



Convention on the Rights of the Child

Distr.: General
12 November 2013
English
Original: Spanish

Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

Third to fifth periodic reports of States parties due in 2011

Uruguay*

[24 October 2012]

* The present document is being issued without formal editing.

GE.13-48545 (EXT)



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Acronyms and abbreviations

OHCHR	Office of the United Nations High Commissioner for Human Rights
UNHCR	Office of the United Nations High Commissioner for Refugees
AFAM	Family allowances
ANEP	National Public Education Administration
APRENDER	Priority care for settings with relative structural difficulties
ASSE	State Health Services Administration
BPS	Social Insurance Bank
CAIF	Child and family care centre
CECAP	Training and production centres
CEIBAL	Basic Computer Educational Connectivity for Online Learning
CEIP	Early and Primary Education Council
CES	Secondary Education Council
CETI	National Committee for the Eradication of Child Labour
CETP	Technical-vocational Education Council
CODICEN	Central Governing Council
CONAPESE	National Committee for the Eradication of Commercial and Non-commercial Sexual Exploitation of Children and Adolescents
CORE	Refugee Commission
DNSS	National Dialogue on Social Security
ENIA	National Strategy for Children and Adolescents
HDI	Human Development Index
INAU	Uruguayan Institute for Children and Adolescents
INE	National Institute of Statistics
INFAMILIA	Directorate of Childhood, Adolescence and Family
INJU	National Institute for Youth
INMUJERES	National Women's Institute
MERCOSUR	Southern Common Market
MIDES	Ministry of Social Development
ILO	International Labour Organization
NGO	Non-governmental organization
OPP	Planning and Budget Office
PANES	National Social Emergency Plan
GDP	Gross domestic product
PE	Equity Plan

PNJ	National Plan for Young People
PROMESEC	Community-based Socio-educational Measures Programme
PROPIA	Children and Adolescents Participation Programme
RIEP	Integrated Network of Health-care Providers
SEMEJI	Implementation System for Measures for Juvenile Offenders
SIPI	Child Data System
SIPIAV	Integrated System for the Protection of Children and Adolescents from Violence
SIRPA	System of Adolescent Criminal Liability
SNIS	National Integrated Health System
SOCAT	Guidance, consultation and cooperation service
STD	Sexually transmitted disease
UdelaR	University of the Republic
UNICEF	United Nations Children's Fund

I. Introduction

1. The Government of Uruguay, in fulfilment of the obligations set out in article 44 of the Convention on the Rights of the Child, herewith submits the third periodic report on the implementation of the rights of the child for the period 2004-2010.
2. This report was drafted in accordance with the general guidelines regarding the form and content of periodic reports to be submitted by States parties under article 44, paragraph 1 (b), of the Convention on the Rights of the Child (CRC/C/58/Rev.2 and Corr.1), adopted by the Committee at its fifty-fifth session.
3. Responsibility for the preparation of the report was entrusted to a commission comprising representatives of the following ministries of the executive branch: Ministry of Foreign Affairs (Directorate of Human Rights and Humanitarian Law), Ministry of Education and Culture (Directorate of Human Rights), Uruguayan Institute for Children and Adolescents (INAU) and Ministry of Social Development (Directorate of Children, Adolescents and Families (INFAMILIA)). A representative of the judicial branch appointed by the Supreme Court of Justice also participated. At the same time, consultations were held with the president of the Population Committee of the Chamber of Representatives of the legislative branch, which contributed to progress on the report and compiled comments and criticism. The report also benefited from ongoing dialogue with the Strategic Coordinating Committee on Children and Adolescents of the National Social Policy Coordinating Council of the Social Cabinet and with the Honorary Consultative Council and Adviser on the Rights of Children and Adolescents (see annex 1 on the policy coordination structure).
4. Specialized inter-agency bodies were also asked for their assistance in discussing specific aspects of the report, including the Committee for the Eradication of Child Labour (CETI), the National Committee for the Eradication of Commercial and Non-commercial Sexual Exploitation of Children and Adolescents (CONAPESE) and the Integrated System for the Protection of Children and Adolescents from Violence (SIPIAV).
5. The report is structured as follows: The introduction outlines the relevant milestones in implementing the Convention, which are then considered in detail in the subsequent sections; part II presents the observations and recommendations of the Committee on the Rights of the Child, along with the country's replies; and part III lays out the general principles of the Plan of Action for the National Strategy for Children and Adolescents (ENIA), describing the policy challenges for the period immediately following that covered by the report.
6. Uruguay's economic performance was very good during the period 2004-2010, with accumulated growth of its gross domestic product (GDP) of 45 per cent. Economic growth following the severe crisis of 2002 was considerably higher than the historical average (simple annual average of 6.5 per cent for the period, as compared to 2.5 per cent during the previous 25 years), and this growth occurred even during the international crisis. GDP rose from US\$ 19.8 billion in 2006 to US\$ 40.3 billion in 2010, which meant a doubling of GDP per capita, from US\$ 6,000 in 2006 to US\$ 12,000 in 2010.
7. With regard to the change in poverty as measured by income, 1.1 per cent of the population was living in poverty in 2010. Compared to 2006, when the rate was 2.7 per cent, this amounts to a 60 per cent decline in five years, and the country is thus very close to meeting the Millennium Development Goal of eradicating extreme poverty by 2015. Nonetheless, an estimated 3.3 per cent of children under 6 years of age; 1.9 per cent of young people aged 13-17 years; and less than 1 percentage point (0.7 per cent) of those

under 18 years of age are still below the extreme poverty line, which poses major challenges.

8. An estimated 18.6 per cent of the population was below the poverty line in 2010, or almost 50 per cent less than in 2006 (34.4 per cent). Poverty continues to affect primarily the younger generations, and children in particular. Nevertheless, for the country as a whole, the proportion of children under 6 years of age who are below the poverty line fell between 2004 and 2010, from 57 per cent to 33.8 per cent.

9. In order to evaluate the impact of economic policies on the quality of life of the population, the following brief analysis is provided of changes in the country's Human Development Index (HDI), which measures development according to four indicators: life expectancy at birth, expected number of years of schooling, average number of years of schooling and gross national income per capita. During the period 2004-2010, the Index increased steadily, from 0.725 to 0.765. Uruguay thus has one of the highest HDIs worldwide, ranking fifty-second out of 168 countries, and has the third highest ranking in Latin America. However, the country has not yet regained the worldwide ranking it enjoyed prior to the 2002 crisis, as in 2001 it ranked fortieth, with an HDI of 0.834.

10. Regarding the country's economic performance and the number of people living in poverty over the past five years, real GDP grew by 30 per cent, while the poverty rate as measured by income fell by 46 per cent. Looking at the two indicators together clearly demonstrates the extent of the country's efforts to ensure that the increase in wealth has been translated into an improved standard of living for its citizens.

11. As indicated in the previous paragraph, Government social spending, and particularly on children and adolescents, has risen steadily over the past five years. As a percentage of GDP, it increased from 4.3 per cent to 5.5 per cent, which reflects – in the above-mentioned scenario for GDP growth – the increased macroeconomic priority accorded to children.

12. Throughout the period covered by this report, a number of political processes have been especially noteworthy, including changes in two of the traditional areas of social policy: education (particularly at the primary level) and health.

13. With respect to changes in education, there was broad discussion between 2006 and 2008 of a new education law, which was eventually adopted by the legislative branch and promulgated by the executive branch in December 2008. The national education debate took place throughout the period, with the participation of all those concerned with education policy, and at the same time the authorities were canvassing public opinion at institutions nationwide. The new law amended the organizational structure of education, allowing trade union representatives to participate, and changed the manner in which the policy, henceforth organized into levels, modalities and cycles, was handed down.¹

14. In addition to the adoption of this new legal framework, the following education policies and reforms undertaken as of 2005 should be noted: a sustained increase in Government spending on education, which accounted for 4.5 per cent of GDP in 2009; the implementation of programmes to improve educational performance, prevent dropping out and/or promote the reintegration of school leavers (which will be covered in detail throughout the report); and the development of the plan for Basic Computer Educational Connectivity for Online Learning (CEIBAL Plan). This plan provided all teachers and

¹ These changes are reflected in General Education Act No. 18437, to whose website a hyperlink may be found in annex 6.

students in the Uruguayan public schools with access to personal computers connected to the Internet.

15. With respect to health, the Advisory Council of the National Integrated Health System (SNIS) was created in April 2005 to implement Uruguayan health reform. It proposed the following policy reforms, among others: a new care model, stressing comprehensiveness, promotion and prevention; a new role for the State, by changing the oversight role of the Ministry of Public Health and decentralizing the body responsible for public care – the State Health Services Administration (ASSE);² a new management model, one that included users on the National Board of Health (JUNASA) created by the reform; changes in the system's financing; and paying service providers based on methods adjusted for gender, age and target attainment.

16. The national health insurance (SNS) has been operating since January 2008 with funding from the National Health Fund (FONASA),³ and has almost tripled its coverage as a result of the reform. The total number of beneficiaries rose from 560,600 in 2004 to 1.4 million by March 2009. Some 450,000 people under the age of 18 are now covered – people who had not been entitled to insurance prior to 2008.⁴ Some 86 per cent of the urban population (in localities with more than 5,000 inhabitants) is covered by collective health-care institutes⁵ and public ASSE services, while 4 per cent has no coverage at all (OPP-MIDES 2009).⁶

17. In parallel with these changes, over the course of seven years the country succeeded in halving the infant mortality rate, thanks to the efforts of the health sector itself and to previously mentioned efforts to improve the standard of living. In 2004, that rate was 13.2 per cent for every 1,000 live births; in 2009, it fell to 9.6 per cent; and in 2010, 7.7 per cent. This brings Uruguay very close to achieving yet another Millennium Development Goal, an infant mortality rate of 6.9 per cent by 2015.

18. Another relevant policy milestone during the period under discussion was the creation, under Act No. 17866 of March 2005, of the Ministry of Social Development, whose responsibilities include the coordination and organization of public services for population groups with serious socio-economic inadequacies and the implementation of specific lines of action.⁷

19. The creation of this new ministerial portfolio entailed giving it authority over institutions that had previously been spread throughout the Government. These include the Uruguayan Institute for Children and Adolescents (INAU), the National Institute for Youth (INJU), the National Women's Institute (INMUJERES) and the INFAMILIA Programme.⁸ INAU retained its status as a decentralized oversight body on Uruguayan policies for

² An autonomous public body which reports to the Ministry of Public Health and provides services free of charge, or upon payment of differentiated fees based on the beneficiaries' income levels.

³ The Fund receives contributions from workers (in proportion with their income level), employers and the State.

⁴ These figures are from the Economic and Actuarial Advisory Service of the Social Insurance Bank (BPS).

⁵ Private not-for-profit institutions that offer health services by means of prepaid insurance.

⁶ The remaining 10 per cent is covered by other types of public or private services (partly or fully private insurance).

⁷ Article 9 of the Act establishing the Ministry of Social Development, to whose website a hyperlink may be found in annex 6.

⁸ Under this administration, as part of the creation of the Ministry of Social Development, this programme was made into a national ministerial directorate.

children and adolescents (established by the Uruguayan Code on Children and Adolescents, Act No. 17823).

20. Throughout this report we will describe how, during the administration of 2005-2010, a policy of broad social dialogue was promoted⁹ and Government action was focused on fostering intersectoral coordination and communication.¹⁰ In the social sphere, Presidential Decree No. 2005/015588 created the Social Cabinet,¹¹ which was responsible for the National Social Policy Coordinating Council.¹² Large-scale Government interventions – the National Social Emergency Plan (PANES) and the Equity Plan (PE) – were designed and implemented in these areas to provide services for people living in vulnerable socio-economic conditions.

21. The PANES was implemented between 2005 and late 2007. Its main policy objective was to address the serious social situation engendered by the 2002 economic crisis, among other factors. Throughout 2007, the Equity Plan to be implemented as of January 2008 was drafted to create a modern safety net that would work in tandem with other services provided by the welfare system (CNPS, 2009). In practice, the policy attempted to raise the level of Government social spending for the younger segments of the population through cash transfer policies.

22. It is in this context that the welfare index for those age groups was improved as part of the “pro-children” emphasis in Government social spending: that index was 102.3 in 2009, compared to 84.6 in 2005.

23. Another clear indicator of the importance of the rights of children, adolescents and young people in the agenda of the previous administration was the creation in August 2005 of the Strategic Coordinating Committee.¹³ Under this Committee, throughout the period two processes of special importance to guaranteeing the realization of the rights set forth in the Convention were undertaken: the National Strategy for Children and Adolescents (ENIA) 2010-2030 (see annex 2) and the National Plan for Young People (PNJ)¹⁴ (see annex 7).

24. As part of the new approach to social policy defined by the Equity Plan, ENIA expanded on Government policy guidelines by promoting the coordination of intersectoral efforts on behalf of children and adolescents. In 2008, the Committee announced a debate (which took place between August and October of that year). The debate defined national objectives and strategic guidelines which went beyond the immediate situation and resulted in the design and formulation of Government policies on children and adolescents for the next 20 years. The approach was based on international law on the rights of the child, and

⁹ By way of example, it is noteworthy that as part of this social dialogue policy, in 2005 the wage councils were re-established as the principal mechanism for collective bargaining. They had not been convened since the mid-1990s.

¹⁰ In subsequent sections of this report it will be shown how, by creating the local councils, committees and offices, an attempt was made to encourage this approach. At the national level, these included the Social Cabinet, the National Social Policy Coordinating Council, the Honorary Advisory Council and Adviser on the Rights of Children and Adolescents, and the Coordinating Council on Gender Policies. Inter-agency committees, social councils and local committees on good citizenship and civil security (with the latter two groups intended to foster relations between Government and civil society) were also established at the local level.

¹¹ Its composition may be consulted in annex 1, under coordination forums.

¹² *Idem.*

¹³ *Idem.*

¹⁴ The Plan targets the 12-29 age group.

particularly on the rights enshrined in the Convention, which was ratified by Uruguay more than 20 years ago.

25. The ENIA debate was supported by the United Nations system in Uruguay, with the active involvement of many public and private actors and with the support and participation of children themselves, through the process known as “Opino y Vale” (“I say what I think, and what I think counts”), which canvassed more than 5,000 children and adolescents. The country now has its first ENIA Plan of Action in place, for 2010-2015 (see annex 3), which outlines the main problems and proposals identified for each of the ENIA strategic guidelines, along with baseline indicators, the goals to be met and the activities to be carried out by each service dealing with children and adolescents.

26. The PNJ is one of several components for relaunching the Equity Plan for the period 2011-2015 and is backed up by technical and policy agreements within the framework of the Coordinating Committee and the National Social Policy Council, to which the Committee reports. The intersectoral agreements are organized around the following strategic lines of action: educational integration; emancipation of young people; comprehensive health and quality of life; participation, citizenship and culture; and institutional framework. Many of the proposals contained in these strategic guidelines are based on the document entitled “Foundations of a National Plan for Young People”,¹⁵ which was prepared under the previous administration through a process of discussion, drafting and design in which public bodies, youth groups, adolescents and young people participated from throughout the country.

27. The above-mentioned policies for dealing with social emergencies, health reform and the implementation of a set of labour standards (the collective bargaining referred to earlier, along with other negotiations targeting rural and domestic workers) are key milestones achieved by Uruguay in improving the well-being of its people. A number of Government bodies in the current administration¹⁶ are also in the process of discussing and establishing a national health-care system to expand the services provided to dependent persons and those who bear the main burden of their care – i.e., women.

28. With respect to new policies for handling situations of special vulnerability, some of the measures taken during the period under consideration, which will be discussed in part II, are noteworthy. In April 2007, SIPIAV was created under INAU, comprising the Ministry of Social Development, the Ministry of Public Health/ASSE, the Ministry of the Interior and the National Public Education Administration (ANEP). Protocols and road maps have been devised in the education and health fields to deal with situations of violence involving Uruguayan children and adolescents. As one example, in 2006 some Government bodies (INAU, the Ministry of Social Development, the Ministry of Public Health and the Ministry of the Interior), convened by the ANEP Primary Education Council, drew up a road map for treating the victims of ill-treatment and sexual abuse in schools. Another milestone was the adoption of Act No. 18214 (“Personal integrity of children and adolescents”) against degrading corporal punishment. Uruguay was a pioneer in Latin America and one of the first countries worldwide to institute this type of legal framework. In addition, although they are not related to violence but to another situation of special vulnerability, in October 2009 several provisions on adoptions were amended by Act No. 18590.

¹⁵ The document is available on the INJU website: www.inju.gub.uy.

¹⁶ Participants include the Ministry of Labour and Social Security, the Ministry of Public Health, the Ministry of Social Development (the Social Policy Directorate as well as INMUJERES and INFAMILIA), the Social Insurance Bank, ANEP and INAU.

29. One matter that should be particularly highlighted is the introduction of a rights-based approach to public policies, as reflected in numerous Government texts¹⁷ and the creation of the relevant monitoring bodies. The Human Rights Directorate was established under the Ministry of Education and Culture in 2005, and in 2008 the Act establishing a national human rights institution (Act No. 18446) was adopted, in accordance with the Paris Principles (General Assembly resolution 48/134), as was the Act establishing the National Honorary Advisory Council on the Rights of Children and Adolescents (Act No. 17823, arts. 211 ff).¹⁸

30. In keeping with Uruguay's commitment to human rights, the core human rights treaties have been ratified and significant progress has been made in harmonizing domestic legislation with the many international treaties ratified by the country. Respect for international law, and support for the principle of multilateralism and cooperation with the international system, are two pillars of foreign policy. This is reflected in the "Open Invitation" made by Uruguay to all the human rights special procedures of the United Nations in March 2005 and to the Inter-American system in June 2007. In May 2009, the country underwent the Universal Periodic Review of the Human Rights Council. Since 2005, Uruguay has been working on the preparation of its national reports for the various treaty-monitoring bodies with a view to closing the gap in its compliance with the international system for the protection of human rights. It has submitted reports to the Committee on the Elimination of Discrimination against Women, the Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Racial Discrimination.

31. There have been significant changes in the gender field in recent years. Act No. 18104 on Equal Opportunities and Rights for men and women – the legal framework for implementing the first National Plan for Equal Opportunities and Rights (PIODNA 2007-2011) – has been in place since 2007. The Plan promotes government-wide equality policies and was drawn up with broad institutional and social participation. Likewise, through the adoption of Act No. 18476 on political participation (March 2009), to be applied to national elections starting in 2014, an important step was taken towards increasing women's participation in public posts and women's political representation. Steps have been taken to address domestic violence; various measures on women's right to work have been implemented; and protocols and clinical manuals have been prepared to reduce gender inequality in the health field, particularly in interventions by staff from the sexual and reproductive health services.

