



Convention on the Rights of the Child

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List of issues concerning additional and updated information (CRC/C/MDG/Q/3-4) related to the consideration of the combined third and fourth periodic reports of Madagascar (CRC/C/MDG/3-4)

Addendum

Written replies by the Government of Madagascar*

Part I

Reply to the issues raised in Part I, paragraph 1 of the list of issues (CRC/C/MDG/Q/3-4)

(a) **Support for single-headed households living in extreme poverty**

1. In Madagascar the number of single-headed households is particularly high in the Atsimo Atsinanana region. In 2011, to help abandoned women, heads of household or single mothers under the programme to eradicate extreme poverty initiated by UNDP, 2000 women took advantage of the opportunities for income-generating activities and jobs.
2. The project aims to provide support for vulnerable women in the field of agriculture, handicrafts and obtaining credit for income-generating activities from local microfinance institutions.
3. In agriculture, 1,160 women and young mothers have boosted their incomes and increased the land they cultivate by 14.5 ha over and above the 12.5 ha already under cultivation in 2010.

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

4. These women from 70 women's groups are spread over the urban municipality of Farafangana and the rural municipalities of Manambotra Sud, Anosikely, Vohilengo, Ambalatany, Namohora Iaborano and Tangainony.
5. In 2010, 1,671 women trained in market gardening were allocated the seed for the intermediate season for off-season crops.
6. In addition, for the intermediate season the project provided 500 kg of rice seed, 500 kg of bamabara groundnut seed and 5,000 kg of organic fertilizer.
7. Access to land and water are nevertheless significant constraints compounded by the poor soil which has a high silica content.
8. In the field of handicrafts, under the programme started in partnership with the Regional Directorate of Technical Education and Vocational Training in the southeast region, in early 2011, 13 urban girls were trained in embroidery and 16 women in basketry.
9. The TIAVO Micro-finance Mutual Institution helped 460 women members to obtain credit through micro-loans, with which they financed their businesses, collecting and marketing rice, coffee, pepper, honey and cinnamon.
10. The State's main efforts to mitigate the effects of the crisis include:
 - In 2010, the setting-up of State-subsidized national outlets selling basic commodities at low prices (Tsena Mora);
 - In 2011, the sale of State-subsidized rice at a low price, and the construction and sale of affordable housing.
11. These measures are intended solely for the vulnerable population.
12. Furthermore, in order to stabilize public-transport costs, the State decided to subsidize fuel prices for the transport operators.

(b) Prevention of child abandonment, in particular for families living in poverty

13. To combat cases of abandonment and sale of children from poor families through international adoption, Madagascar adopted new legislation in the form of Act No. 2005–014 of 7 September 2005 governing international adoption, which provides for a central authority to be set up.
14. The central authority prevents direct adoption, which encourages trafficking in children, among other things.
15. Articles 5 and 6 of the Act set out the tasks and responsibilities of the central authority:
 - Article 5: The mission of the central authority is to:
 - Cooperate with central authorities in other countries;
 - Promote cooperation with all the agencies concerned to ensure that children are protected;
 - Provide information on all legislation on adoption;
 - Take all appropriate measures to prevent improper material gain in connection with a placement in an institution approved for adoption or during adoption proceedings.

- Article 6: The central authority is responsible for:
 - Collecting, keeping and sharing information on the situation of the child and adoptive parents, to the extent necessary to complete the adoption;
 - Facilitating, monitoring and expediting adoption proceedings;
 - Promoting the development of counselling services for adoption and the monitoring of adoption;
 - Granting approval for adoption at an approved social reception centre;
 - Granting approval for adoption by adoptive parents of Malagasy nationality.

Where foreign nationals apply to adopt, the central authority drafts a report for the central authority of their country.

16. In addition, to improve the protection of children against sale through the adoption process, the Penal Code was amended to criminalize illegal adoption.

17. Article 335.4 of the Penal Code provides that: *“Anyone infringing the rules laid down by the Adoption Act with intent to carry out an illegal adoption, treated as trafficking, shall be punished with a term of hard labour”*.

Reply to the issues raised in Part I, paragraph 2 of the list of issues

18. There is currently no single government entity responsible for overall coordination of the policies, laws and programmes relating to children’s rights.

19. However, in the context of the implementation of the concluding observations of the Committee on the Rights of the Child, the recommendations were sent to the relevant institutions or ministries for the adoption of any appropriate legislative or judicial reforms or other measures.

20. Accordingly, each authority is taking appropriate measures in its own field:

- The Parliament is carrying out legislative reforms to bring national legislation into line with the Convention on the Rights of the Child and its protocols;
- The judiciary is taking steps to ensure that the Convention on the Rights of the Child can be invoked before the courts;
- Each ministry concerned is taking action to implement the Convention on the Rights of the Child.

Reply to the issues raised in Part I, paragraph 4 of the list of issues

21. Madagascar has a mechanism for systematically collecting and processing data for monitoring the implementation of the Convention on the Rights of the Child and other conventions. It is operated by the national statistics institute (INSTAT).

22. To that end, the institute periodically conducts a number of surveys, in cooperation with technical and financial partners,¹ to monitor the situation of mothers and children in Madagascar.

¹ Surveys supported by agencies of the United Nations System and the World Bank.

23. The following such surveys have been conducted:
- The Population and Health Survey of Madagascar (EDS MD 1992, 1997, 2003–2004, and the most recent for 2008–2009), conducted every four years;
 - The Periodic Survey of Households (EPM 1993, 1997, 1999, 2001, 2002, 2004, 2005, and the most recent for 2011), conducted every two years.

24. INSTAT is also responsible for conducting a major data collection operation, the General Census of Population and Housing (RGPH). It is planned for the years 2011–2012. This census is conducted every ten years and provides a number of indicators including those for the Millennium Development Goals (MDGs), for the Programme of Action of the International Conference on Population and Development (PA/ICPD), contextual indicators for the Common Country Assessment and Development Assistance Framework (CCA/UNDAF), indicators for monitoring child rights (World Summit for Children in 2000), indicators for Education for All (EFA), the Istanbul + 5 indicators and indicators for the New Partnership for Africa's Development (NEPAD).

25. INSTAT also processes data from administrative sources on the issue of birth certificates in order to have accurate and up-to-date information for identifying population trends. Information from other ministries and other bodies producing statistical data is also taken into account.

26. To improve data production, in 2008 the Malagasy Government, with the support of technical and financial partners, set up the national strategy for the development of statistics with the aim of improving the quality and quantity of statistics produced.

27. In 2009, 15 regional INSTAT departments were set up under the strategy to decentralize the institute.

Furthermore, in 2010, in cooperation with the National Institute for Administrative Training and the National College of Statistics and Applied Economics (ENSEA) in Abidjan, a centre was established for training middle-management statisticians (Assistant and Technical Assistant Statistician). This has helped to fill the gaps in statistical training in Madagascar.

28. At the Ministry of Education, the Department of Educational Planning is responsible for collecting data on schooling and the implementation of Education for All (EFA). Data processing and analysis are useful tools for steering education policy and implementing the activities of the departments concerned.

29. For specifically protecting children, child-protection databases were set up in 2010 by the Ministry of Population and Social Affairs with support from UNICEF. This initiative is part of the “Governance for Child Protection” programme.

30. These databases consist of two components:
- A knowledge bank composed of documents relating to studies and research in the field of child protection.
 - A database on child protection for managing and processing data for the regions, districts and municipalities.

31. The data are classified into five categories with twelve indicators:

Category 1 - Prevention:

1. Percentage of children with a birth certificate by municipality;
2. Number of unschooled children (over 6 years of age) by municipality;

Category 2 - Abuse:

3. Number of children reported as engaged in dangerous work by municipality;
4. Number of child-abuse victims by municipality;

Category 3 - Family environment (loss of family environment):

5. Number of children placed in a substitute family environment by court order;
6. Number of children placed in reception centres by municipality;

Category 4 - Response and care mechanism:

7. Number of cases reported to protection services or centres;
8. Number of cases handled and referred by protection centres or services;

Category 5 - Children in conflict with the law:

9. Number of children deprived of their liberty by a court sentencing decision;
 10. Number of children held in custody;
 11. Percentage of children held in custody but not separately from adults;
 12. Number of children accused or suspected of being in conflict with the law in contact with the justice system, acquitted or released.
32. The databases are centralized at the Ministry of Population and Social Affairs. For the years 2010–2011:
- Two regions were chosen as pilot areas for centralizing and collecting data at regional level;
 - The scope of data collection and processing varies according to the availability of the relevant tools. To that end, one indicator for category 1, two indicators for category 2 and two indicators for category 4 were selected for this period.
33. The data are systematically collected on the basis of the circuit and frequency set out below.

