



Convention on the Rights of the Child

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Committee on the Rights of the Child Seventy-sixth session

Summary record of the 2227th meeting

Held at the Palais Wilson, Geneva, on Wednesday, 13 September, at 3 p.m.

Chair: Ms. Winter

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

Consideration of reports of States parties (continued)

Combined third to fifth periodic reports of Tajikistan on the implementation of the Convention on the Rights of the Child (continued) (CRC/C/TJK/3-5; CRC/C/TJK/3-5 and Add.1)

1. *At the invitation of the Chair, the delegation of Tajikistan took places at the Committee table.*

2. **Mr. Pedernera Reyna** said that although there was no specific law addressing juvenile justice in Tajikistan, according to the State party's report, there were guarantees of children's rights and of due process for minors in the laws applicable to all citizens. It would be interesting to know whether any steps had been taken to establish a system of laws, administration of justice and penalties specifically for juveniles, in accordance with international standards. It would also be interesting to hear whether children under the age of 14 were subject to criminal proceedings and whether custodial penalties were applied only for the minimum term possible, and as little as possible. He asked whether the Government had eliminated the practice of deprivation of liberty for children who committed minor offences or had plans to change the law to reduce the maximum penalty applicable to children.

3. The Committee had heard reports that, in exceptional cases, with the consent of the prosecutor, adolescents could be sent to detention centres and held together with adults, in violation of the Children's Rights Act. The Committee would welcome the delegation's comments on those reports. If the reports were accurate, information on what measures were being taken to rectify the situation would be appreciated. He asked whether solitary confinement was used at detention centres, and if so, for what reasons, in what conditions and for how long, and whether any efforts were under way to bring minors arrested for criminal offences before a judge more promptly. He also asked what policies the State had implemented to make more use of non-custodial sentences. Statistics on the use of custodial and non-custodial sentences would be appreciated.

4. While welcoming the establishment in 2014 of a working group within the Ministry of Internal Affairs on the prevention of crime among young people, he expressed concern that the group had not yet begun functioning and asked what exactly was preventing it from entering into service. He enquired whether specific training was provided to judges, defence attorneys, prosecutors and others working with children in the justice system. The Committee had heard allegations that many cases of torture had taken place while children were in police custody or at detention centres. It would be useful to receive information on whether independent and impartial investigations of such allegations were carried out and on redress for the victims.

5. **Mr. Rodríguez Reyes** asked whether the policies for adolescent health and sexual and reproductive health services had evolved since the drafting of the State party's report.

6. **The Chair** (Country Rapporteur) noting that the State party's report mentioned the establishment, with the help of the United Nations Children's Fund (UNICEF), of child-friendly court facilities asked whether those facilities were currently used for cases involving children as perpetrators, witnesses or victims.

7. **Mr. Shohmurod** (Tajikistan) said that there were two major programmes devoted to improving legal awareness and education: the Human Rights Education Programme 2013-2020, which supported secondary school courses on the Convention on the Rights of the Child; and a programme to raise public awareness of legal rights, which was generally much broader in scope but also covered the rights of the child. In relation to child labour, the National Programme to Eliminate the Worst Forms of Child Labour had been adopted with the support of the International Labour Organization in 2014 and was currently being implemented. Under the Programme, an inter-agency coordination council had been set up that regularly carried out activities with the media to raise awareness of child labour issues. Among the legal instruments prohibiting child labour was a list of jobs with conditions harmful to children.

8. In 2004, Tajikistan had been the first country in Central Asia to adopt a specific law prohibiting trafficking in human beings, and another law, adopted in 2014, the Act on Trafficking in Persons and Assistance to Victims, included provisions for assisting trafficking victims. A series of measures were implemented under the latter law, with the participation of an inter-agency commission that worked with the International Organization for Migration and a number of NGOs. Rules for the establishment of victim support centres had been drawn up and model regulations for such centres had been adopted. The Supreme Court had issued instructions concerning the practical application of laws relating to human trafficking victims, including minors.

9. There was a legal basis for population transfers, and the approximately 2,400 persons transferred for example to make way for hydroelectric power production at Rogun had been reassigned plots of land and had received monetary compensation amounting to over 7 million somoni; they had also received other benefits valued at over 500,000 somoni. The principle followed for expropriation of property for public use was established in the Constitution and called for full compensation of any damages. It also stipulated that such expropriation could take place only with the consent of the property owner.

10. **Ms. Hasanzoda** (Tajikistan) said that the mortality rate for children under the age of 5 was 43 per 1,000 live births. About 80 per cent of deaths of children under the age of 5 took place in the first year of life, and over half in the first month. While the child and infant mortality rates had dropped significantly in the past 15 years, and were continuing to decline, they remained quite high. The implementation of public health policies had also reduced the maternal mortality rate and had resulted in a higher proportion of live births. The number of children per woman of childbearing age had risen slightly, and the overall birth rate for 2016 had been about 26 per 1,000 population. According to the 2012 demographic and health survey, the overall birth rate had been 3.8 births per woman of childbearing age, which according to UNICEF had been one of the highest rates in the world. With assistance from donors, a new demographic and health survey was currently under way. Its scope would cover the same questions as those addressed by the 2012 survey and would also extend to new areas.