32. Uruguay has also taken steps to increase the participation of its citizens in general¹⁹ and of children and adolescents in particular. Students' involvement in education is being encouraged through the participation councils called for under the above-mentioned Act; some of these councils are already functioning, and others are in the process of being established. In addition, INAU implemented the Children and Adolescents Participation Programme (PROPIA) and created the Advisory and Consultative Council of its Directorate. The Council, made up of children and adolescents, advises on policies for children and adolescents and represents them nationwide. It was established by a resolution of the INAU Directorate and is currently drafting a bill.

¹⁷ Including the Equity Plan and the health reform legislation.

¹⁸ The composition of this body may be consulted in annex 1, under policy coordination forums.

¹⁹ In addition to the creation of forums that foster relations between public actors and civil society, Decentralization Act No. 18567 was adopted, establishing a third level of Government – municipalities – whose authorities are elected by the citizens.

33. Before concluding this introduction to the general context, it may be useful to mention some of the weaknesses or problems encountered during the reporting period. The field of juvenile justice stands out from the rest on account of the lack of human, material and budgetary resources, organizational management problems and the lack of a clear and consolidated bureaucratic and hierarchical structure, all of which result in serious levels of inefficiency. In addition, the population has cited insecurity as one of the country's worst current problems.²⁰ Accordingly, the creation of a new institution to care for juveniles in conflict with the law – the Adolescent Criminal Responsibility System (SIRPA) – was approved in July 2011. Five programmes of the system, which reports to an executive committee of the INAU Directorate, are endeavouring to increase the levels of specialization with a high degree of technical autonomy.²¹

34. Another major shortcoming during the reporting period is in the field of education. While progress has been made at the pre-school level (primarily in terms of access to the system), repeat rates are still high in the public schools (although the rate is falling), and secondary schools face serious challenges, principally in terms of student attendance. There are not enough schools to permit families to reconcile the parents' jobs or studies with child-rearing, nor are there enough secondary schools (CCE, 2009).

35. The main challenge to children's and adolescents' health is the lack of comprehensive health care for pregnant women and for children under 36 months of age. Health system programmes for adolescents are inadequate, and there are not enough specialized staff to work with this population (Ibid). There are also significant disparities in the quality of care provided by the public and private subsystems (OPP – MIDES, 2009).

II. Replies to concluding observations

A. General implementation measures

1. Legislation and implementation

7. *The Committee welcomes the adoption in 2004 of the Code on Children and Adolescents and the fact that the new legal framework incorporates an integrated system of protection and the principles of the Convention on the Rights of the Child. However, the Committee notes that the practical application of the Code is still a major challenge, that several legislative reform proposals are pending and that further efforts are required to harmonize different branches of legislation.*

8. *The Committee urges the State party to ensure the effective implementation of the Code on Children and Adolescents through adequate institutional structures and the provision of adequate human and financial resources. The Committee recommends that pending legislative reform proposals should be adopted as soon as possible, while ensuring harmonization of all legislation with the Convention and its two Optional Protocols.*

9. *The Committee also urges the State party to ensure, through adequate legal provisions and regulations, that all child victims and/or witnesses of crimes – e.g. child victims of abuse, domestic violence, sexual and economic exploitation, abduction, and trafficking and witnesses of such crimes – are provided with the protection required by the*

²⁰ This is one of the main problems raised in public opinion surveys, electoral debates and press reports.

²¹ Entry, Study and Referral Programme; Community-based Socio-educational Measures Programme; Curative Measures Programme; Custodial and Semi-custodial Socio-educational Measures; and Integration into Society and the Community on Release Programme.

Convention, and to take fully into account the United Nations Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime (annexed to Economic and Social Council resolution 2005/20 of 22 July 2005).

36. Uruguay is grateful for the Committee's recommendations and wishes to report that the definition of core laws for the effective implementation of the Code has progressed significantly in recent years. To that end, Parliament has adopted various laws to improve the quality of life of children and adolescents.

37. The table below lists some of the main laws adopted on children and adolescents in Uruguay since 2004. The following should be highlighted in particular: the Family Allowances Act (AFAM), extending benefits to all low-income households (Act No. 17758); the Act prohibiting commercial and non-commercial sexual violence against children, adolescents and people with disabilities (Act No. 17815); and the adoption of the Code and its successive amendments.

38. Since these laws were adopted the State has been in a better position to give effect to the rights of children and adolescents on its territory. There is a specific body – INAU – to ensure compliance with the laws and to publicize and raise awareness of problems affecting children and adolescents. The following table is based on a compilation of the laws on children and adolescents that were adopted during the last legislative session. This compilation was prepared by Parliament at the express request of the president of the Population Committee of the Chamber of Deputies (September 2011).

Table 1
Main laws on children and adolescents (2004-2011)

<i>Act no.</i>	<i>Date of adoption</i>	<i>Topic</i>
17758	04/05/2004	Family Allowances Act extending benefits to all low-income households
17815	06/09/2004	Act on commercial and non-commercial sexual violence against children, adolescents and people with disabilities
17823	07/09/2004	Code on Children and Adolescents
18154	09/07/2007	Act on the compulsory nature of pre-school education, primary education and the first three years of secondary school
18214	09/12/2007	Act on the personal integrity of children and adolescents, amending the Code on Children and Adolescents and the Civil Code
18227	22/12/2007	Family Allowances Act
18270	19/04/2008	Ratification Act of the Ibero-American Convention on Youth Rights
18336	21/08/2008	Ratification Act of the Inter-American Convention on Conflict of Laws concerning the Adoption of Minors
18426	01/12/2008	Act on the protection of the right to sexual and reproductive health
18437	12/12/2008	General Education Act

<i>Act no.</i>	<i>Date of adoption</i>	<i>Topic</i>
18535	21/08/2009	Ratification Act of the Hague Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Cooperation in respect of Parental Responsibility and Measures for the Protection of Children
18537	21/08/2009	Act on standards for the study and prevention of sudden death of infants under 1 year of age
18590	18/09/2009	Act amending the provisions on adoption of the Code on Children and Adolescents
18640	08/01/2010	Act declaring activities that support and promote the health and education of children and adolescents in public schools to be in the national interest
18771	01/07/2011	Act establishing the Adolescent Criminal Responsibility Institute

Source: Prepared for the present report from domestic legislation, which may be consulted in annex 6.

39. It should also be stressed that, for the purposes of implementing the Code and other laws on children, two new specialized family courts have been set up in Montevideo, bringing the total to six in the capital, along with two first-instance family courts in the interior of the country, which are strategically situated by region. This has strengthened the implementation of the Code and of related domestic legislation.

2. National Plan of Action

10. *The Committee notes the existence of sector-specific plans, but regrets that the State party has not prepared a comprehensive national plan of action to promote the implementation of children's rights.*

11. *The Committee encourages the State party to draw up and assign adequate budget lines for a comprehensive national plan of action for children in consultation with civil society, non-governmental organizations (NGOs), children and all sectors involved in the promotion and protection of children's rights, while taking into account the principles and provisions of the Convention, its two Optional Protocols and the Plan of Action "A World Fit for Children" adopted by the General Assembly special session in May 2002.*

40. As pointed out in the introduction to this report (paras. 22 and 23), a national strategy for children and adolescents for the period 2010-2030 was drafted in 2008. It was proposed by the Government's Strategic Coordinating Committee for Children and Adolescents as a part of the Equity Plan. It is the outcome of discussions and of goal- and policy-setting exercises involving public actors, international organizations, social organizations, political parties, experts and others interested in the question.

41. The discussions led to the following: a) The foundations of the strategy were established with respect to the factors contributing to well-being, their impact on the younger generations, and the role of the State in promoting well-being and its main shortcomings. b) A shared vision was elaborated to the year 2030, as were the areas for which specific goals should be set. c) The guiding principles of ENIA were laid down. d) Agreement was reached on the priority strategic guidelines. e) The conditions conducive to implementing the strategy were identified (ENIA, 2009).

42. In keeping with these strategic guidelines, as stated in the introduction to this report, a plan of action was defined for the period 2010-2015 in order to begin implementing the Strategy by determining the objectives, goals and policy measures needed to improve the well-being of children and adolescents in Uruguay, particularly for those in difficult situations. The Plan is divided into seven subject headings: families with children and adolescents; pregnancy; early childhood; childhood; adolescence; situations of special vulnerability; and public awareness and social communication.

43. The Plan of Action adopts an integrated approach to the problems of children and adolescents, taking account of the different policy areas in which effective responses are required. It emphasizes the quality and coverage of education, the provision of appropriate sanitary and health check-ups for children and their mothers, food, and the creation of recreational areas, among others. The Plan thus concerns not just those actors directly involved in the protection of children, but the entire health system, educational institutions and other Government agencies. These areas received budget increases in line with the tasks that had been defined in order to meet the objectives. The following sections of this report describe specific elements of the Plan of Action, the complete text of which is to be found in annex 3. Part III contains a summary of the actions to be carried out in the period 2010-2015.

3. Coordination

12. *The Committee recognizes the establishment in February 2007 of the Honorary Consultative Council, created pursuant to the Code on Children and Adolescents. The Committee is concerned that the Uruguayan Institute for Children and Adolescents (INAU) does not receive adequate funding to provide comprehensive services throughout the country and that coordination is lacking between INAU and the INFAMILIA programme.*

13. *The Committee urges the State party to ensure that the Honorary Consultative Council is assigned stable and adequate financial and human resources in order to fulfil its mandate of policy coordination for the promotion of the rights of the child. The Committee further recommends that efforts should be made to decentralize INAU in order to provide services throughout the country and that it should be assigned stable and adequate financial and human resources. Finally, the Committee recommends that measures should be taken to ensure adequate coordination between policy entities and service providers.*

44. As concerns the decentralization of INAU, the institution has directorates in each of the country's departments, which administer and regulate its decentralized services. It also has numerous agreements with social organizations in different services, ensuring a strong presence nationwide.

45. According to the data on INAU's performance as of October 2010, the institution provided support for 68,880 children and adolescents, who were cared for each month throughout the country by means of a variety of approaches. As to the adequacy of INAU funding, the State has made major efforts to allocate more financial resources during the period 2004-2010. A comparison of the 2004 and 2010 budgets shows a 92 per cent increase at current prices, or a near-doubling of the budget in real terms, with a steady increase over the period. The 2011-2015 budget increased the INAU allotment by 30.35 per cent over 2010. In nominal terms, the budget almost tripled, rising from 1.386 million pesos in 2004 to 3.766 million pesos in 2010. This increase in funding was accompanied by a significant increase in coverage. The 2010 figures – both for the services of INAU itself, and through agreements between INAU and civil society organizations – represent an increase in coverage of about 80 per cent over 2004.

46. Coordination between INAU and INFAMILIA is solid, fluid and effective. This is due in part to major institutional changes during the reporting period. The main such

change is the above-mentioned creation of the Ministry of Social Development in March 2005, when what was then known as the INFAMILIA Programme, reporting directly to the Office of the President of the Republic, became a part of that Ministry. This is a clear sign of change in the conception of social policy instigated by the Government of the time, which was endeavouring to restore the State's proactive role, setting aside the paradigms of the previous decade. INFAMILIA was a good example of those paradigms, and of the "exceptional" public institutional bodies in that field. As previously noted, INAU, a decentralized body, was transferred to the executive branch under the Ministry of Social Development.

47. This institutional change led to improvements in actions and programmes with a strong impact on children. Some examples are the technical and financial support provided by INFAMILIA to INAU in: a) the expansion of INAU's early childhood coverage through the Child and Family Care Centres (CAIF) Plan; b) the increase in support for street children and adolescents; c) the creation of SIPIAV to handle cases of ill-treatment and abuse; and d) the re-engineering of the INAU Child Data System (SIPI) (discussed in para. 55 below). More than 40 per cent of the total INFAMILIA budget for 2005-2010 went into these joint initiatives.

48. INAU and INFAMILIA were also part of the Strategic Coordinating Committee, which has been functioning regularly since 2005.

49. The above actions represent a milestone in the State party's progress on coordinating social policies, particularly those targeting children and adolescents. The creation of forums for inter-agency coordination has been backed up by laws and decrees, and also involves, in an orderly fashion, the different levels of responsibility – at both the central and local level – thereby ensuring proper coordination between public and civil society actors throughout the process. These forums have had concrete objectives and results since 2005.

50. With regard to the human resources allocated to the Honorary Advisory Council, during the reporting period both the Ministry of Education and Culture and the Ministry of Social Development, through INFAMILIA, have assigned professionals to its daily operations. Although these operations are only one part of the professionals' responsibilities, the Council's daily work has been conducted efficiently, as recognized by the various actors.

51. At the request of Council members, and with INFAMILIA funding, consultations were held on the current legal framework for children and adolescents in Uruguay. They involved a systematic study of current domestic legislation (conventions, treaties or agreements, the Constitution, laws, decrees, regulations and circulars) in order to identify possible legal contradictions and/or gaps which might give rise to interpretations and practices that violate the rights of children and adolescents. The frame of reference is the international standards on the rights of the child, as laid down in the human rights treaties and in the recommendations and observations of the treaty-monitoring bodies.

4. Independent monitoring

14. *The Committee, while taking note of the bill presented to Parliament in 2006, regrets the absence of an independent national human rights institution to provide an accessible complaint and monitoring mechanism for the implementation of the rights of the child.*

15. *The Committee recommends that the State party should establish an independent national human rights institution, in light of its general comment No. 2 (2002) on the role of independent national human rights institutions in the promotion and protection of the rights of the child and in light of the Paris Principles (General Assembly resolution 48/134,*

annex). This institution should have expertise in the rights of the child, should extend its presence nationwide, and should be provided with well-trained staff capable of dealing with complaints in a child-sensitive manner, and should further ensure that all children have ready access to this independent complaints mechanism in case of violations of their rights.

52. The State party is grateful for the recommendations and acknowledges the need for an independent institution to follow up on and receive complaints of human rights violations. On 24 December 2008, the executive branch promulgated Act No. 18446, whose article 1 establishes the National Human Rights Institution, with the following mandate: “the defence, promotion and protection to the fullest extent of the human rights enshrined in the Constitution and in international law” (Act No. 18446, art. 1).

53. Articles 1, 36, 75 and 76 of the Act were subsequently amended by Act No. 18806 of 14 September 2011, which stipulates that the National Human Rights Institution and Public Defender’s Office shall be presided by a five-member collegiate body to be known as the Board of Directors, which shall be responsible for managing and representing the Institution (art. 36).

54. The National Human Rights Institution is an independent body for the defence, promotion and protection to the fullest extent of the human rights enshrined in the Constitution and in international law. It was created with the support of all political sectors and reflects the shared aspirations of the people for strengthening democracy and consolidating the rule of law.

55. The Institution complies with the guidelines laid down in the Paris Principles and the commitments contained in the Vienna Declaration and Programme of Action adopted at the 1993 World Conference on Human Rights.

56. In order to elect the members of the Board of Directors, the law provides that the General Assembly shall appoint a special commission comprising representatives of all political parties represented in Parliament, which shall receive candidatures and draw up the list of eligible candidates. That list is to be communicated to the Office of the President of the General Assembly in order to proceed with the election (art. 40).

57. The public call for candidates to the Board of Directors was launched in December 2011, and the deadline for submitting candidates extended to 8 March 2012. The commission is to study the documents presented by the candidates and draw up a list and an evaluation of those it considers best suited to the post, which will be brought before the General Assembly plenary. The General Assembly convened for the election of the five members of the Board was to be held on 12 April 2012.

5. Allocation of resources

16. *The Committee, while recognizing the affirmative measures undertaken since 2005, remains concerned that allocations for social expenditure still do not sufficiently benefit children. In particular, the poor and vulnerable segments of society, such as children in female-headed households and people of African descent, still do not receive enough allocations, despite new poverty reduction programmes. The Committee notes that the State party admits to an overrepresentation of children among the population affected by poverty and by extreme poverty, and regrets that social expenditure primarily targets protective measures, fails to disaggregate the proportion allocated for children and lacks a child rights-based perspective.*

17. *The Committee strongly recommends that the State party, in accordance with article 4 of the Convention, should further increase budget allocations for the implementation of the rights enshrined in the Convention, ensure a more balanced distribution of resources*

throughout the country and prioritize and assign budgetary allocations to reducing disparities and ensuring implementation of the economic, social and cultural rights of all children, in particular the most vulnerable. The Committee encourages the State party to introduce budget tracking from a child rights-based perspective with a view to monitoring budget allocations for children and to seek technical assistance for this purpose from the United Nations Children's Fund (UNICEF) and the Inter-American Children's Institute.

58. In response to these recommendations a report was prepared by the Strategic Coordinating Committee on the evolution of Government spending on children in order to identify the trends and set a baseline and a projection of changes for the period 2006-2009 (Azar et al., 2008). The report concludes that social spending on children increased over the period, both in absolute terms and in relation to GDP. Government spending on children rose by 37 per cent in absolute terms during the period, while its share of GDP increased by 25 per cent. This would mean that Government spending on children grew faster than both GDP and Government spending overall, and that financial priority was given to those public policies with the greatest impact on children's well-being.

59. Although Uruguay's social services reflect a "pro-adult" bias, the data indicate that the gap in Government social spending has narrowed recently, with growing importance attached to children's problems. Generally speaking, social investment in children is clearly a high priority. In terms of the realization of rights, the 2005-2009 budget prioritized the right to education (with a projected increase of 20 per cent) and the right to an adequate standard of living, for which the corresponding programmes grew by 22 per cent (Arim, 2007).

6. Data collection

18. *The Committee, while welcoming increased efforts to process information on the situation of children, remains concerned at the lack of disaggregated data, in particular regarding vulnerable segments of society and disparities between urban and rural areas.*

19. *The Committee recommends that the State party should continue and strengthen its efforts to develop a comprehensive system for the collection of data on the implementation of the Convention. The data should cover all children under 18 years of age and should be disaggregated by sex, region and those groups of children who are in need of special protection. The Committee encourages the State party to further its cooperation with UNICEF and the Inter-American Children's Institute in this regard.*

60. Uruguay has been implementing a number of sectoral and general information systems which have increased knowledge and information processing on persons under 18 years of age. Since 2010, INAU has been re-engineering its national information systems, which has entailed the creation of the Child Data System (SIPI), designed in particular on the basis of a rights-monitoring mechanism. The system's objective is to provide timely, reliable information on the children and adolescents cared for by INAU. The system's strengths in policy implementation and monitoring the situation of children and adolescents include the following: a) It can be accessed from anywhere in the country; b) it provides public access to information on community resources; c) it monitors the realization of the rights of children and adolescents; and d) it supports INAU decision-making on policies affecting children and adolescents. It is thus designed as a basic tool for monitoring the Convention and for implementing policies that will enhance its impact on the country's children and adolescents. The system contains the disaggregated data requested in the Committee's recommendation.

