services sectors, which were mainly foreign-owned. Unfortunately, owing to a gap in the legal system, income could be repatriated abroad. In reality, the population lived on one dollar a day.
29. Mr. SIDDIQUI asked whether companies' income was taxed in Swaziland. Presumably the federal budget should be able to provide assistance for the poor through employment-generating mechanisms or social services.
30. Ms. N. DLAMINI (Swaziland) said that companies were indeed taxed, but social sector demands far exceeded corporate tax revenues. With regard to HIV/AIDS, voluntary counselling, HIV testing and free anti-retroviral therapy (ART), supported by the Government, the Global Fund to Fight AIDS, Tuberculosis and Malaria and other development partners, were available. An HIV/AIDS centre of excellence provided free testing for children and counselling for children and their families, including information on how to prevent mother-to-child transmission of the virus. Swaziland was striving to achieve universal access to HIV/AIDS prevention, treatment and care by 2010 and was one of the few countries to have reached the 3 by 5 target of providing ART to 3 million people by 2005. In cooperation with non-governmental organizations, the Government was focusing on prevention of the disease

in schools and communities. Primary health care was accessible and free of charge to children and adults alike, but there were constraints. Hospitals and public health centres charged a minimum fee. Efforts were being made to set up a health insurance scheme by the end of the business year. Rural clinics provided high-quality service but suffered from staff shortages owing to high attrition rates: more and more health workers were leaving the workplace to care for relatives infected with HIV. Therefore, many clinics were not fully operational. The Government had consulted African Development Bank partners to determine how to relieve the pressure on care for children and expectant mothers. The immunization rate, which had dropped from 83 to 81 per cent, could be attributed to the difficulty of reaching certain areas and the lack of supervision. However, strategies were being devised to improve immunization coverage at least at the district level, a successful measles prevention campaign had been waged and deworming had been achieved in 90 per cent of the country. An Expanded Programme on Immunization (EPI) had included provision for vitamin A supplementation. Swaziland boasted one of the world's best breastfeeding programmes, with a high rate of maternal participation. Health days were held quarterly to raise primary health awareness at community level. However, the system of mortality rate data collection needed overhauling.

31. Ms. LEE asked whether the Government had adopted the International Code of Marketing of Breast-Milk Substitutes. Multinational corporations such as Nestle had engaged in excessive marketing of their products in Swaziland.

32. Ms. N. DLAMINI (Swaziland) said that her Government had not fully adopted the Code but was launching media-assisted information campaigns on the dangers of breastfeeding by HIV-positive mothers. The Government discouraged excessive advertising by companies to promote their products.

33. Ms. ORTIZ, referring to paragraph 77 of document CRC/C/SWZ/1, wished to know whether children under 21 required parental consent for access to medical services. With reference to paragraph 48 of the same document, she requested further information on the Government's implementation of the zero growth policy.

34. Ms. N. DLAMINI (Swaziland) said that the policy had indeed been implemented to deal with the overwhelming federal budget deficit, but some priority areas, such as HIV/AIDS, were exempted.

35. Mr. MAZIYA (Swaziland) said that the Constitution of Swaziland contained a provision regarding medical care for children. Beyond a certain age, children had to be consulted as to their wishes with regard to medical attention; however, if a child were unable to make a decision, his or her guardian would be consulted instead.

