



Convention on the Rights of the Child

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Held at the Palais Wilson, Geneva, on Wednesday, 17 May 2017, at 3 p.m.

Chair: Ms. Winter

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

Consideration of reports of States parties (*continued*)

Combined third to fifth periodic reports of Bhutan (continued) (CRC/C/BTN/3-5; CRC/C/BTN/Q/3-5 and Add.1)

1. *At the invitation of the Chair, the delegation of Bhutan took places at the Committee table.*
2. **The Chair** invited the delegation of Bhutan to give their answers to the questions put by members of the Committee at the previous meeting (CERD/C/SR.2198).
3. **Ms. Lhamu** (Bhutan) said that the Child Care and Protection Act made provision for the confidentiality of complaints brought by children. Monastic institutions were also covered by the Act. The National Commission for Women and Children, as the competent body, was responsible for monitoring the handling of such complaints. Concerns about monastic institutions could also be taken up with the Child Care and Protection Office, which had been set up in 2013 to protect child monks and was staffed by two officers from the monastic body. A toll-free helpline was being set up, along with a comprehensive information management system for women and children in difficult circumstances, which included a monitoring system.
4. **Ms. Deki Dema** (Bhutan) said that the matching of prospective adoptive parents to children awaiting adoption was not done until applicants had submitted documentation on their income, health and character. A determination was made of the applicants' suitability and matching then took place, always bearing in mind the child's best interests. The Child Adoption Act made provision for adoptions to be arranged by civil society organizations or private agencies, but to date no such bodies had been involved in adoptions. As the competent body, the National Commission for Women and Children had drawn up guidelines for adoption that also regulated such service providers.
5. Two challenges needed to be overcome in order for Bhutan to accede to the Hague Convention on Protection of Children and Cooperation in respect of Intercountry Adoption. On the one hand, monitoring arrangements were not yet adequate and on the other Bhutan had difficulty in determining the authenticity of the assessments received from adoption agencies abroad. Technical assistance might be required in reviewing national legislation to ensure compliance with the Hague Convention and also in building capacity for service providers in Bhutan.
6. **Ms. Lhamu** (Bhutan) said that the State party had yet to establish the necessary framework for full implementation of its own Adoption Act. Only then could it consider accession to the Hague Convention.
7. **Mr. Tshering** (Bhutan) said that private schools were required to conform to national education policy and standards and to that end to sign memorandums of understanding with the Ministry of Education. The boarding school, or central school, system had been established for the benefit of economically and socially challenged children, who received free education, board, clothing and equipment. Support was provided by the schools' counsellors and caregivers. Clearly there was an issue in that some children had left their family environment but enrolment in central schools was not compulsory and children living within a 5 km radius could live with their family.
8. **Ms. Choden** (Bhutan) said that considerable thought had gone into the creation of the central school system. The country's geographical features had obliged children in remote areas to walk for hours to reach their schools, sometimes having to cross rivers on the way. The new system had helped to make education more accessible but the choice lay with the parents. Longer summer and winter holidays had been introduced as a means of mitigating the children's separation from their families.
9. Accessibility alone was not enough: quality was also essential, and the new system had permitted the resources to be pooled and teaching standards to be raised. The existing community and primary schools had been left in place and some of them had been successfully converted into early childhood care and development centres.

10. **Ms. Deki Dema** (Bhutan) said that most Ministry of Education counsellors were deployed in the central schools and had been trained in art therapy with support from the United Nations Children's Fund (UNICEF). Further training in psychosocial counselling was scheduled for July 2017 and that would include sessions on building resilience in children and young people. The Government's aim was to have at least one full-time counsellor in every school by 2018. Caregivers in boarding schools had been trained in child protection and guidelines on protection had been developed.

11. **Mr. Tshering** (Bhutan), referring to the question of compulsory education, said that his Government had worked hard to implement the constitutional mandate of universal free education up to class 10; the enrolment rate at primary level was now 98.6 per cent, with gender parity at 1.3 in girls' favour. Concerted efforts, including through measures such as school meals programmes, hardship allowances for teachers and even airlifting teachers to schools in remote areas, were being made to reach the remaining 1.4 per cent of children. At secondary level, girls accounted for 50.5 per cent of pupils (gender parity index 1.02), and at tertiary level for 35 per cent of students (gender parity index 0.82).

