



**Convention on the  
Rights of the Child**

Distr.  
GENERAL

CRC/C/URY/Q/2/Add.1  
16 April 2007

ENGLISH  
Original: SPANISH

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COMMITTEE ON THE RIGHTS OF THE CHILD  
Forty-fifth session  
21 May-8 June 2007

**WRITTEN REPLIES BY THE GOVERNMENT OF URUGUAY TO THE  
LIST OF ISSUES (CRC/C/URY/Q/2) PREPARED BY THE COMMITTEE  
ON THE RIGHTS OF THE CHILD IN CONNECTION WITH THE  
CONSIDERATION OF THE SECOND PERIODIC REPORT OF  
URUGUAY (CRC/C/URY/2)\***

[Received on 3 April 2007]

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\* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

**List of issues to be taken up in connection with the consideration of  
the second periodic report of Uruguay (CRC/C/URY/2)**

**The State party is requested to submit in written form additional and updated information, if possible before 2 April 2007**

1. A note on the methodology of the report: the process of answering the following questions involved as many parties as possible, which in a way hindered consistency in drafting the report.
2. This method meant that the action of updating the report became in itself a way of disseminating the Convention, which did not end with a formal stage of submission to the Committee and which provided opportunities for learning, exchanging perspectives among operators in different sectors of activity and envisaging new problems.

**PART I**

**A. Data and statistics, if available**

1. *Please provide disaggregated data (by sex, age group, ethnic group, urban and rural area) covering the years 2004, 2005 and 2006 on the number and percentage of children under 18 living in the State party.*
3. See Table 1 below.

**Table 1**

**Total projected population by year and by age group (on 30 June of each year)**

Age group	2004	2005	2006
Total	3 301 732	3 305 723	3 314 466
0-3	199 505	196 389	194 342
4-5	107 061	104 369	101 493
6-12	383 722	383 274	381 555
13-17	267 110	266 888	267 191
18 +	2 344 334	2 354 803	2 369 885

*Source:* National Statistical Institute (INE) 2004 Population Census Phase 1.

4. As may be seen from Table 1, the total population of children and adolescents, as projected on the basis of data from phase 1 of the 2004 population census, was 957,398 in 2004, 950,920 in 2005 and 944,581 in 2006.
5. While the total population of children and adolescents has fallen each year, the population of people over 18 has increased slightly, from 2,344,334 to 2,369,885 between 2004 and 2006.

**Table 2**  
**Total projected population by year and by age group**  
**(on 30 June of each year) as percentages**

Age group	2004	2005	2006
Total	100	100	100
0-3	6.0	5.9	5.9
4-5	3.2	3.2	3.1
6-12	11.6	11.6	11.5
13-17	8.1	8.1	8.1
18 +	71.0	71.2	71.5

*Source:* INE Population Census Phase 1.

6. The population of children represented 29 per cent of the total population in 2004, falling by half a percentage point in 2006 to 28.5 per cent.

**Table 3**  
**Number of children and adolescents under the age of 18 by year and by sex**

Sex	2004	2005	2006
Total	957 398	950 920	944 581
Boys	488 950	485 714	482 545
Girls	468 448	465 206	462 036

*Source:* INE Population Census Phase 1.

**Table 4**  
**Children and adolescents under the age of 18 by year and by sex as percentages**

Sex	2004	2005	2006
Total	100	100	100
Boys	51.07	51.08	51.09
Girls	48.93	48.92	48.91

*Source:* INE Population Census Phase 1.

7. The population of boys is higher than that of girls among children and adolescents under the age of 18 for the whole of the period under consideration (2004-2006).

**Table 5**

**Number of children and adolescents under the age of 18  
by year and by area (urban or rural)**

Area	2004	2005	2006
Total	957 398	950 920	944 581
Urban	898 087	892 917	887 917
Rural	59 311	58 003	56 664

*Source:* INE Population Census Phase 1.

**Table 6**

**Children and adolescents under the age of 18 by year and by area  
(urban or rural) as percentages**

Area	2004	2005	2006
Total	100	100	100
Urban	93.80	93.90	94.00
Rural	6.20	6.10	6.00

*Source:* INE Population Census Phase 1.

8. When children and adolescents are classified according to geographical area of residence, it becomes clear that the population is overwhelmingly urban, with 94 per cent of children and adolescents living in urban areas and only 6 per cent in rural areas.

2. *In the light of article 4 of the Convention, please provide disaggregated data on budget allocations and trends (in absolute figures and percentages of the national budget and/or gross domestic product - GDP) for the years 2005, 2006 and 2007 regarding the implementation of the Convention, evaluating also the priorities for budgetary expenditures given to the following:*

- (a) *Education (different types of education, i.e. pre-primary, primary and secondary);*
- (b) *Health care (different types of health services, i.e. primary health care, vaccination programmes, adolescent health care, HIV/AIDS and other health-care services for children, including social insurance);*
- (c) *Programmes and services for children with disabilities;*
- (d) *Support programmes for families;*
- (e) *Support for children living below the poverty line;*
- (f) *Protection of children who are in need of alternative care including the support of care institutions;*

- (g) *Programmes and activities for the prevention of and protection from child abuse, trafficking in children, child sexual exploitation and child labour;*
- (h) *Programmes and services for abandoned children, including street children;*
- (i) *Administration of juvenile justice and the recovery and social reintegration of juvenile offenders.*

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

9. The expenditures of the National Public Education Administration (ANEP) are given in table 7 below.

**Table 7**  
**ANEP spending in current Uruguayan pesos\***

Executing Agency	2005	2006	2007
ANEP total	9 934 484 851	11 217 952 585	12 766 480 774
Central Governing Council	1 259 449 477	1 392 974 269	8 501 842 640
Governing Council for Primary Education	4 708 875 800	5 350 074 410	2 484 411 581
Governing Council for Secondary Education	2 845 563 769	3 191 799 750	1 231 302 693
Governing Council for Professional Technical Education	1 120 595 805	1 283 104 156	548 923 860
GDP in current Uruguayan pesos			
GDP	406 705 000 000	464 802 000 000	518 330 000 000
ANEP spending as percentage of GDP	2.4	2.4	2.5

*Source:* Uruguay Central Bank. Available at [www.bcu.gub.uy](http://www.bcu.gub.uy) (in Spanish): follow the link to “Comité de Coordinación Macroeconómica” (“Macroeconomic Coordination Committee” of the Ministry of the Economy and Finance); “Comunicado del 26 de marzo de 2007” (“Communiqué of 26 March 2007”).

*Notes:*

1. 2005 and 2006: accrued expenditure; 2007: appropriation.
2. The Central Governing Council for Education (CODICEN) executing agency supervises the largest proportion of investment resources of the whole system, for primary, secondary and technical education.

\* On the date of publishing the exchange rate was the following:  
US\$ 1 = Ur\$ 24.00 (Uruguayan pesos).

10. Given below are the budget allocations and trends for three public bodies that provide support for children living below the poverty line, including family support, care for children with disabilities and care for juvenile offenders. Firstly, the Uruguayan Institute for Children and Adolescents (INAU), the administrative body in charge of child policy; secondly, the Children, Adolescents and Family Programme (INFAMILIA) of the Ministry of Social Development (MIDES); and lastly, a proportion of the expenditure in support of poor children of the Ministry's Social Emergency Plan (PANES). To this should be added the budget allocations for sector policies focusing on children and adolescents living below the poverty line, the National Food Institute, the National Institute for Youth and the judiciary for children and adolescents, for which no data are given.

11. The next table shows changes in GDP, total public spending and the allocation for INAU for 2005-2007. Although INAU is in charge of all child policies - beyond the current process of refocusing within its care delivery system (transition) - currently this body deals mainly with children living below the poverty line. As a result, its budget may be considered as entirely aimed at supporting children living below the poverty line.

**Table 8**  
**GDP, public spending and INAU allocation by year**  
**In dollars as at December 2006**

	2005	2006	2007*
GDP	18 254 573 711	19 532 393 871	20 557 844 549
Total public spending	4 622 257 306	4 979 608 480	5 092 236 443
INAU allocation	67 797 948	76 133 273	79 657 451

*Source:* Compiled using data from the Five-Year Budget Act No. 17930.

\* GDP: Official projection by the Ministry of the Economy and Finance; INAU allocation: 2007 appropriation.

12. The INAU budget allocation in relation to GDP rose by 5 per cent in 2006 compared with 2005, reaching 0.39 per cent of GDP, and it is estimated that this percentage will remain constant for 2007. However, the change in INAU budget allocation in relation to total public spending displays an upward trend over the three years analysed, rising from 1.53 per cent of public spending in 2006 to an estimated 1.56 per cent in 2007.

**Table 9**  
**INAU budget in relation to GDP and public spending**

	2005	2006	2007*
Percentage of GDP	0.37	0.39	0.39
Percentage of public spending	1.47	1.53	1.56

*Source:* Compiled using data from the Five-Year Budget Act No. 17930.

\* GDP: Official projection by the Ministry of the Economy and Finance; INAU allocation: 2007 appropriation.

**Table 10**

**INAU budget by service, in Uruguayan pesos\* as at December 2006**

	2005	2006	2007
Total INAU budget	1 657 592 027	1 749 437 573	1 947 545 023
Family support service	124 013 821	130 885 305	145 706 843
Street children	13 169 001	13 898 683	15 472 578
National Institute for the Rehabilitation of Young Offenders (INTERJ)	223 745 199	236 142 700	262 883 653
Direct assistance**	919 797 474	970 762 549	1 080 692 332
CAIF Plan	199 464 620	210 516 759	234 355 814
NGO support Montevideo	177 401 911	187 231 576	208 433 802

*Source:* OPP-INAU (Planning and Budget Office-INAU).

\* On the date of publishing the exchange rate was the following:  
US\$ 1 = Ur\$ 24.00 (Uruguayan pesos).

\*\* Part-time care, full-time care, inland homes, INAU Centre for Examination and Referral (CED), partnerships.

13. Table 10 shows that spending on family support programmes and services represented 7.48 per cent of the INAU budget in 2006, around 0.11 per cent of public spending and less than 0.03 per cent of GDP. Spending on street children exclusively is less than 1 per cent of the INAU budget, meaning that it is not a significant value as a percentage of GDP or public spending. Spending on support for young offenders by the National Institute for the Rehabilitation of Young Offenders (INTERJ) represents 13 per cent of the INAU budget, around 0.20 per cent of public spending and 0.05 per cent of GDP.

14. Over half of the INAU budget (55 per cent) is allocated to other services for direct assistance, including full-time and part-time care, provided by the State and in partnership with other organizations, Children's Clubs, and all expenses directly or indirectly related to those services. As for the rest of the budget, 12 per cent is allocated to the CAIF Plan (integrated family day-care centres) and the remaining 10 per cent to supporting non-governmental organizations (NGOs) in Montevideo.

**Table 11****Budget allocations to INAU services as a percentage of GDP and public spending<sup>1</sup>**

	% INAU 2006	2005		2006		2007	
		% GDP	% public spending	% GDP	% public spending	% GDP	% public spending
Family support services	7.48	0.0278	0.1097	0.029	0.1144	0.0290	0.1170
Street children	0.79	0.0030	0.0117	0.003	0.0121	0.0031	0.0124
INTERJ	13.50	0.0501	0.1980	0.053	0.2064	0.0523	0.2112
Direct care*	55.49	0.2061	0.8139	0.216	0.8484	0.2150	0.8680
CAIF plan	12.03	0.0447	0.1765	0.047	0.1840	0.0466	0.1882
Support to NGOs in Montevideo	10.70	0.0397	0.1570	0.042	0.1636	0.0415	0.1674
INAU total	100.00	0.3714	1.4668	0.3898	1.5289	0.3875	1.5643

*Source:* Drawn up by the Planning and Budget Office (OPP)-INAU on the basis of OPP data.

\* Includes part-time care, full-time care, inland homes, CED and partnerships.

<sup>1</sup> In the estimate calculated, all indirect and support costs - general administrative management, consultants, finances and accounts, etc. - were divided between the different direct care services for children and adolescents proportionally to their spending.

**Table 12****Total budget for the INFAMILIA Programme (expressed in thousands of United States dollars)**

Spending areas	Total budget	Expenditure				Budget allocation	
		2003	2004	2005	2006	2007	Balance 2008/09
Programme administration	2 209	127	385	305	652	506	233
Programmes for children and adolescents	24 162	185	2 111	5 584	5 707	8 414	2 160
Community programmes	6 326	2	388	1 067	1 101	1 632	2 136
Institutional strengthening	2 313	4	94	84	56	662	1 414
Social communication	703	-	28	7	36	133	499
Assessment/External audits	625	-	-	2	105	5	513
Financial costs	6 583	207	149	383	718	850	4 277
Unforeseen expenses	1 579	-	-	-	-	395	1 184
Overall total	44 500	526	3 155	7 431	8 375	12 597	12 416
Overall total as a percentage	100%	1.2	7.1	16.7	18.8	28.3	27.90
Overall total as a cumulative percentage		1.2	8.3	25	44	72	100

*Source:* Accounts and Finance Department of the INFAMILIA Programme, 2007.



15. The Ministry of Social Development's INFAMILIA Programme (Childhood, Adolescence and Family) seeks to improve the living conditions and integration of children, adolescents and their families. It is funded by a loan from the Inter-American Development Bank, estimated at US\$ 44,500,000 over the seven years that the Programme is anticipated to run. Between 20 December 2002 and 31 December 2006, spending came to US\$ 19,486,864, which is equivalent to 44 per cent of the total budget. In 2003 and 2004, 9 per cent of the total budget was spent. In 2005, spending came to 16 per cent, and in 2006 to 19 per cent (INFAMILIA, 2007).

16. The last aspect worth mentioning, with regard to the support provided for children living below the poverty line, concerns the action taken by the Ministry of Social Development. Since it was created (in 2005) the Ministry has been implementing the Social Emergency Plan (PANES), which aims to improve the circumstances of socially vulnerable individuals.