Table 1
Data collection circuit and frequency

<i>Level</i>	<i>Addressees of report</i>		<i>Frequency</i>	<i>Remarks</i>
National	Ministry of Population and Social Affairs (MPAS)	Ministry of the Interior (birth-certificate issuing office)	Every 4 months	National level: analysis and use of information by ministries in collaboration with technical and financial partners.
Regional	Regional Departments of Population and Social Affairs (DRPAS)	Regional head	Six-monthly	At DRPAS regional level: consolidated report of the region for the MPAS sent every six months, with information from the regional head on the situation of child protection.

<i>Level</i>	<i>Addressees of report</i>		<i>Frequency</i>	<i>Remarks</i>
District	District Population and Social Affairs Service (SDPAS):	District head	Quarterly	SDPAS: consolidated report from the municipalities sent to DRPAS and copied to MPAS and the district head on a quarterly basis
Municipality	District	District head	Bimonthly	Municipality: reports on child-protection status and activities at SDPAS sent every 2 months.
Fokontany (ward)	Municipality	Mayor	Monthly	Fokontany: reports on child-protection status and activities at municipal level sent every month.

Reply to the issues raised in Part I, paragraph 5 of the list of issues

34. The Malagasy Government has not yet ratified the Convention on the Rights of Persons with Disabilities.

(a) **Implementing measures for Act No. 97-044 of 2 February 1998**

35. According to a study by Handicap International and the Confederation of Organizations of Disabled Persons (COPH) platform, 4 per cent of disabled children of school age attend school.

36. Madagascar has 11 special-needs education centres for the disabled, one of which is public and the other 10 private.

37. The Ministry of Education has implemented measures to safeguard the rights of children with disabilities:

- Analysis of special tests for visually- and hearing-impaired candidates in 2007;
- Raising parents' awareness on inclusive education through panel debates and radio broadcasts;
- Capacity building of OEMC staff in raising awareness on inclusive education;
- Development and validation of an inclusive-education module for training teachers of integrated classes in 2011 in collaboration with UNICEF and Handicap International.

38. After these measures were implemented, we observed:

- An increase in the number of candidates with disabilities for the official examinations;
- The introduction of 44 integrated classes in 15 school districts (CISCOs) in nine regions, with an average of seven students living with disabilities per class.

39. There are also:

- Public orthopaedic fitting centres in Antananarivo, Antsirabe and Mahajanga;
- Schools for the deaf in Antananarivo, Antsirabe and Mahajanga;
- Schools for the blind in Antsirabe and Morondava;
- Private educational centres for children with mental disabilities in Antananarivo.

40. Agreements have been reached on the adaptation of urban infrastructure between the urban municipalities of Mahajanga, Antsiranana and Antananarivo and Handicap International.

41. Under these agreements:

- All new infrastructure under construction that is public or for public use must take account of the mobility of persons with disabilities, providing access ramps and avoiding locating offices upstairs;
- Infrastructure in Mahajanga and Antsiranana has been compliant since 2006. In Mahajanga, public parks, the seafront promenade and some public services are accessible to persons with disabilities. Also in Mahajanga and in most testing centres, candidates with disabilities for the CEPE, BEPC and Baccalaureate are examined in rooms with easy access (ground floor). The same applies in Antsiranana.

42. These good practices are also applied in Antananarivo for access to certain municipal offices, public toilets and department stores.

(b) Practical measures to eliminate stigma and discrimination against children with disabilities

43. To combat prejudice against children living with disabilities, an awareness campaign with billboards, and radio and television spots and broadcasts was conducted by COPH, Handicap International and UNICEF.

44. In the same vein, campaigns were also conducted for public-transport operators to facilitate disabled access to transport.

Reply to the issues raised in Part I, paragraph 6 of the list of issues

45. The Health Code Act No. 2011–002 of 15 July 2011 embodies the following:

- Articles 272, 273 274 and 247bis on child health protection;
- Article 272 on malnutrition;
- Articles 220 and 221 on malaria;
- Articles 270 and 271 on the reproductive health of adolescents and young people.

46. In addition, the State has a National Health Policy, a National Child Health Policy, a National Adolescent Reproductive Health Policy and a National Nutrition Policy.

47. As part of the promotion of health for all, Madagascar, through the Ministry of Health, has implemented various strategies/programmes to target a number of initiatives in response to health-related problems in general. The Malagasy Government has also provided technical and financial support for the health sector. Apart from contributions and assistance from the technical and financial partners, Madagascar has a budget to support the health sector. The proportion of the State budget allocated to health grew from 2005 to 2010, although it declined slightly in 2007 and 2010. The State is endeavouring to increase it, however.

Table 2
Trend in the budget allocated to the health sector

Budget — millions of national currency unit	2005	2006	2007	2008	2009	2010
Total budget (current + capital)						
Consolidated Government (not including social security)	2 376 362	2 837 669	2 631 397	2 903 494	3 630 263	2 473 552
Health budget (current + capital)						
Consolidated Government (not including social security)	163 443	219 616	198 700	256 000	329 500	189 060
Proportion of State budget allocated to health	2.85	4.80	6.91	7.93	8.33	6.71

Source: Ministry of Health.

(a) **Reducing malnutrition**

48. Malnutrition remains a concern. It is the cause of 54 per cent of all deaths among children under five. To remedy this, several initiatives have been taken to treat and prevent malnutrition in children, including integrated management of childhood illness (IMCI) at clinical and community levels as well as promoting nutrition.

Treatment

49. Under the National Health Policy (PNS) and the National Nutrition Policy (PNN), all cases of acute malnutrition are treated free of charge throughout Madagascar, at nutritional rehabilitation centres and community nutrition sites, depending on their severity:

- Cases of acute malnutrition with complications are treated at the intensive nutritional recovery and education centres (CRENIs), which are attached to district or regional hospitals;
- Cases of severe acute malnutrition are treated at the outpatient nutritional recovery and education centres (CRENASs), which are linked to basic health facilities;
- Cases of moderate acute malnutrition are treated at the outpatient nutritional recovery and education centres (CRENAMs), which are linked to basic health facilities.

50. Emergency activities are organized for victims of disasters and catastrophes, especially for treating and preventing malnutrition among vulnerable groups.

Table 3
Status of centres treating cases of malnutrition

	2008	2009	2010
Intensive nutritional recovery and education centres (CRENIs)			
Number of operational CRENIs	44	45	48
Number of children treated	3 379	2 214	3 379
Recovery rate	66.67%	60.4%	53.1%
Fatality rate	8.3%	7.4%	8.1%

	2008	2009	2010
Outpatient nutritional recovery and education centres (CRENAS)			
Number of operational CRENAS	221	441	579
Number of children treated	987	8 387	13 065
Outpatient nutritional recovery and education centres (CRENAMs)			
Number of operational CRENAMs	39	39	11

Source: Ministry of Health.

51. The capabilities of the CRENAMs are directly related to the completeness of their activity reports.

52. In 2010, for the implementation of national nutrition and health policy, with a view to improving the nutrition of vulnerable groups and to ensure the survival and optimal development of each child, a reference manual was prepared for medical and paramedical staff. This manual highlights best practices through the most effective and most economical measures aimed at promoting and protecting the nutrition of infants and young children, especially breastfeeding and supplementary feeding, and women's nutrition. Furthermore, 217 health workers and 1,682 community workers have been trained in nutrition for infants, young children and women.

53. In addition, health workers at the basic health centres have been trained in IMCI and focal points have been set up at central and regional levels.

54. Community workers trained in IMCI and spread throughout communities have helped to increase the number of children with access to care and the nutrition promotion programme.

Table 4

Trend of deployment of IMCI community workers

	2007	2008	2009	2010	Total 2007-2010	Forecast 2011
Number of districts concerned	6	13	5	1	25	47
Number of operational sites	162	316	357	4	839	7 935
Number of operational community workers	316	584	498	8	1 406	15 869

Source: Ministry of Health.

55. The 2011 programme provides for an increase in the number of IMCI districts and intervention sites, as well as in the number of community workers trained and available at the sites.

Table 5

Breakdown of the number of children receiving care provided by community workers by year of implementation

Year	2007	2008	2009	2010	2011
Number of children	38 880	114 720	200 400	210 360	2 105 760

Source: Ministry of Health.

56. The number of children receiving care from community workers has increased since 2007.

Prevention

57. The mother and child health week (SSME) was institutionalized in 2006 to strengthen and integrate effective strategies for meeting the targets in the most remote areas, which are home to 40 per cent of the population. A package of activities, designed to provide continuing care coupled with vitamin A supplementation and deworming, is implemented twice a year throughout the country.

58. The results of a diagnostic study of nutritional health conducted in 100 per cent of areas declared vulnerable (eight districts) and five vulnerable major cities led to the establishment of 15 nutritional monitoring sites in the five major cities to track trends in socio-economic indicators.

59. In 2008, with a view to preventing acute malnutrition, a supplementation programme using Plumpy doz, a ready-to-use fortified supplementary food, was conducted for children aged 6 to 36 months in the regions most at risk for malnutrition (Haute Matsiatra, Atsimo Atsinanana and Androy).