61. Uruguay is setting up other information systems with a direct impact on the collection of data and knowledge on the situation of children and adolescents. Of particular interest in this regard is the Integrated Social Data System (SIAS), whose objective is to

generate an information system on both the beneficiaries and social programmes of the various Government social agencies. The system will thus constitute a key element for modernizing the country's social data collection system. It will provide an overview of the national protection system, identifying possible shortcomings or gaps in social policies and facilitating improvements in the design and coordination of policies and plans, including those that concern children and adolescents.

62. The Social Observatory of Programmes and Indicators is under continual development by the Ministry of Social Development. Its mandate is to learn about the country's social situation and State social services. Efforts to understand the State, the dynamics of State welfare provisions and the country's social situation are geared towards producing input for the design, planning, evaluation and monitoring of social policies. In addition, providing the public with free access to this information represents a commitment to the transparency of public administration.²²

63. ANEP has an Education Observatory to monitor education policies.²³ This is an information portal on the formal education system and consists of continually updated statistics on educational coverage, resources and achievements. It also draws from information on specific subjects of interest to those working in this field.

64. Although these information systems still face major challenges in the integration, systematization and use of data, they constitute basic pillars for monitoring the situation of children and adolescents in Uruguay.

7. Training/dissemination of the Convention

20. *The Committee recognizes measures undertaken to disseminate information about the content of the Convention and of the Code on Children and Adolescents to the general public and in particular to children themselves, but notes that training is lacking for professionals working in areas related to the rights of the child, in particular on the duties and responsibilities stemming from the Convention and the Code.*

21. *The Committee recommends that the State party should strengthen its efforts to disseminate the Convention throughout the country and to raise public awareness about its principles and provisions as well as about the Code on Children and Adolescents, in particular among children themselves and parents. Cooperation with civil society organizations, academic institutions, media and NGOs should be developed for this purpose.*

22. *Furthermore, the Committee encourages the State party to bolster its efforts to provide adequate and systematic training and/or sensitization on the rights of the child to professional groups working with and for children, in particular law enforcement officials, as well as parliamentarians, judges, lawyers, health personnel, teachers, school administrators and others, as required. The Committee encourages the State party to seek technical assistance from UNICEF and the Inter-American Children's Institute for the training of professionals.*

65. Various dissemination and sensitization mechanisms on subjects related to the Code are under development. Among those targeting children, the "self-help" page of the CEIBAL Plan web portal should be cited. The Early and Primary Education Council (CEIP), SIPIAV and UNICEF jointly agreed to create this page, which contains information in a child-friendly and attractive format on the ill-treatment and sexual abuse of

²² Information obtained from the Social Observatory webpage, available at: <http://www.mides.gub.uy> .

²³ The Observatory website is available at: <http://www.anep.edu.uy/observatorio>.

children, as well as advice on preventing such situations and on asking for help. Specific information is also included for families and teachers on how to be supportive and to respond adequately to requests for help in cases of ill-treatment or abuse.

66. The content for children was prepared by the above-mentioned entities and by civil society organizations as part of their work on SIPIAV. Preparation of the content for families is funded by UNICEF, and the content for teachers is adapted from the latest edition of the CEIP road map.

67. As part of the inter-agency agreement between the Ministry of Public Health, the Ministry of Social Development, ASSE, CAIF and ANAU (“Education and health in early childhood”), a copy of the UNICEF handbook entitled “A lot, a little or nothing?” was provided to each family whose children are supported by the CAIF centres. Two handbooks were also distributed to each CAIF centre, along with user manuals on how to interpret them in interactions between centres and families. The handbooks were further distributed to ASSE operators for their work with users.

68. As part of training on the Convention for operators in the childhood field, all the activities of the INAU Centre for Training and Studies (CENFORES) targeting teachers include study of the Convention as one of the key subjects for work with children and adolescents (particularly in entry-level courses for new staff). This subject is elaborated on in the background, justification and drafting of the education proposals and projects required to approve the courses.

69. The various courses offered since 2005 have provided training on the Convention to more than 400 operators nationwide during the period 2005-2009. The courses have dealt with subjects referred to in the Convention (rights, families, participation and so forth) and are a pillar of training for INAU social educators. From 2006 to date, as part of PROPIA, which promotes the participation of children and adolescents, various training workshops that cover topics related to the Convention have also been developed for social operators (see statistical annex A.4.e.).

8. Cooperation with civil society

23. *The Committee, while recognizing the cooperation between State institutions and civil society in the provision of services to implement the rights of the child, regrets that such cooperation is limited at the policy planning and evaluation stage.*

24. *The Committee recommends that the State party should encourage the active and systematic involvement of civil society, including NGOs and children’s associations, in the promotion and implementation of the rights of the child, including, inter alia, their participation in the planning stage of policies and cooperation projects, as well as in the follow-up to the concluding observations of the Committee and the preparation of the next periodic report.*

70. These observations have been partially addressed by the reply to observation No. 13 (paras. 43 to 50 of this report). Nonetheless, some of the relevant policy-related activities in which civil society has been involved are particularly noteworthy. The first is the drafting of the National Strategy for Children and Adolescents 2010-2030, which received political and social backing from civil society. INAU set up a discussion forum between the Directorate and civil society representatives, which meets monthly to consider policies, programmes and budgetary matters.

71. The second activity involving broad civil society participation, as discussed in the introduction (para. 13), was the “Education Debate” process of 2007-2008, which laid the foundations for Education Act No. 18437 of January 2009. As noted, the Act institutes reforms of the country’s entire education system, from early through tertiary, and in its

articles 76 to 78 calls for the creation in each educational institution of “Participation Councils” composed of students or participants, educators or docents, mothers, fathers or guardians and community representatives.

B. Definition of the child

25. *The Committee regrets that the minimum age for marriage remains too low and discriminatory in its application, as the age of 14 years applies to boys, while it is only 12 for girls.*

26. *The Committee recommends that the State party should further review its legislation with a view to establishing the minimum age for marriage at 18 years of age, equally applicable to both boys and girls.*

72. The State party takes note of the recommendation and acknowledges the difficulties in harmonizing domestic legislation on marriage with the Code on Children and Adolescents and other legislation on protecting children’s security and well-being.

73. Admittedly, the minimum age for marriage in Uruguay remains too low and discriminates between men and women. This issue has already been the subject of observations by the Committee on the Elimination of Discrimination against Women (in 2002 and 2008), the Committee on the Rights of the Child (2007) and the Human Rights Council (2009), and initiatives are under way to remedy the situation. However, legislative initiatives tabled in 2009 to increase the marriageable age to 16 years for both men and women have not yet been successful and are stalled in Parliament.

C. General principles

1. Non-discrimination

27. *The Committee, while recognizing the anti-discrimination provisions in the Code on Children and Adolescents of 2004, remains concerned that children born out of wedlock continue to be stigmatized and discriminated against, as unmarried under-age parents may not have custody over their children, and that these children are not given the names of their biological parents. Furthermore, the Committee is concerned that children are discriminated against because of their appearance (including their way of dressing) and that children of African descent also suffer discrimination.*

28. *The Committee recommends that the State party should increase its efforts to monitor and ensure implementation of existing laws guaranteeing the principle of non-discrimination and full compliance with article 2 of the Convention, and should adopt a proactive and comprehensive strategy to eliminate discrimination on gender, ethnic, appearance or any other grounds and against all vulnerable groups throughout the country. Particular attention should be given to eliminating discrimination against those of African descent and children born out of wedlock, by taking measures to ensure that decisions on their custody take into account their best interests and that they carry the names of their biological parents.*

29. *The Committee also requests that specific information should be included in the next periodic report on the measures and programmes relevant to the Convention on the Rights of the Child undertaken by the State party to provide special protection to vulnerable groups and to follow up on the Declaration and Programme of Action adopted at the 2001 World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, also taking into account general comment No. 1 (2001) on the aims of*

education and general comment No. 5 (2003) on general measures of implementation of the Convention on the Rights of the Child.

74. A national plan against racism and discrimination has been in the drafting stages since 2010 in keeping with Uruguay's 2009 commitment to the United Nations. It is being prepared jointly by the National Human Rights Directorate of the Ministry of Education and Culture and the National Directorate for Social Planning of the Ministry of Social Development with support from the Spanish International Cooperation Agency and the Office of the United Nations High Commissioner for Human Rights (OHCHR).

75. The objective of this Plan is to incorporate the fight against racism and discrimination into all Government policies by means of a rights-based State policy, with a view to creating a diverse and inclusive citizenry and society. The first phase, which goes up to August 2011, involves undertaking a participatory survey on racism and discrimination to come up with a solid foundation for the State plan.

76. The Plan is intended to: a) develop and commit the State to a national plan against racism and discrimination, through a nationwide participatory process that introduces a human rights perspective to public policies; b) draw attention to discriminatory social practices in Uruguayan society; and c) empower the social organizations representing groups which are discriminated against in Uruguay, as partners who are demanding the fulfilment of commitments.

77. Uruguay currently has two secretariats for the promotion of measures on behalf of people of African descent, one in the Human Rights Directorate of the Ministry of Education and Culture and another in the Department for Women of African Descent of INMUJERES/MIDES. The latter is tasked with ensuring the rights of women of African descent and their access to goods and services.

2. Best interests of the child

30. *The Committee welcomes the fact that the Code on Children and Adolescents of 2004 affirms the best interests of the child as a general principle but remains concerned that institutional practices still do not comply with this principle.*

31. *The Committee recommends that the State party should fully incorporate the principle of the best interests of the child into all programmes, policies and judicial and administrative procedures, notably those that affect children in conflict with the law and children in institutions. The principle should also be taken into account in the implementation of the Code on Children and Adolescents of 2004, the evaluation of relevant programmes and the development of a future national plan of action.*

78. The best interests of the child are a guiding principle behind all INAU projects and programmes. In addition to the planning aspect, which is set out in project documents, a number of actions were undertaken during the reporting period to monitor implementation. Intervention strategies for children deprived of parental care were adjusted by means of referral to the competent judicial authority. New methods were developed for working with biological families, extended families and host families.

79. Care profiles – both official profiles and those prepared through agreements with civil society organizations – were reformulated in 2008, and the “Provisions for comprehensive residential care” and “Provisions for comprehensive care in the family and community setting” were drawn up.

80. Working documents were prepared that stipulate the terms of the relationship with social organizations providing full-time comprehensive care, along with sets of relevant benchmarking indicators (2009-2010) based on international protocols.

81. The first INAU staff meeting on drafting an intervention protocol for evaluating that relationship was held on 13 June 2008. This day of training, review and exchange among social workers was aimed at unifying and adapting the criteria for evaluating the relationship between children and adults in accordance with the principle of the best interests of the child. ENIA and its Plan of Action (mentioned in para. 22 of the introduction) – which provides the framework for all measures taken by institutions involved with children and adolescents – were guided by that principle.

3. Respect for the views of the child

32. *The Committee notes that the Code on Children and Adolescents of 2004 affirms the right of the child to be heard as a general principle. The Committee welcomes efforts to encourage children's participation in the school setting. However, the Committee remains concerned that the State party is failing to ensure this right at the community level and in judicial and civil proceedings.*

33. *The Committee recommends that the State party should further promote, facilitate and implement in practice, within the family, schools, at the community level, in institutions and in the media, as well as in judicial and administrative procedures, the right of the child to be heard, by respecting the views of children and their right to be heard in all matters affecting them, in accordance with article 12 of the Convention, while taking into account the recommendations adopted by the Committee after the day of general discussion in 2006 on the right of the child to be heard. In particular, the Committee notes that the right to legal assistance should not deprive the child of his or her right to be heard. The Committee encourages the State party to seek further cooperation, inter alia with NGOs and UNICEF, in this regard.*

82. In reply to the recommendation on respecting the views of children, we refer again to some of the participatory processes undertaken to compile the opinions of children and adolescents at first hand. As stated in the introduction (para. 24), the ENIA “Opino y Vale” process should be highlighted, which compiled the opinions of more than 5,000 children and adolescents at first hand.

83. Another process involving face-to-face consultations with the children and adolescents concerned was the child labour survey conducted in 2010 by the National Institute of Statistics (INE), described in greater detail in paragraph 174.

84. As stated in paragraph 31, participatory councils in the field of education, and children's participation in the INAU PROPIA Programme, have been promoted. The frame of reference for this programme is domestic and international law: namely, the Convention, the Constitution (which enshrines the right to freedom of expression) and the Code on Children and Adolescents, which refers specifically to the right of children to be heard in all matters affecting them. This Programme includes activities as varied as rights promotion workshops, departmental congresses of children and adolescents, artistic competitions and the training and sensitization of adults and adolescents on children's participation and rights. PROPIA convenes various institutions in every department and brings together heterogeneous groups of boys and girls aged 8-12 years, as well as adolescents up to 17 years of age, through the work of participation promoters, INAU officials, agreements and collaborators from other institutions.

85. The coordination and facilitation of the groups of adolescents comprising the Frontera adolescent network was added to the Programme's tasks in 2010. Training and/or sensitizing adults referred by other institutions (doctors, teachers, etc.) was continued as well. In addition, the Programme has learned from other countries's experiences with participation through international activities.

86. In keeping with the recommendations of the Pan-American Forum of Children and Adolescents, which took place during the XX Pan-American Congress of the Inter-American Institute of Children and Adolescents, INAU established the Advisory and Consultative Council (CAC), comprising adolescent representatives from each department, elected by their peers. The Council's principal mission is to advise the INAU Directorate on policies for children and adolescents. In its meetings, and in other Programme activities, the Council has focused on the use of techniques for promoting integration, knowledge and exchanges, creating a setting conducive to participation.

87. The establishment of this Council represents substantial progress in the opportunities given to children and adolescents to be heard and to present their requests in an institutionalized setting through specific forums. In 2010, more than 8,000 children participated in PROPIA, with more than 3,000 of them taking part in workshops. In addition, 45 participation promoters and 470 adults from other institutions received training. More than 200 institutions were thus involved with the programme.

88. Although the Council's mandates include serving as a consultative body to the INAU Directorate on policies for children and adolescents, its main role to date has been to publicize the opinions and concerns of children and adolescents. Such subjects as discrimination, violence, security and family stand out in that regard in relation to the promotion of their rights. The Council's meetings also serve as a forum for the exchange of experiences in different places. This makes it possible to learn what children and adolescents from other places have achieved (radio programmes, workshops in schools or high schools, meetings to work on various subjects, and so forth). Many of the proposals made by the children and adolescents participating in the Council have been turned into concrete INAU initiatives.

D. Civil rights and freedoms

1. Torture and other cruel, inhuman or degrading treatment or punishment

34. *The Committee is concerned about the large number of children deprived of their liberty and about reports of torture and degrading treatment committed by law enforcement officials against children in custody.*

35. *The Committee urges the State party to take effective measures, in accordance with article 37 of the Convention, to protect children from torture and other cruel, inhuman or degrading treatment. The Committee emphasizes the need to investigate and sanction all reported cases committed by law enforcement officials or any person acting in an official capacity. The Committee recommends that the State party should ensure that all child victims of torture, cruel, inhuman or degrading treatment are provided with access to physical and psychological recovery support measures and social reintegration as well as compensation, giving due consideration to the obligations enshrined in articles 38 and 39 of the Convention.*

89. In reply to this recommendation, we will reiterate some of the concepts discussed in the 2006 report, which stated that the new Code substantially revises the issues of torture and other cruel, inhuman or degrading treatment or punishment, resulting in a considerable improvement of the guarantees of due process for minors in conflict with the law.

90. These improvements were also highlighted by UNICEF, which noted the progress made "in enshrining the guarantees of due process for children and adolescents". UNICEF expressly states that "compliance shall be ensured with constitutional and legal norms and with international instruments, particularly the Convention on the Rights of the Child" (UNICEF: 2007).

91. The Committee had previously expressed its concern about the existence of legal provisions that were contrary to the Convention. The new Code reinforces the constitutional status of laws in force in Uruguay and emphasizes that adolescents may be detained only in cases of “flagrant offences or where there is sufficient evidence that an offence has been committed. In this case, through a written order of a competent judge”. To this should be added the establishment of the principle that detention should be limited to exceptional circumstances (art. 74 (c)) (UNICEF: 2007). Lastly, article 74 (d) establishes clearly that “no adolescent shall be subjected to torture or cruel, inhuman or degrading treatment” (UNICEF: 2007).

92. Furthermore, new General Regulations on the Rights, Obligations and Disciplinary System for Detention Centres (see annex 5), which are intended to harmonize the laws with the principle of comprehensive protection, were adopted in 2008. In addition to the formal adoption of the regulations, support materials for institutional staff involved in direct care were prepared to facilitate their implementation. Living arrangements in detention centres were also reviewed and redefined.

93. Resolution 001/008 of the Honorary Consultative Council, dated 2 June 2008, created the Observer Committee for adapting the Implementation System for Measures for Juvenile Offenders to the Convention, the Code and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty. The Committee’s main tasks are to follow up and monitor the conditions of adolescents serving a criminal sentence, especially those in detention centres.

94. The Committee has worked continuously since 2008, through independently conducted visits, on studying the conditions in such establishments. Based on those visits, it has made recommendations to INAU and the judiciary on improving the quality of life of juveniles deprived of their liberty.

2. Corporal punishment

36. *The Committee, while recognizing pending legislative amendments, regrets that article 16 of the Code on Children and Adolescents of 2004 allows for the corporal punishment of children. The Committee is concerned about the lack of statistics on the number of reported cases and about the fact that corporal punishment continues to occur in the home, as well as in schools and childcare institutions.*

37. *The Committee recommends that the State party should adopt pending legislation as soon as possible, explicitly prohibiting all forms of corporal punishment of children in all settings, including the home. The State party should also take all measures to ensure the enforcement of the law, conduct capacity-building of professionals working with children, carry out awareness-raising and public education campaigns against corporal punishment and promote non-violent, participatory methods of child-rearing and education, while taking due account of general comment No. 8 (2006) on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment.*

95. Significant advances were made in this area. On 20 November 2007, a new law (Act No. 18214, see table 1 in this report) was adopted that prohibits all corporal punishment of children (“Draft amending Bill – Prohibition of Corporal Punishment”). The law was adopted by a majority vote of the Chamber of Representatives, following its unanimous adoption by the Senate in August. Previously, the right of parents and others to inflict corporal punishment on children – as “moderate/appropriate correction” – had been enshrined in the Civil Code (arts. 261 and 384) and in the Code on Children and Adolescents (art. 16). The new law revokes those provisions and explicitly prohibits all corporal punishment as well as humiliating or denigrating treatment of children. Article 1 states:

“The following article shall be incorporated into Act No. 17823 of 7 September 2004 (Code on Children and Adolescents): Article 12 bis. Prohibition of corporal punishment. Parents and guardians, as well as all persons responsible for the care, treatment, education or supervision of children and adolescents, are prohibited from using corporal punishment or any type of humiliating treatment as a means of reprimanding or disciplining them.