11. **Mr. Rodríguez Reyes**, welcoming the progress made in reducing the infant and maternal mortality rates, said that he would like to find out more about policies adopted to specifically address situations in remote and rural areas and to support the most vulnerable groups.

12. **Ms. Hasanzoda** (Tajikistan) said that the delegation had an atlas produced by the demographic and health survey that showed demographic information for each of the regions of the country, including mortality rates. The statistics she had cited were averages for the entire country. The statistics varied. In the Khatlon Province, for instance, mortality rates were higher than in the capital.

13. **Ms. Umarzoda** (Tajikistan) said that the main cause of infant mortality was respiratory disease, representing about a third of deaths, followed by infectious parasitic diseases, accidents and other causes. Efforts were under way to reduce the mortality rate. In the past three years, some 10 standard-setting documents had been adopted establishing priorities for work by the Government and international organizations aimed at combating maternal and infant mortality. They included a national programme for immunology and disease control; a national programme for the rehabilitation of disabled persons; a monitoring map of medical services used by perinatal and reproductive health establishments, inter alia, for planning of obstetric services; and a guide to prevent mother-to-infant transmission of the HIV virus. The World Health Organization (WHO) *Pocket book of hospital care for children* had been approved and entered into use in Tajikistan, as had clinical protocols for paediatric surgery, for resuscitation techniques for newborns, for family planning and for the prevention of infectious disease at obstetric facilities. A new protocol had been developed for the treatment of infectious childhood diseases and for testing infants born to HIV-positive mothers. Recommendations and rules had also been issued concerning anaesthesiology during delivery and the treatment of resistant strains of tuberculosis.

14. The Ministry of Health and Social Protection was making a major effort to build the capacity of medical staff, including family doctors and other health and medical personnel in rural and remote areas, and to provide the equipment and facilities they required. As a result of the closure of the paediatrics unit at the university medical school, the country had to face a shortage of paediatricians, but the faculty had reopened and was expected to resume graduating paediatricians around 2020. In the meantime, planning had been reoriented to prepare primary caregivers in rural and remote areas to provide appropriate care for children under the age of 5.

15. **Ms. Hasanzoda** (Tajikistan) said that the poverty rate of 30 per cent referred to the overall rate of poverty in the country, as defined according to the methodology recommended by the World Bank. The rate, although high, had declined significantly since the country's independence, for example falling to its current level from over 80 per cent in 2000. About 8 per cent of the population lived in poverty as defined by the multidimensional poverty index. The decline in the poverty rate had been recognized as one of the fastest in the world.

16. The rate of extreme poverty too had declined, for example falling from over 18 per cent in 2013 to about 14 per cent in 2016. The poverty rate among children up to the age of 14 had been estimated for the last time in 2009 at around 51 per cent, when the overall poverty rate had stood at around 47 per cent. While child poverty had the same causes as poverty in general, it had more severe effects, as it directly impacted childhood development and thus had lasting consequences.

17. The social support system for families with children was developing more targeted forms of assistance for those families most in need. Assistance was given to families that lacked the resources required to provide sufficiently nutritious food for their children under school age and for pregnant women. In accordance with a government instruction issued in July 2014, from 2014 to 2016 some 150,000 families in need with over 840,000 family members, including over 300,000 children under the age of 16, had received assistance. Targeted assistance had been provided at a cost of approximately 57 million somoni. Information disaggregated by region and other factors was available.

18. Non-monetary anti-poverty measures included the provision of hot meals at various general and special educational establishments for some 31,000 pupils from poor families, orphans, students with disabilities and children at boarding schools, representing about 16 per cent of the students in the country. Non-monetary measures were developing relatively slowly, and there were still serious needs for the provision of access to heat, clean water and sewage service, for instance. A survey carried out with the assistance of WHO and UNICEF in 2012 had studied, inter alia, the amount of time spent to collect clean water and the way water was used for food preparation. According to various surveys, the portion of the population with access to piped, clean water had risen from about 57 per cent in 2000 to over 76 per cent in 2015, and even better results were expected from the demographic and health survey that was currently under way, which covered some 80,000 households and 11,000 women of childbearing age.