60. In 2010, the development of a reference module for prevention is being finalized and a nutrition laboratory is operational.

Promotion

61. Strategies for combatting malnutrition are being reinforced at community level by nutritional monitoring, behaviour change communication (BCC) sessions and micronutrient supplementation. These activities are implemented by trained community workers, through community nutrition sites, Kaominina Mendrika Salama (KMS) or reference municipality for health promotion, working with community leaders, NGOs and various partners.

(b) Combatting malaria

62. As part of the fight against malaria, Madagascar has established the national programme to combat malaria with the goal of reducing deaths from malaria to zero by 2015.

63. To achieve that goal, a survey of malaria is in progress to assess the present situation with a view to devising new programmes to combat malaria.

Strategies to combat malaria

64. As part of the fight against malaria, several strategies have been defined and implemented by the national programme to combat malaria, namely:

- Indoor spraying campaign (CAID);
- Distribution of long-lasting insecticide-treated nets (LLINs);
- Intermittent preventive treatment (IPT) for pregnant women.

65. These strategies gave priority mainly to children under 5 and pregnant women, the groups most vulnerable to endemic malaria.

Strategy 1: Indoor spraying campaign (CAID)

Table 6

Mapping of areas covered by indoor spraying from 2005 to 2010 (by donors)

	2005	2006	2007	2008	2009	2010
Targeted and protected populations	829 305	2 525 000	2 524 688	13 782 074	13 995 687	10 030 796
Targeted and protected households	250 000	501 100	500 827	2 676 459	2 799 158	4 056 159
Number of districts covered by CAID				33	33	53

Source: Ministry of Health.

66. The geographical coverage of targeted households and the districts covered by the indoor spraying campaign (CAID) rose exponentially, while the targeted and protected population fell in number in 2010.

Strategy 2: Distribution of long-lasting insecticidal nets (LLINs)

Table 7

Provisional result of distribution in 2011

		2005	2006	2007	2008	2009
LLINs sold through social marketing	Mapping of areas covered by the social marketing network	86	104	106	104	
	Number of LLINs sold through social marketing from 2005 to 2010	577 380	796 194	914 156	429 332	
LLINs through routine strategy	Mapping of areas covered by routine LLINs from 2005 to 2010	32	30		58	11
	Curve representing routine LLIN distribution from 2005 to 2010	292 185	818 000		471 720	44 000

Source: Ministry of Health.

67. The mass distribution of LLINs is designed to help reduce morbidity and mortality due to malaria, in the whole population and to improve control so as to eliminate the scourge from the country. Mass distribution was carried out using two methods: distribution through social marketing and routine distribution.

Table 8

Distribution of LLINs

	2009	2010
Number of LLINs distributed	1 700 000	5 700 000
Number of districts covered	19	71

Source: Ministry of Health.

68. In 2010, distribution of LLINs by social marketing rose significantly in relation to 2009.

Strategy 3: Intermittent preventive treatment (IPT) for pregnant women

69. IPT is one of the methods of preventing malaria in pregnancy and is based on periodic doses of sulfadoxine-pyrimethamine (SP).

Table 9

Status of distribution in 91 districts targeted by IPT

	2007	2008	2009	2010
Number of pregnant women attending early and ANC1 ante-natal consultations	322 458	342 327	320 018	447 841
Number of pregnant women undergoing IPT1	169 207	318 163	316 848	327 423
Number of pregnant women undergoing IPT2	109 278	219 840	238 262	248 522

Source: Ministry of Health.

70. Regardless of when the pregnant woman attended ante-natal consultations, the number of pregnant women receiving IPT in targeted districts did increase.

Epidemiological surveillance

71. In 2010, 52 districts were under epidemiological surveillance.

72. In 2011, 68 districts were under epidemiological surveillance.

73. In addition to the LLIN distribution and CAID strategies and the widespread provision of IPT for pregnant women, epidemiological surveillance helped to reduce mortality and morbidity due to malaria in pregnant women and children under 5, the groups most vulnerable to the pandemic.

Table 10

Progress on surveillance

	2005	2006	2007	2008	2009	2010
Number of alerts reported	204	164	97	16	12	15
Number of alerts ascertained	173	137	80	15	12	15
Number of alerts confirmed	44	7	5	2	1	1
Number of alerts detected and controlled within fifteen days	27	7	7	2	1	1

Source: Ministry of Health.

74. The number of alerts fell from 2005 to 2010. The explanation may be that the target populations are becoming better informed about the malaria pandemic. As a result, vector control reduced plasmodium infestation in the households and populations targeted by the programme.

Treatment in health facilities:

75. In 2008, 1,077 sick children under 5 were treated.

76. In 2011, 3,172 sick children under 5 were treated.

77. Under the national malaria programme, the number of children under five treated in the health facilities rose between 2008 and 2011.

Morbidity due to malaria (2003–2010)

Table 11

Trend in cases of uncomplicated malaria in children under 5 seen as outpatients

2003	2004	2005	2006	2007	2008	2009	2010
21.57%	21.79%	20.52%	18.92%	13.10%	6.13%	8.14%	4.82%

Table 12

Trend in cases of uncomplicated malaria in children over 5 seen as outpatients

2003	2004	2005	2006	2007	2008	2009	2010
17.57%	16.38%	15.34%	14.24%	9.77%	4.52%	2.56%	2.32%

78. The rate of morbidity due to malaria in children from 0 to over 5 years of age has fallen markedly because mothers have been educated in the signs indicating the severity of malaria and on the early treatment of fever in children at home and in a health centre.

Mortality due to malaria (2000–2010)

Table 13

Trend in mortality due to malaria among children under 5

2003	2004	2005	2006	2007	2008	2009	2010
25.91%	28.54%	27.13%	25.94%	22.06%	18.02%	15.41%	8.63%

Source: Ministry of Health.

Table 14

Trend in mortality due to malaria among children over 5

2003	2004	2005	2006	2007	2008	2009	2010
13.49%	13.36%	13.15%	9.65%	8.64%	7.68%	4.16%	2.84%

Source: Ministry of Health.

79. The rate of mortality due to malaria for children from 0 to over 5 years of age fell between 2003 and 2010.

(c) Expanded vaccination programme

80. Vaccination is a key means of reducing infant mortality. Vaccination has been a Government priority since 2009, which demonstrates a high-level political commitment involving the Head of State and the senior authorities, and a major step towards strengthening the relevant activities. A number of strategies have made a substantial contribution to improving the vaccination coverage rate (VCR) including:

- The fortnightly SSME campaign, institutionalized since 2006, which in April 2011 was consolidated with African Vaccination Week (AVW);
- Implementation of the Reaching Every District (RED) approach funded by UNICEF in 20 districts, by WHO in 10 districts and programmes funded by GAVI Alliance in 20 districts;
- Improved surveillance of the diseases targeted with a view to eradicating polio and controlling measles and neonatal tetanus;

- Introduction of new vaccines against hepatitis B in 2006, and meningitis and influenzae pneumonia in 2008;
- Effective voluntary Government participation in co-financing of vaccines.

Table 15
Trends in vaccination coverage rate

<i>Indicator/ year</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>
VCR for OPV 3	92.03%	94.9%	87.9%	88.4%	85%
VCR for DPT 3	93.4%	94.9%	87.9%	88.7%	85%
VCR for MEAS	84%	96.87%	90.9%	84.7%	88%
Dropout rate	6.28%	9.10%	13.24%	10.32%	11%
Monitoring rate of non-polio AFP	2.1	2	2.1	1.9	2.15

Sources: Ministry of Public Health, Department of Child Health, Vaccination Service.

81. From 2006 to 2010, there was a slight decrease in immunization coverage rates in OPV 3 and DPT 3, while the rate of vaccination coverage in MEAS increased.

82. Moreover, the dropout rate increased from 1.9 in 2009 to 2.15 in 2010.

83. In addition, monitoring of the non-polio AFP rate showed an upward trend over the previous year.

Table 16
Trend of births protected against neonatal tetanus (NNT)

<i>Year</i>	<i>Pregnancies expected</i>	<i>Number of women receiving ATV</i>	
		<i>Number</i>	<i>% protected births</i>
2006	810 958	413 791	51.0%
2007	854 867	464 144	54.9%
2008	885 215	523 533	61.2%
2009	881 000	503 503	57.2%
2010	964 270	566 725	58.8%

Sources: Statistical Yearbook of the Health Sector in Madagascar.

84. From 2006 to 2010, the percentage of births protected against tetanus rose from 51.0 to 58.8 per cent with a high peak of 61.2 per cent in 2008.

85. Overall, the vaccination indicators show a positive trend from one year to another.

86. Other initiatives are being taken to achieve the objective of 90 per cent nationwide, namely:

- Advocating sustainable funding for vaccination;
- Bill on vaccination (free, compulsory, permanent and available) with the National Vaccination Fund;
- Introduction of new vaccines against pneumococcus in 2012, and rotavirus (severe diarrhoea) in 2013;
- Improving the management skills of managers at district level through a performance commitment/obligation.

