



Convention on the Rights of the Child

Distr.: General
13 July 2015

Original: English
English, French and Spanish only

Committee on the Rights of the Child

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

Combined second and third periodic reports of States parties
due in 2008

Brunei Darussalam*


[Date received: 12 November 2013]

* The present document is being issued without formal editing.

GE.15-11785 (E)



* 1 5 1 1 7 8 5 *

Please recycle 



Contents

	<i>Paragraphs</i>	<i>Page</i>
Summary	1–2	5
I. Objectives and scope	3–5	5
II. Brunei Darussalam overview	6–7	5
III. General measures of implementation	8–63	6
A. Legislation	10–12	6
B. Other Conventions	13–14	8
C. Coordination	15	8
D. Plan of action	16–40	9
E. Cooperation with civil society	41–42	15
F. Independent monitoring structures	43–45	17
G. Data collection	46–49	18
H. Training and dissemination	50–53	19
I. Reservations	54–63	20
IV. Definition of the child	64–66	21
V. General principles	67–88	22
A. The right of non–discrimination	67–74	22
B. The best interests of the child	75–80	23
C. Respect of the views of the child	81–88	24
VI. Civil rights and freedoms	89–100	25
A. Birth registration	89–95	25
B. Nationality	96	26
C. Corporal punishment	97–100	26
VII. Family environment and alternative care	101–141	27
A. Pre–marital course	101–102	27
B. Adoption	103	27
C. Violence, abuse, neglect and maltreatment	104–141	27
VIII. Basic health and welfare	142–163	32
A. Adolescent health	142–154	32
B. Children with disabilities	155–163	34
IX. Education, leisure and cultural activities	164–168	37
X. Special protection measures	169–195	37
A. Economic exploitation including child labour	169–172	37
B. Substance abuse	173–181	38
C. Children in conflict with the law	182–195	40

XI.	Optional protocols	196	41
XII.	Dissemination of documentation.....	197–200	42
	Challenges and constraints.....	198–200	42
	Indicators on children		43
Tables			
	Table 1 – Percentage of child population		43
	Table 2 – Health indicators		43
	Table 3 – Education indicators		44
	Table 4 – Birth and marriage registration.....		44
	Table 5 – Usage of improved drinking water in Brunei Darussalam in 2004		44
	Table 6 – Usage of adequate sanitation facilities in Brunei Darussalam in 2001.....		44
	Table 7 – Cases dealt with by the Women and Child Abuse Investigation Unit, Royal Brunei Police Force 2004–2008.....		45
	Table 8 – Teenage pregnancies (babies born out of wedlock)		45
	Table 9 – Youth arrests 2002–2006 (18 years and under).....		46
	Table 10 – Child-related cases handled by the Department of Community Development 2004–2011		47
	Table 11 – Child-abuse cases dealt with by the Women and Child Abuse Investigation Unit, Royal Brunei Police Force 2005–2008.....		47
	Table 12 – Welfare benefit recipients 2001–2011.....		48
	Table 13 – Education allowances recipients 2009–2011.....		48
	Table 14 – Disability pension recipients 2006–2011		48
	Table 15 – Cases handled by the Counselling Unit of the Department of Community Development 2004–2009		49
	Table 16 – Child-care centres registered under the Department of Community Development 2006–2011		49
	Table 17 – Residents of Taman Nor Hidayah Welfare Home (for women and girls) 2004–2011		50
	Table 18 – Residents of Darussakinah Welfare Home (for children) 2004–2011.....		50
	Table 19 – Orphans registered under the Department of Community Development 2004–2011		50
	Table 20 – Children with disabilities registered under the Children Development Centre, Ministry of Health 2004–2009		51
	Table 21 – Children with disabilities and special needs under the Ministry of Education 2004–2009.....		52
	Table 22 – Narcotics statistics, by age group		53
	Table 23 – Narcotics Statistics, by number of activities		53
	Table 24 – Narcotics Statistics, by number of participants		53

Drafting Committee	54
References	54

Annexes**

Annex 1 – Standard of Procedure & Workflow of HSU	
Annex 2 – The 21st Century National Education System (SPN 21)	
Annex 3 – The Health Promotion Blueprint 2011–2015.....	
Annex 4 – Youth Programmes at the Ministry of Culture, Youth and Sports and the Department of Youth and Sports	
Annex 5 – Brunei Darussalam AIDS Council.....	
Annex 6 – Inclusive Education for Children with Disabilities.....	

** Annexes can be consulted in the files of the secretariat.

Summary

1. Brunei Darussalam's combined second and third periodic reports to the United Nations Committee on the Rights of the Child addresses the State party's initiatives and achievements in promoting and protecting the rights of the child in the period 2003–2011. The Report reviewed these efforts in the context of the concluding observations made by the Committee on the Rights of the Child during consideration of Brunei Darussalam's Initial Report.

2. In the implementation of the Convention, Brunei Darussalam faced challenges and constraints especially in the lack of expertise by officers responsible for the coordination of the Convention. There is a need for expertise which can contribute towards gaining a better understanding of its obligations in ensuring effective implementation of the Convention. Thus, Brunei Darussalam looks forward to working with the relevant UN bodies in this regard. Other challenges faced involved lack of expertise with regard to children with disability, data availability and lack of awareness.

I. Objectives and scope

3. The combined second and third periodic reports of Brunei Darussalam (Report) on the implementation of the Convention on the Rights of the Child (Convention) addresses measures adopted by the State party since the consideration of the Initial Report of Brunei Darussalam (CRC/C/61/Add.5) by the United Nations Committee on the Rights of the Child (Committee) in September 2003 and covers the period of 1999 to July 2001.

4. The Report details the consideration given by the State party to the views and recommendations of the Committee in relation to the Initial Report. It details/explains the State party's initiatives and achievements in promoting and protecting the rights of the child in the period of 2003 to 2011 the challenges, factors and difficulties that affected the degree of fulfilment of the obligations under the Convention.

5. The Report updates measures adopted by the State party to give effect to the rights set forth in the Convention and the progress made in the enjoyment of those rights.

II. Brunei Darussalam overview

6. As of 2011, Brunei Darussalam has a total population of 422,700 with an increase of annual rate 2.0% and is composed of a multi-ethnic society: Malays 66%, other Indigenous groups 23% and Chinese 11%, which those below the age of 19 years are comprised of 33.7% of the population (table 1).

7. Brunei Darussalam has achieved almost all of the targets of the Millennium Development Goals (MDGs). Increasing investments in education, health and infrastructure, supported by our natural resources, have propelled the country to position number 33 out of 187 nations in UNDP's Human Development Index 2011 at a rate of 0.838. Brunei Darussalam is also placed 9th in the World Map of Happiness conducted by the University of Leicester in 2006/2007.

III. General measures of implementation

8. The lead agency for the implementation of the Convention is the Department of Community Development (DCD) under the Ministry of Culture, Youth and Sports (MCYS). As issues of the child cut across all sectors of society, the DCD works closely with all other relevant government and non-government bodies towards the implementation of the Convention.

9. The following sections outline the progress to date in the implementation of the Committee's recommendations and utilise the specific subject headings used by the Committee in the elaboration of its recommendations.

A. Legislation

The Committee recommends that the State party:

(a) Undertake a comprehensive review of existing legislation from a rights-based approach, to ensure its conformity with the principles and provisions of the Conventions;

(b) Ensure the speedy promulgation of legislation relating to child rights and its effective implementation; and

(c) Ensure that laws are sufficiently clear and precise, are published and are accessible to the public.

10. Since the submission of the Initial Report, Brunei Darussalam has passed several new legislations which ensure the rights of the child and the implementation of the Convention on a rights-based approach. These laws provide for the care and protection of children and ensure their access to education, health, shelter, security and other human rights and are generally in conformity with the principles and articles of the Convention:

- Children and Young Persons Order 2006, which replaced the Children Order 2000 and came into effect on March 2010, provides for the care and protection of children and their rehabilitation; and the establishment of Juvenile Courts and Action Teams on Child Protection. The Action Teams on Child Protection has been set up for the purposes of coordinating locally-based services to families, children and young persons in cases where children or young persons are or are suspected of being in need of protection. The Order provides for temporary custody, medical examination and treatment, remand homes, places of detention, approved schools and approved homes and procedure in juvenile courts. It also stipulates offences against children and young persons such as trafficking, ill treatment, begging and leaving them without reasonable supervision;
- Childcare Centres Order 2006 regulates the registration, supervision and inspection of childcare centres, to ensure that the well-being, health and safety of every child under the childcare centres is given the utmost priority. The DCD is the licensing authority for childcare centres and coordinates the registration process with all relevant government agencies;
- The Trafficking and Smuggling of Persons Order 2004 criminalises the activities of human trafficking, human smuggling and exploitation of the trafficked persons. It also criminalises children trafficking in that any person who recruits, transports, transfers, harbours or receives a child by any means for the purposes of exploitation shall be guilty of an offence; The Royal Brunei Police Force (RBPF) has established a Heads of Specialist Trafficking Unit (HSU) on the 16th August 2011 to specialize

in investigating trafficking-in-persons (TIP) cases in Brunei Darussalam. HSU specializes in conducting investigations on TIP offences in accordance with the Trafficking and Smuggling of Persons Order, 2004. The Standard Operating Procedures (SOP) has been developed to establish step-by-step procedures by which TIP investigations will be conducted. HSU works very closely with Immigration and National Registration Department (INRD), Labour Department, Attorney General's Chambers (AGC) and DCD, for the prevention, investigation, protection and anything related to TIP cases. (See Annex 1)

- The Legitimacy Order 2001, which applies to non-Muslims, provides for the legitimisation of children born out of wedlock. Generally, it upholds the status of an illegitimate child, by recognising that they shall have the same rights of a legitimate child.
- The Education Order 2003 regulates the registration, supervision and inspection of educational institutions for children 3 years and above, to ensure that the well-being, development, health and safety of every child under the schools are catered for. The Ministry of Education (MOE) is the registration authority for educational institutions and coordinates the registration process with all relevant government agencies.
- The Employment Order 2009 contains specific provisions which govern the employment of children and young persons in Brunei Darussalam. Pursuant to this Order, no child shall be employed in an industrial undertaking except as provided by law.
- Compulsory Education Order 2007 provides for 9 years compulsory education for all children. The Order requires all children from the age of 6 to be in schools for at least 9 years, starting from Year 1 in the primary level to Year 9 in the secondary level. The Order defines "child of compulsory school age" as "a child above the age of 6 years who has not yet attained the age of 15 years and who satisfies such conditions for receiving primary and lower secondary education.". However the MOE has a 12-year education policy which requires the students to be provided with education until year 11 up to the completion of "O" level or its equivalent.
- The Offenders (Probation and Community Service) Order 2006 provides for the probation of youthful offenders and for their performance of community service.
- Tobacco Order 2005 criminalises any person who sells; buys or acquires; or gives or furnishes any tobacco product to a person below the age of 18 years. The Order also penalises any person below the age of 18 who smokes or chews any tobacco in public places, or has in his possession any tobacco products whether for his own use or not. He would be liable on conviction to a fine not exceeding \$500 and \$1000 for subsequent convictions.
- The Islamic Family Law Order 2000 and the Married Women Act (CAP 190) were amended in 2010 to include provisions dealing with "dharar syarie" or domestic violence. Pursuant to the amendments, the laws provide better protection for victims of domestic violence. The laws explicitly define the meaning of domestic violence and provide an extensive protection for abused victims including the issuance of protection orders and expedited orders by the court and the award of compensation to the abused victims.
- The draft Disability Order has been formulated and is in the pipeline for adoption. The Order is expected to help promote the concept of inclusive society where person with disabilities find opportunities to be productive. The Order will address various issues, including access to infrastructure, education, health, recreation and sports,

culture and information. This will ensure the promotion and protection of the rights of the person with disabilities from a rights-based approach.

11. All these laws are published and made accessible to the public where copies can be bought from the Printing Department, Prime Minister Office. Soft copies are also made available to the public through the AGC's website: www.agc.gov.bn.

12. The AGC, the Ministry of Religious Affairs (MORA) and other relevant agencies continuously undertake the reviewing of legislations to guarantee comprehensive and impartial law. Constant review signifies the efforts to ensure that interests of all parties are protected, particularly the interests of children.

B. Other Conventions

The Committee recommends that the State party take the necessary steps for the ratification of the International Covenant on Economic, Social and Cultural Rights, the International Covenant on the Civil and Political Rights, the International Convention on the Elimination of All Forms of Racial Discrimination, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

13. Brunei Darussalam has acceded to the Convention on the Elimination of All Forms of Discrimination against Women on 24th May 2006 and it is a signatory to the Convention on the Rights of Persons with Disabilities.

14. Brunei Darussalam is reviewing the following treaties:

- Convention on the Rights of Persons with Disabilities
- Supplementary Convention on the Abolition of Slavery, the Slave Trade and Institutions and Practices Similar to Slavery
- International Convention against Apartheid in Sports and
- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict

C. Coordination

The Committee recommends that the State party establish a clear mandate for the National Children's Council enabling it to perform an effective coordination of the activities of government ministries and NGOs for the implementation of the Convention with adequate power, a legal framework and a general secretariat with sufficient human, financial and other resources.

15. The National Children's Council was established as a main platform to oversee, plan and implement the Convention and to assist the Social Affairs Services Unit of the MYCS. The Social Affairs Services Unit has since been upgraded to the DCD with 281 personnel and an annual budget and has absorbed the roles of the former National Children's Council to avoid duplication and to ensure effectiveness. Under the DCD, there is a designated section dealing with children, family and women respectively. The functions of the Children's Division of the DCD are as follows:

- As the lead agency for the promotion and protection of children from a rights-based approach including the support, care, protection, rehabilitation, development and wellbeing of children
- As the coordinating agency for the implementation of the Convention
- As the Secretariat for the Action Teams for the Protection of Children established under the Children and Young Persons Order 2006
- To formulate, implement, monitor and evaluate national legislation on children
- To collect and collate data and information, and undertake and promote research relating to children
- To raise awareness throughout society on the rights of the child
- To provide protection facilities for children in need of protection
- To provide avenues of complaints accessible for children and
- To provide rehabilitation services including counseling for children and related family members

D. Plan of action

The Committee recommends that the national plan of action cover comprehensively the Convention with due consideration to the outcome document, “A World Fit for Children”, of the General Assembly special session on children. The Committee further recommends that there be a monitoring system and indicators to measure the progress achieved.

16. In 2008, Brunei Darussalam has identified its long-term development framework over the next 30 years under “Wawasan Brunei 2035” (Brunei Vision 2035). Among others, it aims to be among the top 10 countries in the world with a dynamic economy, sustainable per capita income, educated and well skilled people. To fulfil the targets of the Brunei Vision 2035, eight strategies have been identified that include sectors in education, economy, security, institutions development, local business, structures, environment and social guarantees. As children issues cut across all sectors, the National Plan of Action incorporates the plans of action on health, education and all other relevant sectors.