17. In May 2006, 56.7 per cent of the people involved in the Plan were under 18 years old, which, in absolute terms, represented more than 191,000 individuals from that age category (MIDES; 2006).<sup>1</sup> Taking into account that, in 2006, PANES allocated US\$ 90 million to a programme of income support (*Programa Ingreso Ciudadano*), it may be estimated that US\$ 63 million went to supporting children and adolescents.

**(g) Programmes and activities for the prevention of and protection from child abuse, trafficking in children, child sexual exploitation and child labour**

18. With regard to these programmes, it may be noted that INAU organizes protection programmes for children and adolescents under agreements with civil society organizations.

19. With regard to spending on these types of initiatives, in 2007, INAU, together with INFAMILIA, will conduct programmes against all forms of abuse (for more information on these programmes, see point 1 of the general measures of implementation in this report). With regard to spending in 2007, in the first three months INAU earmarked a total of Ur\$ 459,000, and the INFAMILIA Programme plans to make a contribution of US\$ 250,000 towards the joint activities.

20. Table 13 presents the main forecasts for public spending on children for the five-year period 2005-2009, compared with spending in previous five-year periods. It sets out the structure of public spending on children,<sup>2</sup> its percentage of GDP and spending estimates for the years ahead (2007-2009).

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<sup>1</sup> The information is based on MIDES (2006): "*Perfil social de la población incluida en el PANES*" (Social profile of the population included in PANES); Ministry of Social Development (MIDES); Montevideo. Available on the website: [http://www.mides.gub.uy/internas/eva\\_prog/perfil\\_panes\\_0606.pdf](http://www.mides.gub.uy/internas/eva_prog/perfil_panes_0606.pdf).

<sup>2</sup> To consult the calculation methodology for public spending on children see INFAMILIA - MIDES (2006): "*Informe sobre el Gasto Público en Infancia en Uruguay 1990-2009: Insumos para la elaboración de una estrategia para la infancia y la adolescencia*" (Report on Public Spending on Children in Uruguay 1990-2009: input for drafting a strategy for children and adolescents). See website: <http://infamilia.gub.uy>.

**Table 13**  
**Structure of public spending on children as a percentage**

	1990-1994	1995-1999	2000-2004	2005	2006	2007	2008	2009	2005-2009
	Average	Average	Average						Average
Education <sup>1</sup>	58.6	56.7	59.6	57.3	56.8	62.1	64.1	64.4	60.9
Health <sup>2</sup>	16.5	15.5	13.2	11.4	11.7	11.9	11.9	11.6	11.7
Child care <sup>3</sup>	10.9	11.5	11.7	19.6	20.0	14.0	11.3	10.8	15.1
Social Security <sup>4</sup>	13.6	13.2	12.8	9.7	8.6	8.9	9.6	10.9	9.5
Housing <sup>5</sup>	0.4	3.1	2.8	2.0	3.0	3.0	3.1	2.4	2.7
Public spending on children <sup>6</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Education <sup>1</sup>	1.8	2.2	2.6	2.3	2.5	2.8	3.0	3.1	2.8
Health <sup>2</sup>	0.5	0.6	0.6	0.5	0.5	0.5	0.6	0.6	0.5
Child care <sup>3</sup>	0.3	0.4	0.5	0.8	0.9	0.6	0.5	0.5	0.7
Social security <sup>4</sup>	0.4	0.5	0.6	0.4	0.4	0.4	0.4	0.5	0.4
Housing <sup>5</sup>	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Public spending on children/GDP	3.1	3.8	4.4	4.1	4.5	4.5	4.6	4.9	4.5

Source: INFAMILIA-MIDES (2006): “Informe sobre el Gasto Público en Infancia en Uruguay 1990-2009: Insumos para la elaboración de una estrategia para la infancia y la adolescencia” (Report on Public Spending on Children in Uruguay 1990-2009: input for drafting a strategy for children and adolescents); See website: [www.infamilia.gub.uy](http://www.infamilia.gub.uy). The table was drawn up by the authors with data from the Executive Committee for State Reform of the Planning and Budget Office (CEPRE-OPP), the General Accounting Office (CGN), the Budget Act 2005-2009 and the Central Bank of Uruguay (BCU).

<sup>1</sup> Ministry of Education and Culture (MEC) and the National Public Education Administration (ANEP).

<sup>2</sup> Ministry of Public Health (MSP), Police Health Services, Military Health Services and Hospital de Clínicas.

<sup>3</sup> Ministry of Social Development (MIDES), Uruguayan Institute for Children and Adolescents (INAU) and the National Nutrition Institute (INDA).

<sup>4</sup> Family allowances and mother-and-child care from the Social Security Bank.

<sup>5</sup> Ministry of Housing, Land Management and Environment (MVOTMA).

21. An initial estimate by the Strategic Coordination Committee<sup>3</sup> of public spending on a selection of rights is given below. This selection of rights is intended to illustrate the emphasis placed by the Government’s public policies.

<sup>3</sup> For more information on the Strategic Coordination Committee see point 4 of the general measures of implementation in this report.

**Table 14**  
**List of rights and budget resources**  
**2005 prices and percentages**  
**Average spending on implementing children's rights**

List of rights	Institution/body	1990-1994	1995-1999	2000-2004	2005-2009
		I	II	III	IV
Right to life	Health	16.5	15.3	13.2	11.7
Right to adequate standard of living	MIDES/INDA/Social Security/Housing	15.8	18.0	17.9	18.5
	MIDES	0.0	0.0	0.2	4.4
	Housing	0.4	3.2	2.8	2.7
	INDA	1.8	1.7	2.2	1.8
	Social Security	13.6	13.1	12.7	9.6
Right to education and right not to work	ANEP	57.7	56.0	58.7	60.7
Right to citizenship	INAU/MEC	10.0	10.4	10.1	9.1
	INAU	9.1	9.7	9.4	8.5
	MEC	0.9	0.7	0.7	0.6
	Total public spending on children	100	100	100	100
		Variation in total amounts (at constant prices) between five-year periods			
		II/I	III/II	IV/III	
Right to life	Health	23	-4	3	
Right to adequate standard of living	MIDES/INDA/Social Security/Housing	50	9	22	
Right to education and right not to work	ANEP	28	16	20	
Right to citizenship	INAU/MEC	42	4	5	

*Source:* Based on data from CEPRE-OPP, CGN and the Budget Act 2005-2009.

3. *With reference to children deprived of a family environment and separated from their parents, please provide disaggregated data (by sex, age group, ethnic group, urban and rural area) for the years 2004, 2005 and 2006 on the number of children:*
- (a) *Separated from their parents;*
  - (b) *Placed in institutions;*
  - (c) *Placed with foster families;*
  - (d) *Adopted through simple adoption, full adoption or legitimation by adoption "legitimación adoptiva", or inter-country adoptions.*

22. Disaggregated data is provided on children separated from their parents who are either placed in 24-hour centres run by the State or in partnership with NGOs; or placed in foster homes (which are viewed as alternative care, even though they do not deprive the children of a family environment); or adopted.

23. In order to obtain a more accurate estimate of the number of children separated from their parents, information is needed on cases which do not fit into the aforementioned categories (for example, children who live with relatives or neighbours). Unfortunately, there are no data available.

24. Placed in institutions.

**Table 15**

**Population distribution in INAU 24-hour care centres by year and sex, according to age group**

Age groups	2004			2005			2006		
	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
Total	6 062	2 494	3 568	5 503	2 342	3 161	5 040	2 199	2 841
0-2	351	160	191	355	167	188	296	127	169
3-5	414	203	211	410	199	211	361	181	180
6-12	1 375	602	733	1 377	584	793	1 159	530	629
13-17	2 310	977	1 333	2 010	872	1 138	1 829	845	984
18 and over	1 612	552	1 060	1 351	520	831	1 395	516	879

*Source:* Child Data System Project (SIPI)-INAU.

25. Placed in foster homes.

**Table 16**

**Population distribution in INAU alternative care centres by year and sex, according to age group**

Age groups	2004			2005			2006		
	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
Total	1 277	588	689	1 195	556	639	1 194	553	641
0-2	53	24	29	37	20	17	46	23	23
3-5	130	49	81	98	33	65	88	41	47
6-12	553	263	290	534	261	273	521	244	277
13-17	407	191	216	386	165	221	390	168	222
18 and over	134	61	73	140	77	63	149	77	72

*Source:* SIPI-INAU.

26. Adopted through simple adoption, full adoption or legitimation by adoption *legitimación adoptiva*, or intercountry adoptions.

**Table 17**

**Population distribution of adopted children (simple and full adoption)  
by year and sex, according to age group**

Age groups	2004			2005			2006		
	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
Total	307	150	157	307	140	167	324	152	172
0-2	74	37	37	58	23	35	47	22	25
3-5	69	30	39	76	32	44	91	43	48
6-12	140	71	69	138	66	72	133	57	76
13-17	17	9	8	27	16	11	43	25	18
18 and over	7	3	4	8	3	5	10	5	5

*Source:* SIPI-INAU.

*Note:* The data in the table refers to children in the various stages of the simple or full adoption process, including custody.

**4. Please specify the number of children with disabilities, up to the age of 18, disaggregated by sex, age group, and, if possible, ethnic group, urban and rural area, covering the years 2004, 2005 and 2006:**

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

**(b) Living in institutions;**

**(c) Placed in foster care;**

**(d) Attending regular schools;**

**(e) Attending special schools;**

**(f) Not attending any school.**

**Table 18****Number and percentage of people with at least one disability (2004)**

	Total population	
	Number	%
Total	3 241 003	100
With disability	246 316	7.6
Without disability	2 994 687	92.4

*Source:* National Statistical Institute (INE), national survey on persons with disabilities, September 2003-August 2004.

27. Between September 2003 and August 2004, the National Statistical Institute carried out a national survey on people with disabilities, which showed that 246,316 people in Uruguay have a disability, or 7.6 per cent of the total population of 3,241,003. Of those with a disability, 22,661 are under 15 years of age.

**Table 19****Number and percentage of people with at least one disability under the age of 15 (2004)**

	Number of people under 15	%
With disability	22 661	9.2

*Source:* National Statistical Institute (INE), national survey on persons with disabilities, September 2003-August 2004.

28. The next table gives figures for boys and girls with a disability who live with their families but receive care from INAU at day centres or part-time centres (6 hours a day) either in State institutions or in approved centres run by civil society organizations. Also presented in the table are the number of children with a disability (disaggregated by sex) living in 24-hour centres.

29. The National Justice System makes no provisions for care centres for young people with a disability who have committed an offence.

**Table 20**  
**Population distribution of individuals receiving care from INAU for a disability by year and sex, according to type of care and age group**

Type of care	2004			2005			2006		
	Total	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys
Total	2 344	1 014	1 330	2 428	1 065	1 363	2 409	1 032	1 377
Part time									
Subtotal	1 532	655	877	1 598	712	886	1 600	694	906
0-2	18	9	9	20	9	11	29	13	16
3-5	82	37	45	82	38	44	74	30	44
6-12	713	309	404	766	343	423	761	323	438
13-17	584	249	335	608	268	340	612	278	334
18 and over	135	51	84	122	54	68	124	50	74
24-hour									
Subtotal	812	359	453	830	353	477	809	338	471
0-2	5	3	2	8	3	5	3	0	3
3-5	14	5	9	14	5	9	15	4	11
6-12	92	41	51	92	35	57	87	39	48
13-17	164	72	92	167	73	94	149	55	94
18 and over	537	238	299	549	237	312	555	240	315

30. As may be seen from table 20, INAU, which should care exclusively for children and adolescents under 18, provides lifetime care for approximately 700 disabled adults (with a higher number of people being cared for in 24-hour institutions).

31. This is because people with disabilities do not come under health care. There are no services, on a State or social level, which cover adults with a disability.

**Table 21**  
**Percentage of the population with disability aged from 4 to 15 and 6 to 18 according to school attendance (2004)**

Age	Attending		Not attending	
4-15	19 942	88%	2 719	12%
6-18	18 537	82%	4 124	18%

*Source:* National Statistical Institute. National survey on people with disabilities, September 2003-August 2004.

*Note:* The number of people with a disability attending or not attending school was estimated according to the percentage of individuals aged from 4 to 15 and 6 to 18 with a disability attending or not attending school, compared with the total number of under-15s with a disability.

32. As may be seen from table 21, which shows the absolute figures and percentages collected by the National Statistical Institute in its national survey of people with a disability, if all children aged under 15 (those attending pre-school, primary and the first cycle of secondary school) are considered together, the total proportion of those attending school comes to 88.0 per cent. That percentage drops to 81.8 if children attending pre-school are excluded and those attending the second cycle of secondary education are included.

*(e) Attending special schools*

33. Please see the following table.

**Table 22**

**Number of pupils attending special schools, by year**

Year	Number of pupils attending special schools
2004	12 838
2005	9 681
2006	12 901

5. *Regarding health services, please provide disaggregated data (by sex, age group, ethnic group, urban and rural area) covering the years 2004, 2005 and 2006 on the following:*

*(a) Rates of infant and child mortality;*

*(b) Rates of immunization;*

*(c) Rates of malnutrition;*

*(d) Children with disabilities;*

*(e) Children infected with and/or affected by HIV/AIDS;*

*(f) In the area of adolescent health, rates of early pregnancy, sexually transmitted infections, drug, alcohol and tobacco abuse, suicide and other mental health problems.*

*(a) Rates of infant and child mortality*

34. Please see the table below.



**Table 23**  
**Deaths of infants under one year of age and infant mortality rate,  
by geographical zone, data for 2004**

	Deaths of infants under one year of age			Births	Infant mortality rate*		
	Total (under one year of age)	Under 4 weeks of age	4 weeks and over		Total (under one year of age)	Neonatal	Post-neonatal
Montevideo	252	142	110	18 643	13.5	7.6	5.9
Provinces	409	245	164	31 332	13.0	7.8	5.2
Total	661	387	274	50 052	13.2	7.7	5.5

*Source:* UNICEF (2005) *Observatorio de los derechos de la infancia y la adolescencia en Uruguay* (Child Rights Observatory).

\* Rates per 1,000 live births.