“The National Institute for Children and Adolescents (INAU), in coordination with other State institutions and civil society, is responsible for:

“(a) Implementing sensitization and education programmes for parents, guardians, and all persons responsible for the care, treatment, education or supervision of minors; and

“(b) Promoting positive, participatory and non-violent forms of discipline as alternatives to corporal punishment or other forms of humiliating treatment.

“Article 2. Article 16 (f) of Act No. 17823 of 7 September 2004 (Code on Children and Adolescents) shall be replaced by the following:

“(f) To discipline their children or charges, excluding the use of corporal punishment or any type of humiliating treatment.”

96. Awareness-raising activities include the “Un trato por el buen trato” (“agreement on good treatment”) campaign, which is an initiative of the NGO Claves, with the support of various Government bodies, to sensitise the population to the domestic violence suffered by some children and adolescents in Uruguay. INAU also ran two campaigns in 2008 and 2009 through a massive distribution of pamphlets, which were delivered directly to households.

E. Family environment and alternative care

1. Family support

38. *The Committee, while welcoming the initiatives taken to focus on the family as part of social policy, notes that family support measures still require strengthening, in particular in favour of female-headed households, and that maternity leaves are too short.*

39. *The Committee recommends that the State party should provide further measures and support to families (nuclear and extended families, with a special emphasis on female-headed households) in order to prevent the separation of children, e.g. in the form of extended maternity leave, counselling and financial support, including at the local level, throughout the country.*

97. Two significant Government initiatives should be considered in reply to this observation. The first is the National Dialogue on Social Security (DNSS) of 2007, which was held to evaluate the current social security system and to produce input for possible changes. It involved processing a number of diagnoses that highlighted recurrent shortcomings and problems in the present system. The dialogue covered five topics: a) demographics and social security; b) inclusion, work and social security; c) social security and social protection; d) coverage and social security; and e) financing of social security.

98. The dialogue resulted in consensual proposals that were rapidly transformed into legal norms, including easing the requirements for pensions (by means of affirmative action, such as granting women additional pensionable years for each child) and the reform of unemployment insurance. However, no action was taken on recommendations which, in the specific case of policies for women, were intended to promote policies to reconcile work life, social life and home life as a complement to proposals on the birthrate and

retirement. Some of those proposals have been reintroduced since 2010 in the debate on creating a national health-care system (see section on health-care system in annex 4).

99. The second significant initiative was the initial implementation of the aforementioned Equity Plan. Under the Plan's component on the aid and social integration network, non-contributory cash transfers (family allowances – AFAM-PE) for poor households were reviewed and adjusted. This entailed a substantial increase (of almost 100 per cent) over the amounts paid out prior to the Equity Plan; the Plan currently serves 400,000 children and adolescents. In addition to these transfers, the poorest AFAM-PE beneficiary households were granted a food card entitling them to 50 per cent of what they had received from AFAM-PE. Other services were expanded under the Plan's family support component to help families care for and raise the children referred to in the recommendation. Of particular note in this regard was the expansion and upgrading of CAIF/INAU management.

100. Lastly, in line with the Committee's recommendation, the ENIA Plan of Action 2010-2015 includes measures specifically designed to deal with family situations, particularly those of extremely vulnerable families. As previously mentioned, the measures, which are covered by the Plan of Action and were agreed upon at the inter-agency level, can be consulted in part III of this report and in greater detail in annex 3.

2. Alternative care

40. *The Committee is concerned about the high rate of children in institutions and the insufficient provision of family-type alternative care measures. The Committee is also concerned about this imbalance in alternative care and about the fact that deprivation of liberty is used as a protective measure and not as a last resort.*

41. *The Committee recommends that the State party should regulate the system for alternative care, seek to de-institutionalize children and continue to promote foster care as a form of alternative care. It recommends that institutionalization should be used only as a measure of last resort, taking into account the best interests of the child. The Committee further recommends adequate resource allocation, functioning and monitoring of care institutions, including those run by NGOs, and of foster care, as well as a periodic review of placement in conformity with article 25 of the Convention and with the recommendations made after the day of general discussion in 2005 on children deprived of parental care .*

101. With regard to the Committee's concern, as previously indicated, following the adoption of the new Code on Children and Adolescents in 2004, deprivation of liberty has not been used as a protective measure.

102. As to the recommendation, prior to the adoption of the United Nations Guidelines for the Alternative Care of Children, a new plan of action was being drafted to ensure the right to family life and community life, and was being expanded to cover the recruitment of foster families.

3. Adoption

42. *The Committee welcomes the ratification of the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption on 3 December 2003, but is concerned that national legislation regulating its implementation is not in place and that the practice of "simple adoption" continues to exist.*

43. *The Committee recommends that the State party should adopt legislation to discontinue the practice of "simple adoption" and take all legislative and administrative measures to ensure that domestic and intercountry adoptions comply with article 21 of the Convention, article 3 of the Optional Protocol on the sale of children, child prostitution*

and child pornography, and the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption.

103. In 2009 Uruguay adopted Act No. 18590, which amends the Code's provisions on adoption. This Act, for which further amendments are under consideration, is aimed primarily at safeguarding the best interests of the child in cases of adoption and at reducing the waiting time for adoption and thus the time spent in institutions, while also ensuring that appropriate adoption procedures are followed.

104. Measures taken to ensure the proper application of the Adoption Act include several initiatives of INAU, which has held training days since October 2009 and throughout 2010 in each of the country's departments on the changes arising from the Act.

105. On National Adoption Day 2010, in coordination with the Legal Department for Children and Adolescents, a workshop was held on "Doubts and fears about the changes arising from the new Act". It was intended for adoptive parents in the custody stage, and 160 families participated. A round-table debate was held on "The New Adoption Act: Advances, Challenges and Responsibilities", in which all of the system's operators who were involved in the adoption process took part.

106. Contact was made with the legislature to resume debate on the draft bill amending the Criminal Code with respect to illegal adoptions. INAU was also involved with the media, taking part in radio and television programmes and press interviews in order to disseminate best practices and the amendments to the Code on Children and Adolescents and to sensitize the public about various adoption-related matters. The Department of Adoption, in conjunction with the Uruguayan Association of Magistrates and Judicial Officials Working with Families, Children and Adolescents, held a round table on "Changes to the Code on Children and Adolescents, Act No. 18590". All this provided an opportunity for reflection, exchange and sharing best practices in order to improve and expedite the procedures, extend the guarantees and avoid lengthy and unjustified institutionalization for those children who, unable to return to their original family environment, hope to have their right to family life restored.

4. Violence, abuse, neglect and ill-treatment

44. *The Committee, while welcoming measures undertaken to combat domestic violence, regrets the lack of updated information on prevention measures; statistics relating to reported cases of violence, especially sexual and intra-family; the limited number of investigations and sanctions in relation to such cases; and the lack of available physical and psychological recovery and social reintegration measures for victims.*

45. *The Committee urges the State party to:*

(a) *Reinforce mechanisms for monitoring the number of cases and the extent of violence, sexual abuse, neglect, ill-treatment or exploitation considered by article 19, including within the family, in schools and in institutional or other care;*

(b) *Ensure that professionals working with children (including teachers, social workers, medical professionals, members of the police and the judiciary) receive training on their obligation to report and take appropriate action in suspected cases of domestic violence affecting children;*

(c) *Strengthen support for victims of violence, abuse, neglect and ill-treatment in order to ensure their access to adequate services for recovery, counselling and other forms of reintegration;*

(d) *Extend national coverage of a 24-hour, three-digit, toll-free child helpline service, in order to reach out to children throughout the country.*

46. With reference to the Secretary-General's study on violence against children, the Committee recommends that the State party should:

(a) Take all necessary measures for the implementation of the overarching and setting-specific recommendations contained in the report of the independent expert for the United Nations study on violence against children (A/61/299), taking into account the outcome and recommendations of the regional consultation for Latin America held in Argentina between 30 May and 1 June 2005;

(b) Use these recommendations as a tool for action in partnership with civil society and in particular with the involvement of children, to ensure that every child is protected from all forms of physical, sexual and mental violence and to build momentum for concrete and, where appropriate, time-bound actions to prevent and respond to such violence and abuse;

(c) Seek technical assistance from UNICEF, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the World Health Organization (WHO) for the above-mentioned purposes.

107. As was pointed out in the introduction to this report (para. 27), the terms of implementation of SIPIAV have been defined to address the recommendations, specifically in respect of physical and sexual abuse. This policy is in line with the Convention, with due regard for international and domestic standards according to which it is the duty of the State to protect children and adolescents from all forms of physical or mental violence, neglect or negligent treatment, maltreatment or sexual exploitation.

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

109. As these problems involve public health, education, security and systems for the protection of children and adolescents in general, systematic coordination of all relevant strategies is vital, so as to ensure that children and adolescents enjoy the full exercise of their rights. SIPIAV is chaired by INAU, and seeks to coordinate existing policies and programmes that deal with violence against children and adolescents, and also to expand on the work of INAU, ANEP, the Ministry of Public Health, the Ministry of the Interior and the Ministry of Social Development. Civil society organizations specialized in providing care for child and adolescent victims of violence also participate actively in this work, in tandem with INAU.

110. SIPIAV is based on the following guidelines: a) An integrated, interdisciplinary approach is needed to coordinate the different sectors and bodies involved: health, education, local Government, police, and the courts. The work must be coordinated by INAU as the oversight body for national policies on children and adolescents. b) The focus of intervention must be the child, along with at least one adult who can play a protective role throughout the process. c) Work at the local and community level is needed. Families living in situations of intra-family violence do not generally ask for help, and work is required at the community level to encourage them to do so. d) Each sector must define its specificity and responsibility within the care (care and prevention) network, which calls for a working method and coordination within each sector, and for reviewing the relevant sectors and their internal organization.

111. With specific regard to the protection of school-age children, at the request of the Primary Education Council within the framework of SIPIAV, a road map was drawn up in 2005 to identify possible situations of violence against children in school. In 2007, the Protocol for Intervention in Situations of Violence was adopted. In 2009, the road map for

the prevention and care of situations involving the ill-treatment and sexual abuse of children in the health sector was agreed. In 2010, also in the field of education, the Protocol for Secondary Schools on situations of domestic violence involving adolescents was adopted.

112. SIPIAV data for 2009 offer one example of inter-agency cooperation. According to the data, the principal actors involved in handling such situations were the judiciary and various INAU services, accounting for 19.9 per cent and 18.4 per cent, respectively. They were followed by schools (about 14 per cent). Situations reported through so-called “direct reporting” by a family member or neighbour account for 12.2 per cent, a figure that has shown sustained growth. In the situations handled by SIPIAV between 2007 and 2009, emotional violence was reported in 81.3 per cent of cases; physical violence, in 42.5 per cent; and sexual violence, 37 per cent. Situations of violence reported at the outset of interventions were interrupted or terminated in all cases involving commercial sexual exploitation; in 89.5 per cent of situations of sexual violence; in 63.3 per cent of situations involving physical violence; and in 15.7 per cent of those involving emotional violence.

113. The care provided by SIPIAV focuses on the organization of services within and between each sector, creating a care network that covers the phases of prevention, support, detection, diagnosis and treatment. This calls for different services, both governmental and non-governmental, for each stage in the process, with different specificities and responsibilities assigned to each institution involved in the protection of children and adolescents, but as part of a joint approach.

114. In addition to the care model, implementing the system involves two other main lines of action: a) training and sensitization on the subject matter, which includes training institutional operators and strengthening inter-agency networks nationwide; and b) reviewing the relevant national and international standards.

115. With respect to the processing of statistical data on cases of domestic violence or ill-treatment, a basic indicator is those cases that are actually brought to trial. In the debates held in August 2011 to prepare this report, judicial officials raised the need to present the following statistical data. As can be seen in table 2, during the period 2009-2010 the number of hearings on cases of domestic violence fell in the department of Montevideo, while the number of complaints rose slightly.

Table 2

**Public Defender’s Offices of Montevideo
Specialized family matters – 2010**

<i>Indicator</i>	<i>2009</i>	<i>2010</i>	<i>Percentage change</i>
Depositions relating to domestic violence	553	623	12.7%
Depositions relating to article 117 of the Code on Children and Adolescents	239	338	41.4%
Total number of depositions filed	1 339	1 473	10%
Hearings on domestic violence	4 664	3 650	-21.7%
Hearings on article 117 of the Code on Children and Adolescents	2 288	2 182	-4.6%
Total number of hearings	7 543	6 268	-16.9%

Source: Judiciary (2010).

Note: Public defenders: 4 plus a director, although 9 actually participated in the proceedings.

F. Basic health and welfare

1. Children with disabilities

47. *The Committee regrets the lack of information on the situation of children with disabilities and is concerned that the resources available for these children are inadequate, in particular in order to ensure their access to education.*

The Committee recommends that the State party, taking into account general comment No. 9 (2006) on the rights of children with disabilities (CRC/C/GC/9):

(a) Ensure implementation of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, adopted by the United Nations General Assembly on 23 December 1993;

(b) Sign and ratify the Convention on the Rights of Persons with Disabilities and its Optional Protocol;

(c) Undertake efforts to ensure that children with disabilities may exercise their right to education, health, recreation and cultural development to the maximum extent possible. Furthermore, measures should be taken to ensure practical access to buildings and installations;

(d) Undertake greater efforts to make available the necessary professional and financial resources, especially at the local level, and to promote and expand community-based prevention and rehabilitation programmes, including parent support groups;

(e) Ensure that policies and decisions related to children with disabilities include them in the preparatory process and facilitate their right to express their views.

116. Uruguay has been greatly concerned since 2005 with addressing situations of disabilities in children and adolescents.

117. Social benefits for families with children with disabilities have increased through the provision of family allowances. Depending on the income of the nuclear family, such families may be entitled to twice such allowances, which the beneficiary can receive throughout his or her life.

118. Special assistance is available from the Social Insurance Bank (BPS) in the form of financial benefits to promote the rehabilitation of persons with disabilities. This is done by reimbursing the expenses of attending rehabilitation centres and/or schools and high schools, both public and special. The benefits cover the costs of transport to the rehabilitation centre or the costs of the treatment. The beneficiaries include children or minors in the care of private-sector workers who are covered by BPS medical services, and children or minors in the care of private-sector workers who are members of health cooperatives in cases where the cooperatives do not cover specific treatment or technical support.

119. The National Disability Programme (PRONADIS) was created in the Ministry of Social Development under the previous administration (2005-2010) as a specialized public body for formulating policies on disability. Its mandate is to improve the quality of life of persons with disabilities – particularly those in situations of social vulnerability – through activities that foster their inclusion in the community. It operates a hotline on services and programmes for persons with disabilities and conducts public awareness-raising campaigns on the integration of persons with disabilities into the community.

120. The INAU Division on Comprehensive Full-time Protection provided monthly care to some 867 children and adolescents up to the age of 18, of both sexes, in Montevideo. The beneficiaries include children and adolescents with disabilities, behavioural problems,

psychiatric problems, maladjustment and severe chronic brain diseases. They received 24-hour-a-day care year-round through 45 services: 25 centres, 6 family units and 14 temporary foster families.

121. Also of note is the care of children and adolescents with disabilities under agreements with social organizations, with increased payments reported for the period concerned that resulted in better care. There are also one-time agreements with NGOs to care for persons with disabilities.

122. A specific module was included in the ENIA Plan of Action 2010-2015 for children and adolescents with disabilities. The objectives for this group were as follows: the timely identification and comprehensive treatment of disabilities from a perspective of healthy development, development of life skills, educational continuity and social inclusion. Activities envisaged to meet these objectives include capacity-building for special schools in order to reinforce the multidimensional approach to education and health.

2. Health and medical services

48. *The Committee welcomes the overall high rate of access to health-care services as well as the low incidence of infant mortality and the high vaccination rates among children. Nonetheless, the Committee notes that further affirmative measures are required in order to ensure equal access in practice to health-care services among low-income and rural populations.*

49. *The Committee recommends that the State party should continue to provide further resources for the public health-care system and enhance access to medical services in rural areas and among low-income families.*

123. With respect to health policies, the country has embarked on a process of health-care reform that has had positive results, particularly the inclusion of a significant proportion of the child population in SNIS. As stated earlier (para. 16), the system's total coverage rose from 560,600 people in 2004 to 1.4 million in 2009, of whom 450,000 are under 18 years of age. The reform also provided access to new vaccines, promoted children's health monitoring and a new paediatric health card, strengthened and extended the ADUANA Programme and broadened the National Neonatal Survey.

124. In the specific area of childhood, the National Children's Health Programme of the Ministry of Public Health was launched in 2005 as a Government priority.

125. The children's health card was instituted under Act No. 14852 as an identity document for health and education services. It enables families to exercise their right to health and creates a link between health and educational establishments. The card is available to all child users of the public and private sectors.

126. Two vaccines were incorporated into the National Vaccination Scheme Certificate: hepatitis A, and pneumococcal 13-valent. Uruguay is thus a pioneer in immunization, with a universal, free and compulsory scheme that protects against 13 illnesses. The National Neonatal Survey Programme, whose services are universal, free and compulsory, was extended to include the detection at birth of phenylketonuria, cystic fibrosis, congenital adrenal hyperplasia, hypothyroidism, congenital deafness and, for 4-month-old infants, hip dysplasia.

127. Assistance goals were set in SNIS for strengthening priority programmes and action. As concerns the health of children and expectant mothers, goal No. 1 makes it compulsory for all health-care providers to meet the goals of the National Children's Health Programme.

128. ASSE, the country's largest health-care provider and its main public operator, is used by 50 per cent of the population. It is setting up a children's and adolescents' department to implement priority health programmes as part of the health reform and the new care model, focused on improving the quality of care of children, adolescents and women from a comprehensive and intersectoral perspective. This was reflected in a budgetary increase per user, improvements in infrastructure and in human and material resources, and the nationwide availability of the ADUANA Programme as of 2008. ADUANA is a referral and counter-referral programme that provides neonatal care in maternity hospitals and ensures the primary health care of children up to 2 years of age and, since 2010, of children up to 3 years of age. A programme was also established to monitor children at risk due to biological and social vulnerability.