17. Many plans of action have recorded great strides and achievements in the promotion and protection of the rights of children in Brunei Darussalam as reflected in the indicators at tables 1–6.

18. The efforts of the MOE are reflected in the primary school net enrolment of 92.90% in 2009 (table 3). The number of students in primary school shows increase in enrolment of 44,487 in 2001 to 55,635 in 2011 and in secondary school increased from 32,252 in 2001 to 39,844 in 2010. This figure is expected to increase with the enforcement of the Compulsory Education Order of 2007.

19. The 21st Century National Education System (SPN21) which aims to meet the social and economic challenges of the 21st Century, realises the MOE’s vision and mission, equips students with 21st Century skills and fulfils the Strategic Themes as outlined in the MOE’s Strategic Plan (2007–2011):

- Under the new education system, wider provisions are available for students after post-primary schooling based on their interests and abilities. The provisions are for students to do 4/5 years of General Academic Programme, 4/5 years of Applied Programme, 5 years of Specialised Programmes and 5 years of Special Needs

Programme. This will lead the students to sit for the “O” level examinations or BDTVEC examinations or other kind of assessment. (See Annex 2.)

- The MOE continues to provide financial allowances for students attending tertiary education including vocational schools, nursing colleges and higher education institutions such as universities. Financial allowances include Student Allowances for all students, Special Consideration Allowances for students from poor families, Transport Allowances for those who reside more than 8 km away and Industrial Placement Allowances for those in industrial training. Transport Allowances are also provided to students in secondary schools.
- In effort to help unprivileged students to attain their educational achievement, the MOE started an assistance scheme whereby, based on established criteria, a total of 107 underprivileged students are provided with hostel accommodation to help them attain educational achievement. The students are placed in the hostel of Duli Pengiran Muda Al-Muhtadee Billah College. The placement in the hostel will make way for proper socialization that can bring success in the students’ lives, enable them to pull themselves out of poverty and live life with greater independence, discipline and success. In the hostel, the students will follow programmes, which include extra class as well as counselling services.
- By 2035, the MOE wishes to see Brunei Darussalam recognised everywhere for:
 - The accomplishment of its well-educated and highly-skilled people as measured by the highest international standards
 - The quality of life and
 - The dynamic, sustainable economy with income per capita within the top 10 countries in the world
- Brunei Darussalam’s commitment to achieve Education For All (EFA) by 2015 is reflected by the significant progress reported in the UNESCO EFA Global Monitoring Report. In the East Asia and the Pacific region, Brunei Darussalam is one of the four countries to have achieved EFA. Among the Southeast Asia countries, Brunei Darussalam is the only country listed under high Education Development Index (EDI) and having achieved EFA. In 2011, Global Monitoring Report shows the progress Brunei Darussalam has achieved with regard to EFA, having attained EDI of 34 out of 127 compared to EDI of 36 out of 129 previously reported in 2009.
- For Brunei Darussalam, the following are the index for the four most quantifiable EFA goals: Universal primary education (goal 2), measured by the primary adjusted net enrolment ratio = 0.965 , Adult literacy (first part of goal 4), measured by the literacy rate for those aged 15 and above = 0.949, Gender parity and equality (goal 5), measured by the gender-specific EFA index = 0.972 and for Quality of education (goal 6), measured by the survival rate to grade 5 = 0.993. Having achieved EFA means the EFA Development index (EDI) is between 0.97 and 1.00, and Brunei Darussalam has a high EDI of 0.97.
- Realizing the importance of evidence-based reporting on the progress towards these EFA goals, concrete plan for action towards national assessment was established. The MOE spearheaded an EFA Taskforce which comprises of various departments and ministries.
- The EFA Taskforce in collaboration with UNESCO Office in Bangkok, Thailand has recently convened the National Planning Workshop for the Undertaking of

Education for All Report and 53 officials from various departments and ministries participated in the workshop.

- Through this workshop, the participants collaborated to produce the Brunei Darussalam's EFA Assessment Report which will set the course for in-depth national study of achievement and gaps towards the six EFA goals.
- With these new skills and knowledge, Brunei Darussalam will be able to identify for any inequalities, stigmatization and discrimination link to wealth, gender, ethnicity, language, location and disability and to take appropriate actions that will lead to achieving EFA by 2015.

20. In the area of health, Brunei Darussalam has been classified as an early achiever in meeting the MDGs. Health care in the public sector is provided free for all citizens and permanent residents and affordable for non-citizens. Accomplishments in 2010 include a maternal mortality rate of 15.1 per 100,000 live births, an infant mortality rate at 6.1 per thousand live births, a decline in death rate for under-5 from 8.2 per 1,000 live births in 2009 to 7.2 in 2010. Immunisation coverage in Brunei Darussalam has consistently remained above 95% for all vaccines (Diphtheria/Tetanus/Whooping Cough Measles, Mumps and Rubella 1), which is given free under the comprehensive National Childhood Immunisation Programme. More than 99% of women receive antenatal care with each woman making about 8 antenatal visits during each pregnancy. More than 99% of deliveries are conducted by trained midwives in hospital settings and mothers are given postnatal care up to 6 weeks postpartum (table 2).

21. In February 2009, the MOH embarked on a project "Building a Strategy Focused Organisation – Balanced Scorecard Framework", aimed to create a culture in the organization that is focused on short-term and long-term objectives and goals.

22. The MOH Vision 2035 and Health Strategy aimed to introduce the key elements of the MOH new strategy, in line with "Wawasan Brunei 2035" which focused on the MOH's Five Strategic Themes:

- Comprehensive Healthcare System that Emphasises Service Excellence
- A Nation that Embraces and Practices Healthy Lifestyle
- Sustainability through Resource Optimization, Innovation and Excellence
- Effective Policies and Regulations that Ensure Protection for all and
- Transparent and Proactive Governance

23. These strategic themes have focused efforts in achieving significant, measurable improvements of the health of the people. This is an effort towards strengthening health systems as prerequisites for ensuring efficient and high-quality health services in Brunei Darussalam.

24. The Health Promotion Blueprint 2011–2015 for Brunei Darussalam is a comprehensive document that informs, rationalises and outlines the key directions for the promotion of healthy living for the population of Brunei Darussalam over the next 5 years. Its development is guided by the decisions contained in the Ottawa Charter for Health Promotion (1986) and Bangkok Charter for Health Promotion in a Globalized World (2005), in particular, to address the prevention and control of non-communicable diseases. (Annex 3)

25. It highlights the importance of a comprehensive, integrated, multi-sectoral approach at all levels in addressing the issue effectively. The Blueprint further enhances various existing actions and measures to encourage and promote healthy eating and physical activity as well as reduce smoking and obesity among Bruneians. It also includes

developing relevant healthy living policies and programmes, capacity building and strengthening health promotion resources. Working with other agencies is also important in leveraging on existing policies, infrastructure and programmes to promote healthy lifestyles.

26. This includes promoting measures such as nutrition labelling and encouraging the availability of healthy food choices and portion sizes and the monitoring of smoking prevention programmes and activities. The Blueprint also recognises the importance of involving relevant stakeholders directly in the planning, implementation and monitoring of the various programmes and Initiatives.

27. In the Blueprint, four strategic objectives were identified, namely:

- Establishing and strengthening health in all policies across Government, where relevant public policies will need to be strategically aligned and more inclusive of health and well-being outcomes
- Developing effective, quality and innovative health promotion programmes, particularly to address risk factors for NCDs
- Enhancing inter-sectoral collaboration and partnership between Government agencies, NGOs, private sector, civil societies and communities in the implementation of specific initiatives and
- Developing and enhancing skills and competencies in health promotion

28. The 10-year National Health Care Plan 2001–2010 aimed to further improve the health and well-being of the people of Brunei Darussalam through a high-quality and comprehensive health care system which is effective, efficient, responsive, affordable, equitable and accessible to all in the country. One of the ways of achieving this is by consistently providing an affordable and comprehensive primary health care for all regardless of their race, religion and ability to pay.

29. The Priorities and Policy Direction of the National Health Care Plan also aimed towards a “Healthy Public Policy” as advocated by the WHO which required that the health consequences of policy be addressed not just by health agencies but by all policy-makers and community leaders. The Strategic Goals of the Plan include, among others, the following stages:

- Preparation of Life – Objectives include providing for safe motherhood with adequate antenatal care, balanced nutrition and preparation for breast feeding and promotion of oral health; improving child survival and decrease infant morbidity by promoting healthy environments, maintaining high levels of immunisation and by providing high-quality case management of childhood infection and disability; supporting the development of healthy life styles through promoting education, safe environments and healthy behaviour during childhood and adolescence.
- The Plan of Action towards this are as follows:
 - Conduct an evaluation on the quality of health care provided for women, children and adolescents through:
 - Health centres, health clinics, Mother Child Health clinics and hospitals
 - Better-trained staff
 - Provision of information and education to community
 - Promotion of breast feeding, safe food preparation and good nutritional practices

- The use of up-to-date technical knowledge and information
- Launch campaigns to strengthen health education and promotion for children and adolescents through:
 - Provision of suitable educational and health promotional materials – adolescence health in secondary school curriculum
 - Health promotion and annual dental check-up for children
 - Promotion of appropriate food and eating habits
 - Encouraging health promoting schools
- Protection of Life – Objectives, among others are to promote appropriate, balanced diets and safe food preparation; prevent and delay the onset of non-communicable diseases; provide effective prevention and management of environmental-health related diseases and disability (including tobacco control); enhance the quality of life of the handicapped, infirm and disabled through rehabilitation and other means; and continue strengthening oral health programmes in the general population, particularly in priority target groups, especially school children.
- The Plan of Action towards achieving this are as follows:
 - Form multi-sectoral task force with community participation to coordinate the design and implementation of health promotion activities and of health supporting living conditions and environment (healthy schools, healthy workplace and healthy city)
 - Review existing health legislation
 - Maintain optimum level of fluoride in piped water supply and ensure regular dental check-ups and suitable curative action
 - Develop programmes which promote especially the benefits of healthy diets and exercise including avoidance of smoking
 - Develop community based programmes for prevention and control of cerebro-vascular diseases
 - Promote food safety measures
 - Develop technical capabilities for monitoring, assessing, controlling and managing health risks
 - Widen the scope of health promotion activities and
 - Promote individual actions that maximise quality of life through community-based rehabilitation services

30. In November 2009, a National Cervical Cancer Prevention and Control Programme was launched. Under this programme, numerous achievements have been made that included:

- The setting up of the National Pap Smear Registry in February 2011, which facilitates the invitation of women for cervical screening and aims to increase the country's Pap smear coverage up to 80%.
- The launching of the National HPV Vaccination Programme on 16 January 2012. This primary prevention programme is largely delivered through schools and will routinely be offered to young girls in Year 7 of secondary schools (aged 11 to 13).

A four-year “catch-up” campaign was also simultaneously started that offers HPV vaccination to older girls in Year 11 (aged 15 to 17).

- Complimentary HPV vaccination to all female citizens and permanent residents (outside the target age groups) who wish to be vaccinated. Vaccination for these women is carried out in designated vaccination centres throughout the country.

31. The MOH strategies for the prevention and control of STIs and AIDS include awareness campaigns provided through:

- Publicity campaigns in conjunction with World AIDS Day including exhibitions, road shows, television and radio talks as well as newspapers and newsletters
- Dissemination of health messages through leaflets and other related publicity materials
- One-to-one advice with a doctor in health centres or health clinics
- Health talks and exhibition for specific target groups such as secondary school students and women groups

32. The Brunei Darussalam AIDS Council (BDAC), a non-profit NGO, works in collaboration with the MOH and the Standard Chartered Bank in enhancing awareness on the prevention of HIV transmission through its educational preventive programmes, road shows, poster and essay competitions and talks to schools and the community, namely women, youth groups, uniformed personnel and government officers. It holds an annual seminar to mark World AIDS Day with talks from invited speakers who are HIV positive.

33. It also runs many fund-raising activities and provides counselling for family members and those living with HIV. It has an active team of Peer Counsellors. While undergoing treatment, those tested positive are referred by the Medical Social Worker of the Government hospital to the BDAC for moral and support.

34. Another relevant NGO that works closely in AIDS preventive education is the National Anti-Drug Association, BASMIDA. Formed in 1987, it is an active NGO that works in close collaboration with the Narcotics Control Bureau and other educational institutions in anti-drug preventive programmes. It runs various entrepreneurial programmes to help ex-addicts (Rakan BASMIDA) gain employment and lead drug-free lives. Such entrepreneurial programmes include car wash, handicrafts and grass cutting businesses. BASMIDA is also a member of the International Federation of NGOs for the Prevention of Drug and Substance Abuse (IFNGO).

35. The Strategic Plan of the DCD includes Plan of Action on Children, and programmes which provides for the promotion, protection and rehabilitation of children. The Organisational Goals of the DCD includes to promote the well-being of individual, promote a resilient and responsible individual, build a caring and compassionate community for family resilient and survival and to strengthen family unit as the basic building block of society.

36. The Plan on Action on Children that is being carried out by the DCD includes:

- Coordinating a multi-agency committee known as Action Team on Child Protection that discuss issues of child Protection and well-being of children in the country
- Offering services such as counselling, intervention, monthly welfare allowance, Child Helpline 141, public awareness campaign
- Internal committee on adoption of children, making sure adopting parents are fit and economically stable for the wellbeing of the adopted children

- Drawing and carrying out programmes on probation and community services for children offenders and
- Celebrating Universal Children's Day at the national level

37. The Strategic Goals of the DCD which can impact on the development of the child, include the following:

(a) To combat social ills by reducing the incidence of divorce, domestic violence, juvenile delinquents, drug and inhalant abusers, teenage pregnancies, incest and other social ills;

(b) To increase the accessibility of counselling services;

(c) To increase motivation programmes for youth at risk;

(d) To increase awareness campaigns on social issues including the rights of the child at schools, towns and villages through road shows, media, government agencies and NGOs;

(e) To increase civil society participation through partnership with the Department;

(f) To ensure capacity building among the staff responsible for early childhood education and the development of the child including children with disabilities;

(g) To increase the quality of guidance and training programmes for the disabled so as to provide them with life skills;

(h) To increase the participation rate of disabled in employment;

(i) To improve the quality of care and personality development programmes provided in welfare homes; and

(j) To coordinate implementation of the Convention.

38. The DCD's Promotion programmes include awareness campaigns through print and electronic media, through websites and blog sites, through weekly road-shows to schools and through the annual celebration of Children's Day. Protection and rehabilitation programmes include welfare benefits, which comprise sustenance allowances (table 12), education allowances (table 13) and disability allowances (table 14); counselling (table 15), family conferencing (tables 10 and 11), regulating and monitoring of child care centres (table 16) and shelter homes (tables 17 and 18).

39. The Department of Youth and Sports under the MCYS provides services and programmes for children as guided by the National Youth Policy and National Sports Policy (Annex 4).

40. The plan of action of the Narcotic Control Bureau (NCB) when dealing with children involved with drugs is by way of a two-pronged strategy; that is, through the criminal justice system and the preventive drug education.

