



Convention on the Rights of the Child

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Committee on the Rights of the Child Eighty-second session

Summary record of the 2407th meeting

Held at the Palais Wilson, Geneva, on Thursday, 12 September 2019, at 10 a.m.

Chair: Mr. Pedernera Reyna

Contents

Consideration of reports of States parties (*continued*)

Combined third and fourth periodic reports of Mozambique (continued)

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The meeting was called to order at 10.05 a.m.

Consideration of reports of States parties *(continued)*

Combined third and fourth periodic reports of Mozambique (continued)
([CRC/C/MOZ/3-4](#) and [CRC/C/MOZ/Q/3-4](#))

1. *At the invitation of the Chair, the delegation of Mozambique took places at the Committee table.*
2. **The Chair** said that, at the invitation of the Committee, some members of the delegation would be speaking via video link from Maputo.
3. **Ms. Sales Lucas** (Mozambique), speaking via video link from Maputo, said that programmes and regulations were in place to ensure that adoptions were carried out in accordance with national legislation. Training was provided to the staff of institutions involved in adoption procedures, including social services, prosecution services and relevant health services. Legislation such as the Anti-Corruption Act was intended to prevent payment for adoption and encourage the reporting of violations. A national registry of alternative care, containing information on potential adoptive parents and children awaiting adoption, was being piloted at reception centres for children in difficult circumstances. Other details, such as the location of centres and numbers of staff and children there, were also recorded. For children who had not lost their families, but came from troubled home environments, efforts were made to place them with their extended family. Social support was provided in various forms, including cash benefits, to ensure that children were not removed from their homes for reasons of poverty.
4. The labour inspectorate of the Ministry of Labour and Social Security inspected enterprises to ensure compliance with the law and monitor child labour. The National Action Plan to Combat the Worst Forms of Child Labour 2018–2022 provided for prevention activities and victim support. In addition, the Labour Advisory Committee, which was composed of government representatives, employers and trade unionists, collated data on child labour to inform future strategies.
5. **Ms. Guibunda** (Mozambique), speaking via video link from Maputo, said that the new National Education Act, adopted in 2018, made provision for the incorporation of preschool education into the general education system; the implementing regulations to the Act had been adopted in 2019. Regulations had been adopted to ensure safety and security in schools, including internal rules for individual schools. The Ministry of Education and Human Development had launched hotlines for reporting violence in schools available in all provinces.
6. Teachers were held accountable for any actions that contravened the General Statute of Officials and State Agents or the code of conduct for teachers and school personnel. The public prosecution services and the Ministry of Education and Human Development had set up a joint platform to receive and process complaints. Disciplinary or criminal proceedings could be brought against teachers who committed offences. A teacher in Maputo had been suspended pending prosecution and a case had been brought against a teacher in Nacala.
7. Human resources, equipment and funding were available for preschool education, and also for bilingual education, which was currently implemented in some 2,000 schools throughout the country, reaching over 500,000 pupils. Preschools were in place across the country, including in rural areas. Campaigns had been launched to raise awareness among parents and guardians, and among community and religious leaders, of the importance of providing education for children with disabilities. Families' strong church connections meant that religious leaders could influence parents to send their children to school. Textbooks in Braille had been published and teacher training curricula covered issues related to disability and inclusive education. Sexual and reproductive health education were taught in natural science lessons in primary schools and in biology lessons in secondary schools. Teachers received in-service training in dealing with children affected by natural disasters and regular drills for teachers and children were conducted in high-risk areas. A national plan had been drawn up to guide schools in emergencies, schools had been built to withstand natural disasters and a handbook for teachers had been published with a section on natural disasters.

The 2003 decree stipulating that pregnant girls could attend classes only in the evening had been repealed, and girls could choose between day school or evening classes. Public awareness campaigns had been launched to prevent school dropout. Given that poor attendance was often connected with the need to return home to eat, there were plans to expand the School Feeding Programme, which provided children with meals in certain schools, and to develop school gardens so that schools that had enough land could produce their own food.