129. In December 2008, an agreement was drawn up between the Ministry of Public Health, ASSE, CAIF/INAU and INFAMILIA/MIDES for intersectoral measures relating to early childhood starting from pregnancy, with a strong component on families and child-rearing in the 0-3 age group.

130. With respect to health in rural areas, in June 2010 the National Rural Health Programme was established as a public health tool to support and contribute to the implementation of Uruguay's comprehensive rural development policy. The objective is to help improve the quality of life and health of the rural population based on a comprehensive approach, by creating decent, habitable and wholesome housing, with universal access to high-quality health care for the entire rural population, involving all actors at the national and local level, and helping to generate knowledge about the Uruguayan rural environment.

131. The National Rural Health Programme has three critical tasks: improving access to health care for rural populations; offering comprehensive health care provided by a highly trained and interdisciplinary health team committed to improving people's health; and ensuring continuity of care throughout the process. Ongoing training will be carried out in conjunction with the University of the Republic (UdelaR), and the practices of the health teams and communities will be adapted to the new care and management model conceived under the health reform.

132. The programme is expected to contribute to the improvement of rural health and to offer a tool for combating poverty and marginalization.

3. Adolescent health

51. *The Committee, while recognizing initiatives taken by the State party to improve adolescent health, remains concerned at the high rate of adolescent pregnancies and the criminalization of the termination of pregnancies in relation to the negative impact of illegal abortions on girls' health. Furthermore, the Committee regrets the lack of adequate and accessible sex education and reproductive health services for adolescents, the persistence of traditional attitudes and the negative impact of early pregnancies on the right of the girl child to education. The Committee is also concerned at the rapidly rising rate of drug abuse among adolescents.*

52. *The Committee recommends that the State party should promote and ensure access to reproductive health services for all adolescents, including sex and reproductive health education in schools as well as youth-sensitive and confidential counselling and health-care services, taking due account of the Committee's general comment No 4. (2003) on adolescent health and development in the context of the Convention on the Rights of the Child. The Committee urges the State party to make adolescents more aware of the importance of preventing early pregnancies and to review its criminalization of the termination of pregnancies. Furthermore, the Committee urges the State party to allocate*

additional resources for preventive and rehabilitation measures in order to combat the increase of drug abuse among adolescents.

133. The Ministry of Public Health carries out activities under specific programmes (such as the National Adolescent Health Programme) to promote and educate the public about child, adolescent and family health. These programmes include:

- Check-ups and supervisory care for newborns, breastfeeding children and postpartum adolescents
- Improvement of the health of adolescent mothers and prevention of further undesired pregnancies
- Monitoring of growth and development (scheduled and on-request check-ups)
- Early detection of prevalent childhood and adolescent disorders and of situations of social risk
- Early detection of congenital hip dysplasia
- Neonatal screening (VDRL, TSH tests)
- Blood pressure tests from 3 years of age onwards
- Eye tests prior to starting school
- Application, assessment and monitoring of the integrated management of childhood illnesses
- Control of dental plaque
- Nutritional evaluation, identification of situations of risk and provision of nutritional support, early detection of nutritional disorders and problems
- Early detection of adolescents with sexually transmitted diseases (STDs), identifying sexual partners and assessing their situations
- Detection of situations of social risk (psychological risk, abuse, ill-treatment, violence), with appropriate referrals

134. The Ministry of Social Development – through the INFAMILIA programme and in conjunction with the Ministry of Public Health – also carries out activities as part of the Comprehensive Model for the Prevention of Early Pregnancy. The main objective is to reduce adolescent pregnancies by raising awareness and educating young people on sexual and reproductive health, while also assisting adolescent mothers and fathers for one year following the birth of their children. Some of the activities carried out during the reporting period are as follows:

- Training of young people as outreach workers on sexual and reproductive health
- Establishment of adolescent care units at health centres run by the Ministry of Public Health
- Follow-up assistance for adolescent mothers and fathers provided by follow-up staff
- Training and technical support for the staff concerned in order to improve the quality of assistance

4. HIV/AIDS

53. *The Committee welcomes the provision of free antiretroviral treatment, but notes that prevention and awareness-raising measures for adolescents are inadequate.*

54. *The Committee recommends that the State party:*

(a) *Conduct awareness-raising campaigns among adolescents, in particular among those belonging to vulnerable groups, such as children living or working in the streets, about measures to protect themselves against HIV/AIDS;*

(b) *Provide adequate financial and human resources for prevention measures and information campaigns to combat discrimination against infected children, while taking into account the Committee's general comment No. 3 (2003) on HIV/AIDS and the rights of the child and the International Guidelines on HIV/AIDS and Human Rights (E/CN.4/1997/37);*

(c) *Seek technical assistance from, inter alia, the United Nations Joint Programme on HIV/AIDS and UNICEF.*

135. The decline in the number of people infected by blood transfusions represents one of the principal achievements of the struggle against HIV/AIDS. This has been accomplished primarily by enforcing health standards that call for the compulsory screening of blood and blood products, which ensures that blood banks are free from HIV.

136. Another noteworthy advance is the fall in the vertical (mother-to-child) transmission of the virus. This type of transmission has been significantly reduced by including the compulsory HIV test in pregnancy check-ups.

137. Preventive interventions carried out by the National STD/HIV/AIDS Programme under the Ministry of Public Health reflect the priority assigned to treating HIV/AIDS, primarily through information and dissemination campaigns, and also reflect the ongoing proactive approach to the problem. The SNIS National Strategic Plan 2006-2010 has been drafted for this programme, and designs approaches to stepping up the promotion of public health and the prevention of STDs. It stresses early detection measures to be implemented beginning with the primary care level, in accordance with national guidelines and standards and based on pre- and post-exam advice and informed consent.

138. The treatment of drug abuse is included as well, through SNIS. This constitutes real progress in dealing with a major social problem, since the second most common cause of transmission (blood transmission, involving 25 per cent of persons identified as HIV-positive) is intravenous drug use.

5. Standard of living

55. *The Committee is concerned about disparities in the standard of living and the number of children living in poverty, or extreme poverty, as these conditions represent serious obstacles to their enjoyment of the rights enshrined in the Convention. The Committee notes that poverty levels are disproportionately high among female-headed households. The Committee regrets the lack of information on the results of the current poverty reduction policy and in particular on the results of the PANES and INFAMILIA programmes.*

56. *The Committee recommends that the State party should prioritize and allocate more funds in order to reduce disparities among the various income groups, giving priority to families with children and female-headed households. The Committee recommends that the State party should design a poverty reduction strategy and provide it with adequate resources (e.g. through a revised taxation policy) for implementation from a rights-based perspective. The Committee invites the State party to report on progress achieved in its next periodic report.*

139. As stated in the introduction (paras. 7 and 8), poverty and extreme poverty declined significantly in the reporting period. Policies have been implemented to improve the situation of families with children and of female-headed households, including the Family

Allowances Act (under the Equity Plan), which provides financial assistance to all low-income households.

140. Furthermore, with regard to the impact of PANES, as indicated in the evaluation studies, the programme played a major role in the sustained reduction of extreme poverty during the period 2005-2007. That rate fell by 1.3 percentage points for the 110,000 people living in extreme poverty in 2005 and for the 42,000 people who overcame extreme poverty. Research findings point to the positive effects of PANES on the living arrangements of beneficiary families, as well as to improvements in the subjective well-being of beneficiary households. The main impacts of PANES on its beneficiaries' health are an increase in the number of health check-ups for children under 5 years of age and an increase in the number of dental check-ups for adult women.

141. PANES reported increases in public awareness of labour rights, civil and criminal matters, and social rights. One outcome of this was an increase in industrial action for social and political rights, directed primarily at the Government, the State and the municipality.

142. The main impacts of PANES²⁴ are as follows. Measured by a subjective indicator, beneficiaries' perceptions of themselves (self-esteem, self-confidence, motivation, self-presentation and opinions) improved. However, the results were less than satisfactory in another respect, measured primarily by their involvement in promotional programmes, by their social inclusion (access to health care, expanding social networks, social participation) and by the institution of a rights-based culture (knowledge and exercise of their rights). For the most part there was no effect on structural conditions (education, housing, comfort), although PANES did have a positive impact on work in the informal sector.

143. The Plan received a positive assessment from its beneficiaries, with an approval rating of more than 90 per cent for both its editions. This assessment also applies to specific aspects of the care, management and problem-solving provided by Ministry of Social Development staff.

144. The INFAMILIA/MIDES external evaluation study conducted under the previous administration shows that it was an innovative experience in the design and implementation of social policies, involving coordinated actions (comprehensive approaches) that questioned the sectoral logic of social intervention. The interventions were based on the identification of areas of the country selected on the basis of vulnerability indicators, involving not just individuals, but also the community and institutions, as beneficiaries of the comprehensive approaches. Coordination with the State bodies in charge of sectoral social policies improved considerably, and activities were carried out for early childhood, childhood, adolescence, situations of special vulnerability and at the institutional level.

145. With respect to measures taken for children aged 0-4, the evaluation indicates that there is greater awareness of social services at the district level, as well as increased coverage of early and primary education, as a result of the expanded services. Between 2006 and 2009, the mothers of children aged 0-2 showed more interest in having their children attend child and family care centres, and the service was used more – much more than in the control population. Nonetheless, there is still a significant lack of support for very young children, and a large proportion of mothers still do not take their children to CAIF centres, apparently due to a lack of interest.

²⁴ Information excerpted from "Síntesis final de resultados del PANES". Dirección Nacional de Evaluación y Monitoreo, Ministerio de Desarrollo Social. Available online at: <http://www.mides.gub.uy>.

146. The findings on school-age children are similar to those on younger children. Since primary school coverage is universal, it is difficult to claim any progress in this regard. The percentages of primary-school children who fall behind and repeat that can be attributed to the programmes carried out jointly with CEIP have fallen.

147. Documentation and vaccination are almost universal for children in this age group, and there is widespread collection of family allowances. However, the largest gap in access to services is to be found in effective health care: medical care in general and dental care in particular.

148. There has been no significant progress in remedying the education gap for adolescents.

149. There is a high level of awareness of birth control methods and STDs. A very high proportion of adolescents say they receive information on sexual and reproductive health from the schools they attend. The ideal age for having a first child is given as 25 years, on average, as was the case in 2006. The adolescent fertility rate continues to be very low in absolute terms, although in the immediately lower age group (19-22 years of age), it remains high when compared to the national average for this age group.

150. In institutional terms, administration is an excellent example of how an internationally funded programme can be a flexible tool for producing rapid responses – responses that are technically sound and highly structured – to the implementation needs of policies executed from an inter-agency and cross-cutting State perspective.

151. Considerable progress has been made in the coordination between co-executing Government agencies and civil society organizations, bringing operational interventions at the local level more closely into line with those of the head office. The new territorial management model (for interventions) pays greater attention to the programme's local component, and the strengthening of the guidance, consultation and cooperation services (SOCATs) as social management bodies has improved coordination among sectoral bodies at the local level.

152. The first programmes to be implemented, aimed inter alia at decreasing repeat rates in primary school, have been institutionalized in the various sectoral bodies, and with new interventions. These programmes seek to resolve such problems as the transition between primary and secondary school and re-entry to secondary education. The purely bilateral approach has been discarded and a strong culture of inter-agency coordination and implementation has been instituted.

153. Progress reported in 2006 on the evaluation, monitoring and follow-up of quality management has been consolidated. Systems have been developed that permit a greater flow of information both among joint executors and with beneficiaries. The design and implementation of evaluation models to be implemented by the SOCATs and the District Coordination Tables of the Ministry of Social Development is proceeding and will complement the planning processes already under way through the self-evaluation conducted by these bodies.

154. As a result of the lessons learned from the activities of CAIF/INAU, community teachers, sexual and reproductive health specialists, INFACALLE and the SOCATs, population groups requiring an approach which is adapted to profiles rarely encountered in the general target population have been identified. Adolescent mothers, children and adolescents who have not completed primary school, as well as adolescents who drop out or are significantly behind in their secondary education, are among the most problematic and certainly some of the most damaged children.

155. For the period 2010-2015, the INFAMILIA Directorate of the Ministry of Social Development is endeavouring to consolidate and carry out innovative activities as part of

the ENIA Plan of Action, focusing on children and adolescents in situations of particular social vulnerability.

G. Education, leisure and cultural activities

57. *The Committee welcomes the nearly universal enrolment rates in primary school and programmes, such as “community teachers”, but is concerned at the relatively high repeat and dropout rates, in particular among children living in poverty, males and children of African descent. The Committee regrets that insufficient public expenditure on schooling during the reporting period has had negative impacts on the quality of education, including an increase in the student-teacher ratio and a lack of training opportunities for teachers.*

58. *The Committee recommends that the State party:*

(a) *Focus on an overall improvement in the quality of education, including by providing increased budget allocations for education;*

(b) *Strengthen measures to reduce repeat and dropout rates and evaluate the outcome of such measures;*

(c) *Take affirmative action to improve equal access to education, in particular for children belonging to vulnerable groups, including children living in poverty, males, children of African descent and children in rural areas;*

(d) *Compile statistics disaggregated by urban/rural areas, ethnicity and sex in order to monitor repeat and dropout rates as well as the impact of the measures undertaken to combat these problems;*

(e) *Effectively monitor discrimination against female students who are expelled due to pregnancy, and sanction those responsible within the education system;*

(f) *Invest further resources in incorporating human rights education into school curricula at all levels.*

156. The replies to the recommendations on education were prepared jointly by the commission in charge of drafting the report and ANEP.

157. In reply to observation (a), the education budget has increased steadily since 2006, and the relevant figures can be obtained from the ANEP Educational Observatory.²⁵

158. At least four of the six strategic action lines of ANEP laid down in the Budget Act for the Period 2011-2015 lend themselves to strategies for implementing recommendations (b) and (c), as follows:

(a) *Fostering improvements in the substantive quality of education, thereby helping to raise current levels of coverage, retention and graduation;*

(b) *Boosting policies of academic integration for overcoming inequality in the social distribution of education;*

(c) *Boosting innovation in education, particularly with a view to universalizing the use of information and communication technologies;*

(d) *Encouraging the creation and involvement of educational establishments as participatory and friendly places for learning, teaching and growing.*

²⁵ Information about the Observatory is available online at: <http://www.anep.edu.uy/observatorio>.

159. Based on the guidelines, measures are under way to reduce repeat and drop-out rates and to take affirmative action to improve equal access to education, particularly for children belonging to vulnerable groups. Various programmes are now being implemented, including the following:

Table 3
Programmes, listed by ANEP body

Codicen projects	"Uruguay is studying"
	Educational camps
	Strengthening the learning process and life in a democracy
	Promoting school attendance: Improving reading and writing in Spanish
	Promoting school attendance: Improving logical and mathematical reasoning
	Promoting harmonious relations
	Commitment to education ^a
	Situations of domestic violence involving adolescents
	Strengthening educational institutions: open education centres programme
	Educational cycle transition plan ^b
	Sex education programme
	Human rights
	Gender network
CEIP projects	Full-time schools
	APRENDER programme (priority care for settings with relative structural difficulties)
	Increasing teaching time
	Community teachers programme ^c
	Enjoyable schools
	Summer school programme
	Special education
	Pre-professional workshops on special education
CES projects	Educational curricula
	Education in confinement
	Community classrooms programme ^d
	Secondary education completion programme (ProCES)
	Resource Centre for the Blind and Visually Impaired
	Care for deaf students

CETP projects	Basic vocational training ^e
	Commission on Inclusive Education
	+ Centres ^f

Source: ANEP.

^a Jointly executed with: ANEP (CES, CETP and the Educational Training Council), INAU, the Ministry of Education and Culture, the Ministry of Social Development (INFAMILIA and INJU) and UdelaR.

^b Jointly executed with: the Ministry of Education and Culture and INFAMILIA/MIDES.

^c Jointly executed with: INFAMILIA/MIDES.

^d Idem.

^e Idem.

^f Jointly executed with: CES/ANEP and INJU/MIDES.

160. Current statistical data on recommendation (d) is included with this report.

161. As to recommendation (e), the creation of the Human Rights Directorate under the Central Governing Council (CODICEN) of ANEP, and the appointment of human rights experts in each education council to work in conjunction with the Directorate, constitute a direct and concrete response to the need for an institutional setting to hear complaints concerning the violation of rights and to follow up as needed.

162. With respect to recommendation (f), article 110 of Education Act No. 18437 established a national commission for human rights education, tasked with proposing broad guidelines on the subject and advising the Public Education System Coordinating Commission.

163. This Commission is currently composed of representatives of the Ministry of Education and Culture, ANEP and UdelaR. It plans to continue drafting a national human rights education plan to the year 2014 based on a participatory strategy.

164. As to plans and programmes, all levels of education include human rights education, either as a cross-cutting element (art. 40.1 of the above-mentioned Act) or as a specific subject in certain courses.

165. The CEIP school programme “is centred around human rights, which means that students are subjects of law and that the right to education must guarantee access by all to a general and plural culture”. It posits the following: “The centrality of man requires that the process of education must be imbued with human rights. To this end, people must discover these rights in social settings, in order to understand that they are not neutral, that they involve choice, that they entail not accepting all social, political or cultural behaviour, and that they call for assessing situations, positions, practices and relations”.

166. The Secondary Education Council (CES) Plan known as “Reformulation 2006” has placed priority on the presence, conceptualization, appraisal and practice of human rights in various subjects, and the Technical-vocational Education Council (CETP) includes human rights in its courses.

167. The Educational Training Council (CFE) document entitled “National Teacher Training System 2008” states that: “A rights-based concept of citizenship is needed today. This new framework for human development can be realized only in a State that guarantees those rights through social justice, equality of rights and opportunities and respect for different life choices that are not contrary to these principles. Teachers, along with families and society, must educate in a manner that allows children and young people fully to understand and exercise their rights.” It further states that teacher training must produce

educators “capable of developing autonomous decision-making as a part of democratic practices and a commitment to building a more humane, just and supportive society based on the full realization of human rights”.

H. Special protection measures

1. Refugee, asylum-seeking and migrant children

59. *The Committee welcomes the adoption of the national refugee law in December 2006, but notes that implementing the new law requires adequate material and human resources. The Committee regrets the paucity of information on the situation of refugee, asylum-seeking and migrant children in the State party report and in the State party reply to the list of issues.*

168. The Ministry of Foreign Affairs and the Ministry of the Interior report that during the period 2005-2011, no unaccompanied refugee or asylum-seeking children either entered or left the country for the purpose of family reunification.