E. Cooperation with civil society

The Committee recommends that the State party involve systematically non-governmental organizations (NGOs) and other civil society groups, including children's associations, throughout all stages of the implementation of the Convention, including the formulation of the national plan of action, policies and programmes, and in the drafting of the next report to the Committee.

41. Consultations with the NGOs are held regularly and as partners in the development of children including formulation of legislation and implementation of programmes.

42. The DCD works in partnership with many NGOs and civil society groups on issues relating to children. The relevant NGOs are as listed below:

- The Women's Council of Brunei Darussalam which is the parent body to 13 women's associations and the National Youth Council, which is the parent body to 67 youth associations, sit on the many government committees such as the Special Committee on Women and Family Institution and including the Drafting Committee for the periodic reports of the Convention and the Convention on the Elimination of All Forms of Discrimination against Women. The newly formed National Council of Social Welfare, which aims to be the parent body to many welfare associations and associations for persons with disabilities, is a partner to the DCD with programmes aimed at protecting and promoting the rights of children, elderly, disabled, the needy and family development.
- Sultan Haji Hassanal Bolkiah Foundation provides various forms of aid including financial, housing, subsistence and school stationeries for children. Such programmes help to reduce the parents' burden especially those who have many dependents. The Foundation sits on the MYCS's National Council on Social Issues, Special Committee on Poverty and the DCD's Committee for Appraisal of Welfare Benefits. The Foundation also cooperates with the DCD on housing projects for the poor.
- Pengiran Muda Mahkota Al-Muhtadee Billah Orphans Fund has a special financial scheme to help orphans.
- BASMIDA is a member of International Federation of Non-Governmental Organizations for the Prevention of Drugs and Substance Abuse (IFNGO) and World Federation Against Drugs – Stockholm (WFAD); BASMIDA fully supports demand reduction strategy by carrying out preventive drug education programmes and activities in all segments of society amongst ex-drug addicts.
- Scout Association and Girl Guide Association provides volunteers and logistical support in times of natural disasters and assists the DCD in their projects.
- PusatEhsan Al-Ameerah Al-Hajah Maryam, a wholly charity-run association for the physically and mentally disabled, which provides skills training for the disabled to promote self-reliance as well as life skills. It is a member of the DCD's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.
- Association for Paralytics and Physically Disabled Person (PAPDA) runs programmes for its members and propagates awareness to the public on the plight of the disabled. The Association is a member of the DCD's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.
- Association of Handicapped Children of Brunei Darussalam (KACA) runs programmes for its members and awareness programmes for the public on the plight of disabled children. The Association is a member of the DCD's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.
- Society for the Management of Autism Related Issues- Training, Education and Resources of Brunei Darussalam (SMARTER) is run by parents and families of children with autism. Its functions include to protect every individual member with

Autism Spectrum Disorder (ASD) and their family and to ensure that every individual with ASD will have a bright future. It is a member of the DCD's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.

- Brunei Darussalam National Association of the Blind (BDNAB) promotes deterrent and treatment for the blind and implements activities for the blind. BDNAB is a key partner in the Government's efforts towards World Vision 2020 which aims at the elimination of all preventable blindness by the year 2020. The Association is a member of the DCD's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.
- FITRAH is an association aimed at promoting special needs education. It is a member of the DCD's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.
- Learning Ladders is an association which promotes and protects the rights of children with autism and provides them with training programmes. It is a member of the DCD's Department's Drafting Committee for the Disability Order and is a partner in the celebration of the International Day for the Disabled.
- The Brunei AIDS Council works closely with the MOH in their effort to increase awareness on HIV and AIDS among adolescents.
- Special Olympics Brunei Darussalam (SOBD) conducts and coordinates training and participation in sports for persons with intellectual disability.
- Brunei Darussalam National Service Programme (PKBN) is a pioneer project organized by MCYS oriented towards the Bruneian identity and designed specifically to equip the youths, both physically and spiritually, so as to make them resilient individuals equipped with the proper tools for future nation-building efforts. The project ran for 12 weeks (4 December 2011–25 February 2012). It focused on 4 main components namely, "Identity and Nationhood", "Physical and Discipline Exercises", "Entrepreneurship" and "Community Service"; and is a holistic youth development programme to shape and produce patriotic youths towards the monarch, people and religion, as well as responsible and gallant to themselves, community and the nation.

F. Independent monitoring structures

The Committee recommends that the State party:

(a) **Establish a National Human Rights Institution, in accordance with the Paris Principles relating to the status of national institution (General Assembly resolution 48/134) and in light of the Committee's general comment No. 2 on National Human Rights institutions, to enable it to monitor and evaluate progress in the implementation of the Convention at the national and, if appropriate, the local level. In addition, the institution should be empowered to receive and investigate complaints of violation of child rights in a child-sensitive manner, and effectively address them;**

(b) **Review the role of the existing institution in order to avoid any overlap in their functions;**

(c) **Allocate sufficient financial and human resources to the national human rights institutions; and**

(d) **Seek technical assistance from among others, OHCHR and UNICEF.**

43. Currently, Brunei Darussalam has inter-agency consultative mechanism which deals with matters related to human rights. The existence of such mechanism, which works closely with NGOs and civil society, has ensured human rights in the country are well promoted and protected. The main agencies dealing with such responsibilities are Prime Minister's Office (PMO), Ministry of Foreign Affairs and Trade (MOFAT), Ministry of Home Affairs (MOHA), AGC, MORA, MOH, MOE and MCYS.

44. In addition, a Ministerial level National Council on Social Issues was established in April 2008. The main functions of the Council are to identify social issues, promulgate new legislation or amend existing legislation pertaining to these social issues, and to co-ordinate with the relevant agencies in ensuring their implementation. The Council is chaired by the Minister of Culture, Youth and Sports. Members of the Council include the Ministers of Education, Religious Affairs, Finance and Home Affairs, the Chairman of the Sultan Haji Hassanal Bolkiah Foundation as well as the Deputy Minister from the Prime Minister's Office. Special Committees were also set up under the Council namely, Special Committee on Poverty; Special Committee on Women and Family Institution; Special Committee on Persons with Disabilities and the Aged.

45. At the regional level, Brunei Darussalam has appointed its Representative to the ASEAN Intergovernmental Commission on Human Rights (AICHR) to work with other ASEAN Member States in promoting and protecting human rights in the region. Brunei Darussalam has also appointed representatives to the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC), which was established in April 2010.

G. Data collection

The Committee recommends that the State party develop a system of data collection and indicators consistent with the Convention and disaggregated by gender, age, and urban and rural area. This system should cover all children up to the age of 18 years with specific emphasis on those who are particularly vulnerable, including child victims of abuse, neglect, or ill-treatment; children with disabilities; children belonging to ethnic groups; refugee and asylum-seeking children; children in conflict with the law; working children; adopted children; street children; and children living in urban areas. It further encourages the State party to use these indicators and data to formulate policies and programmes for the effective implementation of the Convention.

46. Data collection at present is based on UN age grouping. Sex-disaggregated data is available to a certain extent. The Department of Economic Planning and Development (DEPD) is the national statistics centre and it also works closely with other government agencies on data collection. The DEPD is currently preparing for the 2011 population census which will incorporate more sex-disaggregated data on children including children with disabilities, in accordance with the Convention.

47. The DCD also maintains registers on cases relating to child abuse (table 11), neglect, protection and rehabilitation (tables 10 and 11). The DCD maintains a national register of orphans (table 19) and a national register of child care centres for children below the age of 3 years (table 16). The DCD also has a database on poor people and all persons with disabilities registered under them including those who are receiving disability allowances under the Old Age and Disability Pensions Act (CAP 18) (table 14).

48. The MOE maintains registers for the enrolment of children in schools and other educational institutions including children with disabilities and special needs children in the school system (table 21).

49. The RBPF maintains registers of cases handled by them on child protection and rehabilitation as well as statistics on juveniles (table 9) and abandoned babies (table 7). The MOH through its hospitals maintains registers of children with regard to health issues, children with disabilities (table 20), child abuse cases and abandoned babies cases. The MOHA is the national registration agency for births and deaths of children.

H. Training and dissemination

The Committee recommends that the State party:

(a) Strengthen its efforts and systematize the dissemination of the principles and provisions of the Convention as a measure to sensitize society to children's rights through social mobilization;

(b) Undertake systematic education and training on the provisions of the Convention for all professional groups working for and with children, in particular parliamentarians, judges, lawyers, law enforcement officials, civil servants, personnel working in institutions, teachers, health personnel, including psychologists, and social workers;

(c) Seek technical assistance from, among others, OHCHR and the United Nations Educational, Scientific and Cultural Organization (UNESCO).

50. On (a), regular and systematic awareness programmes are undertaken by the DCD to publicize and sensitize the society on the rights of the child in line with the Convention, through among others, weekly road shows in schools, weekly media programmes and on-going talks to villages and community bodies. These also include publications on issues on the rights of children both in Malay and English Language. Awareness campaigns on the Convention and the rights of the child are always carried out during the celebration of Universal Children's Day in November.

51. On (b), trainings of professional groups working for and with children are systematically and continuously carried out by various agencies including MOE, MOH, AGC and relevant law enforcement and protection agencies. Trainings for personnel of welfare homes, counsellors and social workers are also on-going through in-house training and training programmes run by the Civil Service Institute, government agencies and accredited non-government agencies.

52. On (c), technical assistance is obtained from UNICEF and UNESCO on programmes relating to children such as regulating and monitoring the quality of early childhood education. Trainings for teachers and officers of the DCD are provided through workshops, seminars and conferences for personnel dealing with early childhood education. The involvement with UNICEF is also made through dissemination seminar organised jointly with UNESCO, where Asia-Pacific Regional Network on Early Childhood's (ARNEC) plays a potential role in support of policy and advocacy in the region.

53. In the near future, the MOE will seek technical assistance from UNESCO and other EFA partners to conduct activities such as assessment, monitoring and evaluation of pre-school education initiatives at the regional level for collaborative projects between UNESCO, SEAMEO and ASEAN. As part of EFA initiatives, Brunei Darussalam's EFA Assessment Report is being prepared to assess Brunei Darussalam's progress towards achieving the 6 EFA goals by 2015.

I. Reservations

The Committee strongly recommends that the State party expeditiously undertake the re-examination of its reservations with a view to reconsider and ultimately withdrawing them, in accordance with the Vienna Declaration and Plan of Action of the World Conference on Human Rights (1993). In this regard, the Committee considers that the State party study its reservations to articles 14, 20 and 21 of the Convention with view to withdrawing them.

54. Article 3(1) of the Constitution of Brunei Darussalam states that the official religion of Brunei Darussalam shall be the Islamic Religion. “Islamic Religion” is defined by Article 2(1) of the Constitution of Brunei Darussalam as the Islamic Religion according to the Shafeite sect of Ahli Sunnah Waljamaah. The Islamic Law and Hukum Syara’ govern Muslim children in Brunei Darussalam in respect of their religious affairs. According to Hukum Syara’, a child of parents who profess the religion of Islam should follow the religion of his or her parents. Based on this provision and also as this issue revolves around the sanctity of Islamic doctrine, Brunei Darussalam retains its reservation on this Article 14 as a whole.

55. Nevertheless, although Islam is the official religion of Brunei Darussalam, all other religions may be practiced in peace and harmony. This is clearly provided for under Article 3(1) of the Constitution of Brunei Darussalam. As such, there is no restriction for non-Muslims to practice their religions in this country.

56. Brunei Darussalam has in place relevant provisions in its existing laws governing issues relating to the peaceful practice of religions in this country. Chapter XV of the Penal Code (CAP 22) spells out offences related to religion:

- Section 295 of the Penal Code provides that it is an offence to injure and defile places of worship with intent to insult the religion of any class
- Section 296 provides that it is an offence to voluntarily cause disturbance to any assembly lawfully engaged in the performance of religious worship or ceremonies
- Section 297 provides for offence relating to trespassing on burial places etc
- Section 297A provides for offence relating to interference with grave or human remains and
- Section 298 states that it is an offence to utter any word etc. with deliberate intent to wound religious feelings

57. Apart from the Penal Code, the Sedition Act (CAP 24) can also be invoked so as to ensure proper observance of Article 3(1) of the Constitution of Brunei Darussalam. Section 4(1) of the Sedition Act provides that it is an offence:

- To do or attempt to do or make preparation to do or conspires with any person to do, any act with a seditious intention
- Utter any words with a seditious intention
- Prints, publishes, sells, offers for sale, distributes or reproduces any seditious publication and
- Imports any seditious publication, unless he has no reason to believe that it is seditious

58. Section 3(1) of the Sedition Act defines “seditious intention”, amongst others, as an intention (iv) to raise discontent or disaffection amongst inhabitants of Brunei Darussalam

or (v) to promote feelings of ill-will and hostility between different classes of the population of Brunei Darussalam.

59. With regards to Article 20 of the Convention, Brunei Darussalam has in place provisions which comply with paragraphs 1 and 2 of the Article. The Children and Young Persons Order 2006 provides special protection and assistance for children temporarily or permanently deprived of his or her family environment. Alternative care is provided under the same legislation and facilities for shelter are available through the welfare homes run by the DCD. Foster parenting may also be provided. The Action Team for the Protection of Children which is a multi-agency body considers cases on child protection. The Women and Girls Protection Act (Cap 120) also gives legal assurance in providing a place of safety for women and girls who are in need of protection.

60. Brunei Darussalam is withdrawing its reservations on paragraphs 1 and 2 of article 20.

61. Brunei Darussalam's reservation on Article 20 relates to paragraph 3 of Article 20 regarding the provision of alternative care in the form of adoption for children who are deprived of his/her family environment. The paragraph provides that due regard shall be paid to the desirability of continuity in a child's upbringing and amongst other to the child's religious background. This requirement is not in line with Section 10 of Islamic Adoption of Children Act (Cap 206) where it states that a non-Muslim child given up for adoption with the consent of his/her biological parents by Muslim parents shall be considered as Muslim. The same goes to children whose biological parentage is not known.

62. On Brunei Darussalam's reservation to Article 21 of the Convention, Brunei Darussalam has in place provisions which comply with Article 21(a) but not for sub-paragraph (b) – (e) which provides for the requirement of inter-country adoption. In Brunei Darussalam, matters relating to adoption of children are governed by the Adoption of Children Act (Cap 205) (applicable for non-Muslim children) and the Islamic Adoption of Children (Cap 206) (applicable for Muslim children). However, these laws do not expressly provide for inter-country adoption, thus the issue of inter-country adoption is not within the scope of these two laws.

63. Brunei Darussalam is withdrawing its reservation on sub-paragraph (a) of article 21.

IV. Definition of the child

The Committee recommends that the State party:

(a) **Review and, accordingly, take steps to amend its legislation so that the minimum-age requirements are gender neutral and explicit and ensure that they are enforced by law;**

(b) **In particular, increase the minimum age for marriage and make it the same for boys and girls.**

64. A "child" is defined under the Children and Young Persons Order 2006 as "a person who has not attained the age of 14 years".