8. **Ms. Magaia** (Mozambique), speaking via video link from Maputo, said that reception centres for orphans and for children in difficult circumstances fell under the auspices of the Ministry of Gender, Children and Social Welfare. The centres were subject to inspection and staff training was carried out by religious bodies and civil society organizations in response to the findings of inspections. Training also covered the relevant legislation, principles and philosophies relating to childcare and the fact that centres were increasingly compliant with the legislation showed that the training was bearing fruit. In addition, centres received support in the form of subsidies and tax breaks. The recent cyclones had affected around 1.3 million children; some had been reunited with their families but others had been orphaned and placed with their extended families or in foster care.

9. Under the Ministry of Gender, Children and Social Welfare, the Biz Generation programme provided reproductive health services for teenagers, targeting girls and adolescents in particular, and covering contraception and early pregnancy. Following increasing demand from teenagers, more of the centres running the programme had started using a text messaging service to provide counselling and advice, reaching some 4.6 million young people.

10. **Mr. Jelmundo** (Mozambique), speaking via video link from Maputo, said that, following the launch of several initiatives between 2015 and 2018, there had been a drop in the number of road accidents involving children. New regulations on school transport had been introduced, along with a monitoring system. Road safety workshops had been organized for children and traffic calming measures had been implemented near schools.

11. Although there was no specific law prohibiting corporal punishment of children, the practice was covered by the prohibition of torture in the Constitution, the provisions on child protection in Act No. 29/2009 on Domestic Violence against Women and the Criminal Code. Anyone who committed violence against children was held accountable by the justice system.

12. The Act of 9 July 2008 on Jurisdictional Organization for Minors established the procedures to be followed by the authorities with respect to children aged under 16. In recent years, the police, prosecution authorities and courts had promoted information-sharing and implemented measures to ensure that accused minors could fully exercise their right to have their cases heard by a judge.

13. **A representative of the Ministry of Health** (Mozambique), speaking via video link from Maputo, said that all children were vaccinated against serious forms of tuberculosis. Where the vaccination could not be administered at birth, it was available free of charge to infants aged up to 23 months. Community outreach strategies were in place so that all children could benefit from immunization and other life-saving and life-improving health interventions. A mobile health unit administered vaccines to children in remote communities.

14. Children who came into contact with tuberculosis received prophylactic treatment for six months and were monitored for two years. An early screening programme was in place for pregnant women.

15. Breastfeeding mothers who were HIV-positive received counselling and antiretroviral treatment. World Health Organization (WHO) standards and recommendations for preventing mother-to-child transmission of HIV were implemented.

16. Statutory maternity leave had recently been increased from two to four months; in addition, for a year following the birth of their baby, mothers were allowed an hour's breastfeeding time each working day. The Ministry of Health promoted breastfeeding in institutions, including through the provision of reserved breastfeeding areas. A child-friendly hospital policy was being implemented in four hospitals.

17. Consultations were under way between the Ministry of Trade and Industry, the Ministry of Economy and Finance, the Ministry of Health and legal consultancies with respect to the regulation of the marketing of breast-milk substitutes. Legislation in that area was being examined to assess whether amendments would be required.

18. Technical regulations were being developed for the full implementation of the law on decriminalization of abortion. A specialized unit for post-abortion care was being set up within the national health service.

19. The sale of tobacco and alcohol to persons aged under 18 was prohibited by law and no sales outlets were permitted within a certain minimum distance of schools. Advice and counselling was provided to vulnerable students.

20. There was no specific policy on child mental health but the Government had devised a health package for schools that included components on mental health, sexual health, avoiding tobacco and alcohol dependency, and suicide prevention. Measures were in place for the early diagnosis of psychological and behavioural problems among school pupils so that those affected could quickly be referred to specialists for the necessary treatment and care.