Reply to the issues raised in Part I, paragraph 7 of the list of issues

(a) Progress in improving adolescent reproductive health

87. Madagascar's fertility rate by age group has the classic look generally observed in high-fertility countries: early fertility with a rate of 148 per 1,000 at age 15–19 and maximum fertility at age 20–24 with a rate of 234 per 1,000, which stays at a relatively high level until age 35–39 when the rate is still 131 per 1,000. From age 40, there is a significant drop in fertility, reaching its lowest level at age 45–49 (13 per 1,000). Malagasy women's fertility is still high; in 2008–2009 a woman at the end of her reproductive life had 4.8 children on average.

88. A comparison of current rates with those of previous surveys generally shows lower levels of fertility for all age groups except the 36–39 group. Between the surveys in 1992 and 1997 and that of 2003–2004, fertility rates declined at all ages, with the total fertility rate (TFR) falling from 6.1 to 5.2.

Table 17

Fertility rates by age and TFR according to ENDS (1992), EDS (1997), EDSMD-III (2003–2004) and EDSMD-IV (2008–2009)

Age Group	ENDS ¹ 1992	EDS ² 1997	EDSMD-III ³ 2003–2004	EDSMD-IV ⁴ 2008–2009
15–19	157	180	150	148
20–24	270	279	245	234
25–29	272	254	235	207
30–34	226	215	189	169
35–39	192	152	130	131
40–44	89	88	69	63
45–49	19	25	17	13
TFR age 15–49	6.1	6.0	5.2	4.8

Source: Fertility rate by age group per 1,000 women.

¹ National population and health survey 1992, CNRE and Macro International Inc., 1994.

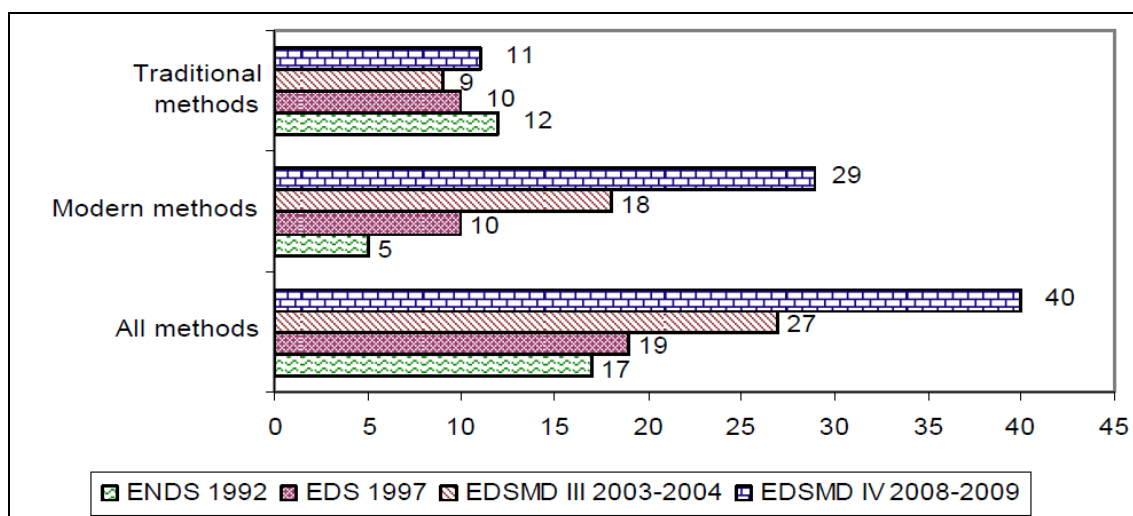
² Population and health survey 1997, INSTAT/DDSS and Macro International Inc., 1998.

^{3, 4} Madagascar population and health survey 2003–2004 and 2008–2009, INSTAT and ORC Macro, 2005 and INSTAT and ICF Macro, 2010.

Contraceptive prevalence rate

89. A comparison of the results of the EDSMD IV 2008–2009 survey with those of previous surveys shows a substantial increase in contraceptive prevalence. The rate of contraceptive use among married women increased from 17 per cent in 1992 to 19 per cent in 1997, then to 27 per cent in 2003–2004 and 40 per cent in 2008–2009. Use of modern methods rose from 5 per cent in 1992 to 10 per cent in 1997, then to 18 per cent in 2003–2004 and 29 per cent in 2008–2009. The rate of use of traditional methods changed little, falling from 12 per cent in 1992 to 11 per cent in 2008–2009.

Figure 1
Trend in contraceptive prevalence according to ENDS 1992, EDS 1997, EDSMD-III 2003–2004 and EDSMD-IV 2008–2009



Source: INSTAT/EDSMD-IV 2008–2009.

90. Several initiatives have been identified on adolescent reproductive health, designed to mitigate the number of teenage pregnancies and the prevalence of STI:

- For 2011 there is a move to set up at least 22 youth-friendly basic health centres in the regional capitals;
- There are also plans to launch a project for improving young people's skills to help them adopt behaviours conducive to preserving their health and development in the regions of Atsinanana and Analanjirofo (August 2011);
- The Ministry of Youth and Recreation is to revitalize and equip youth centres to allow activities organized for young people attending the centres to continue, including training of youth peer educators in adolescent reproductive health.

(b) Reducing risks for sexually transmitted diseases

91. The first case of AIDS was detected in Madagascar in 1987 (NRL, 1995). Despite the growing impact of the epidemic, Madagascar ranks today among the countries facing a low-level epidemic as defined by WHO/UNAIDS.² The level of prevalence remains low, less than 1 per cent in all population groups, even those that are considered at particular risk of infection (0.5 per cent among sex workers and 0.28 per cent among patients of STI services in 2007). The latest estimates give an HIV prevalence of 0.13 per cent among adults aged 15 to 49 in 2007. To maintain this level, the Government has made the fight against HIV/AIDS a national priority and pledged that "by 2015, Madagascar will be a country where all Malagasy, especially young people, will be aware of the personal risks, and will be actively involved alongside their committed leaders in the fight against HIV and AIDS. Each individual will have easy access to appropriate prevention methods and will use them responsibly. Individuals, families and the community will care for and support those infected with and affected by HIV."

² HIV prevalence does not exceed 5 per cent in any particular subpopulation and remains lower than 1 per cent in pregnant women.

92. The fight against AIDS is currently based on the national strategic plan 2007–2012, implemented under the auspices of the Executive Secretariat of the National Committee against AIDS (SE/CNLS), with the support of technical and financial partners. It gives priority to stepping up implementation of the measures - now relatively well defined — for a tangible improvement in the achievement of the national infection-control targets. The measures set out in this plan focus primarily on:

- Establishing a legal, policy and operational framework in response to STI/AIDS that is multi-sectoral, integrated and effective, and protects the rights of individuals;
- Improving access to information and to quality clinical services for preventing STI, HIV and AIDS;
- Reducing the impact of AIDS on those infected and affected by the epidemic;
- Improving the management of the national response.

Knowledge of HIV/AIDS

93. The attitude and behaviour of the population in relation to HIV/AIDS depend to a large extent on their knowledge of the disease. The EDSMD-IV 2008–2009 survey revealed the population's level of knowledge of HIV/AIDS. In the survey, most women (87 per cent) and men (89 per cent) aged 15–49 said that they had heard of AIDS. Compared with the previous survey results, there was a substantial increase, from 79 to 87 per cent, in the proportion of women reporting having heard of the disease, while the proportion of men knowing about the disease remained virtually unchanged, rising from 88 to 89 per cent.

Knowledge of means of HIV prevention

94. It is essential for the population to know about means of prevention to effectively combat the spread of the AIDS virus. Having sex with only one uninfected partner who has no other partners, and using condoms are still the primary means of preventing HIV infection.

95. Seventy per cent of women and 74 per cent of men aged 15–49 said that the risk of contracting HIV could be reduced by using condoms. In addition, 75 per cent of women and 78 per cent of men responded positively to the question as to whether having sex with only one uninfected partner who has no other partners can keep you free of HIV. Overall, 65 per cent of women and 68 per cent of men know about these two means of prevention. Compared to the previous survey conducted in 2003–2004, there was an increase in the proportion of men and women who know that condoms are a means of preventing HIV; the figure rose from 51 to 70 per cent in women and from 61 to 74 per cent in men. Similarly, in 2003–2004, 60 per cent of women and 73 per cent of men knew that having sex with only one uninfected partner who has no other partners would keep them free of HIV, as against 75 and 78 per cent respectively in 2008–2009.

Reply to the issues raised in Part I, paragraph 8 of the list of issues

(a) Education budget and programmes implemented

Education budget

96. The national education budget in 2010 accounted for 18.31 per cent of the general budget. This figure has fallen slightly in relation to previous years on account of the crisis.