65. In Brunei Darussalam, the minimum age of marriage varies between existing relevant legislations. The Marriage Act (Cap 3) requires both parties to be at least 14 years of age in order to be able to enter into contract of marriage. On the other hand, the Chinese Marriage Act (Cap 126) provides that the female must be 15 years of age and it is silent on the minimum age of marriage for male. In relation to the marriage of Muslims, the Islamic Family Law Order 1999 does not expressly provide for the minimum age of marriage.

66. The recommendations of the Committee are noted. However, as it currently stands, there are no plans to increase the minimum age of marriage.

V. General principles

A. The right of non-discrimination

The Committee recommends that the State party:

(a) Ensure full compatibility between national legislation and practices with the Convention;

(b) Take effective measures, including enacting or rescinding legislation where necessary, to prevent and eliminate discrimination on grounds of sex and birth in all fields of civil, economic, political, social and cultural life;

(c) Take all appropriate measures, such as comprehensive public education campaigns, to prevent and combat negative societal attitudes in this regard, particularly within the family;

(d) Train members of the legal profession, especially the judiciary, to be gender sensitive. Religious leaders should be mobilized to support such efforts.

The Committee recommends that the State party take all necessary measures to ensure that all children within its jurisdiction enjoy all the rights set out in the Convention without discrimination, in accordance with article 2.

The Committee requests that specific information be included in the next periodic report on the measures and programmes relevant to the Convention undertaken by the State party to follow up on the Declaration and Programme of Action adopted at the 2001 World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, and taking account of the Committee's general comment No. 1 on article 29, paragraph 1, of the Convention on the aims of education.

67. Brunei Darussalam, as an Islamic state, follows Islamic (Syariah) law and Civil law. Both laws recognise that a child has the rights to be protected and treated without discrimination. Since the submission of the initial report, many amendments to existing legislations as well as new legislations have been passed in accordance with the Convention as listed under (A) Legislation.

Syariah Law

68. In Brunei Darussalam, in respect of religion, family, matrimonial and related matters, Muslims are governed by the Syariah law. Any issues relating to inheritance, custody, guardianship and maintenance of a Muslim child, including child who is born out of wedlock, fall under the governance of the Syariah law.

69. Children born out of wedlock are not deprived of their interest and welfare. Islamic Family Law Order 1999 contains provisions which govern rights of such children.

70. Section 92 of the Islamic Family law Order 1999 provides that the custody of illegitimate children shall be on the mother and her relatives, however the child may be surrendered to any party which the Court thinks appropriate, taking into account the welfare, care and education of the child.

71. Section 83 of the Islamic Family Law Order 1999 associates the responsibility towards maintaining child born out of wedlock exclusively to the mother and her relations.

The biological father is not bound by law to maintain the child as the child was not born within a legal contract of marriage; unless he has admitted the child to be a member of his family. Section 81 (1) of the Islamic Family Law Order, 1999 is applicable.

72. Although an illegitimate child is not ascribed with a nasab (lineage) to his biological father and does not have the right to inherit from him, nonetheless, his interest and general welfare are preserved; whereby the shortcoming with regard to inheritance may be supplemented by way of hibah (gift) or he may benefit through wasiat (will) as the biological father is still entitled to devolve not more than one third of his property to the child.

Civil Law

73. The interest and general welfare of non-Muslim children born out of wedlock are also preserved in Brunei Darussalam. The Legitimacy Order 2001 provides for the legitimisation of children born out of wedlock. Pursuant to the legitimisation of such children under the Order, they possess the same rights and are under the same obligations in respect of the maintenance and support of himself or of any other person as if he had been born legitimate and the provisions of any written law relating to the claims for damage, compensation, allowance and benefits in respect of a legitimate child shall also apply in like manner in the case of these legitimated children (Section 9 of the Legitimacy order 2001).

74. Section 6 of the Legitimacy Order 2001 provides for the rights of legitimated persons to take interests in property. By virtue of this provision, a legitimated person and his spouse, children or more remote issue shall be entitled to take any interest in the estate of an intestate dying after the legitimisation date or under any disposition coming into operation after the date of legitimisation in like manner as if he had been born legitimate.

B. The best interests of the child

The Committee recommends that the State party review its legislation and administrative measures to ensure that article 3 of the Convention is duly reflected therein and that this principle is taken into account when administrative, policy, court or other decisions are made.

75. The Children and Young Persons Order 2006 emphasizes the principle of the best interests of the child as the paramount consideration in dealing with issues of child or young person in need of protection.

76. Section 12(1) of Children and Young Persons Order 2006 requires every court, in dealing with a child or young person who is brought before it, to have regard to his welfare and in proper case, to take steps to remove him from undesirable surroundings, and to secure that proper provision is made for his education and training.

77. Section 49(9) of the Children and Young Persons Order 2006 provides that the Juvenile Court, before deciding on how to deal with the child or young person, may obtain such information as to his family background, religion, general conduct, home surroundings, school record, medical history and state of development as may enable it to deal with the case in his best interests, and may put to him any such question arising out of any such information.

78. Section 57(5) of Children and Young Persons Order 2006 provides that the Juvenile Court may, before making an order under subsection (1), obtain such information as to the family background, religion, general conduct, home surroundings, school records and medical history of the child or young person as may enable it to deal with the case in the best interests of the child or young person and the Court may for the purpose of obtaining

such information or for any special medical examination or observation, adjourn the case for a period or periods not exceeding two months at a time and may make as an interim order having effect only during the period of the adjournment, any order which it could have made under subsection (1).

79. Section 57(6) of the Children and Young Persons Order 2006 states that in determining what order is to be made by the Juvenile Court under subsection (1), the Juvenile Court shall treat the best interests of the child as the paramount consideration.

80. Administratively, policies are in place in many agencies including education, health, religious affairs, law enforcement, drug/substance abuse, community development, adoption, family conflicts and the management of welfare homes, such that in all cases, utmost priority must be given to the best interests of the child.

C. Respect of the views of the child

The Committee recommends that the State party:

(a) Continue to promote and facilitate within the family, the school, institutions, the courts and administrative bodies respect for the views of children and their active participation in all matters affecting them, in accordance with article 12 of the Convention;

(b) Develop skills-training programmes in community settings for parents, teachers, social workers and local officials so that they can learn how to help children to express their informed views and opinions and to take those views into consideration;

(c) Seek assistance from, among others, UNICEF.

81. Most schools in Brunei Darussalam provide platforms for students to participate in activities such as cultural activities and debates as well as uniformed associations such as scouts and girls guides which give opportunities for students to demonstrate their abilities in non-academic activities. Students also actively participate in many regional and international forums, conferences, seminars and workshops where their views are presented to the senior officials or ministerial level.

82. Every year, the DCD organises a skill training programme for parents in the form of public outreach. The Counselling Unit of the DCD also organises community counselling and runs parenting skill programme for vulnerable parents.

83. The DCD also provides in-house training for the social workers and local officials. Every newly-employed staff must complete at least 2 weeks of orientation period, during which they are equipped with knowledge and hands-on experience on the job. Once a month, social workers of the DCD will hold a sharing of experience session whereby they will share experience and best options in helping children in a holistic approach. The social workers and officials of the DCD are also sent to undergo training both nationally and regionally. Each social worker is also supplied with books and articles to learn about best practices from around the world on the issues pertaining to children.

84. The laws recognize the right of the child who has the capability to form his/her own views, to express those views freely, in accordance with Article 12(1) of the Convention. For example, according to Section 91(2) of Islamic Family Law Order 1999, a “mumaiyiz” child, a child who has attained sufficient maturity and understanding and who is capable to differentiate a matter, shall be entitled to choose to live with the mother or father in case of their divorce.

85. Section 49 of the Children and Young Persons Order 2006 provides for the procedure in Juvenile Court. The Court is required to take into account the views given by a child or young person when he is brought before a Juvenile Court for any offence. It states that if a child or young person is brought before a Juvenile Court, the Court shall explain to him the substance of the alleged offence and after such explanation is being made, the child or young person shall be asked whether he admits the facts constituting the offence.

86. Section 49(6) of the Children and Young Persons Order 2006 further provides that in the event where the child or young person is not legally represented or assisted in his defence, the child or young person instead of conducting cross-examination, makes assertions, the Juvenile Court shall then put to the witness necessary questions on behalf of the child or young person and may for this purpose question the child or young person in order to clarify any point arising out of those questions.

87. Section 49(8) of the Children and Young Persons Order 2006 states that if a prima facie case is made out, the child or young person shall be explained the substance of the evidence against him and the child or young person shall be allowed to give evidence upon oath or to make statement if he desires and the evidence of any witness for the defence shall be heard.

88. Section 49(7) of the Children and Young Persons Order 2006 provides that if the child or young person admits the offence or the Juvenile Court is satisfied that it is proved, he and his guardian shall be asked if they desire to say anything in extenuation or mitigation of the penalty or otherwise.

VI. Civil rights and freedoms

A. Birth registration

The Committee recommends that the State party continue its efforts to ensure the registration at birth of all children, notably by carrying out awareness-raising campaigns about birth registration.

89. The Registration of Births and Deaths Act (Cap 79) require the registration of every child born in Brunei Darussalam. The INRD is responsible for registration of births and deaths.

90. Officials from relevant authorities which include the INRD will visit the remote areas of the country from time to time to conduct briefing, among others, on the registration of birth and death.

91. In general all births and deaths are registered. Proactive efforts by the INRD are carried out to ensure that the registration at birth of all children are being done by the father or mother of the child, and of the occupier of the house in which to the person's knowledge the child is born. As the Immigration and National Registration office is located in all four districts in Brunei Darussalam, the failure to register hardly occurs. Rural areas in Brunei Darussalam are quite accessible.

92. There is also an increasing awareness of the parents to register their children. The INRD also gives regular briefings and road shows on immigration and national registration issues especially to head villages. Information on immigration and national registration issues are also made available to the public through the homepage of the INRD.

93. With regard to abandoned babies, the protocol on abandoned babies requires the involvement of many agencies. Normally, the discovery of the child will be reported to the RBPF who will inform the Child Protection Team of the MOH so that an urgent meeting

can be held to discuss and coordinate the best possible on-going management of the baby in terms of its placement and care. The membership of the Child Protection Team consists of paediatricians, medical social workers, an official from the AGC, social workers from the DCD as well as officers from the Women and Children Abuse Investigation Unit (WCAIU) of the RBPF.

94. Abandoned children, regardless of their health condition, when found are brought to hospital for medical examination. This will be followed by hospital admission until the baby is well enough to be discharged to the Darussakinah Welfare Home under the DCD.

95. The adoption of the child will then be coordinated and facilitated by the Action Team on Child Protection set up under the Children and Young Persons Order 2006 and coordinated by the DCD. The Action Team on Child Protection has drawn up specific eligibility criteria and selection processes for prospective adoptive parents. The adopted parents are responsible for the registration of the abandoned baby under the National Registration Act (Cap 19).

B. Nationality

The Committee recommends that the State party revise the Brunei Nationality Act in order to ensure that children who have a Brunei parent acquire Brunei citizenship in an equal manner, regardless of whether the Bruneian parent is the father or the mother.

96. The Brunei Nationality Act (Cap 15) allows for either a Bruneian father or a Bruneian mother of the child to obtain nationality of their children in accordance with its Section 4 and 6 respectively. Section 4 of the Brunei Nationality Act spells out categories of person who can acquire nationality by operation of law whilst Section 6 provides for the acquisition of nationality of a minor by way of registration i.e. upon application by a parent or guardian who is a Brunei national. As such, pursuant to Section 6 of the Act, children of women citizens married to foreign nationals may be accorded Brunei citizenship upon application. Brunei Darussalam has a policy of single nationality and does not recognise dual nationality. Thus children of women citizens may either be registered as Brunei nationals or the nationals as that of the father.

C. Corporal punishment

The Committee strongly recommends that the State party prohibit corporal punishment at home, in schools and institutions and undertake education campaigns to educate families on alternative forms of discipline.

97. Corporal punishment has been prohibited in schools since 1984.

98. The Action Team on Child Protection (ATOCP) established under the Children and Young Person's Order 2006 oversees cases of child abuse which includes corporal punishment. The Standard of Procedure (SOP) on child abuse (which includes corporal punishment) involves many agencies including law enforcement agencies, medical officers and social workers. Awareness campaigns and Parenting Skills programmes are constantly conducted to educate the public and parents on alternative forms of discipline.

99. At the school level, the Teacher's Handbook provided by the MOE clearly states that physical contact between the teacher and pupils is strictly prohibited and this particularly includes the use of physical force to reprimand the pupil for disciplinary purposes. This Handbook is distributed to all teachers at the start of each academic year.

100. The MOE does not condone “corporal punishment” as part of educating and training the young. It is common practice in institutions registered under the Ministry to provide counselling sessions where it does not only involve the child and the school but members of the family as well as part of a collaborative effort to curb anti-social behaviour among adolescents.

VII. Family environment and alternative care

A. Pre-marital course

The Committee recommends that the State party uses this premarital course to include teaching about the principles and provisions of the Convention.

101. Provisions on parental and family responsibilities are included in the pre-marital course. The contents of the pre-marital course include family rights and responsibilities as provided in the Islamic Family Law Order 1999;

- Betrothal expenses, consent and refusal to marry (Section 14, 12, 13(2)(b) and 35)
- Mas Kahwin, Belanjaand Pemberian by way of cash or loan (Section 20 and 58)
- Divorce / Dissolution of marriage (Section 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 53 and 55)
- Ruju’ (Section 52(1), 52(8))
- Nafkah (Maintenance) - Maintenance of wife (Section 61,72(2), 74(2),57,59 and 60); Maintenance of children (Section 75(1) and (2), 83); Effect of Maintenance Order (Section 64,77,84); Duration of maintenance (Section 66,67,82); Recovery of Arrears of Maintenance (Section71); Guardianship (Section 88(1), 89, 90, 92, 88(2), 95(1) and (2), 98, 102(1) and (2),96 (1) and (2)) and
- Polygamous marriage (Section 23)

102. Courses on health and financial management have also been included as part of the pre-marital course.

B. Adoption

The Committee recommends that the State party ratify the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption of 1993 in order to complete the protection of adopted children.

103. In line with reservations made by Brunei Darussalam on Article 21 of the Convention, Brunei Darussalam at this stage is not ready to accede to the Hague Convention on Protection of Children and Cooperation in respect of Inter-country Adoption of 1993.

C. Violence, abuse, neglect and maltreatment

The Committee recommends that the State party:

- (a) **Conduct a study to assess the nature and extent of ill-treatment and abuse of children, and design policies and programmes to address these practices;**

104. Studies to assess the nature and extent of ill-treatment and abuse of children are continuously being conducted by the relevant government agencies as well as institutions of higher education and universities. Many of these studies are deposited with the universities, the National Archives and the DCD. Some of the recommendations of the studies are implemented by the DCD.