35. As stated in the *Immunization Summary: the 2007 edition* published jointly by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) (available at: [http://childinfo.org/areas/immunization/Immunization\\_Summary\\_2007.pdf](http://childinfo.org/areas/immunization/Immunization_Summary_2007.pdf)), the infant mortality rate per 1,000 live births in Uruguay in 2005 was 14 and the under-five mortality rate per 1,000 live births was 15.

**(b) Rates of immunization**

36. The relevant data are given in the WHO/UNICEF *Review of National Immunization Coverage 1980-2005* (available at: <http://www.childinfo.org/areas/immunization/countrydata.php>).

**Table 24**  
**Rates of immunization for 2004 and 2005**

Year	WHO/UNICEF estimate (%)	WHO (%)	UNICEF (%)	Official Government estimate (%)
		BCG		
2004	99	99	99	99
2005	99	100	100	100
		DTP1		
2004	98	98	98	98
2005	99	99	99	99
		DTP3		
2004	95	95	95	94
2005	96	96	96	96

**Table 24 (continued)**

Year	WHO/UNICEF estimate (%)	WHO (%)	UNICEF (%)	Official Government estimate (%)
		Pol3		
2004	95	95	95	94
2005	96	96	96	96
		MCV		
2004	95	95	95	95
2005	95	95	95	95
		HepB3		
2004	94	94	94	94
2005	96	96	96	96
		Hib3		
2004	94	94	94	94
2005	96	96	96	96

**(c) Rates of malnutrition**

37. According to National Public Education Administration (ANEP) data for 2003, 70.58 per cent of children were of normal weight for their height. Table 25 shows the results of the Third National Census on children's height in the first year of primary school.

**Table 25****Children's height in the first year of primary school, 2003**

Weight for height	Percentage of children	Expected percentage
Seriously underweight	-	0.15
Moderately underweight	0.56	2.15
Slightly underweight	7.6	13.59
Normal	70.58	68.26
Slightly overweight	13.27	13.59
Moderately overweight	4	2.15
Seriously overweight	3.92	0.15
Total	100	100

*Source:* ANEP-CEP (August 2003) Third National Census on children's height in the first year of primary school.

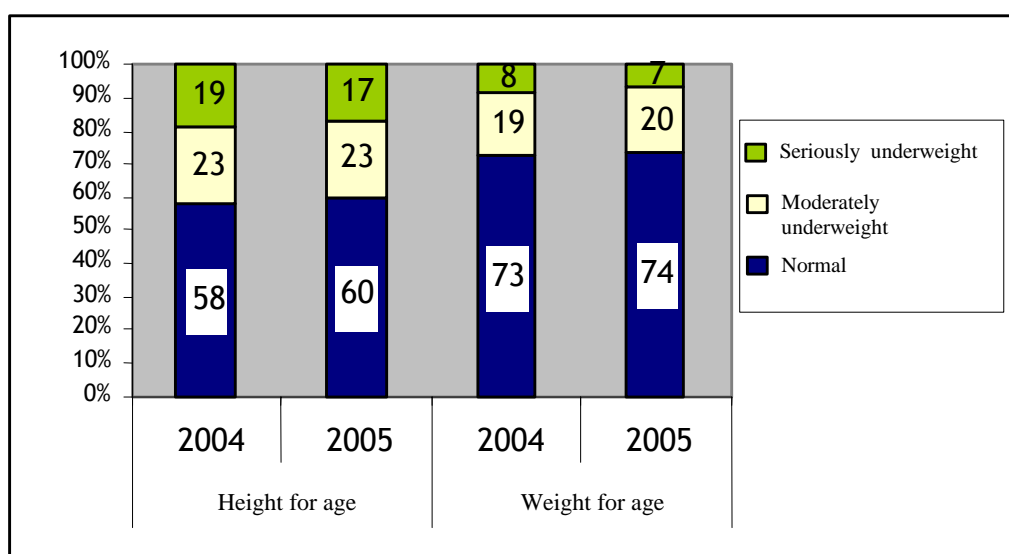
*Notes:* The expected values are based on the United States' National Center for Health Statistics (NCHS) standards.

The values used for the classification are as follows:

- Seriously underweight: below -3 SD
- Moderately underweight: between -3 and -2 SD
- Slightly underweight: between -2 and -1 SD
- Normal: between -1 and +1 SD
- Slightly overweight: between +1 and +2 SD
- Moderately overweight: between +2 and +3 SD
- Seriously overweight: above +3 SD

38. In addition to these figures for 2003, the findings of a study carried out on children up to the age of three attending infant and family care centres (CAIFs) in the geographical zones of implementation of the INFAMILIA Programme<sup>4</sup> showed that 74 per cent were of normal weight for their age. The following chart shows nutrition trends for 2004 and 2005.

**Nutrition trends between 2004 and 2005 (panel data - 3,126 cases)**



*Source:* INFAMILIA, using data relating to the CAIF/INFAMILIA Plan (2004 and 2005).

<sup>4</sup> The data are from the unpublished study “Modelo de atención a niños menores de 4 años y sus familia, Primer informe de difusión pública de resultados del año 2005”, dated July 2006, prepared in the context of the INFAMILIA/MIDES Programme in conjunction with the department responsible for implementation of the CAIF/INAU plan ([www.infamilia.gub.uy](http://www.infamilia.gub.uy)). The study recorded indicators of the nutritional state of children (using children’s weight and height measurements as entered in their health booklets) and their psychomotor development (using the EEDP psychomotor development assessment scale for children up to 24 months and the TEPSI psychomotor development test for children over the age of two).

**(d) Children with disabilities**

39. Please see the tables below.

**Table 26**

**Number and percentage of the population having at least one disability,  
in 2004**

	Total population	
	No.	%
Total	3 241 003	100
With disability	246 316	7.6
Without disability	2 994 687	92.4

*Source:* National Statistical Institute (INE) National Survey of people with disabilities, September 2003-August 2004.

**Table 27**

**Number and percentage of the population having at least one disability,  
who are under 15 years of age, in 2004**

	No.	%
With disability	22 661	9.2

*Source:* National Statistical Institute (INE) National Survey of people with disabilities, September 2003-August 2004.

**(e) Children infected with and/or affected by HIV/AIDS**

40. Since the start of the AIDS epidemic 160 children have been recorded as being infected with HIV, 156 of whom as a result of mother-to-foetus transmission.

**(f) In the area of adolescent health, rates of early pregnancy, sexually transmitted infections, drug, alcohol and tobacco abuse, suicide and other mental health problems.**

41. The following table shows teenage fertility rates and the percentage of early pregnancies, by age, for 2004.

**Table 28**  
**Teenage fertility rates and percentage of early pregnancies, by age, in 2004**

Age of teenager	Number of live births	Female population	Fertility rate of teenage mothers <sup>1</sup>	Percentage of early pregnancies <sup>2</sup>
11	2	25 102	0.01	
12	5	25 876	0.02	
13	29	25 191	0.12	
14	148	26 081	0.57	
15	478	26 193	1.82	
16	1 023	25 178	4.06	
17	1 587	25 392	6.25	
18	2 015	25 710	7.84	
19	2 324	24 288	9.57	
11 to 19	7 611	229 011	3.32	15.21
13 to 17	3 265	128 035	2.55	6.52
Total births	50 052			

*Source:* Ministry of Public Health - basic statistics. National Statistical Institute (INE) (2004) - Population Census, stage I.

<sup>1</sup> Annual percentage of births to teenage mothers in relation to the total female population of the same age.

<sup>2</sup> Annual percentage of births to teenage mothers in relation to the total number of births.

42. According to the latest surveys the average age for the start of sexual relations was 15. Mothers aged between 15 and 19 accounted for 14.83 per cent of all live births in 2004, with mothers under the age of 15 accounting for 0.4 per cent. At the Pereira Rossell hospital approximately 8,500 children are born each year, of whom almost 28 per cent are born to teenage mothers (data are not recorded for fathers). Approximately one out of four women giving birth is a teenager, and for 25 per cent of these it is not their first pregnancy.

43. With regard to the use of drugs and alcohol, the survey carried out in 2005 by the research team of the Uruguayan Drugs Observatory, in which 8,033 pupils at 117 secondary schools throughout the country were questioned, showed that in the second year of secondary school (average age: 13) nearly 7 out of every 10 pupils had experimented with alcohol and that by the end of secondary school (age 17) practically all pupils had done so.

44. The study showed that just over half the pupils had experimented with tobacco; the higher the school year, the greater the proportion of pupils who smoked. There was a significantly higher percentage of women experimenting with smoking. Some 24.8 per cent of pupils were smokers at the time of the survey. Twice as many women at secondary school smoked as men. These data confirm that in recent generations an increasing proportion of smokers are women.

45. Almost 13 per cent of young people have experimented with marijuana; in the capital the figures are twice as high as in the provinces.

46. At the start of the third year of secondary school, 25 per cent of pupils have experimented with some kind of drug, the most significant rise occurring between the second year of secondary school and the fourth year (corresponding to the first year of the higher-secondary cycle), where the proportion increases from 4.5 per cent to 15.7 per cent. Although slightly more men than women use drugs, the women are catching up.

47. The study shows that declared use of drugs other than marijuana by secondary school pupils is marginal. Inhalants and cocaine were the drugs found to be most commonly experimented with, although both had a low percentage of habitual use, which in no case exceeded 0.6 per cent. The corresponding users were mostly men studying in the capital.

48. Use of coca base paste began in approximately 2000, but recent years - 2003 and 2004 - have seen an explosion in its use, radically changing consumption patterns and trends in the sale of illegal psychoactive substances and modifying both the consequences of, and general approach to this problem. The study showed that 1.2 per cent of this population (96 teenagers) had tried it once; 0.6 per cent (48 teenagers) had used it in the last 12 months and 0.2 per cent (16 teenagers) in the last 30 days.

49. These figures should in no way be taken as an estimate of the use of coca base paste by the population, given that the majority of those with abuse problems are outside the education system.

50. With regard to suicide, the figures available at this stage were for data relating to teenage deaths in general; it was not possible to obtain information relating specifically to rates of teenage suicide.

Total number of deaths: 31,596

Teenage deaths: 248 (0.78 per cent of total number of deaths in the country)

10 to 14 years = 66

15 to 19 years = 182

**Table 29**

**Main causes of teenage deaths (aged 10 to 19)**

External causes of morbidity and mortality	159	47.04%
Tumours (neoplasias)	25	7.39%
Nervous system diseases	24	7.10%
Circulatory system diseases	9	2.66%
Infectious and parasitic diseases	2	0.50%

**Table 30**

**Distribution of external causes of death in teenagers (aged 10 to 19)**

Total	159
Accidents	94
Transport	32
Drowning	26
Accidental poisoning or exposure to toxic substances	3
Falls	0
Other accidents	33
Suicide	42
Homicide	21
Others	2

Source: Ministry of Public Health.

6. *With reference to child abuse and sexual exploitation, please provide disaggregated data (by sex, ethnic group and type of violation reported) covering the years 2004, 2005 and 2006 on the following:*

- (a) *Number of reported cases of child abuse;*
- (b) *Number and percentage of reports that resulted in either a court decision or other types of follow-up, including prosecution;*
- (c) *Number and proportion of child victims who received counselling and assistance in recovery;*
- (d) *Coverage of the programmes referred to in the State party report.*

51. See the tables below.

**Table 31**

**Victims of reported rape under 18 years old, by sex and department, 2005**

	Total	Male	Female
Total	131	26	105
Artigas	8	2	6
Canelones	24	2	22
Cerro Largo	1	0	1
Colonia	6	0	6
Durazno	9	2	7
Flores	1	0	1
Florida	7	2	5
Lavalleja	2	0	2

**Table 31 (continued)**

	Total	Male	Female
Maldonado	9	1	8
Paysandú	13	7	6
Rio Negro	0	0	0
Rivera	6	1	5
Rocha	4	0	4
Salto	13	4	9
San Jose	5	1	4
Soriano	12	1	11
Tacuarembó	11	3	8
Treinta y Tres	0	0	0

*Source:* Judicial branch.

*Note:* Includes reports of rape and attempted rape.

**Table 32****Victims of reported rape under 18 years old, by sex and by department, 2006**

	Total	Male	Female
Total	120	151	38
Artigas	5	5	0
Canelones	31	29	2
Cerro Largo	8	6	2
Colonia	2	2	0
Durazno	5	4	1
Flores	0	0	0
Florida	7	6	1
Lavalleja	4	4	0
Maldonado	6	5	1
Paysandú	2	2	0
Rio Negro	1	1	0
Rivera	10	8	2
Rocha	6	2	4
Salto	7	6	1
San Jose	12	9	3
Soriano	7	5	2
Tacuarembó	1	1	0
Treinta y Tres	6	4	2

*Source:* Judicial branch.

*Note:* Includes reports of rape and attempted rape.

52. Complaints received on the Línea Azul (hotline to report abuse and ill-treatment) for 2005 and 2006 are shown below.



**Table 33**

**Number of telephone complaints for each year and sex, by type of complaint**

Type of complaint	2005			2006		
	Total	Female	Male	Total	Female	Male
Total	1 654	645	1 009	740	322	418
Exploitation	33	17	16	15	10	5
Physical abuse	539	240	299	241	126	115
Psychological abuse	68	30	38	35	19	16
Neglect	557	263	294	244	123	121
Sexual abuse	43	34	9	19	13	6
Street children	387	52	335	167	21	146
No data	27	9	18	19	10	9

Source: OPP (INAU) based on Línea Azul data.

7. *With reference to the right to education, please provide disaggregated data (by sex, age group, and - if possible - ethnic group, urban and rural area, immigrant children) covering the years 2004, 2005 and 2006 in percentage of the relevant age group on the following:*

- (a) *Rates of literacy, under and over 18 years;*
- (b) *Rate of enrolment in pre-primary, primary and secondary schools, and in vocational training;*
- (c) *Percentage of children completing primary and secondary education;*
- (d) *Number and percentage of dropouts and repetitions;*
- (e) *Teacher/children ratio and number of children per class*

53. See the table below.

**Table 34**

**Literacy rates of persons under and over 18 years of age**

	Under 18	Over 18
2004 <sup>1</sup>	99.7	98.7
2005 <sup>1</sup>	99.7	98.3
2006 <sup>2</sup>	98.8	97.7

<sup>1</sup> Drawn up on the basis of the Continuous Household Survey (ECH) for 2004 and 2005.