Table 18
GDP and budget indicators (2003–2010)

	2003	2004	2005	2006	2007	2008	2009	2010
Nominal GDP	6 777.00	8 155.70	10 092.40	11 815.20	13 768.00	16 099.50	16 802.90	18 225.50
GDP 1984 Prices	473.9	498.8	521.7	547.9	582.1	623.5	600.5	604.1
GDP growth	9.80%	5.30%	4.60%	5.00%	6.20%	7.10%	-3.69%	0.60%
State budget	1 296.10	2 045.30	2 129.10	2 521.30	2 507.80	3 137.60	2 478.10	2 579.00
Current expenditure	764.6	1 027.20	1 107.20	1 312.50	1 497.00	1 753.90	1 752.50	1 838.50
Investment expenditure	531.5	1 018.10	1 021.90	1 208.80	1 010.80	1 383.70	725.60	740.50
Education budget	206	266.2	388.4	387.9	465.1	582.8	496.1	472.3
Current expenditure	156.5	197	265	278.6	340.9	418	436.4	443.4
Investment expenditure	49.5	69.2	123.4	109.3	124.2	164.8	59.7	28.9
Education/State budget	15.90%	13.00%	18.20%	15.40%	18.50%	18.57%	20.02%	18.31%
Current expenditure	20.50%	19.20%	23.90%	21.20%	22.80%	23.83%	24.90%	24.12%
Investments	9.30%	6.80%	12.10%	9.00%	12.30%	11.91%	8.23%	3.90%
Ratios to GDP								
State budget/GDP	19.10%	25.10%	21.10%	21.30%	18.20%	19.49%	14.75%	14.15%
Education budget/GDP	3.00%	3.30%	3.80%	3.30%	3.40%	3.62%	2.95%	2.59%

Source: Ministry of Finance and Budget (MFB).

97. The education budget steadily increased from 2006 to 2009. It rose from 15.4 per cent of the State budget in 2006 to 20 per cent in 2009. This rate edged down 2.7 per cent in 2010, to 18.3 per cent. Relative to GDP, the education budget varies from year to year but has always remained above 3 per cent of GDP, except in 2010 when it fell to 2.6 per cent.

Programmes implemented

Education for All (EFA)

98. The EFA plan devised in 2003 was revised twice in 2005 and 2008. Credit was provided under the Fast Track Initiative to fund its implementation from 2005.

Table 19
Credit allocated to the Education for All plan from 2005 to 2009–2011

	2005	2006	2007	2009–2011
Credit (\$ million)	10	25	25	85.5

Source: Ministry of Education.

99. The release of the full amount of this funding was affected by the political crisis that has rocked the country since March 2009.

Educational reform

100. A sweeping programme of educational reform was passed by parliament in 2006. Implementation began in 2008 but was interrupted owing to the crisis.

(b) Implementing measures**School fund**

101. From 2006, to give effect to the right to free primary education, the State pays the registration fees of those starting the first year of basic education. To that end, it pays the sum of 3,000 ariary³ per child at each school.

102. In 2009, 4.7 billion of the planned 12 billion ariary were distributed to public primary schools. For the 2010–2011 school year, the allocation for each school was set at 800 ariary per student. A flat-rate contribution of 400,000 ariary per school was made through funding from the Catalytic Fund (surplus of CF 2007 managed by the Technical Support Unit and CF 2010 managed by UNICEF).

The following table shows the forecast for 2011 of funding from the Catalytic Fund.

Table 20

Distribution from CF in 2011

<i>Layers</i>	<i>No of public primary schools/FKL</i>	<i>Allocation per school</i>	<i>Total cost (ariary)</i>
Layer 1: less than 200 students	8 085	400 000	3 234 000 000
Layer 2: more than 2,000 students and in accessible areas (zones 0, 1 and 2)	1 068	450 000	480 600 000
Layer 3: more than 200 students and in areas difficult to access	1 401	500 000	700 500 000
Total	10 554		4 415 100 000

Source: Ministry of Education.

Parental relief

103. From 2006, measures to relieve the burden of education on parents were made by:

- Providing school kits for each public and private primary student;
- Allocating subsidies to private schools;
- Paying grants to teachers recruited by parents' associations;
- Implementing school meals programmes in the most disadvantaged areas;
- Distributing free meals in schools attended by children from the poorest families.

School kits

104. The suspension of international budget support following the 2009 political crisis disrupted the implementation of this measure. For instance, in 2010, no school kits were bought or distributed. The amount entered in the 2011 budget for school kits is 6 billion ariary.

³ US\$1 was worth 2,040 ariary in September 2011.

Table 21
Kits 2009

<i>Description</i>	<i>Quantity</i>
Satchels	1 409 890
50-page exercise books	1 409 890
100-page exercise books	5 755 889

Source: Ministry of Education.

Subsidies to FRAM (Fikambanan'ny Ray Aman-drenin'ny Mpianatra, an association for parents of students) teachers

105. Regarding subsidies and salary supplements paid to temporary teachers paid by the parents, if they were previously supported entirely by the Catalytic Fund, from 2009 the State has contributed part of these salary supplements.

Table 22
Subsidies to FRAM teachers

<i>Years</i>	<i>2008 (2008–2009 school year)</i>	<i>2009 (2009–2010 school year)</i>	<i>2010 (2010–2011 school year)</i>
Number of subsidized temporary teachers	35 886	38 583	39 885
Expenditure from State budget (million ariary)		23 150	23 919
Expenditure from Catalytic Fund (million ariary)	7 803	18 572	NA (UNICEF)

Source: Ministry of Education.

Subsidies to private schools

106. The Malagasy government pays three types of grants to private schools:

- Financial relief for parents: this is a “wage” subsidy of MGA 30,000 per month for 9 months of tuition, paid to school teachers where the school fees are no more than 800 ariary per month;
- Annual grant to teachers: this is also a wage subsidy for teachers certified to teach in the classroom. The amount of MGA 20,000 is paid annually to each teacher;
- Programme contract: this is an investment subsidy which varies between MGA 1,000,000 and 100,000,000 depending on the scale of the establishment’s project.

Table 23
Review of subsidies to private schools for 2009

<i>Type of subsidy</i>	<i>Beneficiaries</i>	<i>Amount</i>	<i>Total</i>
Parental relief	5 358 teachers	MGA 30 000 per teacher per month for 9 months	MGA 1 435 439 600
Annual subsidy	22 014 teachers	MGA 20 000 per teacher per year	MGA 438 290 000
Programme contract	194 establishments	Between MGA 1 000 000 and MGA 100 000 000	MGA 2 790 908 401

Source: Department of Educational Planning/Ministry of Education.

107. In 2010, no subsidies could be granted to private schools owing to a lack of budget.

Measures for retaining teachers

108. To retain teachers in their posts, measures are being taken to develop the career paths of temporary teachers.

109. In October 2009, the Ministry of Education (MEN) and the National Social Insurance Fund (CNaPS) signed a partnership agreement for the affiliation of FRAMs as employers and temporary teachers as employees. Currently, 28,387 out of 52,247 of these teachers are affiliated to the CNaPS. The operation to affiliate these teachers continues.

110. A standard contract of employment was drafted and endorsed by the Ministry of the Civil Service, Labour and Social Legislation. Circulated to all the DRENs and CISCOS since February 2009, this contract of employment is being used for all subsidized temporary teachers.

School canteens

111. To encourage the retention of students in schools, permanent school canteen projects mainly target the arid areas in the south of the island, namely Ambovombe, Beloha, Tsihombe, Bekily and Ampanihy.

112. In these nutritionally most vulnerable places, some 190,000 students receive subsidized meals for 175 days of the school year.

113. The World Food Programme also provides food support in three regions, Atsimo Andrefana, Androy and Anosy, for 11 CISCOS, 131 schools with 63,967 students.

Reply to the issues raised in Part I, paragraph 9 of the list of issues

114. The National Plan of Action (NPA) devised in 2004 and implemented from 2005 is entering its second phase. It is now extending the measures to benefit children at risk in other areas of operation.

115. According to the recommendations of a study evaluating the implementation of the first phase of the NPA, conducted in 2009, it is important to continue introducing institutional structures such as regional committees combatting child labour, especially in the regions where there are none.

116. These committees will ensure that progress towards the goals is continued, coordinated and sustained.

117. The new Malagasy Constitution has adopted the conventions on the rights of the child.

118. To put these conventions into effect, an Interministerial Commission for the Reform of Child Rights (CRDE) was established within the Ministry of Justice and the Ministry of Population under Decree No. 2005-025 dated 18 January 2005.

119. This Commission is tasked with identifying reforms in the field of child rights, setting priorities that take account of the objectives for the promotion and protection of children, carrying out legislative reforms, setting a deadline for the work of formulating the guiding principles underlying the reforms, and approving and endorsing the work done in all the ministerial departments concerned.

120. It is also responsible for drafting legislation to bring national law into line with the conventions on the rights of the child.

121. Legislative reforms are currently under way with a view to adopting a law on combatting child labour and its implementing decree listing the worst forms of child labour.