The Committee recommends that the State party:

(b) Take legislative measures to prohibit all forms of physical and mental violence, including corporal punishment and sexual abuse of children, in the family and in institutions;

105. Children's and Young Person's Order 2006 provides for the care and protection of children, especially children in vulnerable situation.

106. Section 28 makes it an offence to abuse, assault, neglect, abandon or expose the child in a manner likely to cause him physical or emotional injury.

107. Section 30 provides for offences of leaving child without reasonable supervision.

108. Section 29 provides for offences of using any child for the purpose of begging and illegal activities.

109. Section 35 makes it an offence for any person to take part in any transaction, the object or one of the objects being to transfer or confer illicitly, partly temporarily or permanently the possession, custody or control of a child for any valuable consideration.

110. Section 36 makes it an offence to import or assist in importing a child into Brunei Darussalam by false pretence or representation or fraudulent or deceitful means.

111. Section 13 establishes groups of persons and each group shall be known as an "Action Team on Child Protection", for the purpose of coordinating locally based services to families and children where children are or are suspected of being in need of protection.

112. The Penal Code (Cap 22) specifically sets out offences against the person ranging from causing hurt and grievous hurt to causing death. The provisions of the Penal Code are general in application and are often relied upon when prosecuted persons accused of hurting or torturing a child. In particular, it also provides for offences relating to abuse cases. The Penal Code also covers offences of rape, statutory rape, outraging modesty and kidnapping or abducting a child for the purpose of prostitution.

113. The Women and Girls Protection Act (Cap 120) provides for the protection of women and girls and the suppression of brothels. The Act imposes heavy penalties for the offences of sale, trafficking and the abduction of women, girls and children. The offences also include kidnapping or abduction of a child for the purposes of slavery and selling minor for the purposes of prostitution.

114. The Unlawful Carnal Knowledge Act (Cap 29) prohibits carnal knowledge with a girl less than 16 years of age.

115. The Trafficking and Smuggling of Persons Order 2004 provides for specific offence for child trafficking where the punishment is worse than trafficking of any persons.

116. The Married Women Act (CAP 190) and Islamic Family Law Order 1999 were recently amended to include provisions dealing with "dhararsyarie" or domestic violence.

The Committee recommends that the State party:

(c) Carry out public education campaigns about the negative consequences of ill-treatment of children, and promote positive, non-violent forms of discipline as an alternative to corporal punishment;

117. Public education campaigns on the rights of the child and the negative consequences of child abuse are constantly conducted through schools, mass media and at the grass roots level by various government agencies and NGOs. The DCD constantly highlights this issue at talks to grass roots community, through print and electronic media and through its website. The DCD also conducts national level seminars on domestic violence and child abuse and regularly calls on the public to report any suspicious incidents. Children are also regularly informed of their rights through weekly road shows to schools.

118. The MOH is also proactive in ensuring that awareness about child maltreatment and domestic violence is taught among its personnel.

119. Over the last few years, the WCAIU of the RBPF together with other government and private institutions have continuously and actively participated in promoting public awareness on sexual related offences, domestic violence and child abuse through various road shows, television awareness programmes and talk shows. The WCAIU also promotes awareness through series of interview with the print media and help produce articles relating to the above topics. The Public Relation Office (PRO) of the RBPF actively promotes awareness programmes in schools for students and teachers through series of lectures, presentation, discussion groups and visits (RBPF heritage centre, units in the CID office). Awareness programmes in schools by the PRO are done twice weekly.

120. The RBPF also has “Kejiranan Kampong” (community policing) consisting of head of village and village members. The members of Kejiranan Kampong are regularly updated on issues on crime and crime prevention. The PRO has a close rapport with mosques and uses this as an opportunity to talk to the residents during Friday prayer about crime prevention awareness. The PRO will strive to improve on communications strategies; maintain media relations by providing timely press release and improve in their publication effort in crime awareness and prevention.

The Committee recommends that the State party:

(d) Establish effective child-sensitive procedures and mechanisms to receive, monitor, and investigate complaints, including intervening where necessary;

121. The DCD is a member of the Child Helpline International. The DCD operates a 3-digit Child Helpline 141 which is among the emergency phone numbers provided in the national phone directories. The Child Helpline 141 maintains a register of all complaints received and the action line in accordance with the standards set by the Child Helpline International. Upon receipt of complaints, the officer operating the helpline will inform the officer in charge of the helpline who will assign the case to social workers for investigation. Following investigation, cases which require counselling will be assigned to counsellors while cases which require protection will be dealt with together with the RBPF who will conduct further investigation for possible prosecution.

122. Regular and on-going consultations between heads of villages and the relevant government agencies are among the most effective mechanisms for detecting cases of child abuse and family problems. In such cases, the DCD upon receipt of the complaint will conduct investigation and may involve the RBPF where necessary.

123. The RBPF maintains 24-hrs emergency line 993. The RBPF is committed in tackling any form of violence against women and children. The WCAIU was established in April 1997 for this very purpose. The WCAIU has an increase in manpower from 4 personnel to 27 when it was first established.

124. All schools are provided with trained counsellors and are normal avenues for receiving complaints from children. Counsellors and teachers are also trained to identify suspected child abuse/neglect cases. School counsellors may deal with the issue themselves or channel the case to the DCD or the RBPF depending on the gravity of the issue.

125. School administrators and officials are also the normal channels for identifying suspected drug abuse cases among children. In such cases, the schools will inform the NCB for action.

126. In the medical field, health personnel are trained to detect early signs of abuse or neglect. The health personnel will coordinate with all relevant agencies through an action team whose members include the RBPF, the DCD, medical social workers and law enforcement agencies. Cases that warrant protection, rehabilitation or possible prosecution will be handled by the DCD, the RBPF and the AGC.

The Committee recommends that the State party:

(e) Investigate and prosecute cases of ill-treatment, ensuring that the abused child is not victimized in legal proceedings and that his/her privacy is protected;

127. The RBPF will be responsible for the investigation of criminal offences (Section 112 of the Criminal Procedure Code (Cap 7), while the Public Prosecutor will be responsible for the criminal prosecutions and proceedings (Section 374(1) of the Criminal Procedure Code). In all cases relating to children, the best interests of the child will be the primary criteria for all decisions among investigation officers, prosecution officers and the judiciary.

128. Section 95(1) of the Children and Young Persons Order 2006 prohibits the publication of any material which reveals the name, address, school or any particular which may lead to the identification of any child concerned in any proceedings in any Court, except as may be permitted by the Court.

129. Under the Women and Girls Protection Act (Cap 120), Section 8(1) states that when any person is charged with or convicted of having committed any offence against this Act or Section 354 or 375 or section 354 and 511 or section 375 and 511 of the Penal Code (Cap 22) in respect of any woman or girl, the Court may order that all proceedings before it shall be dealt with in camera.

130. Section 8(2) provides that the Court shall not be deemed an open Court and the Court shall order that no person shall have access to or remain in such Court unless such persons as are necessary for the purposes of the proceedings.

131. Section 8(3) provides that the Court shall order proceedings before it to be dealt with in camera in any case where the girl in respect of whom an offence under this Act, or under sections 354 or 375 or sections 354 and 511 or sections 375 and 511 of the Penal Code (Cap 22) is alleged to have been committed has not attained 16 years old.

132. Section 8(4) prohibits the newspaper report of any proceedings under this section in any court from revealing the name or address or any particulars which may lead to the identification of any woman or girl in respect of whom the offence is alleged to be committed nor publishing in any newspaper any picture of such woman or girl.

133. Section 236E of the Criminal Procedure Code (Cap 7) provides for the cross-examination of alleged child victim. No person who is charged with an offence to which Section 236B(2) applies, shall in person cross-examine any witness who (a) is alleged – (i) to be the person against whom the offence was committed and (b) (i) is under 14 years of age.

The Committee recommends that the State party:

(f) Provide care, recovery and reintegration for child victims;

134. The following laws provide for the rehabilitation and social integration of child victims:

(a) The Children and Young Persons 2006 provides for temporary custody, medical examination and treatment of children. Children in need of protection are provided shelter at “Darussakinah” while children in need of rehabilitation are provided for by “Darusyafaa”;

(b) Section 13 of the Women and Girls Protection Act (CAP 120) gives the power to the Minister to provide such land as shall be necessary and erect thereon suitable buildings as a place of safety and GN 231/89 gazetted “Taman Norhidayah” as a place of safety for the purposes of the Act and the Women and Girls Protection (Place of Safety) Rules 2001.

135. Child victims are provided counselling to assist them to recover from the trauma of ill-treatment. This may be done in the welfare homes run by the DCD or through its counselling programmes if they are not institutionalised.

136. The DCD also provides aftercare programmes for the child victim which aims at the complete reintegration of the child into the community by providing long term supportive follow-up to reinforce positive values, helping them in looking for employment of schools and ironing out their differences with their families. Aftercare programmes consist of giving guidance and counselling, support as well as motivation towards a balance lifestyle.

The Committee recommends that the State party:

(g) **Train teachers, law enforcement officials, care workers, judges and health professionals in the identification, reporting and management of cases of ill-treatment;**

137. Trained care workers who can provide care, recovery and reintegration of child victims are provided by DCD through its welfare homes, Counselling Section and Women, Children and Family Section.

138. The MOE provides trained para-counsellors in all primary and secondary schools. Regular and systematic training by the relevant agencies are provided to all teachers in helping them to identify potential cases of child abuse or neglect. Health professionals are trained in early detection of child abuse and neglect through monitoring the progress of the child. The protocol for child abuse/neglect cases involves relevant agencies such as medical officials, social workers and law enforcement agencies. Members of the public especially Village Consultative Councils are also provided with regular talks on the identification, reporting and management of ill-treatment cases. Weekly road shows coordinated by the MOE and participated in by all relevant agencies including the MOE, RBPF, NCB and social workers are provided to children at schools.

139. The MOH organizes regular training programmes for its personnel for the early identification of risk/social factors of abuse, symptoms of child abuse and the reporting procedure for suspected cases. These programmes include:

- Talks by Medical Social Workers (MSW) to Community Health Nurses, newly qualified nursing students, and nursing students doing their Post-Basic Training in Paediatrics. The talks are organized by the Nursing Continuing Education Unit)
- Trainings for newly qualified doctors and those pursuing the Master’s Degree in Primary Health Care at the Institute of Medicine

The Committee recommends that the State party:

(h) **Rehabilitate offenders;**

140. Rehabilitation of offenders is conducted by the Prisons Department for those convicted and in the welfare homes provided under the Children and Young Persons Order 2006. The Children and Young Persons Order 2006 also provides for mandatory counselling of parents.

The Committee recommends that the State party:

(i) **Seek assistance from, among others, the World Health Organization (WHO).**

141. UNICEF and WHO are constantly consulted.

VIII. Basic health and welfare

A. Adolescent health

The Committee recommends that the State party:

(a) **Ensure that adolescents have access to, and are provided with, education on reproductive health, mental health and other adolescent health issues, as well as with child-sensitive and confidential counselling services;**

(b) **Strengthen efforts in the area of adolescent health education within the education system;**

(c) **Seek assistance from, among others, WHO.**

142. In line with the Ottawa Charter for Health promotion 1986, the MOE launched the "Schools Promoting Health" (SMK) Scheme in October 2001 coordinated by the Schools Promoting Health Unit of the Schools Department. The Schools Promoting Health Unit is registered under the "Registry Of Health Promoting Schools (HPS) In The Western Pacific Region (WHO)". The achievements from their efforts on health promotion was given due recognition at the national level in 2004, when the Unit was awarded the Health Promotion Award during the National Health Promotion Convention.

143. Programmes of the Schools Promoting Health Unit include awareness campaigns, awards for best schools from health perspective, data collection on health status of students, competitions on cleanliness and landscape, dental health programmes, personal cleanliness programmes, training in first aid for teachers, training in maintaining cleanliness of toilets, programmes to address obesity, guidelines on food and drinks provided by school caterers and anti-smoking and anti-tobacco campaigns.

144. Currently, every school has a Committee on Health Promotion. More than 60% of schools under the MOE have implemented the SMK programme according to the guidelines provided by the School Promoting Health Unit. Many of the schools have formulated their own Health Promotion Charter.

145. The achievements of the programmes are reflected by the enthusiasm shown by schools towards the programmes, the improvement in the level of cleanliness in schools, particularly in the toilets, classrooms and environment, the increase in physical activities organised by schools, the formulation of strategies by schools to eradicate smoking, the increase in requests for health promotion talks, the number of teachers trained in first aid and the formulation of fire evacuation programmes.

146. In 2002, all schools were proclaimed as "smoke-free" zones.

147. All the currently available health services are accessible to adolescents, regardless of gender and without any discrimination. These services include among others, antenatal and

postnatal care for pregnant teenagers; and specialty clinics such as Smoking Cessation, Obesity and Community Psychiatry Clinics.

148. The issues of teenage pregnancies (which consistently make up 6% of total pregnancies each year) and sexually-transmitted infections (STIs) among adolescents are acknowledged by the MOH. An inter-ministerial meeting between deputy ministers from the MOE, MYCS, MORA and MOH (as the lead agency) were held in 2007 to discuss and decide on appropriate action plans to tackle these issues. That same year, together with the Health Promotion Unit of the MOE, school health talks on teenage pregnancies and STIs for secondary students were initiated.

149. The MOH recognises the importance of health promotional activities that target adolescents. School health talks are carried out from time to time to increase awareness among adolescents on pertinent health issues such as teenage pregnancy, STIs, smoking and mental health. Similarly, organised school visits to the Health Galleria of the Health Promotion Centre aim to increase awareness on reproductive and mental health as well as healthy lifestyle. School holiday programmes such as “Health Galleria Youth Guide Project” organised by the MOH further consolidate this aim.

150. The MOH also works closely with the Brunei Darussalam AIDS Council (BDAC) in their effort to increase awareness on HIV and AIDS among adolescents.

151. The BDAC is a non-profit organisation, established in 2000, with the main objective is to raise awareness on HIV & AIDS in Brunei Darussalam. It aims to educate the public on related issues, the likes of Sexually Transmitted Infection, Unwanted Pregnancy & Social Issues. The BDAC uses multiple approaches in reaching its objectives; youth work & trainings, youth & community participation, outreach programmes, voluntary work, media coverage, collaboration with other agencies etc. (Annex 5).