<sup>2</sup> Drawn up on the basis of the 2006 Extended National Household Survey (ENHA).

54. It should be mentioned that in respect of the methodology, the change of sources had an incidence on the decline in the literacy rate in 2006, to the extent that the ECH survey is representative of localities with populations over 5,000, while the ENHA survey is representative of the country as a whole (including small localities).

**(b) Rate of enrolment in pre-primary, primary and secondary schools, and in vocational training**

55. See the table below.

**Table 35**

	Pre-primary education (ages 2-5)			Primary school (ages 6-11)		
	Total %	Male %	Female %	Total %	Male %	Female %
2004	51.3	51.0	51.6	109.6	110.1	109.0
2005	51.9	51.7	52.1	103.6	105.0	102.2
2006 <sup>2</sup>	41.2	41.1	41.2	93.6	94.6	92.5
	Total %	Urban %	Rural %	Total %	Urban %	Rural %
2004	51.3	54.2	18.4	109.6	113.5	65.7
2005	51.9	54.7	19.3	103.6	107.0	65.1
2006 <sup>2</sup>	41.2	42.6	24.7	93.6	95.0	77.2

	Secondary schools <sup>1</sup> (12-17 years)			Technical schools (12-17 years)		
	Total %	Male %	Female %	Total %	Male %	Female %
2004	86.7	88.2	85.2	20.9	23.2	18.6
2005	82.6	82.7	82.6	19.4	21.5	17.3
2006 <sup>2</sup>	n/a	n/a	n/a	n/a	n/a	n/a
	Total	Urban	Rural	Total	Urban	Rural
2004	n/a	n/a	n/a	n/a	n/a	n/a
2005	n/a	n/a	n/a	n/a	n/a	n/a
2006 <sup>2</sup>	n/a	n/a	n/a	n/a	n/a	n/a

*Source:* Based on the ECH and ENHA surveys, 2004 census phase 1, INE demographic forecasts, MEC statistics and CEP information bulletins.

<sup>1</sup> The distribution by sex is based on ECH and ENHA sex distributions.

<sup>2</sup> Information for 2006 is for State schools only.

(c) *Percentage of children completing primary and secondary education*

56. See the tables below.

**Table 36**

**Percentage of children completing primary school as a proportion of total enrolment in ordinary public primary schools, by sex and year**

	Primary school (6-11 years)		
	Total	Male	Female
2004	14.0	13.7	14.3
2005	14.5	13.9	15.0
2006	15.1	14.8	15.5
	Total	Urban	Rural
2004	14.0	25.5	1.7
2005	14.5	14.4	15.5
2006	15.1	n/a	n/a

*Source:* INFAMILIA-Ministry of Social Development, based on Primary Education Council data. Educational Statistics Department (DEE).

**Table 37**

**Percentage of persons in 15-18 age group completing lower secondary schooling, by sex and year**

	Total %	Male %	Female %
2004	59.1	27.3	31.8
2005	60.8	28.2	32.5
2006	n/a	n/a	n/a

*Source:* INFAMILIA, based on ECH survey data.

**Table 38**

**Percentage of persons in age group 18-22 completing a secondary school diploma, by sex and year**

	Total %	Male %	Female %
2004	28.5	11.5	17.0
2005	30.1	11.8	18.3
2006	n/a	n/a	n/a

*Source:* INFAMILIA-Ministry of Social Development, based on ECH survey data.

*(d) Number and percentage of dropouts and repetitions*

57. See the table below.

**Table 39**

**Number of children repeating courses in ordinary schools and percentage of all those enrolled at such schools, by sex and urban/rural distribution, by year**

	Number			Percentage		
	Total	Male	Female	Total	Male	Female
2004	26 581	16 133	10 448	8.6	10.1	6.9
2005	24 815	15 070	9 745	8.1	9.5	6.5
2006	24 119	14 747	9 372	7.9	9.4	6.3
	Total	Urban	Rural	Total	Urban	Rural
2004	26 581	25 288	1 293	8.6	8.6	7.4
2005	24 815	23 677	1 138	8.1	8.1	6.6
2006	24 119	22 762	1 357	7.9	8.0	6.7

*Source:* INFAMILIA-Ministry of Social Development, based on Primary Education Council data.

*(e) Teacher/children ratio at ordinary schools*

58. See the table below.

**Table 40**

**Number of pupils per teacher at ordinary schools, by year**

	Schools	Teachers	Pupils	Pupils per teacher
2004	2 073	13 456	311 350	23.14
2005	2 069	13 553	309 286	22.82
2006	n/a	n/a	n/a	n/a

*Source:* INFAMILIA-Ministry of Social Development, based on data from MEC statistical yearbooks.

**8. Further in relation to the right to education, please provide information on:**

*(a) Professional development and training available for teachers;*

*(b) Programmes available for children who are not attending school.*

59. For children not attending school, a technical and educational accreditation programme is carried out by INAU's education section. Children are taught by the respective services (in full-time schooling or through the National Institute for the Rehabilitation of Young Offenders - INTERJ), and take school proficiency examinations as part of the programme. The resulting certificate is equivalent to a primary school certificate.

60. Among the programmes for children who do not attend school, we should also mention the experience of CECAP, an agency of the Ministry of Education and Culture that implements a training and production programme through 17 workshops covering a variety of occupations, including hairdressing, cooking, vegetable farming, gardening, computing, marketing, tailoring and clothing manufacture, shoemaking, masonry, plumbing, metalworking, fibreglass work, painting and electrical work. The workshops are intended for young people who have dropped out of the formal education system.

61. Another of the activities specifically intended for this group is the community classroom programme (PAC) run by the Ministry of Social Development's INFAMILIA programme. In 2005, it was agreed by the INFAMILIA programme in conjunction with the authorities of the National Institute for Youth (INJU) and of the Secondary Education Council of ANEP, that between 2006 and 2008, 12 community classrooms would be set up in local areas served by the INFAMILIA programme or in adjacent areas in Montevideo, Maldonado, San José and Canelones departments. The 12 community classrooms were in operation in March 2007. One of the basic requirements for this educational project is the enlistment of civil society organizations with proven experience in the implementation of socio-educational programmes for adolescents and in community work.

62. The general aim of the community classroom programme is the social and educational integration of adolescents between 12 and 15 years of age living in regions targeted by INFAMILIA, who have problems with the formal education system either because: (1) they have dropped out of school; (2) they have never been enrolled; or (3) they are in the first year of lower secondary school and are considered to be "near dropouts". Management of the community classrooms involves the use of various means set out in the community classrooms programme, with an average of 85 adolescents per classroom in 2006, 95 in 2007 and 110 in 2008. During the three years of implementation, some 3,000 young people will be covered.

9. *Please provide disaggregated data (including by sex, age and type of crime) covering the years 2004, 2005 and 2006, in particular on the number of:*
- (a) *Persons under 18 who allegedly committed a crime and were reported to the police;*
  - (b) *Persons under 18 who were charged with a crime and those who were sentenced, and the type of punishment or sanctions related to offences, including length of deprivation of liberty;*
  - (c) *Detention facilities for persons under 18, and the capacity of these facilities;*
  - (d) *Persons under 18 detained in these facilities and in adult facilities;*
  - (e) *Persons under 18 kept in pre-trial detention and the average length of their detention;*
  - (f) *Reported cases of abuse and maltreatment of persons under 18 that occurred during their arrest and detention.*

**(a) Persons under 18 who allegedly committed a crime and were reported to the police;**

63. See the tables below.

**Table 41****Number of final judgements issued, by year and region**

	2004	2005	2006
Montevideo	520	572	438
Provinces	402	490	-
Total	922	1 062	-

*Source:* Judicial branch. Data for 2006 for the provinces are not included, as the annual statistics were received for only about 50 per cent of the courts.

**Table 42****Number of cases of minor offences brought to trial, by year and region**

	2005	2006
Montevideo	456	486
Provinces	877	-
Total	1 333	-

*Source:* Judicial branch.

**Table 43****Number of adolescents deprived of their liberty as a result of a sentence as at 31 December of each year, by region**

	2004	2005	2006
Montevideo	n/a	184	95
Provinces	49	98	-
Total	-	282	-

*Source:* Judicial branch.

**Table 44****Number of adolescents deprived of their liberty without a sentence as at 31 December of each year, by region**

	2004	2005	2006
Montevideo	n/a	23	31
Provinces	144	75	-
Total	-	98	-

*Source:* Judicial branch.

**Table 45**

**Data for Montevideo**

	2005*	2006
Precautionary measures with deprivation of liberty	237	259
Final sentences with deprivation of liberty	247	242

*Source:* Judicial branch.

*(b) Persons under 18 who were charged with a crime and those who were sentenced, and the type of punishment or sanctions related to offences, including length of deprivation of liberty*

64. See the table below.

**Table 46**

**Breakdown of offenders, by year and sex, and by supervising programme and age group**

Supervising programme	2004			2005			2006		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Total	1 433	85	1 348	1 058	61	997	1 006	88	918
Deprivation of liberty									
Subtotal	536	43	493	307	13	294	249	22	227
13-17	285	36	249	152	8	144	65	9	56
18 and over	251	7	244	155	5	150	184	13	171
Semi-detention									
Subtotal	525	10	515	560	30	530	606	42	564
13-17	328	10	318	385	27	358	410	34	376
18 and over	197	0	197	175	3	172	196	8	188
Without deprivation of liberty									
Subtotal	525	32	515	560	18	530	606	24	564
13-17	219	20	199	91	9	82	87	18	69
18 and over	153	12	141	100	9	91	64	6	58

*Source:* SIPI-INAU.

65. As for the length of deprivation of liberty (decided in a final sentence), the highest percentage - 15 per cent - falls into the three-month category, followed by 13 per cent in the seven-month category and the “over 12 months” category (data from the Observatory of the Judicial System, page 146, November 2006).<sup>5</sup>

*(c) Detention facilities for persons under 18, and the capacity of these facilities*

66. In Montevideo:

(a) Transit admissions facility. Houses detainees only. Capacity: Up to 10 youths.

(b) Puertas facility. Facility for protective measures. Capacity: Up to 20 youths.

(c) Desafío facility: Admissions and residential facility for male adolescents under the age of 15. Capacity: Up to 30 adolescents.

(d) CIAF: Admissions and residential centre for female adolescents and youths between the ages of 13 and 18. Capacity: Up to 20 youths.

(e) Cimarrones: Semi-open regime. Capacity: Up to 10 youths with beds, and possibly up to 10 more in community facilities.

67. In Colonia Berro (for male youths over 15 years of age):

(a) Rincón: Deprivation of liberty, with high level of social contact. Capacity: Up to 18 youths.

(b) Centro Piedras: Deprivation of liberty with less social contact and more security. Capacity: Up to 25 youths.

(c) SER (Rehabilitation and Evaluation Service): Higher security facility. Capacity: Up to 20 youths.

(d) Ituzaingó: Security facility with high level of activities and workshops. Capacity: Up to 27 youths.

(e) Ariel: Low-security facility, with high level of social contact (similar to Rincón). Capacity: Up to 18 youths.

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<sup>5</sup> Javier Palummo et al (2006), *Discurso y realidad: Informe de aplicación del Código de la Niñez y Adolescencia en Maldonado, Montevideo y Salto* (Rhetoric and reality: Report on the implementation of the Children's and Adolescents' Code in Maldonado, Montevideo and Salto), Montevideo: Movimiento Nacional Gustavo Volpe-UNICEF.



(f) Casona: Very open facility with high level of social contact although it is classified as deprivation of liberty because the facility is locked up at night). Capacity: Up to 14 youths.

(g) Cerrito: Same as above. Capacity: Up to 14 youths.

***(d) Persons under 18 detained in these facilities and in adult facilities***

68. As at 30 March 2007, there were 230 youths held in such facilities.<sup>6</sup>

69. No person under 18 is held in adult facilities.

70. If the police arrest a youth, the latter may stay for up to 12 hours in police custody. The youth must be taken before a judge within 24 hours of the arrest, and a decision must be taken as to whether to proceed with a trial within 48 hours (time limits established by the Constitution).

***(e) Persons under 18 kept in pretrial detention and average length of their detention***

71. Pretrial detention (one of the precautionary measures introduced under the new Code in September 2004) involved between 40 and 60 per cent of young people subject to precautionary measures in 2005 and 2006.

72. The average length of detention was between 30 and 60 days.

***(f) Reported cases of abuse and maltreatment of persons under 18 that occurred during their arrest and detention***

73. The management of the National Institute for the Rehabilitation of Young Offenders (INTERJ) received 12 complaints in writing, 5 of which were shelved for lack of evidence. The remainder are currently under investigation.

74. In March 2007, three direct care officials were dismissed for the ill-treatment of young detainees following investigations concluded in 2005.

***(g) Persons under 18 who were tried and sentenced as adults***

75. There are no such cases since this is against the law.

***10. With reference to special protection measures, please provide data (including by sex, age, and - if possible - ethnic group, urban and rural area) for the years 2004, 2005 and 2006 on the number of children who are:***

***(a) Victims of sexual exploitation, including prostitution, pornography and trafficking; the number of them who received recovery and/or reintegration support; and the number of perpetrators prosecuted;***

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<sup>6</sup> Source: INTERJ.

*(b) Unaccompanied minors, asylum seekers and refugees, as well of those awaiting expulsion;*

*(c) Involved in labour and under 16 (indicating the type of work).*

76. No statistical data are available on these points.

77. The latest available data on child labour date from 1999 (Continuous Household Survey, second semester).

*(d) Street children, and the type of assistance given to them*

78. See the table below.

**Table 47**

**Distribution of assisted street children in age groups, by year and sex**

Age groups	2004			2005			2006		
	Total	Female	Male	Total	Female	Male	Total	Female	Male
Total	1 153	480	673	1 258	514	744	1 441	563	878
0-2	12	4	8	11	2	9	10	4	6
3-5	56	25	31	48	29	19	47	22	25
6-12	578	253	325	629	286	343	741	317	424
13-17	446	170	276	518	182	336	582	203	379
18 and over	61	28	33	52	15	37	61	17	44

*Source:* SIPI-INAU.