122. The National Committee Combatting Child Labour (CNLTE) is attached to the Ministry of the Civil Service and Social Legislation. It is an intersectoral body responsible for ensuring that the national plan to combat child labour is implemented.

123. To prevent child labour, vocational training and technical education programmes have been provided for children dropping out of school.

124. The various programmes delivered the following results:

- As part of the programme funded by the European Union, 1,240 children were withdrawn from the worst forms of work and have received vocational training;
- Through this programme, 1,409 children were able to avoid entering the worst forms of child labour.

125. Since 1997, the ILO has provided support through the NGOs responsible for implementing direct action.

126. The Ministry of the Civil Service, Labour and Social Legislation has also benefited since 2002 from a Public Investment Programme (PIP) designed to improve the situation of child victims of labour exploitation around 67 ha.

127. In 2009, 380 children were supported in various ways: remedial education and vocational training. For 2010–2011, 40 children in all sections have been supported. The programme has obtained new funding for a period of three years.

128. Furthermore, the TACKLE project, funded by the European Union, which aims to combat child labour through education, began in 2010.

129. The NGOs Sunlight, Sarobidy and APB, working respectively in the regions of Analanjirifo, Vakinakaratra and Boeny, have received support under this project.

Table 24

The following table shows the results obtained since the implementation of the BIT-IPEC/Tackle project.

<i>Name</i>	<i>Prevention</i>		<i>Withdrawal</i>		<i>Parents</i>	
	Target	Actual	Target	Actual	Target	Actual
APB	660	707 (390 girls)	340	367 (209 girls)	125	135
Sunlight NGO	308	330 (162 girls)	365	398 (163 girls)	280	300
Association Sarobidy	400	400 (208 girls)	500	490 (232 girls)	185	185
Total	1 368	1 437	1 205	1 255	590	620

Source: Tackle project.

130. Of those withdrawn from and prevented from entering child labour, 2,098 children — including 1,000 girls — re-entered formal education, 345 — including 182 girls — attended literacy classes for adolescents, and 249 — including 182 girls — received vocational training.

131. The TACKLE project also strengthened the capacity of the various stakeholders, namely 43 journalists and 168 teachers, in combatting child labour, and conducted awareness campaigns on combatting child labour, specifically the following activities:

- Public awareness: 30,000 people at a major concert and 10,000 at a regional football match;

- A national drawing competition with 2,000 participating students, and awareness-raising for 61,940 students at 459 schools;
 - Regional children's football competition with the participation of 12 clubs.
132. Production and dissemination of awareness materials: 21,500 red cards, 850 T-shirts and three billboards.

Reply to the issues raised in Part I, paragraph 10 of the list of issues

133. Madagascar ratified the following instruments in 1963, 2004, 2005 and 2008 respectively:

- The Convention for the Suppression of the Traffic in Women and Children;
- The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the Convention against Transnational Organized Crime;
- The Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

134. To give effect to these instruments at national level, Act No. 2007–038 of January 14, 2008 was passed to amend and supplement certain provisions of the Penal Code to include human trafficking and sex tourism. The Act seeks to implement a crackdown against criminal offences related to trafficking, sexual exploitation of children and sex tourism.

135. The major new feature introduced by this law is the criminalization of any failure to report cases of pimping, sexual exploitation and sex tourism. Failing to report is treated as a special case of aiding and abetting.

136. Moreover, the statute of limitations begins to run from the majority of the child victim (age 18).

137. In addition, Article 8 of the Act disqualifies offenders from a suspended sentence as follows: “Sentences handed down for crimes pertaining to trafficking, sexual exploitation, sex tourism and incest committed against children may not be suspended”.

138. For the implementation of the FITIA project (Fight Against Trafficking and Abuse), the Government organized a national awareness campaign against sex tourism involving minors, in cooperation with the Parliament, the NGO Catholic Relief Service, and supported by USAID and UNICEF.

139. Regarding judicial action, two Mauritian nationals suspected of involvement in a case of sexual exploitation of minors in Nosy Be were expelled. A further two Mauritians and two Germans were arrested but released on grounds of insufficient evidence.

140. In Tamatave, a foreign national was prosecuted and convicted for sex tourism.

141. In Antananarivo, two people involved in sex tourism are awaiting trial. In Diego Suarez, the producer of a child pornography film was prosecuted, tried and convicted.

142. In addition, police closed down nightclubs in Nosy Be and Fort Dauphin for allowing minors access to their premises.

143. For the enforcement of the Act, training courses were conducted in Antalaha, Morondava, Diego, Tulear, Mampikony, Mantasoa and Antananarivo in 2007, 2008 and 2009. These sites were selected because of the high risk of trafficking and commercial sexual exploitation of children in those communities.

144. The training was provided to those responsible for the enforcement of the Act from the courts, Criminal Police officers, members of the Bar and representatives of civil society, numbering 60 per site, with a total of 420 participants.

145. Two films were produced in partnership with UNDP Madagascar to inform and educate the public about the dangers of trafficking and commercial sexual exploitation of children. These films show:

- The various forms of trafficking and commercial sexual exploitation of children at global and national levels;
- The procedure for prosecuting and sentencing perpetrators of trafficking.

146. UNICEF has also produced similar films to combat the sexual exploitation of children.

147. All these films were broadcast on public and private national and local television stations.

148. Four thousand awareness posters were posted at the entrances to hotels and other public buildings at the sites most at risk of trafficking and sex tourism.

149. The Ministry of Education, in partnership with the NGO Groupe Développement Madagascar, is involved in combatting sexual exploitation of children through prevention activities such as radio broadcasts, educational outreach visits to students and parents at schools and participation in the production of manuals, handbooks and educational materials to help children protect themselves against sexual exploitation.

150. Finally, the sexual exploitation of children is covered in the new civic-education syllabuses at lower- and upper-secondary schools offering general and vocational education.

Reply to the issues raised in Part I, paragraph 11 of the list of issues

151. In the light of the study on the reform of the text on the situation of children in conflict with the law, in December 2009 a workshop organized jointly by the Ministry of Justice and UNICEF was held at the National College of the Judiciary and Court Officers (ENMG), with the participation of the various stakeholders. This workshop covered:

- The setting of the age of criminal responsibility of minors;
- The establishment of an out-of-court procedure in certain situations;
- The adoption of alternative measures to imprisonment;
- The reform of Act No. 62-038 of 19 September 1962 regarding the section on the administration of juvenile justice.

152. Consequently, for the proper administration of justice and on the basis of the resolutions passed at that workshop and the current context in Madagascar, it was decided that the age of criminal responsibility would be maintained at thirteen years, since at that age minors are considered to have the discernment to decide whether or not to commit an offence, and if they do they can be held criminally responsible for it.

153. Given minors' status as children, their responsibility will be limited and their age will continue to be regarded as a mitigating circumstance.

Reply to the issues raised in Part I, paragraph 12 of the list of issues

154. The national programme for rehabilitating birth registration “Ezaki Kopia an'ny Ankizy ho” (EKA) began in 2004 for a period of nine years, as per Decree No. 2004–495 of 26 April 2004.

155. This programme is national in scope. Up to 2010, according to the table below, the programme provided support in 921 municipalities spread over 102 districts in the 22 regions. However, 628 municipalities have yet to receive support from it.

Table 25

Geographical coverage of the national programme for rehabilitating birth registration

<i>Regions</i>	<i>Districts</i>	<i>Municipalities</i>
22/22	102/119	921/1 549

Source: Ministry of the Interior and Administrative Reform.

Retroactive registration of births by substitute certificates

156. From 2004 to 2010, 1,532,857 children were found not to have birth certificates, 1,029,005 of whom were entered in the civil registry. Based on the currently available data, 503,852 children without birth certificates should have their births registered retroactively. There is work to be done in the 628 municipalities that have yet to receive support under the programme.

Table 26

Geographical coverage of the national programme for rehabilitating birth registration

	<i>2004–2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>Total</i>
No. of children surveyed	594 592	2 718 885	885 040	-	4 198 517
No. of children found without birth certificates	234 785	856 028	442 044	-	1 532 857
Number of dossiers compiled	168 601	716 490	305 425	-	1 190 516
Number of certificates issued	140 314	621 588	249 682	-	1 011 584
Number of certificates transcribed	113 923	461 176	360 634	93 272	1 029 005
Number of first copies issued	95 593	341 545	279 009	74 700	790 847

Source: Ministry of the Interior and Administrative Reform.

Systematic registration of births by declaration

157. According to the last two population and health surveys, the rate of under-reporting of children aged 5 and under rose from 25 per cent in 2003–2004 to 20 per cent in 2008–2009, a reduction of 5 per cent in five years, or an average decrease of 1 per cent per year.

Reply to the issues raised in Part I, paragraph 13 of the list of issues

158. Madagascar has:

- A Charter for the Environment to protect the economic, social and cultural rights of the population;

- A Ministry of the Environment, a National Office for the Environment and regional departments to prevent pollution and manage industrial pollution, treat waste water, and disinfect premises to prevent transmissible diseases.