12. Teachers in seven of the country's districts had received training in gender-sensitive teaching methods and girls were encouraged to take up science, technology, engineering and mathematics-related (STEM) subjects.

13. Those and other initiatives, such as extended classrooms and school feeding programmes, all contributed to the provision of quality education of a kind that meant it was not necessary to make education compulsory.

14. As to the question of common standards across public, private and monastic schools, he said that public and private schools applied the same standards, followed the same curricula and used the same assessments. In monastic schools the curriculum was more traditional and standards were different. However the Ministry of Education had overseen the introduction of basic numeracy and literacy skills and when students left monastic schools their qualifications were benchmarked with those leaving private or public schools, so that they were not disadvantaged in employment.

15. **Ms. Otani** (Country Task Force) said that she understood that the National Commission for Women and Children, in its capacity as the national human rights institution in respect of children, had a broad mandate to receive complaints of violations of children's rights, including discrimination. In cases of abuse or neglect, the Commission could refer cases to the police or social services, but she wondered what powers the Commission had to investigate or intervene in discrimination cases involving, for example, denial of admission to a school or delay in registering a birth.

16. **Ms. Lhamu** (Bhutan) said that the Commission had a mandate to take up such cases with the relevant authority. In a case of discrimination in access to education it would approach the Ministry of Education and do its best to ensure enrolment.

17. **Mr. Gastaud** asked whether parents were penalized if they did not send their children to school when there was a school near their place of residence.

18. **Ms. Choden** (Bhutan) said that the question seemed to relate to whether education was compulsory in Bhutan. Education was free and everyone was encouraged to enrol their children. It was important to ensure that no one was left behind but she wondered whether a law was always the best way to achieve a goal. Each District Administrator was responsible for ensuring that all children in their area received schooling and to that end signed an agreement with the Prime Minister that reflected the situation in their district. Some children dropped out, either for financial reasons or through sickness, but alternatives, such as continuing education or non-formal education, were available to enable them to complete their schooling. The Government's goal was a minimum of tenth grade education for all, to be achieved by measures that were not necessarily legislative.

19. **Mr. Wangdi** (Bhutan) said that the Labour and Employment Act provided for two months' maternity leave and five days' paternity leave. Following the Government's decision to increase maternity leave for civil service employees to 6 months and paternity leave to 10 days, the Ministry of Labour and Human Resources had conducted a survey of companies to ascertain whether such a change could be made in the private sector. Initially,

110 companies had said that they could agree to between two and three months' maternity leave, plus flexible working hours thereafter, in some cases with time allowed for breastfeeding. Recently the number of private companies cooperating had risen to 166, including some that were willing to provide six months' maternity leave; paternity leave in many cases was also not seen as problematic. On the other hand, smaller companies maintained that they would suffer losses if they increased maternity leave; accordingly, the measures would target medium-sized and larger companies for the moment.

20. With regard to child labour, he said that, although Bhutan was not yet a member of the International Labour Organization (ILO), the Labour and Employment Act took account of ILO guidelines. In 2010 the Government had issued a directive that school-age children could not be employed as domestic workers; that directive had been duly applied.

21. **The Chair** (Coordinator, Country Task Force) said that if children were allowed to work at 13 then they could not attend school between the ages of 13 and 15. However, the delegation seemed to be saying that, although work at age 13 was permitted under the law, it did not happen in practice; was her understanding correct?

22. **Mr. Wangdi** (Bhutan) said that the provision did not allow children of that age to work but they could perform simple, acceptable jobs in the household, for example.

23. **Mr. Wangchuk** (Bhutan) said that the Ministry of Labour and Human Resources, in cooperation with the National Commission for Women and Children and civil society organizations and with funding from UNICEF, had recently run an awareness-raising programme on sexual harassment for some 300 employees in the entertainment sector in seven districts. Topics covered had included the importance of preventing sexual harassment in the workplace, the complaints procedure and the responsibilities of employers and employees. The programme was to be run in other districts in the coming months.