36. The CHAIRPERSON asked whether the Constitution required parental consent for AIDS testing of children.

37. Mr. MAZIYA (Swaziland) said that parental consent was required only if the child was in critical condition.

38. Ms. J. DLAMINI (Swaziland) said that the AIDS epidemic had a direct bearing on the increased dropout rate for girls, as they were more likely than boys to leave school in order to care for HIV-affected parents, or their younger siblings. Education was not compulsory. However, serious efforts to expand education opportunities were being made by the United Nations Children's Fund (UNICEF), through the Education for All programme, and by the Government, which recruited volunteer teachers to keep children in school. In addition, children from rural communities, in particular, could acquire skills by attending pre-vocational institutions. A draft preschooling policy had been drawn up. Neighbourhood Care Points helped prepare children for school.
39. Mr. KRAPPMANN asked what was meant by the term "pre-vocational training" and suggested that a strategy be devised to keep children in school and lower the 90 per cent dropout rate, which was appallingly high.
40. The CHAIRPERSON wished to know whether there were any plans to reach the Millennium Development Goal of education for all by 2015 and how much had been budgeted for health expenditure.
41. Ms. N. DLAMINI (Swaziland) said that more funds had been allocated for education than for health, but that efforts were being made to reach the Millennium Development Goal.
42. Ms. J. DLAMINI (Swaziland) said it was not true that the dropout rate was 90 per cent. She was optimistic that the Millennium Development Goal would be met.
43. The CHAIRPERSON requested further clarification on pre-vocational training.
44. Ms. J. DLAMINI (Swaziland) said that pre-vocational training, which included life skills, was provided prior to the completion of primary schooling.
45. The CHAIRPERSON asked whether vocational, as opposed to pre-vocational, training referred to on-the-job training.
46. Ms. J. DLAMINI (Swaziland) confirmed that vocational training involved on-the-job training.
47. A water and sanitation programme had been implemented at community level. All schools and Neighbourhood Care Points were required to have proper sanitation and waste disposal. Rural health motivators visited households to discuss health issues, including waste disposal. Water projects were not approved unless all households were equipped with toilets. In order to ensure safe drinking water, supplies, water was trucked to drought-stricken areas, companies donated clean water to schoolchildren and international partners purchased water tanks so that water could be stored at schools. If water was collected from the rivers, the community was taught purification techniques.
48. The right to play was compulsory and had been incorporated in school curricula. Preschools, Neighbourhood Care Points and KaGoGo social centres had facilities where children could play safely and many families attached great importance to the child's right to play.

49. The CHAIRPERSON wished to know whether the Government was considering the possibility of building more schools and recruiting more teachers and what measures were taken against perpetrators of child abuse and neglect.

50. Ms. J. DLAMINI (Swaziland) said that the Government had set up scholarships to train teachers to replace those teachers who were dying of HIV/AIDS. It was necessary to train volunteer teachers as well to maintain a high quality education nationwide.

51. Mr. MAZIYA (Swaziland) said that perpetrators of child abuse were brought to justice and many had been sentenced. Cases of child abuse were reported to the community child protection committee and then to the police, who contacted social workers in order to bring offenders to court. The high number of child abuse cases had given rise to the proposal to draft a children's bill and to the establishment, within police stations, of child-friendly cells for the purpose of interviewing child victims.

52. Ms. ORTIZ asked why the siSwati language was prohibited in schools. She requested information on the newly established children's court.

53. Ms. J. DLAMINI (Swaziland) said that siSwati was prohibited in schools in an effort to promote proficiency in English, which was the predominant language of business and government.

54. The CHAIRPERSON asked whether there were rules and regulations governing the manner in which testimony was taken from children who had been abused. He wondered whether police officers, psychologists and social workers were given special training for handling interviews with child victims of abuse.

55. Mr. MAZIYA (Swaziland) said that children who had been abused were interviewed in special child-friendly cells located within the courthouse. With the assistance of the United Nations Children's Fund (UNICEF), a number of closed-circuit televisions had been installed in the rooms used to interview children in an effort to prevent taking children into the courtroom itself. Social workers acted as intermediaries between the child and the court proceedings.

56. Ms. MKHWANAZI (Swaziland) said that police officers, prosecutors and judges received training in handling child abuse cases; however, there was a need to train more staff. There was currently only one children's court, but more were to be established. An initiative had also been launched to make recorded testimony admissible in court as a means of preserving evidence when there was a backlog of cases.

57. The CHAIRPERSON asked whether the children's court dealt exclusively with criminal cases. He wished to know whether alternative forms of out-of-court settlement, such as restorative justice, were used in Swaziland. The Government should consider abolishing all forms of corporal punishment used in the juvenile justice system and replacing them with other types of sanctions.