159. In order to minimize the adverse effects and maximize the positive impact on regional development and safeguard the rights of the local population, negotiations took place before the conclusion of the economic partnership agreement with the mining company Qit Madagascar Minerals (QMM) to assess the social and environmental impacts of the project. QMM also undertook to rehabilitate all land affected by its activities and to provide added social, economic and environmental value to the mining area it exploited.

160. Decree No. 99-954 of 15 December 1999 as amended by Decree No. 2004-167 of 3 February 2004 on rendering investment compatible with the environment (MECIE) lays down rules and procedures to be followed for rendering investment compatible with the environment and specifies the nature, respective responsibilities and level of authority of the institutions or agencies empowered to that end. Article 3 (new) of the Decree provides that:

“... an impact study must be conducted for public or private investment projects, whether or not subject to authorization or approval by an administrative authority, or which are liable to harm the environment.

Such impact studies take the form of an environmental impact assessment (EIA) or an environmental commitment programme (PREE), depending on whether projects are covered by the provisions of articles 4 or 5 below ... “

161. These precautionary measures are applicable to any large-scale project that could be a threat to the environment, including the Sherritt and Ambatovy facility.

162. Between 1998 and 2010 the National Environment Office (ONE) issued 423 environmental permits.

163. Without expressly seeking the right to a healthy environment for children, the effective implementation of these measures safeguards this right for children and future generations.

Part II

Reply to part II of the list of issues

(a) New bills or laws, and their respective regulations

164. The Ministry of Education is considering two draft texts designed to ensure that children attend compulsory schooling and protect children against sexual abuse:

- The draft text determining the maximum age of compulsory education;
- The draft text on sexual harassment in schools.

165. At interministerial level, the CRDE has contributed to the reform of the following laws:

- The adoption of the Marriage and Matrimonial Property Act No. 2007–022 of 20 August 2007 which replaced order 62–089 of 19 September 1962 on marriage. This new law introduced the following innovations: setting the legal age for marriage at 18; marriage may be contracted at a younger age only with the authorization of the President of the Tribunal;
 - The incorporation of traditional marriage into the legal framework;
 - Setting at two months the period for which the wife may exercise her right to “*misintaka*” (leaving the marital home temporarily in the event of a serious disagreement).
- Decree No. 2006–596 of 10 August 2006 laying down the implementing rules of the new law on adoption:
 - The setting-up of the central authority, the State body specifically responsible for promoting cooperation with all bodies concerned to ensure child protection;
 - Regulating approved reception centres to provide social services and for adoption, along with the necessary documents;
 - The amount of the adoptive parents’ financial contribution;
- Decree No. 2006–885 of 5 December 2006 governing foster families.

166. Law No 2007–038 of 14 January 2008 amending and supplementing certain provisions of the Penal Code combatting trafficking in persons and sex tourism was adopted.

167. Two draft texts (one law and one decree) on combatting child labour have already been drafted and are being adopted.

168. The reform of the Children’s Nationality Act is being adopted.

(b) New institutions (and their mandates) or institutional reforms

169. In addition to the mechanism for lodging complaints with the judicial authorities, victims of human rights violations can also appeal to the National Council for Human Rights or the Office of the Ombudsman of the Republic.

The National Human Rights Council (CNDH)

170. The National Human Rights Council (CNDH), established by Law No. 2008–012 of 17 July 2008 in accordance with the Constitution and the Paris Principles, is a specialized agency responsible for promoting and protecting human rights.

171. The CNDH is empowered to receive and consider individual or collective complaints related to human rights violations and refer them to the competent authorities.

172. It may also conduct investigations and refer to the competent authorities with a view to establishing the facts alleged pursuant to article 3, which provides that:

“The Council shall conduct studies, surveys, and publications on all matters concerning human rights and fundamental freedoms. The Council shall refer to the appropriate authorities where infringements relate to:

- The practice of torture or other cruel, inhuman or degrading treatment during police custody or in custody in prisons or in educational and rehabilitation centres;
- Premises where secret detention takes place;
- Enforced disappearances, secret transfers;
- The practice of racial discrimination, the worst forms of child labour and trafficking.”

173. The Council’s actions may help victims to assert their rights. Investigators may use the work of the Council as basic documents.

174. The Council consists of nine members as follows:

- One representative of the National Assembly and one representative of the Senate, appointed by the Permanent Bureau of each Chamber;
- One representative of the Executive, appointed by the Prime Minister on a proposal of the Minister of Justice;
- One university law professor appointed by the Minister of Justice, on a proposal of the Minister responsible for higher education;
- Five representatives of civil society, appointed by the Minister of Justice, and on a proposal of the bodies concerned:
 - One representative of the associations,
 - One representative of the bar association,
 - One representative of the Order of Journalists, on a proposal of the bureau of the Order of Journalists,
 - One representative of the non-governmental organizations (NGOs) working in the field of human rights,
 - One representative of the trade unions.

175. The CNDH is not yet operational since the appointment of its members was interrupted on account of the crisis. The appointment of the Parliamentary representatives on the Council is linked to the formation of the new Parliament.

Office of the Ombudsman of the Republic

176. In order to protect the rights of citizens in disputes with the Administration, Order 92–012 of 29 April 1992 established the Office of the Ombudsman as an independent authority.

177. The Office of the Ombudsman of the Republic acts in the following cases:

- Dysfunctions of the public administration;

- Failure by the administrative authority to respect an individual's rights;
- Where certain rules of society are inflexible in the context of an action in equity.

178. The necessary formalities must be pursued with the authorities concerned before lodging a complaint with the Ombudsman's Office.

179. Complaints to the Ombudsman's Office must be lodged in writing in Malagasy or French, although they may also be lodged orally directly at the Office. There is no charge for lodging a complaint.

(c) Policies, programmes and action plans against child violence

180. The national plan of action against child violence (VCE) aims to contribute to the achievement of the national initiative against child violence. The goal of the action plan is to reduce child violence by 50 per cent.

181. To do so, it proposes to pursue nine major strategic objectives to promote the protection of child rights in Madagascar by 2011:

- Strategic objective 1: educate the public in all matters relating to child rights in combatting child violence;
- Strategic objective 2: implement and support the ongoing harmonization of the law with international conventions and the dissemination of legislation in all sectors to help prevent and respond to child violence;
- Strategic objective 3: improve the response capability of those working in child protection;
- Strategic objective 4: ensure that child protection is expanded for combatting child violence;
- Strategic objective 5: improve and identify gaps in the knowledge of child-violence services;
- Strategic objective 6: develop and strengthen coordination mechanisms for preventing and responding to child violence;
- Strategic objective 7: incorporate the issue of combatting child violence into budget planning at national, regional and municipal levels;
- Strategic objective 8: ensure that the sectors and community organizations involved in combatting child violence have the capability to collect data on, monitor, assess and report on the situation of child violence;
- Strategic objective 9: ensure that the national plan of action against child violence is implemented, monitored and assessed using an inter-sectoral and multi-sectoral approach.

182. The support and assistance of IPEC, UNICEF and other international partners are important for the implementation of the plan of action.

183. The Ministry of Justice has drafted a bill on the protection of children in conflict with the law. The bill will be submitted to the new Parliament for adoption.

184. In order to improve this bill, the Department of Legislative Reforms in the Ministry of Justice organized extensive consultations in order to secure broad support from all stakeholders.

185. The following bodies working in the field of child protection took part in the consultations:

- The Ministry of Population and Social Affairs;
- The Ministry of Public Security, Department of the Vice Squad and the Protection of Minors;
- The State Secretariat for the Gendarmerie;
- The Union of Professional and other Social Workers;
- Representatives of juvenile court judges;
- Civil society associations and organizations.

186. Guidelines have been proposed for the various stages of the procedures to be observed:

- Before contact with the justice system,
- During contact,
- After contact with the justice system.

187. Preference was given to measures that were realistic and feasible in the short term, such as:

- Caring for children in existing centres;
- Support for responsible parenting;
- The education of future parents with prenuptial advice on their responsibilities to their children;
- Mobilizing the community on the causes of delinquency;
- Compensation for damage caused to victims of offences committed by children.

188. Note that these guidelines and measures are still at the stage of study, research and experimentation.

189. Moreover, civil society organizations are working in this area in partnership with UNICEF in more than 30 municipalities.

190. If the studies and experiments are conclusive, they will be considered for the improvement of the above-mentioned bill.