24. **Ms. Tashi Dema** (Bhutan) said that malnutrition was recognized as a major public health issue in Bhutan. Nevertheless, the national nutrition survey conducted in 2015 with support from UNICEF had shown that the rate of stunting among under-fives had fallen from 80 per cent to around 20 per cent and underweight from 19 per cent to 9 per cent, while the rate of wasting among children stood at 4.3 per cent.

25. In order to help reduce the neonatal mortality rate the Ministry of Health had developed the 2016-2023 Newborn Action Plan, whereby, among other things, cascade training in kangaroo mother care was being provided to health providers. Other initiatives to improve nutrition for under-fives included a web-based mother-and-child health tracking system and a mother-and-baby-friendly health facility initiative that was currently being piloted. The Ministry had also implemented a Food and Nutrition Policy and a Food and Nutrition Security Strategy.

26. In the area of adolescent health, there were many recognized issues, including in relation to HIV/AIDS and reproductive and mental health. The 2013-2018 National Adolescent Health Strategic Plan had been put in place to address such problems. Adolescent health was also being addressed through the education system and adolescent-friendly health services were being rolled out in several hospitals in the capital and nine districts.

27. Abortion was an offence under the Penal Code of Bhutan. It was, however, permitted where the pregnancy represented a major health risk to the mother or had resulted from rape or incest, or where the mother was not in sound mental health.

28. As to the harmful effects of substance abuse, various programmes were in place, under which school visits were arranged to sensitize children and adolescents to mental health consequences and the risk of suicide.

29. Nearly 98 per cent of the population now had access to safe drinking water, while 70 per cent of households had improved sanitation access, as compared with 66 per cent in 2012.

30. In reply to a question from **Mr. Lumina** (Country Task Force), she said that there was no specific sexual and reproductive health policy but sexual health was addressed

under the National Adolescent Health Strategic Plan and sexual health services were provided through the adolescent-friendly health services in 13 hospitals.

31. **Ms. Ayoubi Idrissi**, noting that school dropout rates in Bhutan were beginning to rise, along with teenage drug use, asked whether the delegation could provide figures for the number of dropouts. She would like to know what follow-up was provided and whether all those who dropped out received non-formal education or managed to obtain apprenticeships. She wondered whether there was a budget for such follow-up.

32. **Ms. Sandberg**, noting the high rate of teenage pregnancy, said that she would appreciate hearing what the State party was doing to encourage the use of contraceptives. She would also like to know whether, where maternity leave was granted by a private company, the employee was paid by the company or by the Government.

33. **Mr. Rodríguez Reyes** asked what steps the State party had taken to promote breastfeeding and whether it intended to accede to the International Labour Organization (ILO) Maternity Protection Convention, 2000 (No. 183), in order to provide a solid foundation for its measures in that area. He would also like to know whether the “Ten steps to effective breastfeeding” scheme was implemented in hospitals.

34. He asked whether the monitoring of children’s rights in monastic schools was effective and how complaints from children were received. Lastly, he wondered whether there were any special mental health hospitals for adolescents.

35. **Ms. Aho Assouma** said that she would like to know whether any classes in schools were conducted in Nepalese in order to avoid discrimination against children from the Nepalese community. She would appreciate receiving information on the situation with regard to corporal punishment in monastic schools; the delegation had provided information on general oversight but she would like to know whether there was any closer monitoring in that regard.

36. She requested more information about the strategies in place to reduce child wasting, malnutrition and mortality rates and about the State party’s measures to promote food security. She would be interested to know about the level of access to drinking water in schools, whether there were separate toilet facilities for boys and girls, and whether food in schools was washed properly in order to prevent diarrhoeal infections.

37. What reception facilities did the State party have for drug addicts? What support structures were in place for young people who might be susceptible to suicide?