21. **Mr. Divage** (Mozambique), speaking via video link from Maputo, said that the Government was implementing the recommendations on corporal punishment made during the State's latest universal periodic review by the Human Rights Council. As outlined in the State party's report (paras. 176–184), Mozambique had a robust legal framework that protected children from negligent, discriminatory, violent and cruel treatment. The Criminal Code specifically mentioned domestic violence against children and provided for imprisonment for anyone physically ill-treating a minor. The introduction of new legal provisions regarding discipline and education was under consideration.

22. As to birth registration, the Government was striving to overcome structural and cultural obstacles, which included a lack of education and cultural barriers. Many parents did not name their babies at the hospital, but rather waited until the child had been introduced to the extended family. If their home was a long way from the hospital, they were unlikely to return to register their child within the 120-day limit for free registration. Together with partners such as the United Nations Children's Fund (UNICEF), the Government of Canada and Save the Children, the Ministry of Justice had run awareness-raising campaigns – using radio and television programmes, talks, theatre performances and pamphlets – about the need to register children within 120 days of birth.

23. Registration desks in maternity wards and health centres were supplemented by mobile brigades that registered babies and children in remote areas. The Government capitalized on other programmes, such as the Ministry of the Interior's identity card programme, to promote birth registration to a captive audience. Where infants were successfully registered within 120 days of birth, the health authorities took the opportunity to begin vaccination.

24. The Government's efforts had yielded tangible results: between 2009 and 2016, 7.9 million children had been registered, and roughly 4 million more since 2016. Between 2007 and 2017, the proportion of children registered nationwide had increased from around 40 per cent to over 70 per cent. The Government was developing an online birth registration platform to facilitate the procedure.

25. The fact that birth registration gave rise to nationality was enshrined in the Constitution of Mozambique. The Family Code provided that everyone had the right to a name and to be registered, regardless of their origins or place of birth. Nationality could be acquired through descent, place of birth or naturalization. Citizens aged over 18 with dual nationality had the right to renounce their Mozambican nationality. The law stated that children adopted by Mozambicans could acquire Mozambican nationality, as could the children of naturalized Mozambicans.

26. The national plan to mitigate natural disasters and catastrophes contained priority actions aimed at protecting the most vulnerable groups – namely children, the elderly and persons with disabilities. Following cyclones Idai and Kenneth, which had wreaked

destruction in 2019, a new steering plan had been adopted as part of a long-term strategy of response to and preparedness for natural disasters.

27. The age of criminal responsibility in Mozambique was 16. Measures were in place to support and educate minors in the area of crime prevention. For young people aged between 16 and 18 convicted of crimes, the courts imposed alternatives to detention whenever possible.

28. **Mr. Divage** (Mozambique), speaking via video link from Maputo, said that children under the age of criminal responsibility who had committed a crime were offered support and education. Support and educational measures could also be offered to children aged 16–18 as an alternative to custodial sentencing. A pilot project to improve support to juvenile offenders had been set up under the auspices of the Ministry of Justice, in cooperation with other ministries and the United Nations Children’s Fund (UNICEF). Under the project, a group of specialists, including a psychologist, a legal adviser, a sociologist and a social worker, along with a representative from the Ministry of Education, accompanied selected juvenile offenders to court and, once legal proceedings were completed, returned them to their community and worked with their family and school to provide support during the reintegration process. In cases where the problem lay with the family itself, the child would be assigned an education worker who would help at school and provide support during reintegration into the family.

The meeting was suspended at 11.25 a.m. and resumed at 11.40 a.m.

29. **Mr. Divage** (Mozambique), speaking via video link from Maputo, said that, to aid the reintegration of juvenile offenders, children’s attendance at school and treatment at home was monitored and their well-being assessed by a psychologist. The pilot project had not been as successful as had been hoped, however, since the root of the problem sometimes lay in the family or in the child’s rebellion against their parents. His Government was working to identify more partners to help set up halfway house centres where juvenile offenders could receive support and training for 10 days or 2 weeks before being returned to their families or communities.