79. The activity of the Uruguayan Institute for Children and Adolescents (INAU) on the issue of street children and adolescents and their families is based on a series of programmes and projects, implemented both directly by the Institute, through its Street Programme, and through agreements with NGOs (under the technical and administrative supervision of INAU).

80. The types of assistance that have been developed fall into two main categories:

(1) Interventions which take place within the community, with the aim of establishing contact and forging a link with a child, so as to develop the child's street survival strategies and to strengthen and restore ties with the immediate family and mainstream services (education, health, leisure, etc.);

(2) Interventions which involve the child being taken into a residential home, fostering, or 24-hour care (on a permanent or temporary basis), in cases in which the family lacks the basic prerequisites for providing protection and care.

81. As regards the working approach, the programmes and projects are envisaged as targeted interventions which, in terms of social and educational policy, must be focused on the protection of rights and social inclusion in mainstream services. As a result, these projects include a significant component of activities, aimed at integrating and resettling children and adolescents in their home communities and families, thereby broadening support networks. This general approach is meant to avoid the development of “special facilities”, exclusively for street children, which experience shows tend to generate stigma and create institutional traps that unintentionally help to perpetuate the very problem that was supposed to be resolved.

82. In this regard, significant progress has been made towards establishing a strategic framework for the programmes in order to overcome the fragmentation of activities both within INAU and between different institutions. Following the Government’s social policy reforms over the last two decades, which concentrated on supervision and control rather than implementation and froze recruitment to the civil service, it was noted that INAU had lost some of its capacity to manage strategic projects, apart from those developed in the public sector or through NGOs. An effort is currently being made to reverse this situation through the establishment of a working group that brings together all sections of INAU with an interest in street children. The working group places recruitment advertisements in order to replenish the human resources available to INAU teams, and is also developing new services, leading to a 50 per cent increase in coverage in 2006. Work is also under way to develop and build up a single system of information, supervision, planning and management to cover both internal INAU projects and those run under agreements.

83. The current tendency is therefore to adopt a system approach offering varied and incremental responses in order to cater for the specific problems of street children, which are varied and which call for tailored assistance. A further concern is the presence of street children and adolescents in extreme circumstances, who are almost completely cut off from family contact and from mechanisms of social integration such as the education system. While this group accounts for only a small proportion of street children and adolescents, it makes the greatest call on INAU’s resources, and reveals shortcomings in the existing response system. Specific projects have been initiated to deal with the problem, staffed by highly qualified personnel, who are developing new methods of intervention.

84. In addition to the activities directed at this particular group of children and adolescents, an effort is being made to increase the assistance available to other groups of children who have not reached such extreme levels of degradation and alienation from mainstream institutions. In this regard, intersectoral coordination with the education and health services is vital to ensure that children and adolescents have real access to help. To this end, a “Roadmap for school-age street children” has been developed for the education system, and serves as a blueprint for joint intervention by the personnel of the education system and street projects.

85. An effort is also being made to strengthen and intensify efforts to help families enhance their capacity to protect and care for their children, and ensure that the latter do not remain on the streets. INAU is proceeding with the implementation of Project 300, in which a scholarship is granted to the families of street children in return for a commitment to take action to encourage children to return to school. This grant is used by the teams as a “tool” for socio-educational assistance, encouraging the adoption of working agreements with the families, and it has produced positive results in terms of children returning to and remaining in the school system.

## **B. General measures of implementation**

1. *The Committee would appreciate information on action taken in response to recommendations made in its previous concluding observations on the first report of Uruguay (CRC/C/3/Add.37) which have not yet been fully implemented, in particular in relation to: Respect for the views of the child; physical and sexual abuse of children within and outside the family; reproductive health; sexual exploitation and trafficking; and juvenile justice.*

### **Respect for the views of the child**

86. In 2006 INAU began implementation of the Children and Adolescents Participation Programme (PROPIA).

87. PROPIA is a specific programme promoting the right of children and adolescents receiving care from INAU to take part in its “part-time”, “full-time”, INTERJ and agreement services. It addresses two age groups: children (age group 6-12), and adolescents (age group 13-17).

88. The programme, apart from promoting the right of children and adolescents to take part in matters affecting them, is also aimed at strengthening those providing direct support by broadening their knowledge base and ability to promote and facilitate the participation of children and youths. To that end, posts have been set up for participation promoters (PROPAR), who are elected directly by the children (except in a few cases where “instructions were not understood”, in which case they were elected by adults).

89. The pilot programme involved over 1,000 children, who at their respective facilities carried out collective projects on subjects of interest to them.

90. From August to December 2006 three national meetings were held with participation promoters from all over the country, and in November departmental children’s delegations took part in the celebration of children’s rights week in Montevideo. The celebrations included (a) participation forums, games, recreation and leisure activities (visits to Centenario Stadium and the Teatro Solís, with a special performance for children and teenagers, as well as walks through some of the city’s well known neighbourhoods); (b) a presentation of activities prepared by the children for the INAU board of directors; and (c) a meeting with the President of the Republic, during which messages from children were delivered to him.

### **SIPIAV: System for the protection of children and adolescents against violence**

91. The terms of implementation are now being defined in Uruguay for a system for the protection of children and adolescents against violence (SIPIAV) to address the recommendations made, specifically in respect of physical and sexual abuse. This policy is in line with the framework of the Convention, with due regard for national and international standards according to which it is the duty of the State to protect children and adolescents against all forms of injury or physical or mental abuse, neglect or negligent treatment, maltreatment or exploitation.

92. In Uruguay, in this respect the Children and Adolescents Code (Act No. 17823) and the Domestic Violence Act (Act No. 17514) define the situations in which a child and/or an adolescent is considered to be ill-treated or sexually abused, establishing furthermore that those receiving complaints have a duty to report them immediately to the competent judge.

93. SIPIAV is chaired by INAU, and seeks to coordinate existing policies and programmes in Uruguay addressing violence against children and adolescents, and also to further develop the work done by INAU itself, by ANEP, the Ministry of Public Health, the Ministry of the Interior and the Ministry of Social Development. Civil society organizations specialized in providing care for child and adolescent victims of violence also participate actively in this work.

94. As these problems involve public health, education, security and systems for the protection of children and adolescents in general, it is vital to coordinate the strategies of all those involved adopting a systemic approach, in order to ensure that children and adolescents enjoy the full exercise of their rights.

95. In this sense, the coordination of initiatives developed by these institutions and the harmonization of their outcomes are essential in order to build a child and adolescent protection policy and to avoid overlapping and ensure a more efficient use of resources.

96. Implementation of the system will involve three main lines of action:

(a) **Training and awareness-raising**, including instruction for institutional operators and strengthening of local networking between institutions;

(b) **A support model** comprising a support system for children and adolescents who are or have been victims of violence, assigning responsibilities to each of the contracting agencies with the provision of appropriate follow-up and assessment tools;

(c) **Legislative review** through systematic monitoring of relevant standards at the national and international level, aimed at facilitating the proper functioning of the support system.

97. Next 25 April (International Parental Alienation Awareness Day), an inter-agency agreement will be signed in the legislature by INAU, the Ministry of Social Development, the Ministry of Public Health, the Ministry of the Interior and ANEP, officially inaugurating SIPIAV.

98. In 2006, public institutions (INAU, the Ministry of Social Development, the Ministry of Public Health and the Ministry of the Interior), responding to an invitation by the Primary Education Council (CEP), devised a road map for supporting victims of ill-treatment and sexual abuse identified in schools, including the provision of a protocol of assistance.

## **Reproductive health**

99. The INFAMILIA programme of the Ministry of Social Development, working jointly with the Ministry of Public Health, carries out activities as part of the Comprehensive Model for the Prevention of Early Pregnancy. Its main objective is to reduce teenage pregnancies by raising awareness among and educating youths in sexual and reproductive health, while also assisting teenage mothers and fathers for a year following the birth of their children.

100. Some of the activities carried out in 2006 included:

- (a) Training of 240 youth sexual and reproductive health promoters;
- (b) Initiation of adolescent care units at health centres run by the Ministry of Public Health;
- (c) Follow-up assistance for teenage mothers and fathers provided by follow-up staff. To improve the quality of assistance, the staff concerned received training and technical support.

101. At the same time, the Ministry of Public Health carries out activities as part of specific programmes (such as the National Adolescent Health Programme) to promote and educate people with regard to child, adolescent and family health. The programmes run by the Ministry include:

- (a) Check-ups and supervisory care for newborns, breastfeeding children and postpartum adolescents;
- (b) Improvement of the health of teenage mothers and prevention of further undesired pregnancies;
- (c) Monitoring of growth and development (scheduled and on-request check-ups);
- (d) Early detection of prevalent childhood and adolescent disorders and of situations of social risk;
- (e) Early detection of congenital hip dysplasia;
- (f) Neonatal screening (VDRL, TSH tests);
- (g) Blood pressure tests from the third year onwards;
- (h) Eye tests prior to entry in school;
- (i) Application, assessment and monitoring of integrated management of childhood illnesses (IMCI);
- (j) Control of dental plaque;
- (k) Nutritional evaluation, identification of situations of risk and provision of nutritional support, early detection of nutritional disorders and problems;

(l) Early detection of adolescents with clinical sexually-transmitted disease (STD) syndromes, identifying sexual partners and assessing their situations;

(m) Detection of situations of social risk (psychological risk, abuse, ill-treatment, violence), with appropriate referral.

102. By way of example, the Ministry implements the Aduana-Setiembre programme, a system used when newborns and breastfeeding infants are discharged from public sector facilities for their referral to public health primary care providers and outlying polyclinics of the Montevideo Municipal Council-Departmental Government.<sup>7</sup>

### **Sexual exploitation and trafficking**

103. Notwithstanding the fact that there are no statistics on sexual exploitation and trafficking in children and adolescents on account of the characteristics of the phenomenon, it has been noted that this problem is worsening in the border region near Brazil (with the most alarming reports, involving children of 8 and 9 years of age, coming from Bella Unión).

104. According to statements by reliable informants from the border region; the problem is not so much having to deal with an operating sex trade network, but rather with fragmented occurrences, which in a way makes the response all the more complicated.

105. Under an agreement with the Brazilian authorities, work is currently under way on a binational childhood and adolescence programme (PROBIA) covering the entire border area.

### **Juvenile justice**

106. From May 2004 onwards, the number of youths deprived of liberty began to decline, a trend which continued with the adoption of the Children and Adolescents Code (Act No. 17823, on 7 September 2004) and became more pronounced after the change of Government and the change of management at INAU and INTERJ. While in August 2003, according to the World Organization against Torture (OMCT), there were 438 youths in Uruguay deprived of their liberty, by 2006 the figure had fallen to 199, including 26 at facilities with no security perimeter and 9 at facilities with semi-open regimes. Thanks to this trend it has been possible to reduce overcrowding and the incidence of infectious diseases denounced by OMCT, and to bring the country into line with reasonable standards for the deprivation of liberty.

107. Of particular importance for such standards is the policy initiated by the current management of INTERJ, which to the extent possible and within its competence has strongly supported the use of alternate measures to the deprivation of liberty, while applying the principle whereby the deprivation of liberty should be applied for the shortest time possible.

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<sup>7</sup> Information on the activities of the Ministry of Public Health is based on: Midaglia, Carmen et al. (2006); “Repertorio de Políticas Sociales” (Social Sciences Directory); by agreement of the Ministry of Social Development and the Political Science Institute, Faculty of Social Sciences, University of the Republic, Montevideo.

108. This situation coincided, however, between 2003 and 2005, with a steep drop in the number of probation cases. The basic cause for this drop was the limited scope in the Children and Adolescents Code for precautionary measures not involving a deprivation of liberty, which are in any event rarely applied. In cases where provisional detention is not ordered - the very cases in which the final decision is likely to involve alternative measures - no ruling is handed down if the youth in question is not in attendance during the hearing (rulings are not issued for this reason in about half the cases). In this respect, INTERJ has proposed that the justice system adopt a system known as “precautionary supervision”, based on a more flexible interpretation of the Children and Adolescents Code. It would give substance to the precautionary measure by calling for the person to report periodically to the authorities, thus preparing the youth and the youth’s family for the Court hearing. The objective would be to increase the number of sentences not involving deprivation of liberty. The proposal, which would also strengthen the system against the risk of abuses arising with regard to deprivation of liberty, in particular during seasonal peaks, has not, however, been taken up by the juvenile justice system.

**2. *Please inform the Committee whether the Consultative Honorary Council has been established and, if so, describe its composition, mandate and financial resources.***

109. On 12 February 2007, the Consultative Honorary Council for the Rights of Children and Adolescents, established by Act No. 17823 of 7 September 2004 (the Children and Adolescents Act, articles 211 to 217), became operational and its members assumed their posts. The Council includes: representing the executive branch, the Under-Secretary of Education and Culture, Dr. Felipe Michelini, and the Under-Secretary of Social Development, Prof. Ana Olivera, with the Director for Human Rights of the Ministry of Education and Culture, Dr. María Elena Martínez Salgueiro, and the Director of the “Childhood and Families at Risk” project, Mr. Julio Bango, as alternates; representing INAU, its Director, Prof. Víctor Giorgi, with Director Prof. Cristina Alvarez as alternate; representing the judicial branch, the Judge of the Second Circuit Family Court of Appeals, Dr. Ricardo Pérez Manrique; representing the National Public Education Administration, the Director-General of the Primary Education Council, Ms. Edith Moraes, with the Under-Secretary of the Secondary Education Council, Prof. Graciela Bianchi, as alternate; representing the National Council of Mayors, the Mayor of Paysandú, Mr. Julio Pintos; representing the Dr. Luís Morquío Paediatrics Institute, Dr. Ivonne Rubio; representing the Bar Association, Dr. Bilman Lamas, and representing NGOs promoting and supporting children and adolescents, members of the Governing Board of the National Association of Non-Governmental Organizations (ANONG), Mr. Daniel Miranda and Dr. Juan Pablo Monteverde. The Consultative Honorary Council’s competence and aims are set out in article 214 of Act No. 17823 as follows:

Article 214. (Competence). The Council thus established shall have a national remit. Its aims shall be: (1) To promote the coordination and integration of the sectoral support policies for childhood and adolescence drawn up by the various public agencies concerned; (2) To produce an annual report on the above activities; (3) To express its views during the drafting of the report that the State must submit to the United Nations Committee on the Rights of the Child (article 44 of the Convention on the Rights of the Child); and (4) To issue opinions, upon specific request, concerning budget laws, accountability and other standards and programmes related to childhood and adolescence.