38. **Mr. Lumina** said that, with regard to children with disabilities, he would like to know whether there were any mechanisms in place to monitor schools’ implementation of the standards on inclusive education and whether there were any remedies or sanctions that could be applied in the event of non-compliance by schools. It would be useful to know to what extent children with disabilities, their families or relevant organizations had been involved in preparing the draft national disability policy, and whether any efforts were being made to adopt a legal, rights-based framework for children with disabilities. He asked whether a curriculum suitable for inclusive education had been developed, and if so, whether the delegation could provide examples of components that promoted inclusive education. In addition, he requested information on measures being implemented to tackle the stigmatization of and prejudice against children with disabilities, and which groups such measures targeted.

39. It would be helpful to have an update on training for health workers in community-based rehabilitation and how such health workers were distributed across the country. From paragraphs 36 and 187 of the State party’s report it appeared that the budget allocations for social and health services had been reduced and he would appreciate an explanation of that reduction. What plans were in place to improve such allocations in the future?

40. He wished to know what measures were being taken to address disparities in the access, quality and use of health services between regions, rural and urban areas and income groups.

41. He asked what strategies and programmes were in place to address issues of climate change and disaster risk management, and whether the vulnerabilities and needs of children,

as well as their views, had been taken into account in developing such measures. Lastly, referring to target 6.2 of the Sustainable Development Goals, he said that he would be interested to hear about efforts to ensure access to adequate sanitation, particularly in rural and poor urban areas.

42. **Mr. Gastaud** said that he would be interested to know whether the draft education policy had yet been adopted. He would also like to know whether schools had student councils that were able to give pupils' opinions in matters such as the curriculum or disciplinary issues. Was space and time provided in schools to allow children to exercise the right to play?

The meeting was suspended at 4.15 p.m. and resumed at 4.40 p.m.

43. **Mr. Tshering** (Bhutan) said that school dropout rates were not very high, standing at 1.5 per cent in primary education and 6 per cent in secondary education. Students who dropped out were given a chance either to resume their education at the same or a different school, or to move into continuing education or non-formal education, for which there was considerable budget support. The best way to help children in such situations, particularly where there were discipline problems or they had come into conflict with the law, was to facilitate a change of school.

44. Various policies and standards were in place to ensure the rights of children with disabilities. The Gross National Happiness Commission was expecting to establish a national disability policy by October 2017. In consultation with the relevant stakeholders, the Ministry of Education was developing examination guidelines and a promotion system for special-needs children. There were two public schools and one private school catering to children with special needs and inclusive education standards had been developed with a view to enabling disabled children to enter the mainstream system.

45. The Government was aware that qualified teachers helped to guarantee the quality of the education system. The Royal University of Bhutan had two teacher-training colleges, one for primary school education and the other for secondary-school education. Full scholarships were provided. The Ministry of Education had established two nationwide programmes, which had begun to deliver progressive pedagogical training and language courses to the approximately 9,000 teachers working throughout the country. The results of those programmes were already being seen through improvements in classroom organization, for example. Teaching standards were also being developed, and the draft National Education Policy, which was nearing completion, sought to harmonize existing standards, rules and policies in a progressive manner.

46. Other measures for the improvement of the overall education system included a revamping of the national curriculum at the school, district and national levels, the upgrading of school infrastructure, the expansion of existing schools and the construction of new schools.

47. The Department of Youth and Sports of the Ministry of Education sought to keep young people meaningfully engaged. Much importance was placed on sports, and there was participation and competition at the school, regional and national levels.

48. Drug and alcohol abuse and smoking were some of the issues faced by the country's schools. To help children deal with such challenges, counsellors were available at nearly all central schools. Rather than focusing on the punishment of children who were dealing with those problems, the Ministry of Education strove for a more supportive approach to help troubled youth stay in school. In addition, the Ministry was looking into providing employment opportunities to children who had ultimately dropped out of school.

49. **Ms. Choden** (Bhutan) said that there were several mechanisms and platforms at the school level to ensure that children, especially those with disabilities, participated in decision-making processes relevant to their lives. Through such mechanisms and programmes, children were encouraged to participate in discussions and debates on the issues which affected them.