19. According to the migration service of the Ministry of Labour, Migration and Employment, the number of Tajik migrants in other countries had increased between 2005 and 2013 by over 40,000 a year, from 412,000 to more than 800,000. However, in the period from 2014 to 2016 the number of people leaving the country for work had declined to below the 2013 level and the number remaining overseas had decreased as well, by some 35 per cent. As an example, there had been 6 per cent fewer migrants to the Russian Federation in 2016 than the previous year. Between 2013 and 2016, the number of children migrating annually to other countries as part of labour migration had fallen drastically, from more than 21,000 to fewer than 1,200.

20. A 2016 survey of the labour force, which had been taken with the support of the World Bank and the International Labour Organization, had shown that children and teenagers accounted for approximately 4.4 per cent of the migrants who left Tajikistan in search of work. On the whole, younger people were the group most likely to emigrate. According to figures from the Federal Migration Service of the Russian Federation, significant numbers of Tajik minors had been registered in the Russian Federation over the

period 2012-2015. Increasing numbers of those children had also been granted residence permits by the authorities of the Russian Federation.

21. **Mr. Shohmurod** (Tajikistan) said that Tajikistan had launched a programme to reform its juvenile justice system in June 2017. The reform would include a review of relevant legislation, measures to ensure the protection of children who were witnesses to and victims of offences and the collection of data on children in conflict with the law. The programme, which would be undertaken in cooperation with UNICEF and other organizations, would help to ensure that the relevant provisions of the Convention were incorporated into domestic legislation and applied in practice.

22. **Mr. Karimzoda** (Tajikistan) said that in recent years the Tajik laws relating to children had undergone significant amendments to bring them into line with international standards. The purpose of the amendments, inter alia, was to reorganize the system for monitoring the protection of children's rights, hold parents more accountable for the upbringing of their children, protect children against abuse and exploitation and provide care for orphans and children deprived of parental care. In a referendum held in May 2016, the country's voters had approved a number of proposed amendments to the Constitution. Some of those amendments addressed issues touching on children's rights and the judiciary. In addition, under the ongoing overhaul of the country's justice system, family chambers had been created in courts and the establishment of juvenile courts was being considered.

23. The Act on Parental Responsibility for the Education and Upbringing of Children had been adopted in 2011. The Act applied not only to parents, guardians and teachers, but also to State and other institutions that dealt with children. Persons who failed to comply with the provisions of the Act were subject to criminal and administrative penalties, including fines under the Code of Administrative Offences. Since 2015, numerous cases had been heard in administrative courts for breaches of the Act. Activities to raise public awareness of the Act were conducted regularly and a presidential decree had been adopted to ensure that State institutions complied with its provisions.

24. Tajikistan was considering the possibility of ratifying of the Convention on the Rights of Persons with Disabilities in 2017. Furthermore, steps had been taken to penalize family violence, to introduce harsher penalties for the use of torture, to prevent early marriage, to prohibit the use of violence against children, to intensify efforts to monitor child labour and eliminate its worst forms, and to adopt legislation on inclusive education. A national plan to ensure the implementation of all recommendations made by United Nations bodies, including the Committee, was also being developed.

25. Both the Office of the Human Rights Commissioner and the Office of the Commissioner for Children's Rights were responsible for the protection of children's rights. The mandate of the Commissioner for Human Rights had been extended in 2016 to allow for unannounced visits and inspections of prisons, detention centres, facilities for holding refugees and asylum seekers and other State institutions. In 2012, UNICEF had provided financial support for the establishment of a Children's Rights Division within the Office of the Human Rights Commissioner; however, since 2014, the Division had been fully funded by the State. It handled complaints of violations of children's rights, monitored the observance of their rights in State institutions and conducted awareness-raising activities. In 2016, amendments to the law governing the Office of the Human Rights Commissioner had provided for the appointment of an independent Commissioner for Children's Rights.

26. **Mr. Rodríguez Reyes** said that the delegation had not responded to the questions that had been asked about breastfeeding and children's mental health.

27. **Ms. Khazova** said that it would be interesting to know whether children, in particular those in institutions, could send complaints to the Commissioner for Children's Rights and, if so, whether their complaints were kept confidential. It would also be interesting to know whether any cases of violence against children living in institutions or children's homes had been recorded in recent years.

28. **Ms. Todorova** said that she would appreciate a specific example or two of the kinds of behaviour that would cause a parent to be held liable under the Act on Parental

Responsibility for the Education and Upbringing of Children. In addition, she wondered who was responsible for reporting violations of the Act.

29. **Mr. Pedernera Reyna** said that he would welcome a more detailed account of the recently launched reform of the State party's juvenile justice system. He wondered, for example, what exactly the reform involved and what major changes it entailed. He also wondered whether there were any relevant laws or other texts that could enable the Committee to understand the reform more fully.