60. *The Committee recommends that the State party:*

(a) Ensure prompt implementation of legislation in accordance with international obligations for refugee protection, including by allocating adequate material and human resources;

169. Uruguay has long been involved in refugee matters through its tradition as a host country for refugees (who are persecuted for political, ethnic, religious or other reasons) from various parts of the world – a tradition that predates the current meaning of the word “refugee”.

170. The most important recent initiative, which is a milestone in the country’s treatment of refugees, was the adoption of the Asylum Act on 19 December 2006. The Act enshrines asylum as a human right and regulates the Republic’s obligations towards refugees in keeping with the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, as well as with the 1984 Declaration of Cartagena on Refugees. Article 47 provides that “with regard to the subject matter of this Act, international law shall be directly applied, particularly the international law pertaining to human rights, international humanitarian law and refugees that is laid down in laws, treaties and conventions ratified by Uruguay (arts. 168.20 and 85.7 of the Constitution) and in declarations by international organizations of which the country is a member and to which it has acceded”. This means that in all cases not specifically covered by the law, the 1951 Convention and its 1967 Protocol are applied, as well as all international human rights and humanitarian law.

171. The definition of a refugee as set forth in the Asylum Act includes a specific reference to gender as a ground for independent persecution. It also expressly lays down the following principles of asylum: non-discrimination; non-rejection at border crossings; non-refoulement (direct or indirect) to a country where the person’s life, physical, moral and intellectual integrity, freedom or security are at risk; non-imposition of penalties for illegal entry into the country; most favourable interpretation and treatment; and confidentiality.

172. The legislation in force on refugees (Act No. 18076) is implemented by the Refugee Commission (CORE) and its Permanent Secretariat, which have been operating since 2007. The Commission consists of representatives of the Ministry of Foreign Relations, the National Directorate on Migration of the Ministry of the Interior, UdelaR, the President of the Human Rights Commission of the Chamber of Representatives, an NGO with expertise on the subject, and another NGO whose mission and activities are focused on human rights, appointed by the National Association of NGOs (ANONG). The Regional Office of the United Nations High Commissioner for Refugees (UNHCR) is invited to all meetings of

the Refugee Commission and has the right to speak but not to vote. The Ministry of Foreign Affairs provides material and operational support to both bodies. Staff trained on refugee matters from the Ministry of Foreign Affairs, the Ministry of the Interior and the Ecumenical Service for Human Dignity (SEDHU, a UNHCR implementing agency in Uruguay) work in the Permanent Secretariat, which provides technical and administrative support to the Refugee Commission.

(b) Ensure that refugee, asylum-seeking and migrant children are guaranteed speedy processing of their registration and identity documents as well as access to health services and education while in the territory of the State party;

173. In application of article 42 of the Asylum Act, the National Directorate of Civil Identification of the Ministry of the Interior issues an identity document to asylum-seekers and refugees upon presentation of the certificate authenticating their asylum-seeking or refugee status. This document entitles them to immediate access to health care and education under the same terms as nationals and legal residents. Both the certificate and the identity document are issued within 48 hours.

174. In that regard, it should be stressed that under article 20 of the Act: “The State must guarantee refugees and asylum-seekers the enjoyment and exercise of the civil, economic, social, cultural and all other rights inherent in the human person that are accorded to inhabitants of the Republic under the international human rights instruments ratified by the State and in its domestic legislation.”

(c) Take all measures to guarantee protection of refugee children in line with international human rights and refugee law, while taking into account the Committee’s general comment No. 6 (2005) on the treatment of unaccompanied and separated children outside their country of origin;

175. In addition to the provisions of paragraph (a) above, there is a specific reference in Act No. 18076, article 36, to the situation of unaccompanied children, as follows: “All children and adolescents have a right to request and to be granted refugee status, independent of the persons who exercise their legal representation. When the request is made by an unaccompanied child or adolescent, the Permanent Secretariat shall provide legal assistance as a matter of priority. The request must also be immediately communicated to the Family Court, which will take the appropriate steps. Any action taken in the absence of an attorney is nul and void. In the event of doubt as to the person’s age, the accepted age shall be the age given by the person, as long as there are no expert assessments which establish a different age. Protection of the best interests of the child or adolescent shall be ensured throughout the proceedings. All decisions must take into account the mental development and maturity of the child or adolescent.”

176. There has been just one case of an unaccompanied minor requesting refugee status since the Refugee Commission was created.

177. Under article 21, the Act guarantees the right to family reunification: “Family reunification is a right of the refugee. Refugee status, at the request of the refugee, shall be granted to the spouse, concubine and children, as well as to any other blood relative up to the fourth degree of kinship or the second degree of affinity, except that an exclusion or cessation clause shall be applicable in such cases.”

(d) Provide adequate information on the situation of refugee, asylum-seeking and migrant children in its next periodic report under the Convention;

178. As shown in table 4, in October 2010 there were 28 asylum-seeking or refugee children in Uruguay.

Table 4

**Refugee and asylum-seeking children in Uruguay
(October 2010)**

	<i>Refugees</i>	<i>Asylum-seekers</i>	<i>0-4 years</i>	<i>5-11 years</i>	<i>12-17 years</i>
Females	11	1	4	3	5
Males	14	2	2	7	7
Total	25	3	6	10	12

Source: Ministry of Foreign Affairs.

(e) *Seek the advisory services of the Office of the United Nations High Commissioner for Refugees.*

179. The UNHCR Office in Buenos Aires actively provides support and technical assistance to CORE and its Permanent Secretariat by training officials, advising on specific issues, furnishing relevant technical material and facilitating ongoing exchanges between the Permanent Secretariat and the Regional Office. As indicated above, a UNHCR representative participates in all CORE meetings as an observer.

2. Economic exploitation, including child labour

61. *The Committee, while welcoming the ratification on 8 March 2001 of ILO Convention No. 182 and the fact that the minimum age for employment or work has been raised to 15 years, is concerned about the number of children, especially those living in poverty, who are still victims of economic exploitation.*

62. *The Committee recommends that the State party should undertake further efforts, including an assessment of the scope, nature and root causes of economic exploitation, should ensure adequate budgetary resources to prevent and combat economic exploitation, and should seek the advisory services of the ILO International Programme on the Elimination of Child Labour (ILO/IPEC) and UNICEF for this purpose.*

180. Uruguay shares the Committee's concern and emphasizes that it has implemented all the necessary regulatory mechanisms for compliance with ILO Convention No. 182. In this regard, throughout the period concerned INAU has conducted numerous labour inspections, totalling 1,079 in 2010.

181. Inspections and monitoring were coordinated with other supervisory bodies, and information was collected from working adolescents by the General Labour Inspectorate of the Ministry of Labour and Social Security. The Department of Industrial Accidents and Occupational Diseases of the State Welfare Bank (BSE) furnished data from accident report forms filed by persons under 18 years of age. In addition, the work permit data processing programme was set up with the technical support of the information technology unit, making it possible to input all data on working adolescents and to print the work permit.

182. During the period 2006-2010, two child labour surveys were conducted in Uruguay. The second survey, carried out in 2010 by INE, was an extensive one based on international technical parameters that enabled comparisons over time and with other countries. By outlining the main characteristics of child labour in Uruguay, it provided a clear and up-to-date overview of the factors affecting child labour and of the consequences of economic exploitation. This information became a key element in policy planning for the elimination

of child labour in Uruguay. It is noteworthy that the survey respondents were children and adolescents themselves.²⁶

183. In the particular case of the economic exploitation of children in waste collection, in 2011 CETI drew up an action plan to abolish child labour in waste collection for the period 2011-2015. This plan, which is supported by UNICEF, involves working directly on the causes of child labour and particularly on the need to consider the family setting. In this context a central component of the Social, Educational and Labour Integration Plan has been prepared for the families of garbage pickers as part of an action line to come up with alternative ways to eradicate child labour in such families.

184. The Plan's main pillar is solid inter-agency work among the principal national agencies involved with children (INAU, the Ministry of Social Development, ANEP and the Ministry of Education and Culture). This calls for measures to reintegrate child garbage pickers into formal and informal education, for alternative proposals on the use of free time and for adapting the care system (CAIF/INAU) to the specific situation of these families.

3. Children living or working in the streets

63. *The Committee is very concerned about the high number of children living or working in the streets, the lack of social services and reintegration measures available and the stigma that continues to be attached to them because of their social condition.*

64. *The Committee recommends that the State party:*

(a) *Carry out a comprehensive study to assess the scope, nature and root causes of the presence of children living or working in the streets throughout the country, in order to craft a policy for prevention and assistance;*

(b) *Provide children living or working in the streets with adequate nutrition, housing, the necessary health-care and educational opportunities, as well as recovery and social reintegration services, while taking into account gender issues and the views of the children in accordance with article 12;*

(c) *Develop a policy for family reunification where possible and when in the best interests of the child;*

(d) *Conduct public awareness campaigns to address the stigma attached to children living or working in the streets;*

(e) *Collaborate with NGOs and seek technical assistance from, inter alia, UNICEF;*

(f) *Provide the Committee with further information on the situation of children living or working in the streets in the next periodic State party report.*

185. On this point, the State party wishes to report that, thanks to the efforts made on behalf of children and adolescents, the number of children and adolescents living or working in the streets has declined steadily. According to the data, while there were approximately 3,100 street children in Montevideo and its metropolitan area in 2003, that figure had dropped to less than 1,900 by 2007. Nevertheless, there is clearly a need for continued vigorous action to reduce the number of children living or working in the streets until the phenomenon is completely eradicated.

186. To achieve these aims, a strategic approach has been adopted to programme implementation in order to avoid institutional overlapping in the provision of services for

²⁶ The reports are available from the Institute's website at: <http://www.ine.gub.uy>

children living or working in the streets. Moreover, the services provided have begun to reverse a trend discernible in recent decades towards a weakening of INAU's capacities, particularly in terms of human resources. This stemmed from an intrinsic weakness in the Institute's ability to spearhead sustainable initiatives on behalf of children living or working in the streets. Currently, however, steps are being taken to remedy the situation by means of more effective coordination among agencies dealing with the problems of children living or working in the streets, an increase in the services provided and an expansion of the Institute's human resources.

187. The services are expected to be improved by organizing diversified responses to the different contexts of street children and introducing new forms of intervention. Mention should also be made of the measures taken to promote coordination with the education and health-care sectors in order to ensure that the rights of the children and adolescents concerned are realized.

188. For example, INAU works with INFAMILIA/MIDES to implement the programmes known as "Calle" and "Calle Extrema" with a view to alleviating the harm to which children and adolescents who live and work in the streets under extreme circumstances are exposed and to enabling them and/or restoring their ability to exercise their rights. In 2009, the Calle Programme reached a total of 516 children and adolescents, while the Calle Extrema Programme reached 60 children and adolescents living in extremely vulnerable conditions.²⁷ The service network also implements 20 direct support projects and the mobile unit undertakes immediate interventions. Support for children and adolescents in extreme circumstances (under the INAU-INFAMILIA project) has been expanded through two projects implemented jointly with NGOs and other bodies that are part of the support network for children and adolescents living in extreme circumstances, which started operating in November 2008. By October 2009 the programme was providing support for 820 children and adolescents.

189. Furthermore, during 2010 a number of agreements on comprehensive support for children and adolescents living or working in the streets were concluded. Under these agreements, assistance was provided in the areas of health care, housing, literacy education and food for the young people concerned. Agreements were also concluded with civil society organizations and the Ministry of Tourism and Sport, resulting in various recreational and sports activities designed to promote the integration into society of children living or working in the streets.

4. Sexual exploitation and sale of children

65. *The Committee, while welcoming the adoption of Sexual Exploitation Act No. 17815 of September 2004 and the delegation's statement referring to the existence of a national plan of action against sexual exploitation, is concerned that sexual exploitation and the sale of children are growing problems in Uruguay, especially in tourist areas and along the borders. The Committee regrets the paucity of information contained in the State party report and in the State party reply to the Committee's list of issues on the situation of child victims of sexual exploitation.*

66. *The Committee recommends that the State party:*

(a) Bring legislation fully into compliance with its international obligations under the Convention and the Optional Protocol on the sale of children, child prostitution and child pornography;

²⁷ Data from the INAU Annual Report 2009.

(b) *Ensure enforcement of the law to avoid impunity, by assigning further financial and human resources in order to conduct investigations;*

(c) *Train law enforcement officials, social workers and prosecutors on how to receive, monitor and investigate cases, in a child-sensitive manner that respects the privacy of the victim, as well as prosecute and punish those responsible;*

(d) *Implement the National Plan of Action against Sexual Exploitation of Children, taking into account the Declaration and Agenda for Action and the Global Commitment adopted at the 1996 and 2001 World Congresses against Commercial Sexual Exploitation of Children;*

(e) *Allocate further resources to prevention and gender-sensitive public awareness-raising, in particular on the need to prevent child sex tourism and child pornography and on the importance of protecting the victims;*

(f) *Undertake further in-depth studies on the sexual exploitation of children and sex tourism in order to assess its scope and root causes and enable effective monitoring and measures to prevent, combat and eliminate it;*

(g) *Continue to provide assistance and social reintegration programmes for sexually exploited and/or trafficked children;*

(h) *Seek further legal assistance, inter alia from UNICEF and ILO/IPEC.*

191. Commercial sexual exploitation was defined under ENIA as a situation of special vulnerability. The objective is: “An operational plan with specific actions to eradicate commercial sexual exploitation based on a stronger inter-agency system”.

192. In order to move this plan forward, one of the main actions defined was an evaluation of the achievements of the first National Plan for the Eradication of Commercial Sexual Exploitation of Children and Adolescents, which was adopted and launched in 2007 with actions and goals for the period 2008-2010. This should lead to a plan for the period 2010-2015, which will include prevention, protection, support, restitution, and monitoring and evaluation. Aside from what is established in the plan, the following measures merit special consideration.

193. With respect to the prevention of commercial sexual exploitation, awareness-raising and human resources training on the problem, as well as the strengthening of arrangements among CONAPESE, SIPIAV, CETI and domestic violence, should be stressed.

194. With respect to protection, legislation will be revised in the light of the remaining tasks, and mechanisms and provisions for eliminating sexual exploitation networks will be strengthened.

195. With respect to support, action will focus on the adoption of a code of ethics to guide the media on how to depict children and adolescents from a rights-based perspective.

196. With respect to restitution, a victim support service will be set up to cover physical and mental health care as well as support for educational, social and labour integration.

197. With respect to inter-agency coordination in handling sexual exploitation, INAU is working with the Department of Complex Offences of the Ministry of the Interior and with specialized courts on organized crime with jurisdiction over cases of sexual exploitation, trafficking in persons and so forth. This has resulted in the provision of more immediate and more comprehensive support and in the progressive expansion of support for such situations.

198. To that end, a practical protocol for handling complaints of sexual exploitation was drafted in 2011, in conjunction with the judiciary. This has led to more direct communication between INAU staff and the judges of the specialized courts.

199. Two milestones in the enforcement of the law bear mention. The first is the increase in the number of persons tried for sexual exploitation since the implementation of Act No. 17815 on sexual exploitation. The second is the adoption of the new Migration Act No. 18250, which deals with trafficking. The Act specifically covers human trafficking and smuggling (arts. 77 to 79), as well as special aggravating circumstances in cases involving minors (art. 81).

5. Administration of juvenile justice

67. *The Committee is concerned about the conditions in places of detention, extended periods of pre-trial detention, the absence of a specialized juvenile justice system, the lack of specialized professionals and the fact that the deprivation of liberty of juvenile offenders is resorted to for protection of the public and not as a measure of last resort. The Committee notes the lack of alternative socio-educational measures and further regrets that not all children are provided with free legal assistance and that they are not given the opportunity to express their views in all proceedings affecting them. Furthermore, the Committee notes the lack of recovery and social reintegration programmes for children and notes the media's use of stereotypical and stigmatizing images of juvenile offenders.*

68. *The Committee reiterates its previous recommendation that the State party should bring the system of juvenile justice fully into line with the Convention, in particular articles 37, 40 and 39, and with other United Nations standards in the field of juvenile justice, including the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the "Beijing Rules"); the United Nations Guidelines for the Prevention of Juvenile Delinquency (the "Riyadh Guidelines"); the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the "Havana Rules"); the Vienna Guidelines for Action on Children in the Criminal Justice System; and the recommendations of the Committee's general comment No. 10 (2007) on children's rights in juvenile justice. In this regard, the Committee recommends that the State party in particular:*

(a) Develop and implement a specialized system of juvenile justice with adequately trained professionals;

(b) Ensure that deprivation of liberty is used only as a measure of last resort and that the use of pre-trial detention is minimized. When used as a last resort, detention facilities should comply with the international standards;

(c) Take all necessary measures to ensure that every person under 18 years of age who is deprived of liberty is separated from adults, in accordance with article 37 (c) of the Convention;

(d) Ensure that parents or close relatives are informed when the child is detained;

(e) Provide the child with free legal assistance;

(f) Establish an independent child-sensitive and accessible system for the reception and processing of complaints by children and investigate alleged violations committed by law enforcement personnel and prison guards, and prosecute and punish those responsible;

(g) Ensure that children deprived of liberty remain in contact with the wider community, in particular with their families, as well as with friends and other persons or

representatives of reputable outside organizations, and are given the opportunity to visit their home and family;

(h) Provide a package of effective alternative socio-educational measures and a policy to implement them;

(i) Provide training for penitentiary staff on children's rights and special needs;

(j) Request further technical assistance in the area of juvenile justice and police training from the Inter-Agency Panel on Juvenile Justice.

200. In this regard the State party wishes to report that the number of persons under 18 years of age who have been turned over to programmes of extrajudiciary measures refers to cases handled by courts in the country's interior, where juveniles suspected of criminal offences are detained in special homes for 24 hours along with juveniles placed there for their own protection. These are isolated incidents, and no figures are available. Punishment other than deprivation of liberty is carried out by the Programme of Community-based Socio-educational Measures (PROMESEC) and by the non-custodial programmes of the departments of the country's interior, which have been established and consolidated throughout the period. In early 2008, only three departments (Lavalleya, Maldonado and Salto) had non-custodial alternatives in place, involving 53 juveniles. In July 2011, non-custodial programmes were operating in all 18 departments, involving 123 juveniles.