50. Because Bhutanese society was generally tolerant, stigmatization of particular groups was rare. However, there had been much discussion on addressing the possible

stigmatization of children with disabilities. In fact, many NGOs were working in areas related to the mainstreaming of children with disabilities, teaching them life skills and ensuring their equal access to education. The Government took a proactive approach to educational matters, in addition to devising policies and strategies through which to deal with other social issues.

51. The two languages used in the education system were English and Dzongkha. Almost 99 per cent of the young people in school were able to speak both.

52. **Ms. Tashi Dema** (Bhutan) said that the Ministry of Health recognized teenage pregnancy as a major problem and was finalizing draft guidelines on the subject. To help reduce the teenage pregnancy rate and address other issues faced by adolescents, it had established a special programme which raised awareness among health-care providers, young people and the community as a whole.

53. The exclusive breastfeeding rate in Bhutan was still low. To remedy the situation, the Ministry of Health had established a number of initiatives, such as the extension of maternity leave. Several other initiatives, including the Food and Nutrition Security Policy and an awareness-raising programme on infant and child feeding practices and the 1,000 Golden Days, also aimed to reduce infant malnutrition and mortality rates.

54. Several strategies had been implemented to ensure access to adequate sanitation. In 2016, the Public Health Engineering Division of the Ministry of Health had conducted an assessment of handwashing in health-care facilities. It was currently carrying out a sanitation and hygiene study in rural Bhutan, as well as promoting handwashing and sanitation in remote communities.

55. Although there were no psychiatric hospitals in the country, mental health problems were treated through a hospital psychiatric department. A 2017 review of a mental health manual developed in 2010 sought to improve services for those suffering from mental illness. More specifically, the Department of Public Health had developed a three-year (2015-2018) action plan on suicide prevention and was drafting guidelines for the treatment of suicidal persons.

56. Lastly, children with allergies had access to allergy-treatment services in addition to the free public health-care services available to all citizens.

57. **Ms. Deki Dema** (Bhutan) said that, with regard to the question on practices to reduce the mortality rate among children in monastic institutions, the Commission for Religious Affairs supported a number of hygiene-promotion programmes which had introduced measures such as the implementation of child-friendly toilets with handwashing units and reusable sanitary pads.

58. **Ms. Choden** (Bhutan) said that to address the hygiene problem faced by menstruating girls in rural areas, the Ministry of Education had recently started supplying rural schools with sanitary pads free of charge.

59. Referring to Mr. Lumina's comment about disparities in health services between rural and urban areas, she said that primary health care was in fact quite easily accessible. The Government had made a concerted effort to ensure countrywide access to primary health-care services. Moreover, rural areas benefited from the referral system, whereby patients were initially treated at basic health units and then referred to regional and national hospitals as necessary. A referral committee system ensured that treatment was almost free of charge. However, awareness-raising was necessary to ensure that the population both knew of the availability of health services and understood how they worked.

60. **Ms. Lhamu** (Bhutan) said that efforts to reduce the rate of pregnancy among adolescents included awareness-raising programmes, which were regularly carried out in schools and communities, and an advocacy programme, headed by the Queen Mother, which had so far been conducted in 13 of the country's 20 districts. With regard to maternity benefits, while women working in the private sector were not currently covered by State allowances, future consideration would be given to identifying ways to promote maternity benefits and crèches in private enterprises.

61. A full assessment of the International Labour Organization (ILO) Worst Forms of Child Labour Convention, 1999 (No. 182), taking into account the current priorities for the country, was required before a decision could be taken as to its ratification. In the meantime, a national action plan on child labour was being reviewed before its implementation by the Ministry of Labour and Human Resources. Regarding monastic institutions, while no independent monitoring mechanism had as yet been established, child-protection safeguards were afforded by the Commission for Monastic Affairs Expert Committee and the Child Care and Protection Office.