30. Maputo province had a juvenile rehabilitation centre and other provinces provided services to children in difficulty. Awareness-raising campaigns had been rolled out to educate communities about children in conflict with the law and help them to identify problems and seek support where needed.

31. In order to combat trafficking in children, Mozambique was party to the Optional Protocol to the Convention on the sale of children, child prostitution and child pornography and other relevant international instruments such as the African Charter on the Rights and Welfare of the Child and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (Trafficking in Persons Protocol). A series of measures had been taken to incorporate the provisions of those instruments into domestic legislation on trafficking in persons, notably by adopting the terminology of the Trafficking in Persons Protocol, revising the Criminal Code and adopting Act No. 15/2012 on Protection of Victims and Witnesses. Article 198 of the Criminal Code penalized the recruitment, transport and receipt of individuals for forced labour, servitude or prostitution, as well as abduction for the purposes of extortion. Training on those provisions and on the prevention of trafficking was provided to all relevant professionals, including those working in the justice system, the health-care, education and social welfare sectors, the police and the Ministry of the Interior.

32. Recent economic development had rendered Mozambique – already a source and transit country – a destination for trafficked persons. Partnerships had been developed with other States in the region and further afield to combat trafficking in persons through mutual legal assistance and to cooperate on the treatment of witnesses and victims of trafficking. A new victims centre on the border was run by civil society organizations, although social and legal support and a certain amount of funding was provided by the Government. A national action plan to combat trafficking in persons was being finalized and would involve all relevant government departments, focusing on the key areas of prevention, law enforcement, protection, and support.

33. A review of the ILO Maternity Protection Convention, 2000 (No. 183), was under way to ensure that it did not conflict with domestic legislation.

34. **Ms. Aho Assouma** said that she wished to know what mechanisms were in place to ensure that parents received a copy of their child's birth certificate. Referring to the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases, whereby States had undertaken to allocate at least 15 per cent of their annual budgets to the health sector, and noting the scale of external financing of services in the State party, she asked what budget was allocated to health-care services. It would be useful to know whether health-care centres were able to reach all parts of the country for the purposes of vaccination, how the State party tackled the problem of children who had not been vaccinated, and what measures were in place to support AIDS orphans and children living with HIV and to combat HIV-related stigma and discrimination. She would appreciate details of how access to essential medicines and health care was ensured in remote areas, and information on the measures taken under the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa. She asked what measures were being taken to deal with malnutrition in children aged under 5 and whether adequate resources were allocated to the National Council for Food Security and Nutrition for that purpose. What efforts were being made to address iodine deficiency, for example by providing iodized salt?

35. **Mr. Rodríguez Reyes** said that Act No. 7/2008 of 9 July on the Promotion and Protection of Children's Rights did not explicitly prohibit corporal punishment; he asked whether there was any specific legal provision that did so.

36. He would appreciate information on how implementation of the International Code of Marketing of Breast-milk Substitutes was monitored, whether maternity leave was available to workers in the private sector as well as to public-sector workers, and whether women living with HIV were advised to breastfeed. He asked whether teaching on sexual and reproductive health in schools covered the related ethical, psychological and health issues, rather than focusing solely on biology. It would be useful to know whether family planning services were available in rural areas.

37. **Ms. Ayoubi Idrissi** asked whether an impact assessment had been carried out for the individual and family support measures for children in conflict with the law. Given the recognized links between the extractive industries and the sexual exploitation of children, she wished to know whether the State party had introduced a code of conduct for businesses or taken any other measures in that regard.

38. **Mr. Lumina** said that he still wished to know what plans the Government had to safeguard resources for implementation of the Convention, bearing in mind the limitations on fiscal space due to its debt-servicing obligations.

39. **Ms. Skelton** (Coordinator, Country Task Force) said she would appreciate information on any measures taken to address the problem of violence against children, particularly girls, on their way to and from school.