58. Mr. KOTRANE said that corporal punishment was more than a practice; it was prescribed by law as a punishment for boys. The delegation should explain.
59. Ms. MKHWANAZI (Swaziland) said that the Government was working towards eliminating all practices and legislation that were not in conformity with the Convention. Petty crimes committed by juvenile offenders were handled by the Swazi Courts but sentencing was not harsh. The police worked with social workers and stakeholders in achieving restorative justice; however, if an agreement was not reached, the case was referred to the courts. Because of financial constraints, the children's court currently dealt exclusively with child abuse cases. In the future, the Government planned to have an entirely independent child-friendly court system that would deal with all types of children's cases, regardless of whether children were witnesses or offenders.
60. The CHAIRPERSON asked what duties were assigned to juvenile probation officers.
61. Mr. MAZIYA (Swaziland) said that juvenile probation officers submitted regular reports to the Department of Social Welfare, and officers were sent to prisons to verify the figures contained in the reports.
62. Ms. J. DLAMINI (Swaziland) said that, in an attempt to reconcile the parties involved, some cases of petty crime were handled at the community level through traditional forms of justice. Emphasis was placed on English as a language of instruction because it was required in order to access the vast majority of vocations and careers. Academic advancement therefore depended on students' proficiency in English.
63. Ms. ORTIZ asked what language was taught to children in the first and second grades of primary school.
64. Ms. J. DLAMINI (Swaziland) said that already in preschool, children were exposed to English; however, a mixture of English and siSwati was used in the lower grades. As pupils advanced in their studies, English became the sole language of instruction.
65. Ms. ORTIZ asked when the coordination unit for the promotion and protection of children's rights, which was still in the developmental stages, would be operational. She wished to know whether it would be included within the structure of the Government. She requested information concerning the children's policy that had been drafted in 2003 in cooperation with civil society organizations, particularly as to where it stood in terms of being approved by the Cabinet or adopted by Parliament. Both the coordination unit and the children's policy were vital instruments for giving effect to the Convention in Swaziland.
66. Ms. N. DLAMINI (Swaziland) said that the coordination unit would be a semi-autonomous body attached to the Ministry of Health and Social Welfare; it was expected to be operational by January 2007. Budgetary funds had been allocated to the unit but had not been used the previous year; it was therefore urgently necessary to develop detailed plans for their use. The decision not to include the unit fully within the structure of Government

had been taken in order to enable it to fulfil its terms of reference without government interference, as well as to attract high-quality professionals by paying them higher salaries than those received by their governmental counterparts.

67. Mr. MAZIYA (Swaziland) said that the children's policy was currently awaiting the approval of the Cabinet before being submitted to the Parliament for consideration.

68. Ms. ORTIZ (Country Rapporteur), welcomed the many positive changes that had taken place in Swaziland, particularly at the community level, but noted that there did not appear to be sufficient political will to expedite change in favour of children. Moreover, the Government had not taken sufficient advantage of the international cooperation it received by enacting the legislation needed to develop an integrated and functioning system for the promotion and protection of children's rights. It was urgently necessary to give priority to the enactment of the children's bill and the sexual abuse bill, as well as to ratification of the two Optional Protocols to the Convention. In addition, impetus needed to be given to the development of a plan of action for children. Most importantly, it was necessary to raise awareness in Swaziland of the importance of children's rights and to bring about a corresponding change in societal attitudes, as well as to provide systematic human and children's rights training for professionals. She hoped to see clearer signs from the Government demonstrating a heightened commitment to realizing children's rights.

69. Ms. N. DLAMINI (Swaziland) thanked the Committee members for their questions and comments, which had given the delegation an opportunity to identify areas in which greater effort was needed. In addition to developing its institutional and legal frameworks, the Government realized it needed to take steps to implement an information system for improved data collection. The fact that Swaziland had adopted a Constitution meant that there would be a greater understanding of human rights, and in particular, of children's rights. The experience of presenting Swaziland's initial report to the Committee would help the members of the delegation to be better advocates for the issues discussed. She assured the Committee that the Government of Swaziland was committed to implementing the Convention, not only to improve its image internationally, but primarily as a means of improving the social welfare of Swazi children so as to prepare them to become the future leaders of the country. She requested help from the Committee in identifying organizations that could provide Swaziland with the technical assistance it needed to implement the Convention. She assured the Committee that the Government would give priority to establishing the coordination unit before the end of the year.

70. The CHAIRPERSON said that the implementation of the Convention was an ongoing process that required time, energy and targeted action. The delegation should not hesitate to contact members of the Committee for their support and assistance.

The meeting rose at 5.15 p.m.