30. **Ms. Umarzoda** (Tajikistan) said that child malnutrition, in particular vitamin A deficiencies, was an ongoing problem in Tajikistan. Although the number of cases of rickets had fallen, the number of children whose body mass was insufficient remained stubbornly high. In many cases, their growth had been stunted. As the problem was primarily the result of parents' ignorance and inexperience rather than of a shortage of food, the authorities had made considerable efforts to reach out to mothers and to ensure that medical personnel encouraged parents to feed their children properly. The prevalence of malnutrition-related conditions was regularly monitored, and, as a result, appropriate action was taken promptly. Pregnant women and mothers of young children in Khatlon Province, for instance, had received nutritional supplements. Every year, vitamin A capsules were distributed for children aged between 6 and 59 months.

31. Approximately 59 per cent of children up to the age of 6 months were breastfed exclusively, while more than 80 per cent were breastfed partially. A number of hospitals, in which the overwhelming majority of the country's children were born, had been involved in initiatives to encourage breastfeeding. An inter-agency survey on breastfeeding in parts of Tajikistan was under way; its results would be available shortly.

32. Steps had been taken to improve the food situation in Tajikistan, in particular for mothers and their children through various national and international initiatives. For example, in 2013, Tajikistan had joined the global Scaling Up Nutrition (SUN) movement. An inter-agency coordinating council had been set up to deal with issues relating to SUN and school meals. A number of projects supported by the World Bank or the Government of Japan had been launched in the parts of the country, such as the Khatlon Province, where food for nursing mothers and children was scarce.

33. **Ms. Aho Assouma** said that she wished to know what practical steps the State party intended to take to lower its relatively high rates of child mortality. In addition, she would welcome a comment on efforts to prevent mother-to-child transmission of HIV and to provide women with family planning services or advice. It would be interesting to know whether medical equipment in the State party's primary health-care facilities was routinely sterilized.

34. **Ms. Umarzoda** (Tajikistan) said that efforts to lower child mortality had included the establishment of primary health-care facilities in remote, mountainous areas of the country and the opening of the country's second medical school. In addition, two major perinatal centres had been opened in Khatlon Province, and specific steps to reduce neonatal mortality had been taken, including by training surgeons, physicians and other medical personnel, in particular those working in rural hospitals. Tajikistan nonetheless continued to suffer from a shortage of qualified medical personnel, including paediatricians.

35. The number of HIV-positive people in Tajikistan was on the increase. Since 1991, nearly 10,000 people had been registered as being HIV-positive. Children born to infected mothers were monitored for 18 months. As at July 2017, slightly more than 800 children had been registered as being HIV-positive. More than 90 per cent of such children had access to antiretroviral therapy. A range of dedicated facilities offered specialized treatment and tests and confidential HIV tests were available, including for teenagers. More than 1 million somoni had been budgeted for HIV testing in 2017.

36. Measures had been taken to lower infection rates. They included the establishment of a relevant national programme and outreach efforts targeting vulnerable groups such as migrants. Pregnant women with HIV were informed that if they received the proper treatment, they could still have healthy children. It was nonetheless difficult to ensure that

educational campaigns reached the many migrant workers who regularly came and left the country.

37. All pregnant women were tested for HIV before the twelfth week of their pregnancy, while women who were members of at-risk groups were tested at least twice, and all who were HIV-positive, including returned migrants, received antiretroviral therapy. The types of behaviour that led to an increased risk of infection were discussed in programmes run at educational institutions.

38. HIV-positive children up to the age of 16 were entitled to a monthly allowance equivalent to 90 per cent of the minimum wage. Consideration was being given to raising the age limit to 18. In 2015, the Ministry of Health and Social Protection had issued sets of instructions dealing specifically with adolescent reproductive health. Awareness-raising efforts centred on clubs, schools and other venues frequented by young people had reached more than 29,000 adolescents in 2016. The 35 adolescents who had been found to be HIV-positive after a recent consultation drive had received antiretroviral treatment. Steps were being taken to build the capacity of persons working with at-risk groups of children, including the staff of primary health-care facilities.

39. Approximately 800,000 children were currently registered as suffering from mental disorders in Tajikistan. There were several dedicated facilities where such children could be hospitalized and receive treatment in Dushanbe, Sughd Province, the Yovon District and Chorbog. Rehabilitation services, some of which involved the children's parents, were provided in the Chorbog facility. In 2017, some 600 children had thus far benefited from those services.

40. Some 75,000 somoni had been allocated to the purchasing of contraceptives in 2016 while over 400,000 somoni had been set aside for that purpose in the budget for 2018. Given that contraceptives were mainly used by women, the Ministry of Health and Social Protection, the Committee for Youth, Sport and Tourism and the Committee on Women's and Family Affairs were making efforts to promote condom use among men in order to prevent HIV infection. A working group established by the Ministry of Health and Social Protection had drafted a plan on contraception that would remain in force until 2020. Under the plan, which included provisions for joint funding, funding for contraception had been received from the Government of Japan and other donors.