110. As for the resources for the Council's operation, article 215 reads as follows:

Article 215. (Resources). The Ministry of Education and Culture shall allocate the resources needed for the Council's operation and shall provide the infrastructure required for its meetings.

111. On 15 March 2007, the Council held its first working meeting, during which inter alia it began to draw up its work plan and budget. The Ministry of Education and Culture will provide the necessary resources until specific appropriations are made for the Council.

**3. *Please provide information on governmental bodies responsible for coordinating the implementation of the Convention, more specifically on their mandate, resources, activities, decentralization and training of staff.***

112. Strictly speaking, there is no State body officially responsible for coordinating the implementation of the Convention; rather it is viewed as a task that runs across the administration and civil society organizations.

113. On the other hand, the Council referred to under the previous question could be considered the body responsible for coordinating the implementation of the Convention. As may be gathered from the date it was set up and started its activities, the Council does not yet have its own rules of procedures, but since its members represent the State institutions and civil society organizations responsible for issues involving children and adolescents, it has begun its work by assuming responsibility for providing these replies.

114. As well as the aforementioned Consultative Council, article 68 of the Children and Adolescents Code (Act No. 17823) designates the Uruguayan Institute for Children and Adolescents (INAU) as the "leading administrative body for children's and adolescent's affairs, responsible for the promotion, protection and support of the country's children and adolescents, and their family ties, which it should protect, promote and support with all the means at its disposal".

115. The Institute is a decentralized service (Act No. 15977), which is connected to the executive branch through the Ministry of Social Development (MIDES, Act No. 17866).

116. The Institute's mission and goal are defined in the following terms:

(a) Mission: To guarantee that all Uruguayan children and adolescents are able effectively to exercise their rights as citizens, as befits their status as full subjects of law;

(b) Goal: To position INAU as the leading body on policies to promote, protect and restore the rights of children and adolescents, as part of a national system for children, within the framework of the comprehensive care principles.

117. The institutional reorganization document (August 2006) establishes the action priorities of institutions for the period as follows:

(a) Refocusing the institutions' activities to guarantee the rights of all children and adolescents, not only the most destitute and excluded, and juvenile delinquents;

(b) Promoting communication between institutions within the protection system. The protection of children's rights is not an objective that can be met by one institution operating alone; rather it requires close strategic coordination between the different bodies responsible for social policies;

(c) Designing and planning policies focused on children and adolescents, aiming for an overall approach;

(d) Opening up to the community and encouraging responsibility for the protection of the rights of children and adolescents;

(e) Respecting the right of children and adolescents to participation, and creating the necessary channels to make it effective.

118. Human resources: INAU has 3,771 employees (data from November 2006), of whom 1,204 are public employees ("presupuestados"), while 2,073 employees have automatically renewable contracts ("permanentes"). The rest are temporary staff, teaching staff and staff on fixed-term contracts.

119. In addition, the Institute has 360 educators at alternative care homes, 16 hospital carers and 40 scholarship holders and trainees.

120. Over the last few years, the Institute has developed a policy of recruiting and selecting new employees who will add a professional dimension to their socio-educational role. In this respect, in 2006 there were 302 new recruits and, thus far in 2007, there have been 57 new employees.

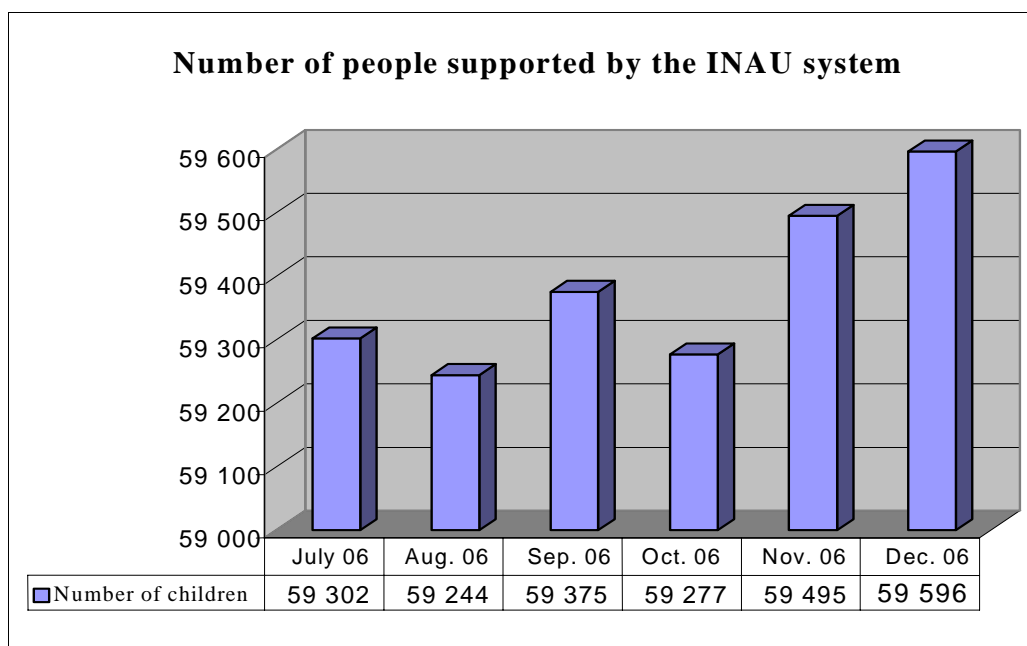
121. Likewise, 293 competitive examinations are being organized to fill technical and specialist posts (psychologists, social workers and assistants, psychiatrists, attorneys, physical education teachers, instructors, nursing graduates and nurses, social educators, teachers, nutritionists, architects, lawyers, psychomotor specialists, etc.).

#### **Children and adolescents who received care from INAU in December 2006: 59,596**

**Table 48**

#### **Children and adolescents supported by the INAU system according to type of care (December 2006)**

Type of care		Official	Agreements	Total
Comprehensive 24-hour care	In an institutional environment	1 251	1 953	3 204
	In a family environment	1 424	0	1 424
Subtotal		2 675	1 953	4 628
Comprehensive part-time care	In an institutional environment	2 492	48 872	51 364
	In a community environment	3 491	113	3 604
Subtotal		5 983	48 985	54 968
Total		8 658	50 938	59 596



*Source:* SIPI-INAU.

122. Decentralization: The first phase of institutional reorganization entailed territorial decentralization, with the aim of allowing institutions to increase their presence in society, to come closer to the population and to interact on a local level with other governmental and non-governmental bodies (Ministry of Public Health, town councils, Ministry of Social Development, Ministry of the Interior, National Public Education Administration, networks, NGOs, civil society organizations, etc.).

123. In that regard, in order to further decentralize and respond to emerging problems, the following institutions have been created:

- (a) Local centres for the promotion and protection of rights (CEPRODE). The centres which have been established so far are in smaller towns in the interior (Río Branco, Chuy, Bella Unión, Dolores, Nueva Palmira, Paso de los Toros and Young);
- (b) CASAMIGA centres have been set up under an agreement between the town council and UNICEF in three areas of Montevideo: La Teja, Centro and Unión;
- (c) Advisory and Consultative Councils on Childhood and Adolescence (CACIA);
- (d) Reference centres on childhood and adolescence (CRIA).

124. Staff training: INAU has a Training Centre for Social Workers (CENFORES) responsible for providing lifelong learning for the Institute's employees, as well as offering qualifications and skills updates to social workers from NGOs and civil society organizations who work with children and adolescents on a national level.

125. In 2006, 844 of the Institute's employees attended training courses. Furthermore, CENFORES offers a tertiary-level course to train social workers in Uruguay. It covers a wide area of research, carrying out ongoing studies into socio-educational practices within the field of social work. It also publishes papers on related topics.

**4. *Please provide information on steps taken to develop and implement a national plan of action and/or sector-specific action plans.***

126. In August 2005, the Strategic Coordination Committee (CCE) was set up to provide guidance and advice. Its mission is to ensure at the highest level that the action targeting Uruguayan children and adolescents is strategically coherent, sustainable, comprehensive and efficient. The Committee has been meeting on a monthly basis at different locations in Uruguay.

127. The Committee is made up of: the Ministry of Social Development (MIDES), the INFAMILIA programme, the Ministry of the Interior, the Ministry of Public Health, the National Public Education Administration (ANEP), the Primary Education Council (CEP), the Secondary Education Council (CES), the Uruguayan Institute for Children and Adolescents (INAU), the National Institute for Youth (INJU), the Department of Sports of the Ministry of Tourism, the Ministry of Education and Culture (MEC) and the National Association of Non-Governmental Organizations (ANONG).

128. Within the framework of the Strategic Coordination Committee, a proposed action strategy relating to children and adolescents was put forward in November 2005. In the proposal it was suggested that the sector-specific policies of all government departments represented on the Committee should be coordinated in order to guarantee the observance of the rights defined in the Convention on the Rights of the Child. For this purpose the Committee established: (i) a set of rights identified as priorities in relation to the strategic goals of each of the Committee's components; (ii) the amount of public spending on social issues allocated to implement those rights; (iii) the strategic actions associated with those rights in each institution participating in the Committee for the next five years; (iv) the indicators (of access and results) needed to measure the implementation of the rights and a base value from 2004.

129. A preliminary list of rights was drawn up, with the corresponding articles, policy implementation guidelines and monitoring indicators. Currently, the strategic document is in the final agreement stages and it is anticipated that by mid-2007 it will be presented for discussion to civil society at large and to other parties with a direct or indirect influence on the lives of those in the age category concerned, so as to arrive at a comprehensive national strategy for Uruguay's children and adolescents.

**5. *Please specify the criteria for determining the poverty line and indicate the number of children living below this line. Please also specify the strategies, programmes and support available for these children.***

130. The poverty line in Uruguay is calculated according to the so-called income-based method. This consists in establishing a monetary threshold to compare the per capita income of households: if a household's income is below the indicated threshold, it will be considered poor, and therefore so will the members of that household.

131. The monetary threshold, or absolute poverty line, is determined using the estimated cost of a basic food basket, which is subsequently multiplied by a factor<sup>8</sup> allowing non-food expenditure to be taken into account. The basic food basket reflects the value of the minimum nutritional requirements for a healthy life, taking into account society's eating habits.

132. The body responsible for carrying out poverty estimates is the National Statistical Institute (INE). The INE estimates the absolute poverty line using data from the Continuous Survey of Household Expenditure and Income (ECH), and it continues to follow - although subject to some changes since 2002 - the methodology used by the Economic Commission for Latin America and the Caribbean (ECLAC).<sup>9</sup>

133. Given that the methodology used by the INE produces significantly different results to those obtained using the ECLAC methodology, the following table gives the estimated number of poor people according to both methodologies. The table shows that, in 2004, there were 427,000 poor children according to the INE methodology, a number which decreased to 398,000 in 2005.

**Table 49**

**Number of people (in thousands) living below the poverty lines established by INE and ECLAC, by year and by age group**

Year	Age group	Total	Number below INE poverty line	Number below ECLAC poverty line
2004	0-17	800	427	325.1
	18 and over	1 982.5	509.1	340.7
2005	0-17	794.6	398.4	298.8
	18 and over	1 989.6	458.3	304.7

*Source:* Drawn up on the basis of INE data.

*Note:* Data for towns with 5,000 or more inhabitants.

<sup>8</sup> The factor is calculated as the ratio between consumer spending and food spending of the reference group, which is referred to as the Orchansky Coefficient in specialist literature.

<sup>9</sup> For a discussion on the specifics of the methodology adopted by the National Statistical Institute, and its possible impact on poverty rates and trends, see: Amarante, V., et al. "Consideraciones sobre los cambios en la línea de pobreza del INE (2002)" [Considerations on changes to the INE poverty line], Institute of Economics, Faculty of Economic Sciences and Administration, University of the Republic. Working document series No. 06/03, Montevideo, 2003.

134. With regard to poverty rates according to the INE, in 2004, 53 per cent of children and adolescents under 18 years old were poor, double the percentage of poor adults (25.7 per cent). Even though the number of poor under-18 year-olds decreased by 3 percentage points in 2005, half of all children and adolescents are still poor.

**Table 50**

**Poverty rates according to the poverty lines calculated by INE  
and ECLAC, by year and age group, in percentages**

Year	Age group	Percentage below INE poverty line	Percentage below ECLAC poverty line
2004	Total	33.6	23.9
	0-17	53.4	40.6
	18 and over	25.7	17.2
2005	Total	30.8	21.7
	0-17	50.1	37.6
	18 and over	23.0	15.3

*Source:* Drawn up on the basis of INE data.

135. In short, even though there was an overall reduction in the number of poor people in 2005, the highest poverty rate can still be observed among children and adolescents.

136. Although 2006 data were not included, the figures for only the first six months of 2006 confirm that poverty rates are decreasing overall but remain higher among the under-18 age group.