(d) Recent ratifications of human rights instruments

191. Since 2003, Madagascar has ratified seven international legal instruments and one African legal instrument.

192. The table below gives the dates of signature and ratification of these legal instruments in Madagascar.

Table 27

Recent ratifications of human rights instruments by Madagascar

		<i>Signature</i>	<i>Ratification</i>
International legal instruments	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (New York, 10.12.1984)	01.10.2001	13.12.2005
	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (New York, 25.05.2000)	07.09.2000	09.2004
	Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (New York, 25.05.2000)	07.07.2000	09.2004
	Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption		12.05.2004
	Convention No. 105 on the Abolition of Forced Labour (Geneva, 25.06.1957)		06.06.2007
	Convention No. 89 concerning Night Work of Women Employed in Industry (Revised), (Geneva, 09.07.1948)	23.07.2008	10.11.2008
	Convention No. 171 concerning Night Work, (Geneva, 26.06.1990)	23.07.2008	10.11.2008
African legal instrument	African Charter on the Rights and Welfare of the Child	27.02.1992	30.03.2005

Source: Ministry of Foreign Affairs.

Part III

Reply to the issues raised in Part III, paragraph 1 of the list of issues

(a) **Budgetary allocations**

193. The relevant statistics are given in table No. 18 above.

(b) **Rate of marriages where at least one party is under the age of 18**

194. The following table was compiled from a survey of magistrates' courts.

Table 28

Rate of marriages where at least one party is under the age of 18

<i>Magistrate's court</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>Total</i>
Antananarivo	1 398	142	422	1 962
Arivonimamo	126	69	33	228
Fianarantsoa	08	06	00	14
Mahajanga	03	01	01	05
Maroantsetra	00	01	00	01
Nosy-be	00	01	00	01
Miarinarivo	10	22	19	51
				2 262

Source: Ministry of Justice.

195. The grounds allowed are based solely on the pregnancy of a minor wife. These decisions are justified by the concern to take account of the best interests of the unborn child.

(c) **Child health and maternal mortality**

196. The data and statistics on the situation of children's nutritional status are given in Table 3 above.

197. Madagascar does not yet have the results of the census surveys of children infected by HIV.

198. Madagascar does not yet have the results of the census surveys regarding alcohol and drug consumption by children.

199. The data and statistics relating to adolescent pregnancies are given in Table 17 above.

200. Regarding maternal mortality, in 2005 the National Health Policy adopted the Health Sector and Social Protection Development Plan (PDSSPS) for the period 2007–2011. This policy and strategy are consistent with international declarations on primary health care.

201. The roadmap for reducing maternal and neonatal mortality covers 10 years (2005–2015). This roadmap is expected to deliver the following results:

- Updated documents for the political and organizational framework of emergency obstetric and neonatal care (SONU);

- 70 per cent of basic health facilities are equipped and have personnel trained to provide maternal and neonatal care, including family planning;
- In line with the required quality standards, all level-2 district hospitals in the 22 regions are brought up to standard as reference obstetrics centres;
- 75 per cent of births are attended by skilled personnel;
- The reference system is functional in all 22 regions.

Table 29

Trend of maternal, newborn and infant/child mortality

	<i>Population and health surveys in Madagascar</i>		<i>Targets for 2012</i>
	<i>2003–2004</i>	<i>2008–2009</i>	
Maternal mortality per 100,000 live births	469	498	273
Neonatal mortality per 1,000 live births	34	24	20
Infant mortality (under 1) per 1,000 live births	58	48	47
Infant/child mortality (under 5) per 1,000 live births	94	72	50

202. There was an overall decrease in neonatal mortality, infant mortality (under 1) and infant/child mortality.

203. However, efforts are still needed to reduce maternal mortality in relation to live births.

Table 30

Trends in antenatal care and childbirth

	<i>Population and health surveys in Madagascar</i>		<i>Targets for 2012</i>
	<i>2003–2004</i>	<i>2008–2009</i>	
Antenatal care provided by skilled personnel, per cent	80	86.3	80
Births in health facilities, per cent	32	35.3	50
Births attended by skilled personnel, per cent	51	43.9	60
Caesarean delivery rate, per cent	1	1.5	5

Source: Ministry of Health.

204. Services/initiatives introduced:

- By 2015, conversion of 56 level-1 district hospitals into level-2 district hospitals or laparoscopic caesarean centres offering comprehensive emergency obstetric and neonatal care;
- Deliveries and caesarean sections free of charge;
- Provision of dignity kits and hygiene kits for pregnant women;

- Establishment of mutual health insurance and social security fund;
- Upgrading of emergency obstetric and neonatal care facilities;
- Humanization of care, delivery and birth;
- Sites for monitoring maternal mortality and expansion of the practice of auditing maternal deaths;
- Strengthening community outreach.

(d) **Rate of inclusive education and percentage of children with disabilities who are currently enrolled in school**

205. Madagascar does not yet have statistics on the percentage of children with disabilities enrolled in school. To remedy this shortcoming, efforts will be made to identify children with disabilities of school age and those who are enrolled in school.

206. The rate of enrolment in the inclusive education system is set out in the following tables.

Table 31
School enrolment rates by level, background and gender

<i>Urban</i>	<i>Net enrolment ratio (%)</i>			<i>Gross enrolment ratio (%)</i>		
	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>
Preschool	0.3	0.3	0.3	40.8	42.7	41.7
Primary	78.9	81.4	80.1	122.9	120.3	121.7
Lower secondary	33.7	42.3	37.8	67.1	73.5	70.2
Upper secondary	17.0	17.5	17.2	48.2	40.2	44.1
Higher	3.3	2.9	3.1	5.5	4.9	5.1
<i>Rural</i>	<i>Net enrolment ratio (%)</i>			<i>Gross enrolment ratio (%)</i>		
	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>
Preschool	0.2	0.1	0.1	14.6	13.2	13.9
Primary	70.8	73	71.9	117.2	117.1	117.2
Lower secondary	18.0	20.4	19.2	39.3	35.6	37.5
Upper secondary	3.3	3.5	3.4	8.5	7.6	8.1
Higher	0.5	0.5	0.5	1.0	0.9	1.0
<i>All</i>	<i>Net enrolment ratio (%)</i>			<i>Gross enrolment ratio (%)</i>		
	<i>Male</i>	<i>Female</i>	<i>All</i>	<i>Male</i>	<i>Female</i>	<i>All</i>
Preschool	0.2	0.1	0.2	19.1	18.3	18.7
Primary	72.4	74.5	73.4	118.3	117.6	118
Lower secondary	21.0	24.5	22.7	44.7	42.7	43.7
Upper secondary	6.0	6.7	6.3	16.5	15.1	15.8
Higher	1.1	1.0	1.1	2.0	1.8	1.9

Source: INSTAT/Department of Household Statistics/Periodic Survey of Households 2010.

(e) Enrolment rates for primary education, and the percentage of parents requested to pay for their children's primary education

207. The percentage of parents requested to pay the full cost of their children's primary education in private schools is not available. The same applies to the information on the percentage of parents requested to pay temporary teachers in public education. On the other hand, State subsidies granted to pay part of the salaries of temporary teachers who are paid by parents are shown in Table No. 22 above.

208. Information on completion rates is given in the table below.

Table 32
School enrolment indicators

<i>Indicators and components</i>	<i>2007–2008</i>	<i>2008–2009</i>	<i>2009–2010</i>
EF1 indicators			
Completion rate (year 5)	60.2%	66.3%	64.6%
Net school enrolment ratio (age 6–10)	86.0%	88.9%	88.3%
Children outside the school system (age 6–10)	396 440	260 500	399 362
EF2 indicator			
Gross school enrolment ratio (years 6–9)	35.4%	37.0%	41%
Repetition rate (years 6–9)	11.7%	12.2%	8.7%
Completion rate of the second cycle of primary	23.0%	25.1%	27.3%

Source: Department of Educational Planning/Ministry of Education.

209. The number of children of school age is the sum of children actually enrolled in primary school and children outside the school system.

210. The figure for 2009–2010 was $4,329,576 + 399,362 = 4,728,938$ children of school age.

(f) Number of children who have been tried as adults and detained in adult penitentiaries, as well as the number of children in pretrial detention

211. In Madagascar, minors are not tried in criminal courts as adults. They are always tried bearing in mind the legitimate excuse that they are minors. Moreover, the judge will almost always make allowance for extenuating circumstances. In addition, all prisons have separate quarters for juveniles.

212. In 2010, a total of 371 children were held in custody, 354 boys and 17 girls.

(g) Number of children employed in the public and private sectors

213. Efforts over the past five years have reduced the proportion of children engaged in an economic activity. Comparing the situation in 2007 with that of 2010 shows a reduction of nearly 4 percentage points. Indeed, in 2010, the proportion of children aged 5 to 17 having pursued an economic activity was 24.7 per cent, 26.2 per cent of boys and 23.2 per cent of girls. By age group, the figures were 26 per cent of children aged 10–14 and 59 per cent of children aged 15–17.

214. In rural areas, the rate fell from 31.1 to 26.5 per cent over the survey period.

215. In the regions of Diana, Sava, and Ihorombe Atsinanana, fewer than 12 per cent of children were engaged in an economic activity in 2010. In the region of Boeny, almost half

of children were working. In the regions of Anosy and Androy, the proportions were 46 and 40 per cent respectively.