41. Some 7 million somoni had been allocated to immunization programmes in 2016, and 2 million somoni in 2017. Funding for the purchasing of vaccines had increased and a national immunization programme would be in place until 2020 in order to reduce morbidity. In response to a warning issued by WHO in relation to cases of poliomyelitis in Afghanistan, an anti-polio vaccination campaign had been carried out in regions bordering that country, resulting in the immunization of 98 per cent of children under 5 years of age. Funding for an anti-hepatitis B vaccination campaign had been received and efforts were being made to tackle other causes of child mortality, resulting in a reduction in the incidence of diarrhoea-related diseases. In 2015, an anti-polio vaccination campaign had been carried out that had immunized 1.1 million children under the age of 5 or 90 per cent of children in that age group. In 2017, vaccination campaigns had been carried out to address the rise in the incidence of measles and rubella among children. As a result, over 1 million children had been immunized against those diseases. Although the number of families that refused to vaccinate their children had dropped significantly, access to vaccinations was adversely affected by a shortage of qualified staff, suitable equipment, vaccines and laboratories. In order to improve vaccination rates, steps were being taken to enhance the capacity of medical staff and the Ministry of Health and Social Protection was paying close attention to best practices employed in the vaccination programmes of developed countries.

42. Surveys on nutrition had indicated that a certain number of children were affected by obesity as well as malnutrition. Some 3 million somoni had been allocated to ensure that children with diabetes had access to appropriate treatment, and a further 1 million somoni earmarked for the purchase of insulin. Facilities for the treatment of diabetes had been opened in a hospital in Dushanbe and were accessible in other areas of Tajikistan. Every

year, events were organized in association with World Diabetes Day in order to raise awareness of the condition.

43. The Ministry of Health and Social Protection prioritized the provision of social aid for children with disabilities. In 2016, some 20,800 children had received care for various mental and physical disabilities and sensory impairments in State institutions. The Government had taken steps to provide better health-care and other services to orphans. Over the years, a rehabilitation centre, opened in 2008, had provided assistance to many children with disabilities related to mobility, the nervous system and heart conditions. In 2016, a working group had been established by the Ministry of Health and Social Protection to devise policies on the provision of services to persons with disabilities; a draft framework for the early diagnosis of disabilities had been drawn up. The Ministry of Health and Social Protection, in conjunction with a number of civil society organizations, had launched a series of programmes and actions to promote the inclusion of children with disabilities and to help them fulfil their potential. To that end, nine centres had been established which had handled more than 3,500 children in the last three years.

44. On 3 November 2015, a genetic medical centre had been opened at which specialists from a range of countries used modern equipment to provide treatment to children with genetic conditions. Plans were in place to open centres of that type in other regions so that antenatal scanning and screening services could be provided and other tests could be carried out to identify genetic defects as early as possible and ensuring that preventive actions could be taken.

The meeting was suspended at 4.35 p.m. and resumed at 4.50 p.m.

45. **Mr. Shohmurod** (Tajikistan) said that the adoption, in June 2017, of the programme to reform the juvenile justice system did not prevent other actions on juvenile justice from being carried out. There were plans to establish special courts for children; however, they would entail amendments to the provisions of the Constitution governing the court system. In the meantime, training in juvenile justice had been provided to 23 specialized judges and the Supreme Court had established a procedure for ruling on civil, criminal and family cases involving juveniles. The 2017-2021 juvenile justice reform programme was a continuation the national plan of action for 2010-2015 aimed at ensuring that children's rights were fully protected and that their best interests were upheld.

46. **Mr. Karimzoda** (Tajikistan) said that from 2013 to July 2017 the Commissioner for Children's Rights and the Commissioner for Human Rights had received more than 450 complaints, including direct complaints from children. The Commissioner for Children's Rights monitored the implementation of children's rights and had carried out nearly 100 missions to monitor children's homes during which no cases of violence had been identified. In order to raise children's awareness of the functions of the Commissioner for Children's Rights, 145 media campaigns had been undertaken and information on children's rights and relevant national laws and international instruments was posted on the website of the Office of the Commissioner for Human Rights. A website was also being developed for the Office of the Commissioner for Children's Rights and efforts were being made to facilitate access to the institution, which was responsible for the entire country and had a number of branches and reception centres.

47. **Mr. Shohmurod** (Tajikistan) said that it was recognized that children were not submitting direct complaints to the Commissioner for Children's Rights. However, actions were being taken in schools to raise children's awareness of that institution.

48. **Ms. Sandberg**, noting that it was unusual for there to be no complaints of human rights violations committed in institutions, said that she wished to know whether the inspectors who visited institutions knew how to speak to children, whether the children felt safe to speak freely to the inspectors and whether children were present during the inspections. She asked whether there were enough properly trained social workers, including in rural areas, to support parents in their efforts to raise their children.