152. The objectives of the BDAC includes:

- To disseminate information on HIV & AIDS and its related matters in Brunei Darussalam (i.e. sexually transmitted infection (STI), misuse of intravenous drugs, stigma & discrimination and others), regardless of age, religion or race using appropriate methods (e.g. talks, roadshows, workshops, forums, consultations, mass media and others) on a voluntary basis
- To assist the community on information regarding HIV & AIDS and its related matters and referral to professional services if required
- To establish networking with government agencies, private sectors & non-government organisations in local and overseas to reach aforesaid objectives
- To conduct youth work, community work & voluntary work in general

153. The BDAC’s Achievement/Programmes includes:

- Commonwealth Youth Silver Award 2005/2006 (for Penyinar Club project)
- Commonwealth Youth Silver Award 2007/2008 (for HIV & AIDS Basic project)
- Meritorious Youth Leader Award 2007 (awarded by His Majesty Sultan Haji Hassanal Bolkiah to President of BDAC, Datin Hajah Edah Haji Mohammad Noor in conjunction with National Youth Day)
- B-@aktif 2008 Silver Medal (awarded for HAPPY project for Sentient Team by MCYS)
- ASEAN Youth Award 2009

- Youth Service Award 2010 (awarded by His Majesty Sultan Haji Hassanah Bolkiah to Vice President of BDAC, Iswandy Ahmad in conjunction with National Youth Day)
- 6th Ten Accomplished Youth Organisations Award (TAYO ASEAN) 2011

154. Health officials are also part of the team which conducts regular road shows to schools, organised by the Counselling Section of the Department of Schools. In 2010, the MOH aims to expand and consolidate its Adolescent Reproductive Health programmes.

B. Children with disabilities

The Committee recommends that the State party:

- (a) **Conduct a survey to assess the causes and extent of disability among children;**
- (b) **Review the existing policies and practice in relation to children with disabilities, taking due regard of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (General Assembly resolution 48/96) and of the Committee's recommendations adopted at its day of general discussion on the issue of "The rights of children with disabilities" (see CRC/C/69);**
- (c) **Speed up the process of enacting the Emergency (Education) Order 2000;**
- (d) **Involve children with disabilities and their families in developing and reviewing policies relevant to their situation;**
- (e) **Undertake greater efforts to make available the necessary professional and financial resources;**
- (f) **Undertake greater efforts to promote and expand community-based rehabilitation programmes, including parent support groups, and inclusive education of children with all forms of disability;**
- (g) **Seek assistance from, among others, WHO.**

155. The national focal point for issues relating to persons with disabilities (PWDs) is the DCD, MCYS. Under the DCD, there is a whole section dealing with persons with disabilities. The functions of the Persons with Disabilities Division of the DCD are as follows:

- As the lead agency for the promotion and protection of persons with disabilities from a rights-based approach including the support, care, protection, rehabilitation, development and wellbeing of persons with disabilities
- To plan, implement and monitor and evaluate the national policy and national plan of action relating to persons with disabilities
- To collect and collate data and information, and undertake and promote research relating to persons with disabilities
- To coordinate the implementation of the Convention on the Rights of Persons With Disabilities
- To raise awareness throughout society, including at the family level, regarding persons with disabilities in order to promote positive perception and to foster respect for the rights and dignity towards persons with disabilities

- To develop the potentials of the disabled so they can be self-reliant and become productive members of the society
- To provide training for persons with disabilities in life skills and social skills including vocational skills training courses and job placements to prepare disabled adults for employment
- To provide community-based rehabilitation services for those unable to attend centre-based activities
- To promote the participation of persons with disabilities in cultural, recreational and sports activities and
- As a member of the Tripartite Committee together with the Children Development Centre of the MOH and the Special Education Unit of the MOE to assess the future requirements of children with disabilities of school-going age

156. In an effort to further promoting the rights of persons with disabilities, the Special Committee on Persons with Disabilities and the Aged under the aegis of the National Council on Social Issues was established. The Special Committee is chaired by the Minister of Culture, Youth and Sports while its Vice-Chair and Secretary are the Deputy Minister and Permanent Secretary at the MCYS respectively. Members of the Special Committee include Permanent Secretaries at the PMO, MOE, MOH, MORA, MOHA, Ministry of Finance (MOF), Ministry of Communication (MOC) and Ministry of Development (MOD); as well as representatives from the Council of Women of Brunei Darussalam and the Council of Community Welfare. The DCD is the Secretariat of this committee.

157. The terms of reference of the Special Committee are as follows:

- To recommend policies, legislations and plans of actions are formulated to address issues on older persons and people with disabilities
- To coordinate and ensure that the plans of action and programmes on older persons and people with disabilities are implemented by the relevant agencies
- To continuously review and analyse the effectiveness of plans of action and programmes on older persons and people with disabilities
- To ensure that all pertaining issues on older persons and people with disabilities are identified before commissioning a research to recommend strategies to address them
- To ensure that a database on older persons and people with disabilities is established and
- To ensure close cooperation between relevant stakeholders from Government and Non-Government agencies, including the private sector, voluntary organizations, corporate bodies, businesses, community and village leaders, parents as well as the general public in addressing issues on older persons and people with disabilities

158. Brunei Darussalam is a signatory to the Convention on the Rights of Persons with Disabilities (CRPD). A National Committee/Task Force set up to oversee the CRPD is led by the DCD which also coordinates the possibility of ratifying the CRPD in the near future. The formulation of legislation to promote, safeguard and protect the rights of persons with disabilities from a rights-based approach and to prohibit disability-based discrimination is in progress. The same legislation would also provide for a National Register for persons with disabilities. The draft legislation is formulated through consultation with government agencies and NGOs for persons with disabilities.

159. Government-run community-based rehabilitation programmes are conducted by:

- The DCD at the Pusat Bahagia Centres of the disabled in all four districts. The Centres provide training for children and adults with disabilities, industrial training community based rehabilitation and disability equipment for poor disabled persons. and
- The Child Development Centre (CDC) of the MOH. The CDC provides services to facilitate the diagnosis, assessment, treatment and support therapy for children with disabilities in order to ensure their optimal health and development. The CDC also provides coordination and professional support and training for non-governmental organisations in the country.

160. In addition, Brunei Darussalam also has facilities run by NGOs for persons with disabilities, which include:

- Pusat Ehsan Al-Ameerah Al-Hajah Maryam, an association for the physically and mentally disabled
- The Association for Paralytics and Physically Disabled Person (PAPDA)
- The Association of Handicapped Children of Brunei Darussalam (KACA)
- The Society for the Management of Autism Related Issues- Training, Education and Resources of Brunei Darussalam (SMARTER)
- Brunei Darussalam National Association of the Blind (BDNAB) and
- Learning Ladders, an association dealing with autism
- La Vida Limited

161. The Brunei Darussalam National Education Policy 1992 strives “to give all Bruneian children the opportunity to achieve at least an upper secondary or vocational education” and “to provide opportunities for all children in Brunei Darussalam to develop their full potential, so that they play a useful role in the development of the country.” The provision of 12 years of education for every student under the policy covers 7 years of primary education including a year of pre-school, 3 years of lower secondary and 2 years of upper secondary or vocational or technical education.

162. In Brunei Darussalam, national education policies and practices aimed at attaining quality education for all are built upon the philosophy underlying inclusive education. In line with world trends on inclusive education, Brunei Darussalam embraced the concept of inclusion in 1994. Brunei Darussalam’s National Education Policy reflects the MOE’s commitment to “education for all” and the implementation of inclusive education by educating all school age children with varying learning and special needs together with their peers in the regular classroom. Brunei Darussalam supports the vision of quality inclusive education which highlights the principles of excellence for all and equality of opportunity. The implementation of inclusive education is an integral part of this process.

163. The current vision of inclusive education in Brunei Darussalam focuses mainly on students with special needs in the school system, namely; students with high support/dependency needs who are on an Individual Education Plan (students with intellectual, sensory, physical, emotional, behavioural, and other medical/health conditions/impairments who require an adapted/modified individualised education programme). The inclusive education policy and programmes of the MOE appears as Annex 6.

IX. Education, leisure and cultural activities

The Committee recommends that the State party:

- (a) **Ensure that primary education is made compulsory by law;**
- (b) **Taking into account the Committee’s general comment No. 1 on the aims of education, include human rights education, including about children’s rights, in the curricula, particularly with respect to the development of and respect for human rights, tolerance and equality of the sexes and religious and ethnic minorities;**
- (c) **Further develop services for children with learning difficulties;**
- (d) **Seek assistance from UNESCO.**

164. The MOE has an inclusive education policy for persons with special needs, which does not allow for segregation of schools for them. Education for persons with special needs is coordinated by the Special Education Unit (SEU) of the MOE. The SEU organises services with the support of the School-Based Team (SBT). This team includes Special Education Needs Assistance (SENA) or Home-Room (HR) Teachers, regular classroom teachers, teacher aides, resource teachers, special educators, psychologists and other relevant specialist personnel.

165. Students enrolled at these schools requiring a high level of support will have Individual Educational Plans (IEPs) or Remedial Education Plans (REPs) designed to address their areas of diverse learning needs. Their specific learning needs will be met through adaptation and/or modification of the curriculum. Appropriate facilities and assistive technologies are also being provided. Those with hearing, visual or communication problems will have access to specialized equipment and software that will enable them to carry out reading, writing and other learning tasks that were previously difficult or impossible.

166. With the provision of appropriate school infrastructure: facilities, resources and teaching personnel (SENAs, HRTs, Teacher Aides, “itinerant/resource teacher” as well as relevant specialists), the level of access to schools and learning for children with special needs will be raised to ensure that all children are in school and learning to their fullest capacity, as well as ensuring equity in the classroom, in learning materials, in teaching and learning processes, in school policies, and in monitoring learning outcomes.

167. The Government is currently in the process of establishing Centres of Excellence for special needs students who excel in their studies through Model Inclusive Schools providing Excellent Services for Children. Selected primary and secondary schools have been allocated additional funding and support to ensure they have the necessary school facilities, special learning equipment or resources, specialist support services, and teacher training programmes to provide quality inclusive education for a wide range of students with diverse learning needs.

168. Assistance from UNESCO is constantly sought and Brunei Darussalam participates in training programmes provided by UNESCO.

X. Special protection measures

A. Economic exploitation including child labour

The Committee recommends that the State party establish a clear minimum age for employment which should be in line with existing international standards such as

those enshrined in ILO Conventions No. 138 concerning the Minimum Age for Admission to Employment of 1973 and No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour of 1999. In addition, the Committee recommends that the State party consider joining ILO and ratifying the aforementioned Conventions.

169. Brunei Darussalam became the 180th member of the International Labour Organisation (ILO) on 17 January 2007, and is currently reviewing to ratify Convention No. 138 concerning the Minimum Age for Admission to Employment of 1973 pending discussion with the relevant agencies. Brunei Darussalam ratified Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour of 1999 on 9 June 2008.

170. According to the Employment Order 2009, a child means a person who has not attained the age of 15 years. A contractual work is allowed for person who attained the age of 16 years but who has not attained the age of 18 years. They shall be capable of entering into a contract of service in an occupation approved by the Commissioner (of Labour) as not being injurious to the moral and physical development of youths.

171. However, a child who has attained the age of 14 years may be employed in light work suited to his capacity in an undertaking which is not in industrial undertaking. This would allow for children to do community service work or other alternatives to institutionalisation for juvenile delinquents.

172. The Compulsory Education Order 2007 requires that all children between the ages of six and below fifteen years who satisfy such condition for receiving primary and lower secondary education are formally registered and receiving appropriate education in school. By virtue of the Order, all children of the said age should not be in the employment market.

B. Substance abuse

The Committee recommends that the State party develop non-institutional forms of treatment of children who abuse drugs and make the placement of children in an institution a measure of last resort. In addition, the Committee recommends that children living in such institutions be provided with basic services such as health, education and other social services and maintain contact with their family during their stay. Finally, the Committee recommends that the State party set clear standards for existing institutions and ensure periodic review of the placement of children, in light of article 25 of the Convention.

173. The NCB is the lead agency to combat drug abuse activities in Brunei Darussalam. The strategies undertaken by this agency is based on the “supply and demand reduction” approach; NCB does not support “harm reduction” approach. The NCB policy, since its inception, has always been a balance of supply reduction (law enforcement) and demand reduction (treatment and rehabilitation, supervision/aftercare and preventive drug education).

174. In its efforts to educate and raise student awareness on the harmful effects of the misuse of drugs, the NCB disseminates anti-drug messages to school-going children based on its school-based drug prevention programmes. Regular talks, exhibitions and road shows are carried out to schools nationwide, including schools in the rural parts of the country. Apart from the aforementioned programme, anti-drug publicity materials are distributed to students in the form of pamphlets, posters and souvenirs. Students are also welcomed to visit the Bureau’s office itself so that they can get a first-hand experience and insights on the works of the Bureau.

175. The legal framework governing drug in Brunei Darussalam is contained in the Laws of Brunei Darussalam. The Misuse of Drugs Act, Chapter 27 is the main legislation for drug crimes in Brunei Darussalam; it covers a wide range of controlled drugs, provides for the minimum and maximum sentences for all drug offences and ranges drug offences from simple possession and consumption of drugs to that of trafficking of the drugs. Brunei Darussalam is also a party to all the main international drug conventions:

- The Single Convention of Narcotics Drugs (1961), as amended by the 1972 protocol
- The Convention on Psychotropic Substances (1971)
- The Convention against the Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)

176. Any individual suspected of a drug offence can ordinarily be arrested by a narcotic officer or a police officer without a warrant. The Misuse of Drugs Act makes no particular distinction on the age of the wrongdoer. Despite this, the number of people below the age of 20 years old arrested for drug-related offences in the last 3 years remain the lowest and decreasing;

177. Despite the absence of any special provision for children in any of the legislations enforced by the NCB, it has in place provisions to divert children from court prosecution. It is a known fact that majority of drug use among young people is experimental or due to peer influence; most will outgrow this phase as they grow older. The NCB takes into account the best interests of the child by putting emphasis on treatment and rehabilitation in the community, thus avoiding a conviction record at a young age which may jeopardise their education and future employment prospects.

178. For children found to be committing non-serious drug offence, they will be placed under the NCB's supervision scheme for a period not exceeding 24 months. This is a non-residential programme in which the child will undergo regular urine tests, counselling sessions, peer group support and life-skill training. The NCB also carries out periodic visits to the child's place of residence to interview family members on the well-being of the child and also to conduct family counselling.

179. To raise the awareness of children on the harmful effects of drugs, several preventive drug education activities are carried out in schools at primary, secondary and tertiary level.

180. In year 2011, further preventive drug education initiatives were introduced to disseminate anti-drug message and understanding;

- Talks and exhibitions were introduced to religious and Arabic schools, from primary level to secondary level
- An anti-drug Leadership course was introduced for school prefects at secondary level. At the completion of the course, these trained prefects will become "NCB Ambassadors" in disseminating anti-drug messages amongst their peers. They were also trained to identify students who are believed to be using drugs and to assist teachers to monitor such students
- Enlisting the mass media and well-known successful personalities, local and abroad to serve as role models for youths in order to encourage them to stay away from drugs
- Having a good working relationship with school discipline teachers at secondary level so that they can identify problem students and making arrangement for a group of such student to visit NCB and be given special talks

181. The NCB believes in the old saying “prevention is better than cure”. Hence, it is stressing its efforts in preventive drug education to deter the younger generation from getting involved in drugs. Enforcement efforts come second when dealing with children and young people.