62. In the area of health, efforts to reduce the suicide rate among adolescents included a cross-sectoral programme aimed at reducing the risk of suicide, which was being implemented by the Department of Youth and Sports. As to health-care funding, 8 per cent of the State budget was allocated to the health sector, which meant that there had in fact been an increase, not a decrease, in health-care funding, some of which was to support the various major programmes that were under way, including the construction of the maternity hospital. Moreover, the funding allocated to the health sector under the eleventh Five-Year Plan amounted to 8.146 billion Bhutanese ngultrum (Nu), which represented 3.82 per cent of the Plan's budget.

63. Although the views of children had not been specifically taken into account in the National Adaptation Programme of Action, a number of climate change and disaster resilience indicators that included gender-sensitive and child-protection perspectives had been incorporated into the draft twelfth Five-Year Plan. In that connection, a standard operating procedure was in place to ensure that, during the drafting of any government policies, a wide range of stakeholders were consulted and that cross-cutting issues, such as gender perspectives and child protection issues, were taken into consideration. By way of example, a survey of persons with disabilities, 23 per cent of them children, which would help shape the drafting of the disability policy, was expected to be completed in October 2017.

64. **Mr. Tenzin** (Bhutan) said that the new juvenile and women's courts dealt with both criminal and civil matters arising, inter alia, from issues relating to marriage, divorce, the Child Care and Protection Act and the Domestic Violence Prevention Act.

65. Alternatives to detention, such as community service, rehabilitation or special care arrangements, were available to judges when sentencing child offenders in cases involving misdemeanours and fourth degree felonies. Judges had no discretion, however, to reduce sentences for more serious offences. In that connection, mediation was not available for criminal offences. For child offenders, mediation was permitted provided that both the victim and the perpetrator consented and that the offence was not of a serious nature.

66. **Mr. Singye** (Bhutan) said that the issue of the refugee camps in Nepal, which had its origins in the illegal immigration of economic migrants from Nepal, was a particularly complex one that the Bhutanese and Nepalese authorities had been working for years to resolve. A third-country resettlement programme, which involved a group of countries led by the United States of America, had enabled many people to leave the camps. In fact, recent statistics from the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees (UNHCR) showed that around 10,000 persons remained in the camps. The Bhutanese Government therefore wished to express its gratitude to the countries involved for their help in finding a solution. Since the resettlement programme was progressing smoothly, the Government wished to allow it to continue to its completion.

67. **Mr. Cardona Llorens** said that, in view of the fact that citizenship documents were often not issued until children reached 15 years of age, he wished to know what provision was in place to ensure that ethnic Nepalese children who did not have the requisite documentation were able to gain access to education. Regarding the two public and one private special schools for children with disabilities, he wondered which disabilities those schools catered to and what criteria were taken into consideration when deciding whether a child should go into inclusive, mainstream education or attend a special school.

68. **Ms. Sandberg** asked whether specific provision had been made for children under the programmes set up by the State party to address mental health issues and the risk of suicide.

69. **Ms. Aho Assouma** said that she would be interested to know whether children could decide to leave monastic education. In the area of health, she asked what health-care services, besides counselling, were provided to tackle substance abuse among children. She also wished to know whether any programmes were in place to prevent mother-to-child transmission of HIV/AIDS and whether persons living with HIV/AIDS had access to antiretroviral drugs. Lastly, since Bhutan was a polio-free nation, she would welcome information regarding the country's vaccination programme, in particular whether it covered all parts of the country, including remote areas.

70. **Ms. Otani**, noting that there were numerous child participation programmes centred mainly around schools, said that she wondered what provision was in place to ensure that children who dropped out of school, particularly girls, for whom the dropout rate was much higher, were still able to participate in decision-making and training platforms.

71. **The Chair** asked whether any awareness-raising programmes had been implemented with a view to combating gender stereotypes in the workplace.

72. **Ms. Choden** (Bhutan) said that much had been done over the years to resolve citizenship issues. As far as ethnic Nepalese children were concerned, it was important to understand that no distinction was made on ethnic grounds in Bhutan. More importantly, provided that a child's birth had been registered, he or she should be able to attend and complete primary education. If, after that period, there was a citizenship issue, appropriate procedures were in place and could be fast-tracked so as to ensure the child's access to education.