49. **Mr. Shohmurod** (Tajikistan) said that the Commissioner for Children's Rights and the Commissioner for Human Rights had unimpeded access to the country's correctional colony as well as experts from the Office of the Procurator General, the Office of the

Special Procurator and a procuratorial service that dealt specifically with cases involving juveniles. They had the right to visit the institution and hold confidential conversations with juveniles deprived of their liberty at any time. Some 44 convicted boys, were currently being held in the colony; there were no girls.

50. **Ms. Umarzoda** (Tajikistan) said that, in 2009, measures had been introduced allowing NGOs to provide social services to children with disabilities through day-care centres. Some 30 such centres, attending to over 3,000 children, had been established. Funding was provided to the NGOs in question on a competitive basis. Home services were provided by the local authorities to ensure that vulnerable persons, including children with disabilities, were cared for at home, to the extent possible. The quality of the services provided was monitored and a working group attached to the Ministry of Health and Social Protection had devised a strategy for the provision of social services, the implementation of which was currently being costed. From 2011 to 2015, with the support of a European Union project, the Ministry had drafted standards and specifications for the provision of social assistance to different categories of families and the use of a case management system. Efforts were being made to implement quality standards at the local level and to deinstitutionalize the provision of social services.

51. Over the course of the last 10 years, in order to ensure that the constitutional rights of persons with disabilities were upheld, regulations had been drafted and a conceptual framework for the provision of social services to persons with disabilities had been established. A bill on the provision of services for orphans was currently being considered and social and rehabilitation assistance had been provided in 2016 to over 290,000 children with disabilities, orphans and children living in difficult family circumstances. A number of such children had been enrolled in State boarding schools while others had been housed in the Chorbog rehabilitation centre and other centres.

52. Although deinstitutionalization could not take place overnight, it was considered a priority and funding was of key importance. From 2014 to 2017, significant funding had been allocated in the State budget for the provision of medical and social services. On the basis of a survey carried out in 40 regions and cities, allowances were granted to families on low incomes. Priority was being given to families with large numbers of children or with two or more persons with disabilities. In future, that project would be extended to all cities and regions in Tajikistan.

53. In conjunction with the European Union, a project had been carried out that had led to the creation of a training centre for innovation and social progress. The centre helped retrain staff and upgrade the qualifications of social workers in order to ensure that modern standards of social work were implemented. Over 100 persons received such training every year. There was a social work faculty at the Tajik National University.

54. **Mr. Mansur** (Tajikistan) said that inspectors from several State agencies had been trained to monitor and prevent the use of corporal punishment against children in institutions and the home, including 14 dedicated officers employed by the Ministry of Internal Affairs. Those posts had been created following the adoption of the Family Violence Prevention Act in 2013. There were now over 1,100 inspectors responsible for preventing violence within the family and dealing with poor families and families in difficult circumstances. From 2014 to 2016, over 2,000 complaints of violence had been examined each year and over 500 complaints had been examined in the first few months of 2017; however, very few of them related to children.

55. The procedures employed by the Ministry of Internal Affairs had been modified to ensure that children were less likely to become involved in crime and anti-social behaviour. A dedicated service had been set up that provided comprehensive support to groups of children and individuals. Efforts were made to assist juveniles in difficult situations, to examine the circumstances that led them into such situations and to take their circumstances into account when necessary. The Government had established special reception centres that provided children with temporary shelter and where children could apply for assistance at any time of the day or night. There were closed centres that offered social, psychological and other types of support to children and their parents, including to facilitate family reunification. Guardianship and tutorship associations also provided assistance to children

left without parental care and, if possible, tried to return the children to their families. When that was not possible, efforts were made to place the children with other family members. In addition to the inspectors that had been mentioned, over 200 staff worked with juvenile offenders around the country, even in remote areas. Under the Act on Parental Responsibility for the Education and Upbringing of Children, administrative penalties could be imposed on parents who were found to have failed in their duty to look after their children, for instance, by leaving them to roam the streets unsupervised. Such measures were also applicable to the staff of institutions responsible for children.

56. **Mr. Mirboboev** (Tajikistan) said that the right of all children to receive a free education was enshrined in the Constitution. In accordance with domestic law, all children received at least nine years of free education. In line with a number of relevant programmes, frameworks and strategies, the Government cooperated closely with civil society and national and international agencies active in the country to ensure that children could exercise their right to receive an education. In order to ensure compliance with the Committee's recommendations, the State budget for education had been significantly increased and funds had been earmarked to ensure that all general education establishments in Tajikistan could continue to function.