Table 5

**Number of adolescents and juveniles subject to non-custodial measures
PROMESEC**

	2008	2009	2010	2011
Official PROMESEC	68	80	134	165
PROMESEC agreements	43	43	74	106
Non-custodial measures in the interior	53	123	148	326
Total	164	246	356	597

Source: Prepared on the basis of SIPI data.

201. As can be seen in table 5, there has been a steady increase in the number of adolescents and juveniles participating in all the different types of non-custodial programmes: those participating in the official programme, those participating in programmes executed through agreements with civil society organizations and those subject to non-custodial measures in the departments. There were 26 cases of probation in 2010 and 38 in 2011 (listed above under "Official PROMESEC").

202. The 2004 Code on Children and Adolescents restricts the length of time that juveniles can remain in police custody to a maximum of 12 hours. There are no cases of juveniles being detained in the same institutions as adults.

203. The Implementation System for Measures for Juvenile Offenders (SEMEJI), a part of INAU, is specifically responsible for dealing with juveniles in conflict with the law.

Table 6

Number of adolescents and juveniles covered by SEMEJI per year, according to type of measure

	2008	2009	2010	2011
Detention centres	150	192	266	308

	2008	2009	2010	2011
Transitional centres	21	27	44	24
Semi-open centre	16	19	14	9
Non-custodial measures	164	246	356	597
Total	351	484	680	938

Source: Prepared on the basis of SIPI data.

204. It is clear from table 6 that the expansion of non-custodial measures was not accompanied by the expected fall in the number of custodial measures (as would be the case if they functioned as “alternatives to the deprivation of liberty”). On the contrary, the number of juveniles deprived of their liberty continued to rise steadily throughout the period, having a significant impact on the total number of juveniles detained by the criminal justice system, which rose from 351 in 2008 to 938 in 2011.

III. Main policy challenges

205. With respect to policy challenges, the following summary is provided of the main policies agreed on by different public bodies and covered by the ENIA Plan of Action 2010-2015, which appears in annex 3. The activities represent a policy challenge for the period covered by the plan, which immediately follows the reporting period. That is why the activities are discussed in this report.

206. The Plan of Action was prepared on the basis of the ENIA strategic guidelines and is divided into six areas: families with children and adolescents; pregnancy; early childhood; childhood; adolescence; and situations of special vulnerability. The present summary lists only the main activities that are expected to be carried out in each area, along with the budget increase (the increase over the previous five-year period) to be allocated for 2010-2015 by the institutions responsible.

A. Families with children and adolescents

207. The context for this part of the report on challenges is the 2011 debate on the design of a care system for the following population groups: children, with an emphasis on infants up to 3 years of age; dependent adults; and dependent persons with disabilities. The objectives of the debate were sensitization at the national level on the care system, democratization of information, decentralization and citizens’ participation, and creation of mechanisms for taking local situations into account in the proposed care system. Annex 4 contains a document summarizing the resulting proposals for the three priority population groups and their families. The document notes that the activities can be grouped into measures for: licences, services, benefits, care support measures and training.

208. In parallel, a major budget increase is planned for AFAM in 2011-2014 to support families with children and adolescents (including families who are already covered by the Equity Plan and families who are not). This allocation will provide the main mechanism for cash transfers to families with children. The changes to the AFAM scheme will involve strengthening support for pregnant women by increasing the amount they receive, offering a special incentive to those who begin their check-ups during the first trimester of pregnancy, and making payments to pregnant women under 18 years of age. A budget increase has also been allocated from Ministry of Social Development funds to provide food for children and adolescents through the Social Uruguay Card.

209. One of the main action lines for supporting families with children and adolescents involves strengthening the mechanisms for the care and support of families experiencing particular difficulties in meeting their obligations. To that end, as part of the family strategy, the mechanism for receiving requests for family support will be strengthened in the local offices of the Ministry of Social Development and in the INFAMILIA/MIDES SOCATs. Furthermore, INAU plans to create family support teams working specifically on these activities, for which the corresponding budget increases for the period 2010-2014 are being allocated. This type of work clearly entails strengthening measures for the proper care, guidance and follow-up of families in need of support, for which budgetary increases have also been allocated to the SOCATs and the district coordinating councils. In parallel with this strengthening of the capacity of local teams to reach families who generally have no access to support, the existing interface between INAU and the judiciary (family courts and specialized family courts) will be strengthened.

210. These measures cannot be implemented effectively without building new institutional capacities to support interventions. This applies particularly to the capacities of the bodies that are directly involved, such as the Ministry of Social Development and INAU. In the case of the former, studies were conducted on introducing protocols and training technicians on how to work with families. The following institutional measures will be introduced for INAU: definition of protocols on intervention; in-service training of human resources staff on the special requirements for proper care, evaluation, guidance and follow-up; improvements in the management of care services for families or family members; and adapting the service infrastructure and equipment to local conditions.

211. The following table shows the budget increases to be allocated to different items by the bodies involved in assisting this population.

Table 7

Principal budget increases for families with children and adolescents

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$</i>	
BPS	Family allowances (Act No. 15084 and Equity Plan)	74 031 120 ^a	
Ministry of Social Development	Food support for children	574 200 000 ^b	
	Food support for adolescents	281 600 000 ^c	
	Technical assistance and support for the children's subgroup	457 650 ^d	
	Technical assistance and support for the adolescents' subgroup	273 000 ^e	
	Strengthening of the SOCATs	24 020 000 ^f (2012-2014)	
	Strengthening measures for the proper care, guidance and follow-up of families in need of support	174 860 000 ^g	
	Strengthening systems for generating information, knowledge, and policy monitoring and evaluation	39 500 000 ^h (2010-2014)	
	Protocols and training of technicians on how to work with families	1 400 000 ⁱ	
	INAU	Setting up family support teams	71 000 000 (2012-2014)

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$</i>
Total Expenditure		1 241 341 770
^a	BPS budget data.	
^b	MIDES, art. 617.	
^c	Ibid	
^d	MIDES, arts. 618-619	
^e	Ibid.	
^f	Ibid	
^g	Ibid.	
^h	Ibid.	
ⁱ	Ibid.	

Source: Prepared on the basis of data from the Budget Act and from BPS and INAU budget data.

B. Pregnancy

212. One of the main priorities of health policies for pregnant women is to expand the network of public primary care services through ASSE budget increases. The early detection of pregnancy will also be emphasized, including public information campaigns and community social work involving “community agents” from, and in, the neighbourhoods that bring pregnant women to health centres. Support materials on how to prepare for giving birth (for example, guides to pregnancy and birth) are planned as well, to be distributed with the perinatal card during the first pregnancy check-up. These measures will be funded by ASSE, with additional funding from the Ministry of Social Development. Prenatal check-ups of pregnant women will also be increased, and will include the appropriate paraclinical material, nutritional evaluations, mental health, oral health, hygiene guidelines and so forth. Measures to improve delivery practices (such as delaying the cutting of the umbilical cord), which will henceforth be implemented by various bodies and by ASSE and the Ministry of Public Health, should be mentioned as well.

213. With respect to the treatment of illnesses, measures to prevent infections and to provide comprehensive care for specific pathologies (syphilis, HIV, etc.), which were made possible by the increase in ASSE funds, should be mentioned.

214. One of the major health-care components is that of new mothers, including counselling on contraception for ASSE beneficiaries in the period 2012-2014; CAIF/INAU is helping to implement most such measures. The measures also include holding workshops for pregnant women and their partners during the various stages of pregnancy.

215. Another key set of focused actions targets pregnant women in conditions of vulnerability. These actions involve 50 ASSE community midwives, the creation of 22 ASSE, INAU and INFAMILIA meeting rooms, and the provision of iron-fortified milk supplements by means of the Ministry of Social Development food card. These activities are complemented by universal measures, including a media campaign on care during pregnancy, promotion of the consumption of fortified milk, timely cutting of the umbilical cord and expanding the nutritional monitoring system for pregnant women. Nutritional counselling (during pregnancy and for the first five months after birth) will be provided by nutritional specialists working in health centres.

216. Many of these measures entail major coordination efforts to strengthen the collaboration between partly State-owned health-care providers (clinics, BPS health services, municipal polyclinics) and ASSE. The Integrated Network of Health-care Providers (RIEP), which also includes police and military hospitals, has been established to

that end. In addition to this coordinated action, ASSE and CAIF/INAU have a joint arrangement for the early detection of pregnancy and for measures to support pregnant women and their partners based on the current inter-agency agreement. The measures include strengthening the inter-agency, national and departmental coordination mechanisms, and in particular, ensuring the sustainability of the strategic alliance between the Ministry of Public Health, ASSE, CAIF/INAU and INFAMILIA/MIDES.

217. Another care programme under development is the “Uruguay Crece Contigo” (“Uruguay grows with you”) programme, which has been planned for 2012, modelled on the “Canelones Crece Contigo” programme. It will contribute to establishing a comprehensive care system for maternity and early childhood, which will ensure the integral development of children from a perspective of rights, equity, social justice and integral human development.

218. The programme will have a broad arsenal of activities in the areas of food, health and education, among others. These activities will require a strategy for working closely with families, with a specialist team or agent, based on a sustained relationship of trust, helping to identify and overcome obstacles to healthy pregnancies, births, child-rearing and improving the quality of life of the family. The link between these teams or agents and the protection and services network will be fostered and strengthened as part of the redeployment and expansion of the programme’s projected resources.

219. Lastly, it is important to add that these activities also call for strengthening the statistical and evaluation databases. Noteworthy measures include reinforcing the systems for generating information, knowledge, and policy monitoring and evaluation. One example is the information exchange between the Aduana Plan, CAIF/INAU and the Ministry of Education and Culture.

Table 8
Principal budget increases for pregnancy

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
Ministry of Social Development/ ASSE	Improved support, early access and quality of comprehensive care for women, especially those of fertile age and pregnant women, in ASSE services	47 025 305 ^a (2010-2014)
	Expanding the network of primary health-care services	3 409 252 ^b
	Increasing the quantity and quality of prenatal check-ups of pregnant women/improving delivery practices	24 101 474 ^c
	Preventing infections and providing comprehensive treatment of specific pathologies	4 480 000 ^d
ASSE	Training and awareness-raising	2 659 511 ^e
Total expenditures		81 675 542

^a MIDES, arts. 618- 619; ASSE, art. 732; and ASSE implementation data (not all of the amounts listed will be used exclusively for this item).

^b ASSE, art. 727.

^c ASSE, art. 724, and ASSE implementation data.

^d ASSE, implementation data.

^e Ibid.

Source: Prepared for this report based on data from the Budget Act and from BPS and INAU budget data.

C. Early childhood

220. The action line for early childhood health involves improving comprehensive early childhood care in ASSE services by boosting primary health-care services, and human resources in particular. To that end, significant increases have been earmarked in the national budget (2010-2014).

221. In addition, the monitoring and follow-up system for children is being reinforced through the ASSE Aduana Programme (in conjunction with INFAMILIA), for which the ASSE and Ministry of Social Development budget lines will also be increased. Support for health check-ups will be stepped up, in keeping with the relevant standards. House visits will be conducted for newborns at risk and for all newborns in the ASSE subsystem.

222. Fortified milk will be provided to families possessing the Ministry of Social Development food card and whose households include infants aged 0-5 months with low birth weight and/or infants aged 6-24 months with retarded growth or anaemia. The systematic collection of nutritional information is also planned, including nutritional assessments of pregnant women and 5-month-olds by nutritional specialists.

223. In addition to these very specific lines of work, others will be implemented for the population as a whole, including information campaigns and teaching manuals. To address the problem of infants aged 0-5 months with low birth weight, the campaign will focus on promoting exclusive breastfeeding for infants up to 6 months of age, healthy eating habits and the right to growth and development. It will also concentrate on promoting healthy eating habits to combat retarded growth and anaemia among children aged 6-24 months. Guidelines on child-rearing, including nutrition, development and care, will be prepared for parents of children in both age groups, and educational materials and health-care providers will encourage the use of iron supplements. These actions target both public and private health-care providers and will be jointly implemented by the ASSE system, partly State-owned health-care providers and RIEP.

224. The main action line proposed under early childhood policies is to increase CAIF/INAU coverage. To that end, 100 new child and family care centres (up to a maximum of 144) are expected to open: 50 in Montevideo, 17 in Canelones and the others in the rest of the country. INAU coverage (particularly for the early stimulation provided by existing centres) is expected to expand, so that each centre will cover the same number of children in each group.

225. The Ministry of Education and Culture, in turn, will be boosting its supervisory capacity for private health-care providers for early childhood to ensure that the services are provided in keeping with the basic curriculum design, quality standards and relevant norms, in coordination with the public system. At the same time CAIF/INAU and the Early Childhood Department of the Ministry of Education and Culture will train supervisors in their respective centres, with INFAMILIA support.

226. Implementation of all the measures outlined for early childhood requires strengthening existing mechanisms for the organization and coordination of State interventions, particularly those established under Act No. 18437 (Coordinating Council on Early Childhood Education).

227. The various institutional efforts spearheaded under the previous administration with respect to systems for generating information, knowledge, monitoring and evaluation of policies will be intensified. One example is the recent survey on breastfeeding, nutritional status, eating habits and anaemia, which was conducted by the Uruguayan Support Network for Child Nutrition and Development (RUANDI) under an inter-agency agreement between the Ministry of Public Health, UNICEF and INFAMILIA.

Table 9
Main budget increases for early childhood

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
ASSE	Expanding the primary health-care network and services for the care of young children by increasing human resources	7 587 859 ^a (2010-2014)
ASSE	Promoting and supporting health check-ups in keeping with the relevant standards/conducting house visits for newborns at risk/conducting house visits for all newborns in the ASSE subsystem	124 051 878 ^b (2010-2014)
ASSE/Ministry of Social Development	Aduana Programme	16 998 532 ^c (2010-2014)
Ministry of Social Development	Promoting these practices among private health-care providers	1 800 000 ^d .
	Improving the coverage and quality of the Child and Family Care Centres (CAIF) Plan	209 085 024 ^e .
INAU	Increasing the support (particularly early stimulation) for existing centres Opening 100 (up to a maximum of 144) new type-IV CAIF centres / Implementing the new approach to daily care of children aged 12-24 months	1 023 824 000 ^f .
Total expenditures		1 383 347 293

Source: Prepared for this report based on data from the Budget Act and from BPS and INAU budget data.

^a ASSE art. 727

^b Art. 724 and ASSE estimates.

^c This amount includes MIDES (arts. 618-619) and ASSE (art. 727).

^d MIDES, arts. 618-619.

^e INAU, art. 694.

^f INAU, arts. 693-694.

D. Childhood

228. One of the health policy action lines for children involves expanding the relevant primary health-care services and increasing the quantity and quality of health check-ups in accordance with the relevant standards. This will be done by expanding services, including the Aduana Programme, and by means of variable payments to paediatricians and family doctors. In addition, as with the early childhood age group, the quality of comprehensive health care is expected to be enhanced by setting parameters for evaluating child development, encouraging good eating habits for children and implementing a programme to improve environmental and health conditions in order to prevent parasitic infections.

229. With respect to pre-school education, the intention is to improve the quality of CAIF/INAU education for 3-year-olds in coordination with ANEP's Early and Primary Education Council (CEIP). The objective is to help children get off to a good start in both systems and stages and to support educational development and teacher training. The

INFAMILIA Directorate of the Ministry of Social Development plans a specific budget increase to foster the link between the two bodies.

230. As to actions planned specifically for CEIP public services, coverage of 3-year-olds will be expanded and the quality of services for 4- and 5-year-olds improved by limiting the number of students to 25 per teacher and by increasing the amount of classroom time.

231. Classroom time will also be increased in public primary schools by designing and implementing an education proposal to provide an alternative model to full-time schools and to complement the programme on priority support in settings with relative structural difficulties (APRENDER).

232. These activities will be carried out as part of an overhaul of the school administration models, for which support will also be provided to institutional projects in each school, zone, department and region.

233. The ANEP education programme on transition between primary and basic secondary education will be rolled out in various locations in conjunction with INFAMILIA. The bodies represented on the Strategic Coordinating Committee of the National Social Policy Council also worked on the programme design. The proposed activities are broken down into three periods or stages, which coincide with the key stages in the transition from primary to basic secondary education and beyond, namely, the second semester of the sixth year of school, and the summer and first semester of secondary school. Each of these specific activities is carried out by a core permanent team, with other education professionals and public bodies participating in each stage. The programme will initially be implemented in 25 locations,²⁸ with at least five schools and two secondary educational establishments (a high school and a vocational school) taking part. The programme will be monitored and evaluated by the ANEP Directorate of Research, Evaluation and Statistics and by the INFAMILIA Monitoring and Evaluation Unit.

234. As may be noted, the emphasis is on improving the quality of education services, and it is in this area that the connectivity capacities of the CEIBAL Plan will be expanded. The intersectoral project on development and learning, the promotion of rights and the strengthening of educational institutions (INTER-IN) will continue to be promoted as well.

235. With respect to physical education, recreation and sports, other activities will be carried out during the period, primarily with a view to maintaining the universality of physical education.

236. In order to report in detail on the implementation of this broad set of actions for children, national and departmental mechanisms for inter-agency coordination and communication, such as the departmental education commissions, will be reinforced and further developed.

Table 10

Main budget increases for childhood

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
ASSE/Ministry of Social Development	Expanding primary health-care services	41 365 516,9 ^d
ASSE	Increasing the quantity and quality of health check-ups	223 133 350 ^b

²⁸ The selection of zones was based on the Socio-educational Risk Index prepared by the ANEP Directorate of Research, Evaluation and Statistics and on national information derived from previous work on the subject.

	through the Aduana Programme and variable payments to paediatricians and family doctors	
Ministry of Social Development	Improving the quality of education for 3-year-olds in the CAIF Plan through coordination with CEIP	2 360 000 ^c
	Educational Transition Programme	21 900 000 ^d
ANEP	Enlarging existing kindergartens and opening new ones, particularly in impoverished settings	253 794 259 ^e (2011-2015)
	Increasing classroom time	896 055 287 ^f (2012-2014)
	Implementing school projects	322 200 000 ^g (2011-2014)
Total expenditures		1 754 408 413

^a ASSE, art. 727, and MIDES, arts. 618-619.

^b ASSE, art. 724.

^c MIDES, arts. 618-619.

^d Ibid.

^e ANEP, arts. 672-673, according to estimates by the Ministry of the Economy and Finance.

^f ANEP, art. 673, according to estimates by the Ministry of the Economy and Finance.

^g ANEP, art. 675, pro rata calculation by the Ministry of the Economy and Finance of the percentage allotted to the childhood component of the total amount budgeted under this article.