73. One of the special schools for children with disabilities catered specifically to blind children. Work was currently under way to define what was meant by disability, taking into consideration different types of disabilities including intellectual and psychosocial disabilities. In that connection, the Government had so far allocated relevant resources, such as specialized teachers and learning aids, to 14 schools around the country.

74. **Ms. Lhamu** (Bhutan) said that both of the programmes established to address mental health issues and the risk of suicide targeted children and adolescents exclusively. With regard to child drug abusers, in addition to detoxification programmes run by the Ministry of Health, a number of NGOs partnered the Government in providing additional services, equipment and expertise. Similarly, the Ministry of Health worked closely with an NGO that specialized in HIV/AIDS prevention programmes. Lastly, many retention programmes were being implemented in schools with a view to tackling the high dropout rate among girls.

Initial report of Bhutan on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (CRC/C/OPAC/BTN/1; CRC/C/OPAC/BTN/Q/1 and Add.1)

75. **Mr. Gastaud** (Country Task Force) said that he wished to know how the State party verified whether persons volunteering to join the armed forces had indeed reached the age of majority, since, depending on the person's actual age, identity documents would not always be available. He asked whether there were plans to intensify efforts to raise awareness of the Optional Protocol among professional groups, children and the general public and whether any specific programmes were in place to train armed forces personnel on its provisions. He was concerned that the prohibition of "recruitment of children in armed conflict", referred to in paragraph 4.1 of the State party's replies to the list of issues (CRC/C/OPAC/BTN/Q/1/Add.1), was too limited; the obligation assumed under the Optional Protocol was to prohibit the recruitment of children into the armed forces, non-State armed groups and security forces. He wondered what measures were taken and what resources were available to identify and provide comprehensive support to child victims of armed conflict recruited outside Bhutan.

76. Referring to paragraph 8.1 of the State party's reply to the list of issues, he said that he would welcome clarification as to whether the Bhutanese authorities were able, in

practice, to exercise extraterritorial jurisdiction over offences under the Optional Protocol that were committed abroad. Lastly, he asked whether Bhutan had entered into any defence cooperation agreements with other States parties, and whether the State party sold weapons to countries in which children were involved in armed conflict.

Initial report of Bhutan on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (CRC/C/OPSC/BTN/1; CRC/C/OPSC/BTN/Q/1 and Add.1)

77. **The Chair** (Country Task Force) said that she was concerned that the current legislation contained no reference to, or definition of, the sale of children and thus was not in conformity with articles 2 and 3 of the Optional Protocol. That fact could account for the absence of reported cases of the sale of children, child prostitution or child pornography.

78. She would be interested to hear whether there were plans to develop a comprehensive policy and strategy on the rights of children under the Optional Protocol; whether any awareness-raising campaigns had been conducted or training provided in relation to the Optional Protocol, including whether there were plans to train law enforcement officers and judges on its provisions; and what resources had been allocated to efforts to combat the sale of children, child prostitution and child pornography. She would also welcome information as to whether there were any outreach programmes and community and counselling services for victims of offences under the Optional Protocol, and what progress had been made by the Druk Adolescent Initiative on Sexual Awareness Network to incorporate children's issues into national policies.

79. She noted that more than seven State entities were involved in various evaluation and coordination activities relating to the Optional Protocol and wondered how the work of those different bodies was being harmonized. She wished to know whether legal persons and corporate entities could be prosecuted for offences under the Optional Protocol and whether any data could be provided on prosecutions and convictions of persons who breached its provisions, particularly in view of the fact that Bhutan was both a source and destination country for the trafficking of girls.

80. Lastly, she asked what measures were in place or envisaged by the Government to protect and reintegrate child victims, including whether it planned to establish a crisis shelter for victims and witnesses; and whether the woefully inadequate definition of trafficking contained in article 154 of the country's Penal Code could be harmonized with that contained in article 224 of the Child Care and Protection Act.

The meeting rose at 6 p.m.