57. With a view to increasing access to preschool education programmes had been adopted at the national level, including one on the development of private preschool institutions for the period 2014-2020. Over the past few years, legislation and regulations had been approved on the organization of standards in preschool education. There were currently just over 600 preschool education establishments in Tajikistan, serving more than 94,000 students. With the assistance of UNICEF, an appropriately staffed network of 1,647 early childhood development centres had been set up, attended by approximately 44,000 children and staffed by over 2,000 teachers. Children aged 6 to 7 years in rural areas who had not benefited from preschool education underwent a month-long preparatory course immediately prior to starting compulsory education at the age of 7 years. More than 10,000 children currently attended 81 private preschool education establishments. In line with the National Education Development Strategy for the Period up to 2020, the existing network of preschool facilities would be expanded by 30 per cent. The number of children aged 3 to 6 years had increased since 2015 to just over 1 million, which obviously posed certain challenges for the Government. There were currently around 10,000 preschool employees, half of whom were teachers. In total, 70 per cent of those teachers had high-level, specialist qualifications. The State party had achieved almost complete coverage in general educational establishments.

58. **Ms. Khazova** said that, owing to shortcomings in Tajik legislation, the amounts of allowances paid to families with children with developmental disabilities in situations of extreme vulnerability varied greatly and could be as low as US\$ 20 per month per child. The families concerned did not receive any other related cash benefits. She asked whether there were any plans to address the existing inequalities in that regard.

59. **Mr. Mirboboev** (Tajikistan) said that efforts were under way to ensure that students in isolated areas of Tajikistan could remain in education. In the previous two years, a further 133 primary and 159 general education establishments had been set up. As a result, the number of children outside the education system had fallen dramatically in recent years, from 2,630, for the period 2012-2013, to 151 in 2016.

60. Additional measures had been taken to encourage girls to remain in education and the majority of them completed secondary education. Moreover, 59 per cent of college students were girls. Over one third of Tajik students in domestic and foreign institutes of higher education were women or girls.

61. A government-funded inclusive education programme had recently been developed, under which children, including orphans and children with disabilities, were enrolled in specialized secondary schools or boarding schools. Over 12,000 children currently benefited from inclusive education, half of whom attended mainstream general education schools. Work had been carried out to improve the physical accessibility of existing educational establishments. Courses on inclusive education were provided for specialized teaching staff and 450 teachers were currently being trained. The Government was making

considerable efforts to promote inclusive education among the general public and the parents of children with disabilities. Information meetings and several televised awareness-raising campaigns had been organized with representatives of relevant government departments and voluntary associations. Currently, education services were being provided in the family homes of more than 1,000 children who were unable to attend school owing to serious medical conditions.

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

62. **Ms. Ayoubi Idrissi** (Country Rapporteur) said that the State party had provided very little data on the sale of children, illegal adoption, forced marriage and child prostitution. She enquired whether the State party planned to set up a mechanism for the systematic collection, follow-up and assessment of data. She asked whether children had been involved in or consulted regarding the preparation of the State party's reports relating to the Convention and the two Optional Protocols currently under consideration and whether they had been shown draft versions of those documents. Information would be welcome on any cases in which the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography had been invoked before the domestic courts. Information would also be welcome on efforts to disseminate the instrument and to provide legal actors and law enforcement officials with training in that regard. It would be interesting to know whether the strategy relating to the activities of the Office of the Commissioner for Children's Rights, being developed jointly with UNICEF, would focus on all the issues covered by the Optional Protocol.

63. Details of any mechanisms set up to coordinate the efforts of the various government departments responsible for implementing the Optional Protocol would be appreciated. Information on the use of child-friendly media for the wide dissemination of the Optional Protocol, training courses on the instrument for professionals working with or for children and on the budget allocated for the implementation of its provisions would also be appreciated. She wondered whether any complaints had been filed under the Optional Protocol and, if so, whether any information on their follow-up was available.

64. The State party had ratified a number of international instruments on trafficking in persons and had plans to combat trafficking in children. She asked what measures had been taken to strengthen existing programmes for vulnerable children, set up mechanisms for the identification and follow-up of potential victims of the offences covered by the Optional Protocol and determine the extent of sexual exploitation in Tajikistan, in order to subsequently take effective preventive action in that regard. Information on measures taken to address risk factors, such as child poverty, which could lead to instances of drug use, child labour and children living in street situations, would also be welcome. She asked whether there were any plans to introduce penalties for the transfer of organs of the child for profit and the possession of child pornography.

65. **Ms. Skelton** (Country Rapporteur) said that she wished to know whether there was any piece of domestic legislation that specifically criminalized the sale of children and whether there had been any cases of that practice in Tajikistan. Information on the treatment of child prostitutes arrested under the Criminal Code would be appreciated. She enquired whether educational rather than punitive measures were taken against children and adolescents found to have sent images of a sexual nature by phone or by computer. She asked whether, in order not to criminalize adolescents, Tajik law differentiated in law between adults found guilty of having sexual relations with minors under the age of 16 years and persons aged 16 or 17 years found guilty of the same offence. The State party's report (CRC/C/OPSC/TJK/1, para. 35) contained a list of offences for which only children could be found guilty. Such an approach ran counter to the Committee's general comment No. 10 (2007) on children's rights in juvenile justice (CRC/C/GC/10) and the United Nations Guidelines for the Prevention of Juvenile Delinquency. She wondered why targeting children in such a way was considered to be a good prevention strategy.