137. Details are given below of programmes and projects targeting children and adolescents living below the poverty line (the list is not exhaustive):

- (a) All INAU programmes and projects (with the exception of the Labour Inspectorate and the Department of Public Entertainment);
- (b) INFAMILIA programme;
- (c) CAIF plan;
- (d) All the National Nutrition Institute (INDA) projects and programmes;
- (e) The Ministry of Public Health (MSP) Mother-and-Child Health Programme;
- (f) Full-time schools, the school meals programme, and “Verano Solidario”, a summer programme, run by the National Public Education Administration (ANEP);
- (g) Family benefits from the Social Insurance Bank;

(h) The Ministry of Social Development's Social Emergency Plan (PANES) is not focused on children, but 57 per cent of the participants in the "Ingreso Ciudadano" programme are under 18 (data from November 2005, "*Perfil sociodemográfico de hogares que perciben el Ingreso Ciudadano*", [Socio-demographic profile of households that receive the "Ingreso Ciudadano"], Directorate of Social Policies, MIDES);

(i) Support for schools in socially and culturally disadvantaged areas;

(j) Community teachers programme;

(k) The "Nuestros Niños" [our children] programme of the Montevideo Municipal Council;

(l) All National Institute for Youth (INJU) projects;

(m) And the many programmes focusing on children and adolescents that come under sector-specific policies and departmental councils (among others).

138. The INFAMILIA programme was approved in 2002 and was put into effect at the beginning of 2004. Under the current Government, the Ministry of Social Development has been put in charge of the programme. It is structured into four components, each of which has sub-components.

(a) Component 1: comprehensive prevention and support projects:

(i) Sub-component 1.1, comprehensive model for children under 4 and their families;

(ii) Sub-component 1.2, comprehensive model for children aged 4-12 and their families;

(iii) Sub-component 1.3, comprehensive model for adolescents aged 13-17 and their families;

(iv) Sub-component 1.4, comprehensive model for the prevention of early pregnancy;

(v) Sub-component 1.5, comprehensive model for street children and adolescents;

(vi) Sub-component 1.6, support for victims of child abuse and sexual abuse and their families.

(b) Component 2: development, and community and family participation:

(i) Sub-component 2.1, promotion of networking;

(ii) Sub-component 2.2, social supervision.

(c) Component 3: institutional strengthening:

- (i) Sub-component 3.1, comprehensive plan for children and adolescents and other communication forums;
- (ii) Sub-component 3.2, strengthening participating organizations;
- (iii) Sub-component 3.3, national information system for children and adolescents.

(d) Component 4: social communication:

- (i) Sub-component 4.1, communication strategy to increase the general public's awareness;
- (ii) Sub-component 4.2, dissemination of the programme's ideas and activities.

139. For the purposes of this document, it is of interest to consider the activities carried out within the framework of components one and two of the programme in further detail.

*Sub-component 1.1: comprehensive model for children under 4 and their families (partners: Uruguayan Institute for Children and Adolescents (INAU), and the CAIF (Infant and Family Care Centres) plan).*

140. The overall objective is to promote the comprehensive development of children under four at high social risk, and to ensure that they are in good physical condition and sufficiently healthy in emotional, social and cognitive terms to start school, achieve satisfactory academic results and integrate into their families and society. This intervention will be implemented through weekly support sessions.

141. The main actions for 2006 are: maintaining the coverage achieved in 2005, with support for 15,000 children resident in the intervention areas, by financing almost 130 agreements signed with civil society organizations responsible for managing the weekly support sessions at CAIF centres; refurbishing premises to provide an adequate level of support, based on the figures from 2005; providing training on the methodology of the weekly support sessions for teams working at the CAIF centres that are involved; offering training workshops on the use of instruments for the assessment of child development to one technician at each CAIF centre funded by the programme; running workshops to strengthen civil society organizations; reinforcing INAU supervision of the CAIF centres providing weekly sessions.

*Sub-component 1.2: comprehensive model for children aged 4-12 and their families (partner: the Primary Education Council, or CEP)*

142. The aim is to develop a comprehensive intervention model for children aged 4-12 and their families, which will help to strengthen the relationship between school, community and family. It is anticipated that this will have a positive impact on children's performance (in particular, that there will be a decrease in the number of children repeating the first or second grade) and school attendance.



143. The following two general policies are being implemented to achieve this objective:

144. *Community Teachers Programme (PMC)*: aims to develop a new working model for socially disadvantaged schools by increasing the teaching time spent with children, as well as working with families and the community. The PMC programme concentrates its efforts mainly on the first and second grade, which have the highest rates of repetition.

145. Community teachers extend their hours in the classroom and run educational activities in homes and the community. In 2006, more than 430 community teachers worked in 252 schools throughout the country. By the end of 2006, 22,000 children had benefited from the programme. To guarantee the sustainability of these activities, ANEP has provided for the introduction of the Community Teachers Programme as a permanent CEP policy in its budget estimate for the five-year period starting in 2007.

146. *Recreation and Sport Strategy (EAD)*: sport and recreation activities are intended to improve children's social skills and the relationships between them, and between the children and teachers, to lower drop-out rates and absenteeism, and to promote students' development. Physical education teachers work with all age groups in the school, from first to sixth grade, over a 22-hour working week from Monday to Friday (with the possibility of activities on Saturdays). In 2005 (July to December) the strategy was implemented in 184 of the 201 schools involved in the INFAMILIA programme and which had been targeted for this intervention. Altogether 220 teachers were involved and 76,650 children from first to sixth grade participated. In 2006, the strategy was applied in 197 schools throughout the country, which also had their sports equipment replaced. Next year it is likely that the strategy will be included in the ANEP/CEP budget.

*Sub-component 1.3: Comprehensive model for adolescents and their families (INFAMILIA, Ministry of Social Development, Secondary Education Council (CES), National Public Education Administration (ANEP), National Institute for Youth (INJU)*

147. In 2005, as part of a joint project involving INFAMILIA, INJU and ANEP-CES, an agreement was reached to prioritize projects that focused on increasing the integration of adolescents into the secondary education system. The result was a proposal to create a community workshop programme that would involve the creation of 12 community workshops in districts of the departments of Montevideo, Maldonado, San José and Canelones where INFAMILIA was active, or in neighbouring areas. The implementation of this educational project was contracted out to civil society organizations with proven experience of delivering socio-educational programmes, work with adolescents and community work. As of March 2007, the 12 community workshops are just making a start on their activities.

*Sub-component 1.4: Comprehensive model for the prevention of early pregnancy (INFAMILIA - Ministry of Public Health - Ministry of Social Development)*

148. This sub-component is based on three main lines of action, which are complementary: (1) An information, education and communication programme on sexual and reproductive health; (2) The development of specialized work with adolescents in the public services; (3) Support for and the ongoing assessment of socially vulnerable teenage parents.

149. A civil society organization, Latin America Initiative, has been given a contract to develop cycles of workshops and exchange activities for adolescents who live in the 75 districts in which the programme is being run; the aim is to promote sexual and reproductive health, with an emphasis on preventing early pregnancies, by building on the skills of the 240 adolescents who have already received training on the promotion of sexual and reproductive health in areas where INFAMILIA was active.

150. The programme will assist and support the creation of 41 specialized comprehensive support centres for adolescents. Work is under way to: (i) train staff of the Ministry of Public Health on sexual and reproductive health; (ii) improve specialized support centres for adolescents. In 2003, 2004, 2005 and 2006, 500 technicians, both medical and non-medical, of the Ministry of Public Health completed training on sexual and reproductive health, with a particular focus on adolescence. There are plans to open 41 comprehensive support centres for adolescents in 2006 and 2007 (20 were opened in 2006; the remaining 21 are to be opened this year). Technical consultations have begun and specific guidelines on support are being drawn up to harmonize and standardize the criteria for assistance.

151. The third line of action of this sub-component concerns contact with and socio-educational support for teenage parents during the first year of their child's life. The support is provided by specially assigned health workers, through personal interviews (in the home or another agreed location), through group activities, or in coordination with the local network of public services. The persons in charge of socio-educational support coordinate their activities with the adolescents who were trained in health promotion by INFAMILIA, and with local organizations such as education and youth centres. Over the last year, 2,913 teenage mothers have been assisted, each mother receiving on average eight visits in the year following the child's birth. Of the teenage mothers taking part, 15 per cent had previously given birth. An average of 7.7 pregnancy checks were provided, and the average birth weight was 3.065 kg.

*Sub-component 1.5: Comprehensive model for street children and adolescents (INFAMILIA, Ministry of Social Development, INAU)*

152. This sub-component aims to reconnect street children and adolescents with social, family and community life, giving them greater opportunities for development and social integration. There are two phases:

153. Phase I, "Identification and first contacts", took place between 2004 and 2005 in 12 districts of Montevideo and Canelones. During this phase, 420 children were contacted who had not previously been assisted by INAU, while at the same time work began with family members and local providers of education, health and leisure services.

154. Phase II, "Reintegrating children and adolescents into their neighbourhoods", began in May 2006 with the aim of assisting approximately 620 children, including children who had participated in phase I, children who had taken part in previous INAU programmes and who lived in the selected areas, and children who were contacted for the first time. For the implementation of this phase a public tender was issued for "the selection of civil society organizations that manage support projects for street children and adolescents and their families". As a result, work contracts were awarded to four civil society organizations in six selected districts of the departments of Montevideo and Canelones.

155. The programme lasts 14 months and activities are to focus essentially on the family, the aim being to support the adults concerned and street children in difficulties.

156. In order to help achieve the objectives set for work with children's families, and in the hope that the latter will play an active role in recovering the children from the street, a family benefit fund is being established. The fund is an effective tool to enhance socio-educational work with street children and their families. It consists of a financial benefit for each family granted on certain conditions, and for specific purposes and periods of time, as specified in the relevant regulations.

157. INAU has set up a management committee for the implementation of this sub-component, the 1.5 Management Committee, which includes the heads of INAU divisions and programmes who have acquired experience in this field, whether through working directly with street children and adolescents or through the oversight and evaluation of projects concerned with street children undertaken through agreements with third parties.

158. In 2006, the programme covered 655 children and adolescents from 307 families. One of the methods used to identify and contact new children has been to work with schools in the selected areas. This approach was developed as a result of contacts with the schools established by the team, and has led to the preparation and dissemination of a paper entitled "Road map for school-age street children", which was prepared jointly by the project management and operational team of INAU together with those of the CEP Community Teachers Programme.

159. Lastly, there are plans for a further publication that will summarize the various types of programme aimed at street children.

*Sub-component 1.6: Support for victims of child abuse and sexual abuse (INFAMILIA, Ministry of Social Development, INAU)*

160. The purpose of this programme is to deal with cases of physical and/or sexual abuse of children and adolescents, in coordination with INAU and with the support of specialized civil society organizations. The aim is to facilitate the diagnosis and treatment of children, adolescents and their families, in order to lessen the likelihood that the domestic violence will be repeated and to increase the social integration of the children. For children up to the age of four, the focus is on attendance at educational institutions such as infant and family care centres (CAIF), while for children aged 5-12, the emphasis is on improving school performance and reducing the repetition rate.

161. Between May 2005 and October 2006, three civil society organizations were chosen to carry out the diagnosis, treatment and follow-up of children and adolescents whose referral was coordinated by the various operational sections of INFAMILIA in Montevideo and the metropolitan area. The aim was to provide care for the family as a whole and to encourage coordination between the various public services involved (health, education, etc.). In 2005, 300 family units in Montevideo and the metropolitan area received assistance covering 550 children and adolescents.

162. Following the development of a “road map”, as a model for multiagency cooperation on the detection of and response to cases of child abuse in primary education, a working committee was established to develop an integrated and comprehensive national system for dealing with violence against children and adolescents. The system is being introduced by a multiagency committee comprising INFAMILIA/Ministry of Social Development, INAU, the National Public Education Administration/Primary Education Council and the Ministry of Public Health, with support from UNICEF and UNDP. This committee is preparing a document that will be approved by the relevant organizations towards the end of 2006. Agreement on the system will be accompanied by an action plan for 2007. According to the plan, INFAMILIA will fund projects to help the victims of violence, which should cover an estimated 400 children and adolescents and their families.

163. According to agreements reached between the participating organizations, the system will involve three main lines of action: 1. Training and awareness-raising on the issue of child abuse; 2. A model for intervention; 3. The development of road maps, for use within or between organizations, together with a mechanism for the continuing review of legislation.

*Component 2: Development, community and family participation (INFAMILIA-Ministry of Social Development)*

164. Efforts are made to promote community participation through the establishment, strengthening and coordination of local networks, in order to apply a comprehensive approach to providing local support for children, adolescents and their families, with easier access to goods and services in the community.

165. As from January 2006, INFAMILIA began implementing a local management model (MGT) which entailed:

- (a) Dividing the territory into local and regional areas;
- (b) Establishing local guidance, consultation and cooperation services (SOCATs) as promotion and coordination tools for the various INFAMILIA components and others operating in a local area, by encouraging community participation and social integration;
- (c) Preparing regional plans, by building on the active participation of public and private organizations;
- (d) Opening a local investment fund to support investments in activities put forward by regional plans;
- (e) Establishing a post of district officer, who should be a technical expert under contract to INFAMILIA, to monitor all its activities in the district concerned;
- (f) Establishing a monitoring and assessment system.

166. In 2006, work was done on exchanging information with those carrying out activities locally, with a view to providing a link between INFAMILIA’s national strategy and local work. This was seen as a two-way process, national to local and local to national.

167. For 2007, there are plans to establish a programme to strengthen the capacity of local agencies to draw up, manage and assess local projects with the support of information technologies. Regional plans will be implemented in accordance with the problems identified in each region. Work commissions will be set up to help tackle the main problems identified, including those related to adolescence, health policies, gender issues, domestic violence and ill-treatment, child labour and street children. There are also plans to strengthen the monitoring and evaluation system.<sup>10</sup>

168. Among the strategies and programmes other than those for children beneath the poverty threshold, there are those that have been carried out since 2005 by the Ministry of Social Development as part of the Social Emergency Plan (PANES). One of the characteristics of the plan's target population is that children and adolescents under 18 account for nearly 57 per cent of the total.

169. Lastly, the activities reviewed in part III of this report ("Newly implemented policies") also provide a general framework of response to the needs of children and adolescents beneath the poverty threshold.

**6. *In the context of the technical assistance requested from the Office of the United Nations High Commissioner for Human Rights for this purpose, please inform the Committee of progress made towards establishing an independent national human rights institution, in accordance with the Paris Principles, in order to provide a complaint and redress mechanism accessible to children.***

170. In December of last year, upon the anniversary of the adoption of the International Covenants, and with the valuable support of the Office of the United Nations High Commissioner for Human Rights, a bill was brought before the national parliament for the establishment of an "(Independent) National Human Rights Institution".