Source: Prepared for this report based on data from the Budget Act and from BPS and INAU budget data.

E. Adolescence

237. One of the main action lines proposed for adolescent education is to increase the availability of public services at the basic secondary and *bachillerato* (baccalaureate or high school certificate) levels. The idea is to have specific numbers in both levels, with a ratio of one centre (working two shifts) for every four schools in the basic secondary level and one *bachillerato* (working two shifts) for every two secondary educational establishments. The expansion will be funded by ANEP budget increases for the period 2011-2014.

238. This expansion of the education infrastructure will be accompanied by teaching and administrative changes in order to develop the particular dynamics of each school. Where teaching is concerned, education programmes will offer opportunities for recreation and socializing, the development of a rights- and responsibility-based culture, recognition of diversity and high-quality curricula. With regard to administration, the goal is to have teachers spend all their hours in one educational establishment so as to avoid rotating, and to build teams. Specific projects for each school will be implemented thanks to an ANEP budget increase for 2011-2014, and training will be devised for teaching teams how to design and execute education projects in various contexts.

239. Other activities will be carried out specifically to complement the work of secondary educational establishments. These include the ANEP education programme on transition between primary and basic secondary education, discussed above in the section on childhood, with INFAMILIA funding. In addition, the programmes for educational

reintegration and inclusion – the Community Classroom Programme (PAC), the ANEP Education for All (PIU) and Basic Vocational Training Programme, the training and production centres (CECAP) in the Ministry of Education and Culture, the INAU teaching units, and so forth – will be reviewed. INFAMILIA will increase its 2011-2014 budget for these programmes, for which ANEP also provides large amounts.

240. Yet another type of support for students in the basic secondary (as well as tertiary) level is the provision of free student vouchers to all persons under 18 years of age.

241. With regard to the upper secondary level, it has already been mentioned that one of the main actions for the period concerned is to expand public services. In addition, and as is also the case for basic secondary education, a number of measures will be taken to cement the work of educational establishments at this level. Efforts will be made to intensify community involvement as well, given that all of society must be engaged in the country's great educational challenges, by encouraging inter-agency cooperation in open forums on educational cooperation. These are groupings or associations of institutions in close proximity to one another, which cooperate on joint education projects and whose composition and scope vary from one region or zone to another.

242. A student welfare service will be set up to expand the support provided by existing scholarship and cash transfer programmes with a view to keeping adolescents in upper secondary education through better coordination with other programmes.

243. In addition to this expanded support of existing scholarship initiatives, the inter-agency programme "Commitment to Education" was created "to help adolescents and young people stay in, and derive the most benefit from, the public education system by completing upper secondary education".²⁹ It has three main components: a) peer-to-peer exchanges, which consist of forums for support and guidance offered by students in tertiary education, university or teacher training to higher secondary school and CETP students; b) education agreements between students, families and schools, by which each party assumes responsibilities for authorizing scholarship payments; and c) scholarships disbursed throughout the academic year upon signature of an education agreement and attendance at forums. By 2011 the programme will cover 39 schools in Artigas, Canelones, Colonia, Montevideo, Paysandú, Rivera, Salto and Soriano.

244. Universal physical education will be maintained at the secondary level and, it is hoped, at the *bachillerato* level as well, with compulsory subjects and physical activities to be offered for all students at centres of interest. Competitive sports will be offered, with an emphasis on extramurals, and, in keeping with the General Education Act, mechanisms for involving adolescents will be implemented.

245. Another noteworthy set of complementary actions is the creation of the "+Centro" programme (open schools), implemented jointly by INJU/MIDES, ANEP (through CETP and CES) and the Ministry of Education and Culture, with the support of UNICEF. The programme is intended to encourage young people to participate in their schools' recreational, sports, artistic and cultural activities on weekends. This will help position the schools as favoured venues for the exercise of citizenship. In 2011, 20 open schools were set up in different parts of the country, including CETP vocational schools and high schools, with at least one in each department.

246. One of the main health action lines proposed for the period is to increase the number of programmes aimed at incorporating healthy living environments and timely health care

²⁹ From the Programme's website, available at: <http://www.compromiseeducativo.edu.uy> (accessed on 1 September 2011).

for adolescents into the entire health-care system (both ASSE and private health-care providers). ASSE will accordingly allocate a budget increase in the period 2011-2014 for developing special training on adolescence for health staff at the university level (doctors and other health team members).

247. In keeping with the improvement of programmes and the diversification of health coverage for adolescents, INFAMILIA will allocate a budget increase for 2011 and 2012 to set up new adolescent units and strengthen existing units in public and private health centres nationwide. ASSE provides the largest budget allotment for this purpose.

248. At the same time, all adolescents will receive preventive health check-ups, and the health card will be used as an official document in the areas of health, labour and sports. To that end a budget increase will be allocated for 2011-2014, primarily from ASSE, with the collaboration of INFAMILIA.

249. Furthermore, as part of the agreement between the Ministry of Public Health, INAU and the Ministry of Social Development, and with the collaboration of ANEP, health councils will be set up in educational establishments. These councils will be composed of five pairs of counsellors in five secondary educational establishments (high schools and vocational schools) that interact well with their local and community surroundings.

250. In addition to action lines for health and education, ENIA has focused on organizing social, cultural and recreational activities for Uruguayan adolescents. These include a national summer programme for tourism and social exchange in different parts of the country, under a joint agreement between ANEP, the Ministry of Tourism and Sport, and INAU. The programme makes use of the facilities of ANEP, departmental governments and other bodies nationwide.

251. With respect to sports, a coordinated system of non-competitive sports and physical activities will be developed, headed by the Sports Directorate of the Ministry of Tourism and Sport, with the participation of departmental governments and the Ministry of Public Health. This will involve applying a new management model for sports venues and incorporating the system into the sports facilities network of the departmental councils.

252. With respect to recreation and cultural policies, coverage will be expanded and the number of games, recreational and cultural activities available in the youth centres will be increased. These actions will be undertaken in a spirit of complementarity and support for the education process and the development of personal autonomy and social skills.

253. Another INEA action line on policies for adolescents involves expanding the proposal on informal education of the National Programme of Education and Labour, which is being implemented through the CECAP centres. The goal is to have 20 centres operating nationwide by 2014 and to continue expanding the human resources involved in this public service.

254. The following table shows the budget increases to be allocated to each item by the relevant bodies for the period 2010-2015.

Table 11

Main budget increases for adolescence

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
ANEP	Increasing the availability of public services for basic secondary education and the <i>bachillerato</i>	4 944 524 210 ^a
	Implementing education programmes (recreation, socialization, etc.) /Administrative improvements	3 779 315 000 ^b .

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
	(concentrating teaching hours in a single school)	
	School projects	134 250 000 ^c
	Reviewing educational reintegration and inclusion programmes	83 393 907 ^d
	Setting up new adolescent units and strengthening existing units	1 928 406 ^e
Ministry of Social Development	Creating health councils	3 000 000 ^f (2011-2015)
Ministry of Education and Culture/Ministry of Social Development	Setting up a student welfare service and expanding current scholarship and cash transfer programmes to keep adolescents in upper secondary education	266 000 000 ^g
ASSE	Bringing more programmes online to promote healthy living environments and provide timely adolescent health care	555 000 000 ^h
ASSE/Ministry of Social Development	Offering annual health check-ups to all adolescents and making the health card an official document valid also for education, labour and sports	170 447 354 ⁱ
Total expenditures		9 937 858 877

^a ANEP, arts. 672-673, based on Ministry of the Economy and Finance estimates.

^b ANEP, art. 674, based on Ministry of the Economy and Finance estimates.

^c ANEP, art. 675. Pro rata calculation by the Ministry of the Economy and Finance of the percentage allotted to the adolescence component of the total amount budgeted under this article.

^d MIDES, based on the INFAMILIA budget.

^e MIDES, arts. 618-619.

^f MIDES, based on the INFAMILIA budget.

^g Ministry of Education and Culture, art. 603; MIDES, arts. 618-619.

^h ASSE, art. 733.

ⁱ ASSE, art. 724; MIDES, arts. 618-619.

Source: Prepared for this report based on data from the Budget Act and from BPS and INAU budget data.

F. Situations of special vulnerability

255. In this area ENIA has focused on situations of crisis and psychiatric disorders; ill-treatment and abuse; commercial sexual exploitation; children living in the streets; child and adolescent labour; consumption of psychoactive substances; children in conflict with the law; lack of family protection; and degraded, contaminated and/or floodable habitats. The relevant actions are detailed below, by area of intervention.

1. Mental health and consumption of psychoactive substances

256. The priority in this area is to provide mental health services in SNIS. The system, which was adopted in August 2011, makes a distinction between the types of assistance offered to adults and those offered to children and adolescents. There are three such types for children and adolescents. In Type 1, comprehensive health-care providers will offer free collective care and up to 12 annual sessions per user. In Type 2, individual, collective or

family care will be offered, with up to 24 annual sessions per user, upon co-payment of a pre-determined amount. In Type 3, individual and/or collective care will be offered, with up to 48 annual sessions per user, upon co-payment of a lesser amount than in Type 2. In Type 3, situations of physical or mental disability or autistic spectrum disorders may qualify for up to 144 sessions.

257. INAU's work also involves clinics and agreements to treat problematic drug use (particularly the Jagüel Clinic in Maldonado, and Casa Abierta in the department of Artigas). Support for clinical interventions will be stepped up and two new centres will open during the period concerned. INAU will continue to fund a treatment room and an out-patient treatment team for Portal Amarillo. The drug abuse treatment network will be reinforced by the residential programme created under an agreement between INAU and the National Drug Council (JND).

258. Other forthcoming initiatives in this area include expanded support for drug abuse treatment facilities, new proposals for increasing out-patient treatment and the creation of special forms of intervention for children and adolescents. The road map for treating mother and child drug abusers will be implemented. It is based on the work of a broad group of professionals and proposes different types of treatment for the pre-conception, pregnancy, delivery and post-partum stages.

2. Disabilities (intellectual disabilities; personality disorders; motor disabilities; hearing impairments; visual impairments)

259. Health measures for persons with disabilities will be taken to strengthen (or establish) working guidelines or protocols on childcare that can contribute to the early detection of disabilities and their appropriate treatment throughout the life cycle. The activities of the health and education systems will be coordinated through a multidimensional approach.

260. With respect to education, measures have been taken to help children with disabilities complete their schooling and do so at a reasonable age. They have been taken in the context of improvements in the socio-educational continuity of adolescents with disabilities and of the creation of resource and referral centres for adolescents with disabilities that cover their education and health. A competitive funding programme is also being implemented for education projects in inclusive primary and secondary schools.

261. Also noteworthy are actions to improve transportation systems for children and adolescents with disabilities and the implementation of measures taken by the Ministry of Labour and Social Security and BPS to make it easier for families to move around within the country, whether occasionally or on a regular basis, as required.

3. Ill-treatment and abuse of children and adolescents

262. Of particular note in this respect is the implementation of prevention plans for work on child-rearing guidelines in all services involved with children, adolescents and families. This will be part of the review of amparo (protection) measures for children and adolescents and of ongoing efforts to devise and implement tools for recording interventions.

263. These actions also involve funding and training human resources in the relevant centres. Sectoral and intersectoral training arrangements will be made for persons working with cases of ill-treatment and abuse, and funding for INAU and ASSE human resources will be increased so that more time can be devoted to serious situations of ill-treatment and abuse. A corresponding budget increase for SIPIAV, with the support of INFAMILIA, has been planned.

264. Staff who do not report directly to SIPIAV will also have to be trained in these areas. The following steps are planned in that regard: Expanding the human resources of the specialized family courts, training members of the judiciary and officials who work with families and treat the victims of violence, and incorporating this training into the curriculums of all related fields of study. The police procedures adopted by the specialized domestic violence units will also be formalized.

4. Commercial sexual exploitation (child and adolescent prostitution; child and adolescent pornography; sex trafficking; sex tourism; sex shows)

265. Since 2010, INAU – in conjunction with three departments of the University of the Republic (social sciences, psychology and law) – has been working on a regional strategy to combat the trafficking and smuggling of children and adolescents for purposes of sexual exploitation in the Southern Common Market (MERCOSUR). The strategy will target 14 border cities in MERCOSUR, four of them in Uruguay (Bella Unión, Rivera, Melo and Chuy). It will encompass activities in the fields of prevention, care and protection through mobilizing, organizing, strengthening and establishing local care networks and services.

266. A similar regional project is about to begin with Argentina to combat the worst forms of child and adolescent labour, which will include work on combating sexual exploitation.

5. Children living in the streets

267. Attention should be drawn in this context to efforts to coordinate the various support projects for children living or working in the streets (community street project, business street project, extreme circumstances project, mobile external request response units) with other social policy programmes for children and adolescents, and particularly with different procedures for cash transfers.

268. Mention should also be made of a number of new programme initiatives involving personalized support for enrolment in the education system (“school/secondary school attendance”); programmes to reinforce the socializing role of families; specific programmes to address the most critical street situations; and care programmes and centres for users of psychoactive substances (especially cocaine paste).

269. These activities will be supplemented by others, such as reform of the enrolment system, better provision of shelters and meeting places, and the creation of temporary shelters. An INAU/INFAMILIA project network to address extreme street circumstances is already operating to that end. There is also a discussion forum, known as “Espacio Calle”, involving INAU and the 21 civil society organizations with which agreements have been signed to execute support projects for children and adolescents living or working in the streets. In addition, INAU and INFAMILIA plan initiatives to support such children outside the capital.

6. Child and adolescent labour

270. Preventive measures will focus on the early detection and tackling of potential situations involving child labour in and outside of the household. A programme of family education agreements is to be implemented, which will include a study-grant system (as a replacement for employment income) as well as extracurricular and material support from educational facilities that have made a commitment to adolescent assistance and promotion during the academic year.

271. The eradication of child labour also calls for close collaboration with communities and the establishment of an effective inspection system. To that end, it has been decided to involve communities in public-sector action to eradicate the worst forms of child labour

(garbage picking, waste sorting, bricklaying, work in the streets), to intensify and upgrade the inspection system, and to monitor economic entities that seek and employ child and adolescent workers in rural or urban activities. INAU has accordingly added six new labour inspectors to its staff.

7. Conflict with the law

272. Efforts are under way to overhaul current provisions for implementing the socio-educational measures ordered by the specialized courts. The socio-educational approach to the accountability of adolescents in conflict with the law will be expanded, from a rights-based perspective. In the case of non-custodial socio-educational measures, this will have to involve steps to keep adolescents in their family and community environment. It will also involve taking custodial measures that are respectful of the rights of adolescents, by detaining them in centres that progressively increase their freedom of movement. In addition, the Supreme Court of Justice will be asked to extend the network of specialized courts throughout the country for minors in conflict with the law, which will help to establish a juvenile justice system.

273. It is in this broad context that, as stated above (para. 32), the Adolescent Criminal Responsibility System (SIRPA) was established in July 2012, administered by an executive committee of the INAU Directorate, to increase the levels of specialization of care (through five programmes, detailed in annex 3). INAU allocated significant budgetary resources for that purpose for the period concerned.

8. Situations of crisis in family protection

274. Steps will be taken to strengthen and increase the number of small group homes, shelters and temporary foster families and to streamline adoption procedures. Budgetary resources have accordingly been allocated to the foster care programme for the period 2011-2014.

9. Degraded, contaminated and/or floodable habitats

275. Efforts will be made to design and implement a plan for reducing situations of serious overcrowding. In addition, the Ministry of Housing, Regional Planning and the Environment, together with INAU and INMUJERES/MIDES, are jointly implementing a programme of housing solutions for families in situations of vulnerability to cover their rent for a two-year period.

Table 12

Main budget increases for situations of special vulnerability

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
Mental health and consumption of psychoactive substances		
	Increasing support for clinical interventions	60 000 000
	Opening two new centres	69 000 000
INAU	Operating a treatment room and out-patient treatment team in Portal Amarillo	7 200 000
Ill-treatment and abuse of children and adolescents		
Ministry of Social Development	SIPIAV	400 000 ^a

<i>Body</i>	<i>Item</i>	<i>Amount in Ur\$ (2011-2014)</i>
Children living in the streets		
Ministry of Social Development	Drafting a strategy for children living in the streets in the country's interior	6 000 000 ^b
Conflict with the law		
INAU	Creation and development of SIRPA	662 000 000
Situations of crisis in family protection		
INAU	Family placement programme	71 000 000 ^c

^a MIDES, arts. 618-619.

^b Ibid.

^c INAU, art. 696.

Source: Prepared for this report based on data from the Budget Act and from BPS and INAU budget data.

Bibliography

Arim, R. (2007). Enfoque de Derechos e Inversión Social en la Infancia. Un aporte para la discusión. Documento presentado al Evento Invertí en la Infancia, organizado por IELSUR y el Comité de los Derechos del Niño.

Azar, P.; Llanes, J.; Sienra, M.; Capurro, A. & Velázquez, C. (2008). “Informe sobre el Gasto Público en Infancia en Uruguay 1990-2009”. *Cuadernos de la ENIA*. Montevideo.

CCE (2009). “*Plan de Acción 2010-2015. Documento de Trabajo de la Estrategia Nacional para la Infancia y la Adolescencia 2010-2030*”. Comité de Coordinación de Estratégica de Infancia y Adolescencia, Montevideo.

CNPS (2009). “*De la Emergencia a la Equidad. Las políticas sociales del Gobierno Nacional (2005-2009)*”. Consejo Nacional de Coordinación de Políticas Sociales, Montevideo.

ENIA (2009). *Plan de Acción 2010-2015*. Documento de Trabajo. Comité de Coordinación Estratégica de Infancia y Adolescencia.

INE (2011). Magnitud y Características del Trabajo Infantil en Uruguay, Informe Nacional 2010. INE, Montevideo.

Moratorio, X. (2011). Encuesta sobre estado nutricional, prácticas de alimentación y anemia en niños de 0 a 2 años. UNICEF.

OPP-MIDES (2009). “*Reporte Social 2009. Principales características del Uruguay Social*”. Oficina de Planeamiento y Presupuesto/Área de Gestión y evaluación del Estado – Ministerio de Desarrollo Social, Montevideo.

PNUD (2007). “*Democracia/Estado/Ciudadanía. Hacia un Estado de y para la Democracia en América Latina*”. Programa de las Naciones Unidas para el Desarrollo (PNUD), Nueva York.

UNICEF (2007). Historias en el silencio: prostitución infantil y adolescente en Montevideo y área metropolitana. Proyecto Explotación sexual comercial de niños y adolescentes en Uruguay Prostitución en Montevideo y área metropolitana. Montevideo.