C. Children in conflict with the law

The Committee recommends that the State party:

(a) **Ensure that its legislation and practice concerning juvenile justice fully reflect the provisions of the Convention, in particular articles 37, 40 and 39, as well as other relevant international standards in this area, such as the Beijing Rules, the Riyadh Guidelines, the United Nations Rules for the Protection of Juveniles Deprived of their Liberty, and the Vienna Guidelines for Action on Children in the Criminal Justice System;**

(b) **Raise the minimum age of criminal responsibility to an age which is internationally acceptable;**

(c) **Ensure that deprivation of liberty is only used as a measure of last resort, for the shortest possible time, and that persons under 18 are not detained with adults;**

(d) **Ensure that children have access to legal aid and independent and effective complaints mechanisms;**

(e) **Develop and implement alternative measures to deprivation of liberty, such as probation, community service or suspended sentences;**

(f) **Trained professionals in the area of rehabilitation and social reintegration of children;**

(g) **Abolish the sentence of whipping boys;**

(h) **Seek assistance from, among others, the Office of the High Commissioner for Human Rights and UNICEF.**

182. Brunei Darussalam has in place the Criminal Procedure Code (Cap. 7) to ensure the implementation of the provisions of the Convention particularly Articles 37, 39 and 40 and also the other relevant international standards in this area. The Children and Young Person 2006 is also applicable where it provides comprehensive provisions concerning juvenile justice.

183. By virtue of Section 238(1) of the Criminal Procedure Code, no sentence of death shall be imposed on person under the age of 18 years but the Court shall sentence such person to be detained during the pleasure of his Majesty.

184. Subsection (2) of Section 238 further provides that a person detained under subsection (1) may be discharged by His Majesty on licence which may at anytime be revoked or varied by His Majesty.

185. Part IX of the Children and Young Person Order 2006 governs the procedure in Juvenile Court. Provisions contained therein generally spell out the procedure required to be followed in matters involving a child or young person as well as the rights of such child or young person.

186. No amendment has been made to the minimum age of criminal responsibility. Section 82 of Penal Code (Cap 22) provides that nothing is an offence which is done by a child under 7 years of age.

187. Section 83 of Penal Code (Cap 22) provides that nothing is an offence which is done by a child above 7 and under 12, who has not attained sufficient maturity of understanding to judge of the nature and consequences of his conduct on that occasion.

188. Although Brunei Darussalam has a lower minimum age of criminal responsibility i.e. 7 years, no cases has ever been reported to the RBPF or AGC of crimes committed by child between the ages of 7 to 10. Cases that were brought to the Juvenile Court were only concerning road traffic cases i.e. driving without a valid licence. In 2011, the youngest reported offender was 12 years of age and it was also in relation to driving without a valid licence. To date, there have been no serious cases nor death caused by a juvenile reported in Brunei Darussalam.

189. In practice, the discretion to divert the involvement of formal trial once a case is disclosed rests with the Public Prosecutor. There are no specific guidelines or criteria as to when a particular case is deemed suitable for diversion. Most decisions whether to proceed or not based upon the juvenile's school report and previous criminal records. Detention pending trials in most instances are cases involving juvenile and where offences are not serious, bails are not objected and frequently granted. With the set-up of the Juvenile Court, the approach taken in cases involving juvenile is of a more holistic approach.

190. By virtue of Section 262 and 263 of the Criminal Procedure Code, when any youthful offender is convicted of an offence punishable by fine or imprisonment or both, the court may instead of sentencing him to a fine or to a sentence of imprisonment of any kind, deal with him as provided by the Children and Young Persons Order 2006 and the Offenders (Probation and Community Service) Order 2006 respectively.

191. Under the Children and Young Persons order 2006, Section 51 lists down the powers of Juvenile Courts on proof of offence committed by the offender and also other orders including probation order, community service order and bond of good behaviour.

192. Under the Prison Act (Cap 51), youthful offenders are kept apart from adults and confined in separate buildings of the same penal institution (rule 6 of the Prison rules made pursuant to Section 62 of the prison Act).

193. Section 40 of the Children and young Persons Order 2006 prohibits the association of child or young person with an adult (not being a relative) while being detained in a police station or while being conveyed to or from any court or while waiting before or after attending in any criminal court.

194. When a juvenile offender is in court, all the basic rights are afforded to him.

195. No amendment has been made on the sentence of whipping for youth offenders. Such youthful offenders, where the laws requires it, are subject to whipping of not more than 18 strokes where it shall be inflicted in the way of school discipline with a light rattan (Section 257 of the Criminal Procedure Code).

XI. Optional protocols

The Committee recommends that the State party ratify the Optional Protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, and on the involvement of children in armed conflict.

196. Brunei Darussalam acceded to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography on 21 November 2006.

XII. Dissemination of documentation

In light of article 44, paragraph 6, of the Convention, the Committee recommends that the initial report and written replies submitted by the State party be made widely available to the public at large and that the publication of the report be considered, along with the relevant summary records and concluding observations adopted thereon by the Committee. Such a document should be widely distributed in order to generate debate and awareness of the Convention, its implementation and monitoring within the Government, the Parliament and the general public, including concerned NGOs. The Committee recommends that the State party seek international cooperation in this regard.

197. The document has been widely distributed to both government and non-government organization in Brunei Darussalam, publication being both in Malay Language and English Languages.

Challenges and constraints

198. Brunei Darussalam is blessed with economic wealth and social security. Programmes are also developed for our people to upgrade their skills and be more independent, self-reliant, discipline and to be more responsible. However, there is still a need to develop greater self-motivation and confidence of the people which include marginalised youth for them to enter into a highly competitive job market. In order to achieve this vision, Brunei Darussalam need a well-structured youth development plan through co-organise programme and technical assistance from international professional bodies.

199. In the implementation of the Convention, Brunei Darussalam faced challenges and constraints especially in the lack of expertise by officers responsible for the coordination of the Convention. There is a need for expertise which can contribute towards gaining a better understanding of its obligations in ensuring effective implementation of the Convention. Thus, Brunei Darussalam looks forward to working with the relevant UN bodies, in this regard.

200. Other challenges faced involved lack of expertise with regard to children with disability, data availability and lack of awareness as listed below:

- The need to strengthen existing mechanism of data collection and indicators disaggregated by gender, age and urban and rural areas. This covers all children up to the age of 18 years with specific emphasis on those who are particularly vulnerable and marginalised, including children with disabilities and youth at risk
- To further increase awareness of children's rights and role/function in family and social settings
- To strengthen and systematise the dissemination of the principles and provisions of the Convention on the Rights of the Child through social mobilisation
- To further promote on the proper use of technologies, with urgent attention to the internet, television and mobile communications, based on human values, respect for self and others and child rights
- To train children to be self-sustainable and in resiliency skills to strengthen them in the face of adversity, particularly children who have been ill-treated and children from dysfunctional families

- Require technical assistance in term of strengthening the counselling services and training in life skills
- Shortage of qualified local health personnel which makes it necessary for Brunei Darussalam to employ foreign doctors, nurses and other allied health professionals
- For children with disabilities, to strengthen the existing system of data collection disaggregated by disability in accordance with the International Classification of Functioning Disability and Health
- To improve education and training for children with disabilities
- To enhance expertise in developing abilities of persons with disabilities

Indicators on children

Table 1
Percentage of child population

<i>Percentage of child population out of the total population by age group</i>	2003	2004	2005	2006	2007	2008	2009	2010	2011
0–4	13.4%	13.2%	13.1%	12.8%	8.9%	8.8%	8.5%	8.5%	8.3%
5–9	10%	9.9%	9.8%	9.8%	9%				
10–14	9.2%	9.2%	9.1%	9%	9%	26.5%	26.2%	23.5%	25.4%
15–18	6.5%	6.5%	6.4%	6.3%	6.9%				
Percentage of total child population	39.1%	38.8%	38.4%	37.9%	33.8%	35.3%	34.8%	32%	33.7%

Table 2
Health indicators

<i>Health indicators</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Registered live births			7,464	7,199	7,165	6,933	6,526	6,314	6,424	6,625	6,412	
Crude birth rate (per 1,000 population)			21.7	20.6	19.9	18.7	17	16.2	16.1	16.3	15.5	
Annual under 5 death rate (per 1,000 population)	10.3	8.8	10.1	11.5	9.8	9.5	9.2	9.5	9.5	8.2	7.2	
Rate of exclusive breast feeding for the first 6 months children	n/a	393	1,125	1,194	n/a	1,357	1,369					
Number of under-5 suffering from underweight cases	1,128	1,253	1,228	1,341	1,239	1,162	1,106	858	723			
Percentage of infants 50 immunized against Diphtheria/Tetanus/Whooping Cough	100	100	94	92	91.7	100	100	99	97.6			
Percentage of infants 51 immunized against Measles, Mumps and Rubella 1 (MMR1)	99	100	99	98	100	97.4	100	96.8	99.7			
Antenatal Attendances	53,627	55,479	60,465	56,660	55,816	53,627	47,082	42,279	46,419			
Skilled Attendant at Delivery (%)	99	99.6	99.4	99.4	99.6	99.7	99.7	99.9	99.7			

<i>Health indicators</i>	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Percentage of deliveries in health facilities (as % of total deliveries)	99.3	99.4	99.4	99.5	99.4	99.7	99.6	99.88	99.7			
Infant Mortality Rate (per 1,000 live births)	7.4	6.8	8.3	9.3	8.8	7.4	6.6	7.6	7	7.4	6.1	

Table 3
Education indicators

<i>Education indicators</i>	2001	2001	2020	2003	2004	2005	2006	2007	2008	2009	2010	2011
Literacy rate												
Primary school net enrolment/ Attendance ratio (%)	99.64	99.02	99.40	93.05	98.84	98.76	99.32		93.29	92.90		
Number of students in primary school	44,487	46,555	46,242	46,382	46,012	46,085	45,972	45,125	46,814	44,215	55,635	
Number of students in secondary school	32,252	33,719	34,632	35,838	37,022	38,568	38,551	38,693	39,484	39,844		
Number of students in sixth form	2,404	2,912	3,111	3,715	4,085	4,435	4,737	5,138	5,440	5,482		
Number of students in technical/vocational	2,631	2,553	2,780	3,105	3,180	3,177	3,208	2,998	3,195	3,398		

Table 4
Birth and marriage registration

	2000	2001	2002	2003	2004	2005	2006	2007	2010
Muslim children marriage (under 18)							272	255	225
Percentage of birth registration in urban areas out of the total of birth Registration	98.1	98.2	96.9	96	96.1	95.8	96.5	95.8	
Percentage of birth registration in rural areas out of the total of birth	1.9	1.8	3.1	4	3.9	4.2	3.5	4.2	

Table 5
Usage of improved drinking water in Brunei Darussalam in 2004

Percentage (%) population using improved drinking water services in urban areas	97.90%
Percentage (%) population using improved drinking water services in rural areas	2%
Total percentage (%) of population using improved drinking water services	99.90%

Table 6
Usage of adequate sanitation facilities in Brunei Darussalam in 2001

Percentage (%) of population using adequate sanitation facilities in urban areas	95%
Percentage (%) of population using adequate sanitation facilities in rural areas	65%
Total percentage (%) of population using adequate sanitation facilities	88%

Table 7
Cases dealt with by the Women and Child Abuse Investigation Unit,
Royal Brunei Police Force 2004–2008

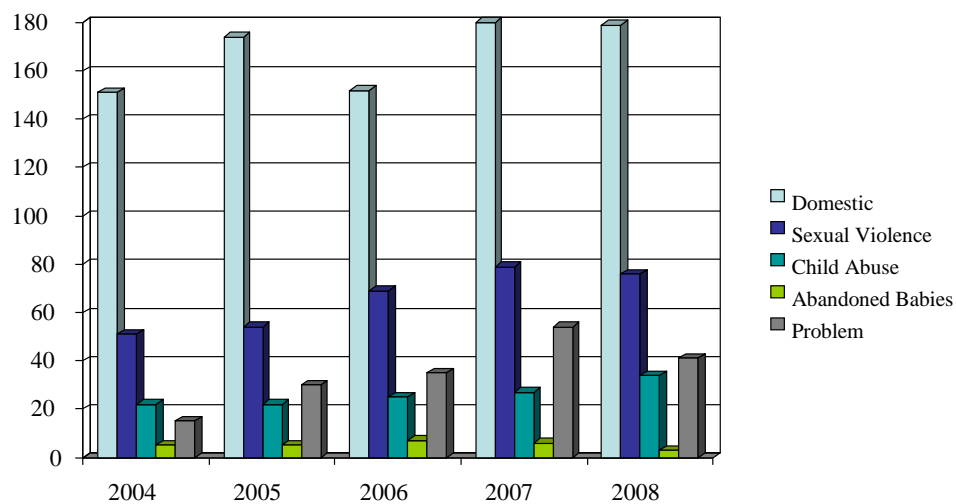


Table 8
Teenage pregnancies (babies born out of wedlock)

<i>Year</i>	<i>Total</i>
2000	162
2001	309
2002	156
2003	302
2004	169
2005	152
2006	138
2007	154

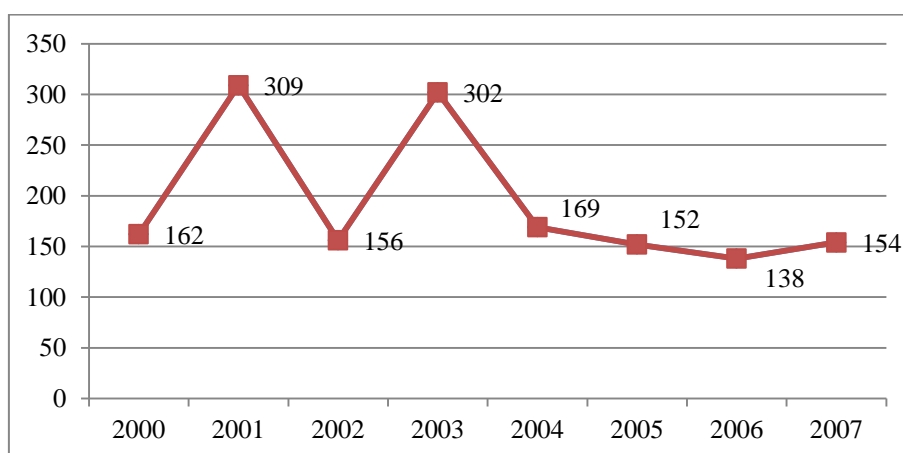


Table 9
Youth arrests 2002–2006 (18 years and under)

	2002	2003	2004	2005	2006
Rape	0	0	3	0	5
Causing minor injury	5	7	12	11	13
House breaking/Theft	2	14	30	16	33
Theft	11	32	67	52	22
Car breaking/Theft	4	2	12	13	16
Vandalism	11	11	14	5	3
Molest	3	4	7	0	3
Gambling	2	0	1	1	1
Under age sex	4	0	0	1	1
Drug abuse	52	56	38	7	19
Immigration act	9	3	5	5	2
Alcohol consumption	4	2	4	1	3
Religious act	1	0	1	0	1
Others	7	12	8	10	5
Total	115	143	202	122	127