66. The State party was to be commended on its adoption of the Act on Trafficking in Persons and Assistance to Victims. She asked whether the definition of trafficking

contained in the Act had replaced the broader one employed in the Criminal Code, or whether both definitions were still valid. Information on the reasons why children were trafficked in Tajikistan and its status as either a receiving or a sending State would be welcome.

67. **Ms. Todorova** said that the State party was to be commended for providing in its report a solid overview of the legal and institutional structure to combat child labour, with technical assistance from international organizations. According to information from a survey conducted in 2012 and 2013, some 500,000 children were working, 11 per cent of whom were between the ages of 5 and 11. The Committee wished to know whether more recent information was available and whether it indicated that the situation had improved. It would also be useful to have data on child labour disaggregated by specific economic activity and the numbers of children estimated to be working in the formal and informal sectors respectively, along with information on the specific measures taken in both sectors to reduce child labour. Information on how the child labour monitoring mechanism functioned at the local level and on any best practices or outcomes would also be appreciated. She asked what practical steps the Government taken to prevent child labour and provide support to parents and families, for example under the long-term poverty eradication programme, and what social protection was offered to encourage families to keep their children in the education system.

68. The State party had presented much information on the legal measures taken to combat the sale, abduction and trafficking of children, including the adoption in 2014 of the Act on Trafficking in Persons and Assistance to Victims. She asked whether the by-laws required for the enforcement of that law had been adopted. Tajikistan was reportedly a source for the trafficking of women and girls for sexual exploitation in neighbouring countries and certain Arab States. Information on the Government's efforts to raise public awareness and to inform parents and children about that problem, including in the context of the long-term poverty eradication programmes, would be welcome. Clearer information on the services available for victims of trafficking would also be welcome. She asked whether there was a mechanism in place to identify and refer trafficking victims to appropriate recovery and reintegration services. The Committee had received information that such services were provided by NGOs and international agencies. Did the Government have any plans to provide guidance, training or resources to help with victim assistance? Lastly, she noted that the information in the State party's replies to the list of issues concerning assistance for trafficking victims seemed to indicate that such assistance was conditional on their cooperation with law enforcement authorities. Did the Government plan to change those provisions so that assistance would be provided solely on the basis of the specific needs and vulnerability of the victims?

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

69. **Ms. Aldoseri** (Country Rapporteur) said that she wished to know which body was responsible for coordinating efforts to implement the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict. Information on the dissemination of the Optional Protocol among the population at large, children and professionals working with or for children would be welcome. She asked whether specific training on the instrument was provided to such professionals and whether any one specific body was responsible for such training.

70. She enquired whether the Government kept data on refugees, migrants and unaccompanied children entering Tajikistan who might have been involved in armed conflict abroad and whether related statistics for the past three years were available. It would be interesting to hear whether border officials were properly trained to identify children who might have been previously involved in armed conflict.

71. She asked what steps had been taken to ensure that children who had travelled abroad with their families to conflict zones were not recruited by non-State armed groups or radicalized. It would be useful to know whether there were any recovery programmes to

prevent children previously involved in conflict abroad who had returned to Tajikistan from returning to the conflict zone to continue their involvement in fighting.

72. Information on the number of military schools in the State party, the age of enrolment in such establishments and the inclusion of the Optional Protocol, international human rights law and human rights issues in their curriculums would be welcome. She asked whether professionals working with or for children in the State party were trained in international human rights law and whether it was true that students at military schools received weapons training. Lastly, did the Government have any plans to introduce military conscription for adolescents aged under 18 years?

73. **Ms. Ayoubi Idrissi** (Country Rapporteur) said that it would be useful to know what measures had been taken to expressly criminalize the recruitment of children by State armed forces and non-State armed groups and to classify the recruitment of minors aged under 15 years as a war crime.

74. Information would be appreciated on any plans to ensure that extradition relating to offences contained in the Optional Protocol was not covered by the principle of double criminality. She asked whether the Optional Protocol could serve as a basis for extradition in the case of a request made by a country that did not have any extradition agreements with Tajikistan and whether the State party exercised universal jurisdiction.

75. She asked what measures had been taken to provide for the physical and psychological rehabilitation and social reintegration of children who were victims of the offences covered by the Optional Protocol and to better detect such children, be they migrants, asylum seekers or Tajik nationals. She enquired whether children previously involved in armed conflict were treated as victims and returned to the education system. She also enquired what measures had been taken to better assist children injured by landmines.

The meeting rose at 6 p.m.