171. In order to make preparations for the establishment of the institution a working group had already been set up, with the participation of the various branches of government, the political parties and civil society institutions.

172. This working group reflected a variety of views, which gave it the necessary sustainability and legitimacy, as well as strong social and political backing.

173. It is precisely this kind of pluralist, inclusive and participative representation that the national institution has had from the outset, which in our view is a precondition for ensuring the promotion and protection of human rights.

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<sup>10</sup> The information so far collected on the INFAMILIA programme may be consulted (in Spanish) at [www.infamilia.gub.uy](http://www.infamilia.gub.uy).

174. The great challenge initially was to create a genuinely national and independent body, one that would involve not merely importing models, but rather building an institution that, guided by the Paris Principles, would take into account Uruguay's realities and needs and that, above all, would be appropriate and effective for the observance and monitoring of human rights at the national level.

175. For our country, this bill is the culmination of many tireless efforts, and will surely serve as a foundation on which to build a more just, receptive, responsible and integrated society, within the collective ideals of human rights.

176. According to the bill, the new body would be placed under the authority of the legislative branch; it would be autonomous, independent and detached from other branches of government, with the mandate to defend, promote and protect human rights to the fullest extent, as recognized by the Constitution and international law.

177. As for its membership, it will be a collegial body, composed of five members aiming to ensure pluralistic representation, observing the principles of gender balance and non-discrimination, and dedicated to the protection and promotion of human rights. Its members will be elected by a two-thirds vote of the General Assembly (parliament).

178. One of its basic characteristics is that it will not be subject to any hierarchy, and will operate independently; it will not receive instructions or orders from any authority.

179. It will have no thematic or sectoral restrictions within the framework of the Constitution. It will thus address matters of civil and political rights, as well as issues of economic, social and cultural rights. Its resolutions will have the force of recommendations.

180. The explanatory commentary to the bill itself provides a good summary, in our view, of the spirit behind the establishment of the national institution. It reads: "... the establishment of the National Human Rights Institution, as a body independent of Government, enjoying legal, operational and financial autonomy, and whose mandate in concrete terms is the protection and promotion of human rights, would add an additional tool to existing mechanisms, helping to ensure that individuals are guaranteed the full enjoyment of their human rights, and that laws, administrative practices and public policies are conducted in harmony with such rights ...".

**7. *Please provide updated information on efforts to disseminate the Convention and the State party report.***

181. Under Component I of the INAU strategic plan implemented in 2005, a qualitative survey was carried out of the situation of children and adolescents at the national level, applying a local, rights-based approach, in order to gather input with which to draw up the strategic plan for 2006-2010.

182. For this survey, two techniques were used: interviews with selected respondents, and the holding of workshops coordinated by university teachers.

183. The workshops were carried out in three districts of Montevideo and in all the departments of the interior, covering the 18 departmental capitals and 7 small localities. Over 1,500 copies of the Convention on the Rights of the Child provided by UNICEF were distributed in the course of the workshops and the interviews.

184. For its part, the Training Centre for Social Workers (CENFORES) periodically holds courses on the Convention on the Rights of the Child and on the doctrine of comprehensive protection. Participants are generally social workers conducting activities for children and adolescents in situations of exclusion and/or social vulnerability.

185. There is still much to be done for the dissemination of the Convention among staff of the formal education system and health workers, where there is a profound lack of knowledge of both the Convention and the comprehensive protection paradigm.

186. As for the dissemination of the report of the State party, this has been relatively limited, to the extent that the report is not up to date. Its dissemination has been restricted in practice to people who work with children.

**8. *Please provide updated information on efforts made to provide training on and awareness of the Convention and on human rights in general to children, parents, teachers, social workers and other professionals working with and for children.***

187. In addition to the above, a national “Rights Week” is held every November. The various departments carry out a programme that includes different artistic and recreational activities to commemorate 20 November.

**9. *Please indicate the role of non-governmental organizations in the implementation of the Convention and provide information on measures taken (e.g. via certification, inspection, regular visits) to ensure that NGOs that provide direct services for children operate in full compliance with the Convention.***

188. NGOs share in the implementation of direct support projects for children and adolescents and take part in coordination and advisory forums (such as the Strategic Coordination Council or the Consultative Council).

189. Regular meetings are held fortnightly between the INAU administration and NGO representatives to consider matters related to children and project implementation.

190. There is an Agreements Division, which has a team of supervisors in charge of monitoring and supervising performance of support projects for children and adolescents.

**10. *Please provide information on the implementation and results of efforts and programmes to combat corporal punishment.***

191. Corporal punishment:

(a) This is not usually addressed as a separate item on its own giving rise to specific programmes, but is addressed instead within the general framework of child abuse;

(b) It is included in the System for the protection of children and adolescents against violence (SIPIAV).

**11. *Please provide further updated information on the implementation and results of efforts and programmes to combat economic and sexual exploitation.***

192. As for combating commercial and sexual exploitation, there is the aforementioned border programme which, as mentioned, has problems owing to the lack of information. (See question 1 of part B, General measures of implementation.) The National Committee for the Elimination of Child Labour (CETI) combats economic exploitation, focusing on fighting the worst forms of child labour. It comprises the Ministry of Labour and Social Security, INAU, the national trade union organization (Inter-Union Assembly of Workers - National Convention of Workers (PIT-CNT)) and various civil society organizations.

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

193. These include: early childhood, school dropout rates, street children (which overlaps with the issue of child labour) and various forms of violence that affect children and adolescents.

## **PART II**

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

## **PART III**

***The State party should briefly (three pages maximum) update the information contained in its report with regard to:***

- ***New bills or enacted legislation;***
- ***New institutions;***
- ***Newly implemented policies;***
- ***Newly implemented programmes and projects and their scope.***



194. Two bills amending the Children and Adolescents Code have been submitted:

(a) A bill submitted by the executive branch to the Senate pursuant to a message dated 21 August 2006;

(b) A bill signed by the following senators: Alberto Breccia, Alberto Cid, Alberto Courier, Rodolfo Nin Novoa, Margarita Percovich, Eduardo Ríos, Luis Rosadilla, Enrique Rubio, Victor Vaillant and Mónica Xavier.

*Bill amending the Children and Adolescents Code with regard to adoption*

195. This bill proposes amendments with three basic objectives:

(a) To strengthen “due process” at all stages of the procedure taking children from their original family environment to their adoptive family, and to simplify it without undermining guarantees for all the parties involved, especially children, adolescents and parents;

(b) To eliminate all forms of negative discrimination against adopted persons based on the civil status of adoptive parents or the method of adoption chosen;

(c) To improve mechanisms for preserving basic components of an adopted person’s identity, such as the first name given by the mother, data relating to the family of origin, access to such data and to support services needed to process this information, as well as, if possible, maintained links with some members of the family of origin.

196. The above-mentioned bill:

(a) Requires prior notice being given to the Court, to the Uruguayan Institute for Children and Adolescents (INAU) or to the maternity hospital in question (or immediate notification after the fact if not possible beforehand), of the decision by the family of origin no longer to assume responsibility for the care of the child. This requirement is applicable to persons giving up a child, as well as to those receiving a child or having direct involvement in the child’s case, whether professionals or employees of institutions acting as intermediaries in the case (art. 132, paras. 1 and 2);

(b) Prevents all forms of placing children in custody for adoption by means of a public instrument (art. 133, para. 4);

(c) Prohibits third parties from taking custody of children as a way of obtaining “extrajudicial placements” for the purposes of adoption. To that end, it precludes adoptions initiated through processes not controlled by the courts (arts. 36 and 133);

(d) Abolishes adoptions carried out by means of a public instrument (art. 142);

(e) Assigns responsibility for selecting adoptive parents to a team of specialists from INAU, thereby eliminating the possibility of private agencies acting as intermediaries (arts. 133, paras. 1 and 2, and art. 158);

(f) Simplifies the procedure of separating children from their family and subsequently placing them in a new family (which includes the alternative of adoption) by replacing the special procedure with the one applying to the protection of rights that have been violated (art. 117 of the Children and Adolescents Code), with the case being dealt with by a single court of first instance from the receipt of notice of the separation until determination of the child's family placement (art. 36, last para. and art. 134);

(g) Prohibits the placement of children under 2 years of age in institutions for more than 45 days (art. 133, para. 7);

(h) With regard to the different forms of adoption, enables all persons to undertake full adoption, regardless of their marital status, giving priority to adoptive parents with supporting family networks (art. 132, para. 5, and art. 140);

(i) Continues to allow simple adoption, which is changed to open adoption, only in those cases in which there are genuine emotional ties with the family of origin and a wish to preserve them (art. 138.2). Under such adoptions, children shall enjoy every right in their adoptive family (including inheritance rights as first in the line of succession and the use of the surname) and will be entitled to regular visits with their family of origin (art. 138 and 146 to 148);

(j) Allows adopted children to keep at least one of the first names given them by their family of origin (art. 27, *in fine*);

(k) Allows adopted adolescent children to keep at least one of the surnames of their family of origin, subject to the agreement of their adoptive parents (art. 27, No. 9);

(l) Obliges adoptive parents to inform adopted children of their status as such (art. 160);

(m) Safeguards data pertaining to the identification of the families of origin in the register (art. 159, No. 2);

(n) Allows all adopted persons, regardless of their age, to have access to personal data in the register that pertains to them and to be provided with support from specialized teams (art. 160, No. 1, and art. 158 (G));

(o) Allows adopted persons the possibility of being granted the judge's authorization to access the case file, once the advisability of this measure has been ascertained by a specialized team (art. 160, paras. 3 and 4, and art. 158 (G)).

197. A bill amending the Civil Code prohibits the corporal punishment of children and adolescents. It prohibits parents or guardians, as well as all persons responsible for the care, education and supervision of children and adolescents, from using corporal punishment or any other type of humiliating treatment as a means of reprimanding or disciplining them.

198. This prohibition implies the repeal of article 261 and article 384, paragraphs 2 and 3, of the Civil Code, and the replacement of article 16 (F) of the Children and Adolescents Code.

199. Also submitted was a bill amending the Criminal Code with respect to the following offences: acting as intermediary in illegal adoptions, commercial sexual exploitation, sex tourism, child pornography, sexual abuse, sexual harassment, exhibitionism and trafficking in persons.

200. All the bills listed above are under consideration by the Senate.

### **New institutions**

201. The Ministry of Social Development (MIDES), under the remit of which INAU functions as a decentralized department, was established pursuant to Act No. 17866.

### **Newly implemented policies**

202. For purposes of coordination, the Social Cabinet was established, comprising the Ministries of Health, Economic Affairs, Social Development, Housing, Labour and Social Security and Education and Culture.

203. A Social Policy Council was also established, with representatives of the above ministries, plus the National Public Education Administration (ANEP), the Uruguayan Institute for Children and Adolescents (INAU) and the Association of Mayors.

204. With regard to decentralization, closer ties with communities were initiated subject to a hierarchical order for participation at all levels.

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

205. These include:

(a) The INFAMILIA programme: Components described in General Measures of Implementation, Section 5;

(b) The Social Emergency Plan (PANES) (approximately 70 per cent for persons under the age of 30);

(c) Sudden Infant Death Prevention programme, in cooperation with UNICEF;

(d) Establishment of Committees for the Study of Mortality in children under 15 years of age (5 committees, 4 in the interior of the country and 1 in the capital) composed of medical specialists (paediatricians, neonatologists, forensic doctors, obstetricians), nurses and community representatives. A national committee will collect all the data and determine the appropriate measures to be taken.

206. In collaboration with UNICEF and UNDP, the Good Practices in Infant and Young Child Feeding programme was launched, representing an improvement over the previous Baby-Friendly Hospital Initiative. The programme is currently in the stage of pre-evaluating the centres.

207. The INAU CASAMIGA programme was designed to promote and protect the rights of children and adolescents on the basis of a decentralized and participatory response model.

208. As a means of achieving this objective, three areas, each with their respective objectives, were proposed: the promotion of rights, the protection of rights and local response. These are all aimed at contributing to the development of a policy of recognizing, promoting and protecting the rights of children and adolescents, as set out in the Convention on the Rights of the Child, as an effective strategy for creating an enhanced form of citizenship based on participation, solidarity and equality.

209. The CASAMIGA programme was based on the following guiding principles:

- (a) The participation of children and adolescents;
- (b) The removal of social conflicts from the courts through the use of alternative solutions (mediation, negotiation, reconciliation, etc.);
- (c) Gender equality;
- (d) The governing role of social policies;
- (e) The family as the preferred environment for children's development;
- (f) The provision of assistance in cases in which rights have been violated;
- (g) The use of local social networks as a tool for dealing with violated rights.

210. Other newly implemented programmes and projects are:

- (a) Centres for the Protection of Rights;
- (b) Dental Health programme (ANEP-CEP);
- (c) Human Resources Management Programme (ANEP-Technical/Vocational Education Council);
- (d) Foreign Languages Centre (ANEP-CES);
- (e) Young People in Movement (ANEP-CES);
- (f) Educational Projects (INAU);
- (g) National Programme of Education and Labour (Ministry of Education and Culture);
- (h) Dental Health Programme (Ministry of Health);
- (i) Nutrition Programme (Ministry of Health);
- (j) Assistance to the Homeless Programme (Ministry of Social Development);

- (k) National Food Programme (Ministry of Social Development);
- (l) Citizen Income (Ministry of Social Development);
- (m) Building Escape Paths (Ministry of Social Development);
- (n) Programme of Educational Support in Critical Situation Zones (Ministry of Social Development);
- (o) Emergency Health Programme (Ministry of Social Development);
- (p) Housing Improvement (Ministry of Social Development);
- (q) Free tickets for students in Lower Secondary School (Ministry of Transport and Public Works);
- (r) PRODENOR: Project for Social Development in the Poorest Zones in Northern Uruguay (Ministry of Housing, Regional Planning and the Environment).

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