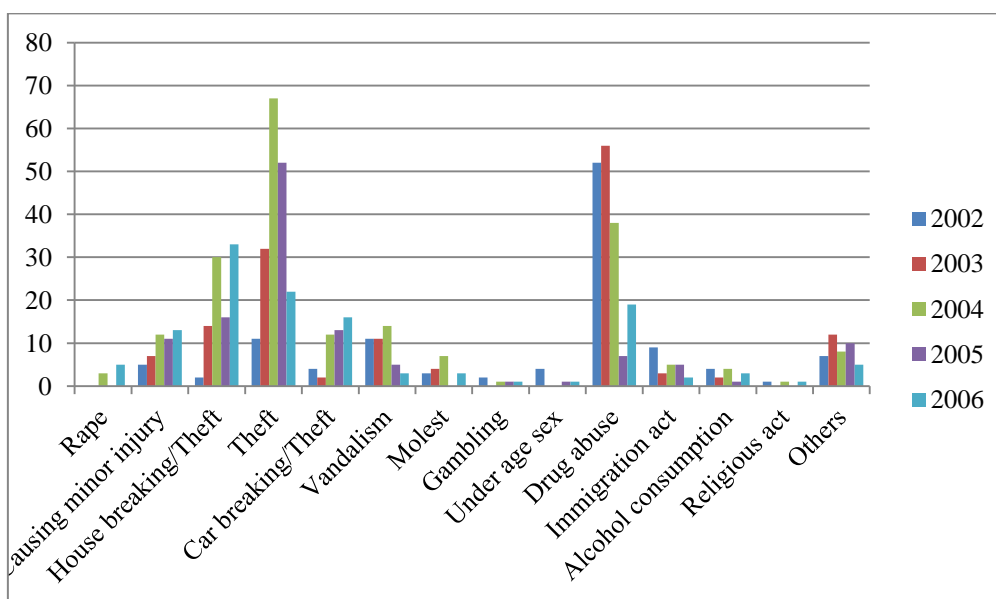


Table 10
**Child-related cases handled by the Department of Community Development
 2004-2011**

<i>Case</i>	2005	2006	2007	2008	2009	2010	2011
1 Child abuse	10	5	8	12	12	4	4
2 Abandoned babies	2	2	2		1	1	
3 Custody rights	8	2	3	4	2		3
4 Beyond parental control	13	5	13	12	17	25	15
5 Neglect	3	5	10	12	9	7	9
6 Attempted rape on young girls	2	1	2	2	1		2
7 Rape	1						1
8 Incest	2	3		5	2		1
9 Teenage promiscuity		1	1	1	6	2	
10 Rehabilitation programme			7	8		2	12
11 Temporary custody of children				1			
12 Juvenile cases (referred cases)			1		3	12	22
13 Housing problem					1		
Total		41	24	47	57	49	69

Table 11
**Child abuse cases dealt with by the Women and Child Abuse Investigation Unit,
 Royal Brunei Police Force 2005–2008**

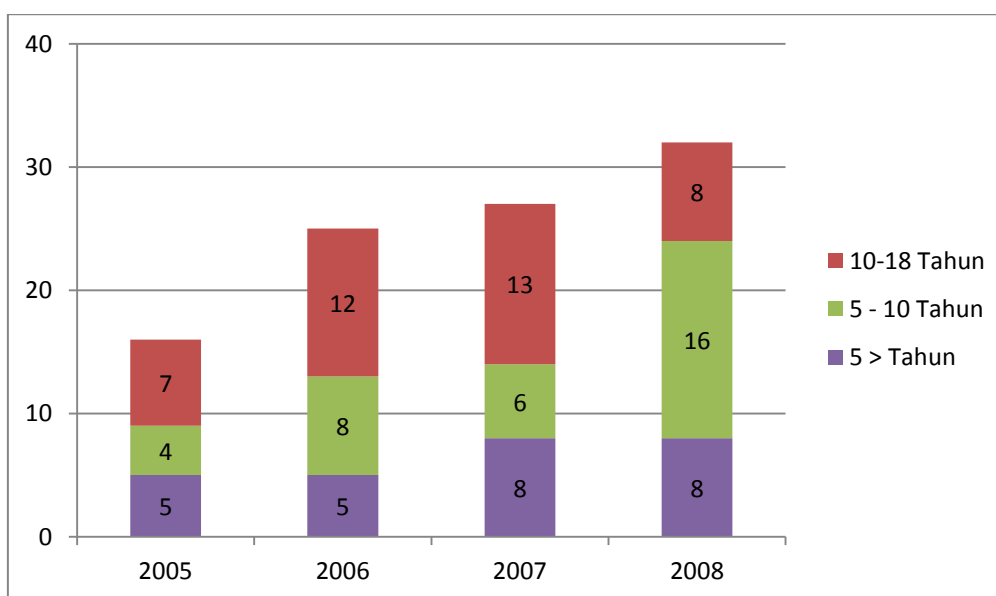


Table 12
Welfare benefit recipients 2001–2011

<i>Year</i>	<i>Total</i>
2001	3,822
2002	3,958
2003	3,871
2004	3,657
2005	3,677
2006	3,893
2007	4,115
2008	4,301
2009	4,366
2010	3,588
2011	3,766

Table 13
Education allowances recipients 2009–2011

<i>Year</i>	<i>Total</i>
2009	635
2010	800
2011	1,084

Table 14
Disability pension recipients 2006–2011

<i>Year</i>	<i>Total</i>
2006	918
2007	1,084
2008	1,227
2009	1,397
2010	1,525
2011	1,697

Table 15
Cases handled by the Counselling Unit of the Department of Community Development 2004–2009

	2004	2005	2006	2007	2008	2009
Moral issues inc. beyond parental control	10	13	19	35	42	32
Family conflicts	3	9	6	16	18	11
Sexual abuse inc. incest	2	1	6	18	16	10
Abuse excl. sexual abuse	1	1	3	5	5	13
Domestic violence	2	0	8	6	6	10
Financial issues	3	0	2	3	6	5
Psychological (emotional) disturbance	1	0	2	1	0	4

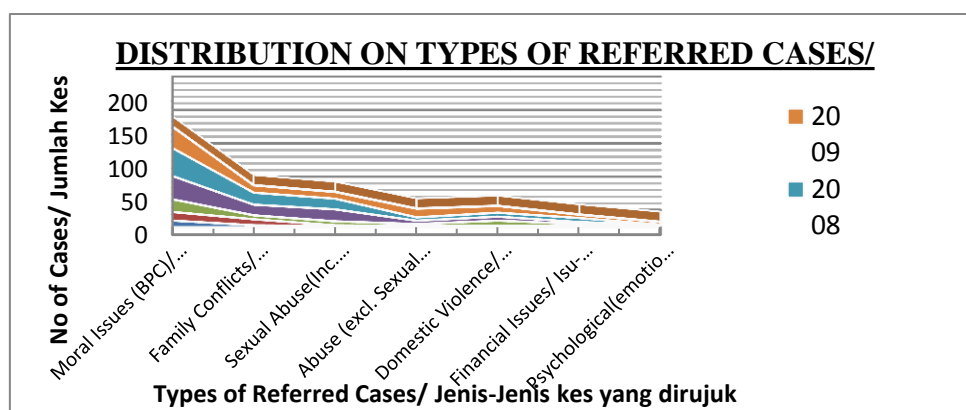


Table 16
Child-care centres registered under the Department of Community Development 2006–2011

Year	N° of child care centre	N° of children
2006	10	241
2007	10	260
2008	8	150
2009	5	138
2010	12	247
2011	13	262

Table 17
Residents of Taman Nor Hidayah Welfare Home (for women and girls) 2004–2011

<i>Year</i>	<i>Total</i>
2004	50
2005	37
2006	28
2007	25
2008	73
2009	52
2010	27
2011	32

Table 18
Residents of Darussakinah Welfare Home (for children) 2004–2011

<i>Year</i>	<i>Total</i>
2004	5
2005	4
2006	2
2007	2
2008	1
2009	3
2010	5
2011	8

Table 19
Orphans registered under the Department of Community Development 2004–2011

<i>Year</i>	<i>Total</i>
2004	1,872
2005	2,086
2006	2,064
2007	2,072
2008	2,149
2009	2,298
2010	2,514
2011	3,241

Table 20
**Children with disabilities registered under the Children Development Centre,
 Ministry of Health 2004–2009**

<i>Year</i>		<i>1997–2003 (excluding case closed)</i>							<i>Total</i>
		<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>		
N° of students	Total referred	511	278	342	367	320	307	146	2,271
Gender	Male	338	194	228	262	224	222	109	1,577
	Female	173	84	114	105	96	85	37	694
District	Brunei- Muara	359	172	219	241	219	219	105	1,534
	Tutong	47	69	51	73	49	44	16	349
	Belait	84	33	58	44	45	42	21	327
	Temburong	21	4	14	9	7	2	4	61
Concern/ Diagnosis/ Category of need	Soc-EmoBehaviour Disorder	34	5	16	7	3	12	4	81
	Learning Difficulties	131	81	139	173	135	149	66	874
	Overaged	1	4	17	5	0	3	4	34
	Selective Mutism	2	2	5	1	0	0	0	10
	Speech & Language	82	46	58	53	73	52	19	383
	Visual Impairment	2	23	9	23	11	13	7	88
	Hearing Impairment	63	17	24	13	10	4	8	139
	Physical Impairment	6	5	6	2	0	1	0	20
	Noonan Syndrome	2	2	0	0	0	1	0	5
	Intellectual Impairment	18	13	8	4	7	1	0	51
	Health Disorder	11	11	12	17	1	2	2	56
	Fonconi Syndrome	0	1	0	0	0	0	0	1
	Epilepsy	5	9	3	3	0	1	5	26
	Developmental Delay	11	2	2	2	0	0	1	18
	Down's Syndrome	2	11	9	15	7	5	0	49
	Cerebral Palsy	22	5	9	6	4	5	2	53
	Autistic Spectrum Disorder	35	26	14	15	13	11	4	118
	ADHD	6	2	1	1	4	1	3	18
	Dyspraxia	0	0	1	1	0	0	0	2
	Cornelia De Lange Syndrome	0	0	2	0	0	0	0	2
PraderWilli Syndrome	0	0	0	2	0	0	0	2	
Dyslexia	2	0	0	0	2	1	0	5	
Thalessemia	1	0	0	0	1	0	0	2	
Emotional Problems	0	0	0	0	0	1	0	1	
Others	75	13	7	24	49	44	21	233	

Table 21
**Children with disabilities and special needs under the Ministry of Education
 2004-2009**

<i>Year</i>		<i>1997–2003 (excluding case closed)</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>Total</i>
N° of students	Total referred	1,355	278	342	367	320	307	146	2,271
Gender	Male	911	194	228	262	224	222	109	1,577
	Female	444	84	114	105	96	85	37	694
District	Brunei- Muara	970	172	219	241	219	219	105	1,534
	Tutong	147	69	51	73	49	44	16	349
	Belait	201	33	58	44	45	42	21	327
	Temburong	37	4	14	9	7	2	4	61
Concern/ Diagnosis/ Category of need	Soc-EmoBehaviour Disorder	123	5	16	7	3	12	4	170
	Learning Difficulties	488	81	139	173	135	149	66	1,231
	Overaged	7	4	17	5	0	3	4	40
	Selective Mutism	2	2	5	1	0	0	0	10
	Speech & Language	155	46	58	53	73	52	19	456
	Visual Impairment	30	23	9	23	11	13	7	116
	Hearing Impairment	128	17	24	13	10	4	8	204
	Physical Impairment	23	5	6	2	0	1	0	37
	Noonan Syndrome	2	2	0	0	0	1	0	5
	Intellectual Impairment	49	13	8	4	7	1	0	82
	Health Disorder	40	11	12	17	1	2	2	85
	Fonconi Syndrome	0	1	0	0	0	0	0	1
	Epilepsy	30	9	3	3	0	1	5	51
	Developmental Delay	10	2	2	2	0	0	1	17
	Down's Syndrome	77	11	9	15	7	5	0	124
	Cerebral Palsy	45	5	9	6	4	5	2	76
	Autistic Spectrum Disorder	50	26	14	15	13	11	4	133
	ADHD	12	2	1	1	4	1	3	24
	Dyspraxia	0	0	1	1	0	0	0	2
	Cornelia De Lange Syndrome	0	0	2	0	0	0	0	2
PraderWilli Syndrome	0	0	0	2	0	0	0	2	
Dyslexia	2	0	0	0	2	1	0	5	
Thalessemia	1	0	0	0	1	0	0	2	
Emotional Problems	1	0	0	0	0	1	0	2	
Others	80	13	7	24	49	44	21	238	

Table 22
Narcotics statistics, by age group

<i>Age group</i>	<i>Year</i>		
	<i>2009</i>	<i>2010</i>	<i>2011</i>
15 yrs and below	10	8	9
16 yrs.–20 yrs.	55	55	44
21 yrs.–25 yrs.	96	129	106
26 yrs.–30 yrs.	117	117	118
31 yrs. and above	244	247	262
Total arrests	522	547	539

Table 23
Narcotics statistics, by number of activities

<i>Types of activities</i>	<i>Year/No. of activities</i>		
	<i>2009</i>	<i>2010</i>	<i>2011</i>
Lecture	81	123	233
Visit to NCB	28	62	67
Display/Exhibition	5	9	2
Youth camping	1	1	0
Urine screening	3	5	7
Anti-drug exposition	3	9	13
Total	121	209	322

Table 24
Narcotics statistics, by number of participants

<i>Types of activities</i>	<i>Year/No. of participants</i>		
	<i>2009</i>	<i>2010</i>	<i>2011</i>
Lecture	4,995	13,761	25,836
Visit to NCB	1,150	2,898	2,965
Display/Exhibition	1,503	2,900	730
Youth camps	140	40	0
Urine screening	78	295	152
Anti-drug exposition	380	2,497	3989
Total	8,246	22,391	33,672

Drafting Committee

Prime Minister's Office
Ministry of Foreign Affairs and Trade
Ministry of Education
Ministry of Religious Affairs
Ministry of Culture, Youth and Sports
Ministry of Health
Attorney General's Chambers
Royal Brunei Police Force
Narcotic Control Bureau
Department of Community Development (Lead Agency)
Brunei's Women Council (NGO)
Brunei Youth Council (NGO)
Brunei Darussalam AIDS Council (NGO)

References

Ministry of Health, Brunei Darussalam; National Health Care Plan (2000–2010)
A Strategic Framework for Action, June 2000

Department of Community Development; Strategic Plan

Department of Economic Planning and Development; Brunei Darussalam Statistical
Yearbook 2004, 2005, 2006, 2007, 2008

Brunei Darussalam Government; Report on the Convention on the Rights of the Child,
July 2001

Brunei Darussalam Government; Brunei Darussalam Long-Term Development Plan, 2007