40. **Ms. Guibunda** (Mozambique), speaking via video link from Maputo, said that sexual and reproductive health was taught in schools in biology and natural science classes, and through cross-cutting projects such as the Biz Generation programme. Girls were encouraged to walk to and from school with an adult where possible. Police and other members of the community could help ensure their safety if necessary.

41. **A representative of the Ministry of Health** (Mozambique), speaking via video link from Maputo, said that mobile health units visited communities that lacked health-care facilities, in order to carry out vaccination campaigns and give consultations on child health, pregnancy and HIV. Some 2,500 essential medicine kits for treating the most prevalent diseases had been provided to communities in need. In line with the Government's international obligations, salt sold in Mozambique was iodized.

42. The State's breastfeeding policy covered all children, regardless of whether they were exposed to HIV, and provided for exclusive breastfeeding up to the age of six months. Even children with HIV-positive mothers were breastfed, since weaning them too early risked exposing them to other illnesses. In line with World Health Organization (WHO) recommendations, all HIV-positive pregnant women and breastfeeding mothers received

antiretroviral therapies, supplemented by prophylaxis, in order to prevent mother-to-child transmission.

43. **Mr. Divage** (Mozambique), speaking via video link from Maputo, said that birth certificates could be obtained within a maximum of three days of birth; in some cases a certificate was issued immediately. The Government wished to computerize the birth registration system, which would expedite the issuance of certificates. There was no specific law on corporal punishment, but the practice was covered by a range of legal provisions.

44. Monitoring and supervision actions were carried out to support children in conflict with the law, and their families, for up to six months, with the aim of facilitating the child's reintegration into society.

45. When establishing offices in Mozambique, all businesses were required to satisfy a range of conditions, including respect for human rights and compliance with labour-law provisions governing the employment of children. The Government was taking steps towards the adoption of the Guiding Principles on Business and Human Rights, with support from UNICEF, and would endeavour to monitor the domestic policies of companies on its territory to ensure that they respected human rights principles and the rights of the child.

46. The extension of maternity leave applied to all sectors, private and public, throughout the country, as approved by parliament.

47. **Ms. Magaia** (Mozambique), speaking via video link from Maputo, said that the first SMS Biz centre had been established in Nampula and the second in Zambézia, but the service was nationwide. The second centre had been set up in order to provide faster response times to messages, given the massive demand from teenagers.

48. **Ms. Aho Assouma** said that she would be grateful for information on the budget and staffing of the National Council on Food Security and Nutrition, on the annual health budget and on actions to support HIV/AIDS orphans, including programmes to combat stigmatization and discrimination.

49. **Ms. Sales Lucas** (Mozambique), speaking via video link from Maputo, said that HIV/AIDS orphans were supported under the Direct Social Support Programme (PASD), the Basic Social Allowance Programme (PSSB) and the Productive Social Welfare Programme (PASP). Several other support measures were in place to ensure that HIV/AIDS orphans obtained the clothes, food, education and health care they required. Households headed by children were a priority for social assistance and received cash and in-kind support. Following evaluation of the Plan for Orphaned and Vulnerable Children 2006–2010, it had been decided that it would be better to have a single plan applying to all children. The resulting National Action Plan for Children 2013–2019 covered all children, including vulnerable children, HIV/AIDS orphans and others requiring particular care, and was implemented through programmes delivered by public institutions and civil society organizations.

50. **Ms. Skelton** said that, while the Committee recognized the progress being made in some areas, such as birth registration, its concluding observations would focus on issues requiring urgent attention, such as the provision of comprehensive sexual and reproductive health services and the rising number of children in residential care – which was not consistent with the Government's assertion that the family was the best place for a child. The Committee encouraged the Government to become a party to the Optional Protocol to the Convention on the Rights of the Child on a communications procedure.

51. **Mr. da Conceição** (Mozambique) said that the Government was committed to upholding all the rights enshrined in the Convention and related instruments and had been encouraged by the Committee's comments and recommendations. His Government was proud of what it had achieved and would work to address the challenges that remained, using a holistic and inclusive approach.

The meeting rose at 1 p.m.