



# Convention on the Rights of the Child

Distr.: General  
22 September 2015

Original: English

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## Committee on the Rights of the Child Seventieth session

### Summary record of the 2029th meeting

Held at the Palais Wilson, Geneva, on Wednesday, 16 September 2015, at 10 a.m.

*Chairperson:* Mr. Mezmur

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*Fifth periodic report of Bangladesh* (continued)

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*The meeting was called to order at 10 a.m.*

**Consideration of reports of States parties (continued)**

*Fifth periodic report of Bangladesh (continued) (CRC/C/BGD/5; CRC/C/BGD/Q/5 and Add.1)*

1. *At the invitation of the Chairperson, the delegation of Bangladesh took places at the Committee table.*

2. **Mr. Madi** (Coordinator, Country Task Force), noting that there had been cases of child sexual exploitation and abuse where the children in question had committed suicide, asked how many cases of such abuse had been brought before the courts in the previous three years and how many persons had been convicted? He asked whether the State party had established rehabilitation centres for victims and procedures for their psychological recovery and social reintegration.

3. The Committee welcomed the memorandum of understanding between Bangladesh and India on the prevention of child trafficking, collaboration between the Government and non-governmental organizations (NGOs) and the adoption of the National Plan of Action for Combating Human Trafficking. However, as was so often the case, such efforts were hindered by a lack of resources and professional training on anti-trafficking procedures and the provision of care to victims. He asked what the State party was doing to address reports of collaboration between border police and human traffickers.

4. He welcomed the adoption of the 2013 Children Act, which reformed the juvenile justice system. However, its implementation had been very slow owing to a lack of resources and training and he noted that a number of children were still being detained in adult prisons. Was it true that the country's three juvenile detention facilities had very limited services and capacity to hold only 500 children each? He asked the delegation to comment on reports of increasing levels of violence in such facilities and to inform the Committee about procedures to protect the rights of child victims and witnesses of crime. Was it really the case that the child helpline could only be contacted from landlines and was it open round the clock?

5. **Mr. Kotrane** said that the State party report did not include sufficient information on follow-up to the Committee's concluding observations on the implementation of the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on the involvement of children in armed conflict. Had the State party taken measures to follow up on those observations?

6. **Ms. Afroze** (Bangladesh) said that, pursuant to the Children Act, any form of cruelty or brutality committed against children, including corporal punishment, was punishable by 5 years' imprisonment, a fine of 100,000 taka or both. In addition, comprehensive draft legislation was being prepared to prohibit all forms of violence against children. Various safeguards were in place to ensure the proper administration of juvenile justice, pursuant to the Children Act.

7. It was not true that undocumented Myanmar nationals were frequently arrested or detained. However, some Myanmar nationals living outside the two registered camps for Rohingya refugees had been involved in various forms of crime, including terrorism and the production of forged Bangladeshi passports.

8. Cases of sexual exploitation and abuse were being recorded increasingly often thanks to new technologies that facilitated reporting, thus enabling the authorities to respond quickly. A number of advocacy and awareness programmes were in place, in particular relating to girl children. Owing to social attitudes, girl victims of sexual abuse often felt responsible for their involvement in such crimes, which had in some

cases resulted in suicide. However, that situation was gradually improving as social attitudes changed.

9. With regard to facilities for mothers working in the ready-made garments sector, she said that efforts were being made to set up hostels for such women. Furthermore, it was hoped that breastfeeding corners would be established in all industries within a few years. Many girls dropped out of higher education since parents tended to prioritize boys' education. Therefore, efforts were being made to increase the earning potential of girls through the provision of vocational training.

10. With regard to prostitution, she said that there were only three brothels in the country and that no person under the age of 18 could work as a prostitute.

11. **Mr. Awal** (Bangladesh) said that, according to the 2014 Demographic and Health Survey, rates of infant, under-5 and maternal mortality had all decreased significantly since 2011 and the numbers of children who had stunted growth or were underweight had also decreased. The Bangladeshi diet was very carbohydrate-heavy, which contributed to malnutrition. Therefore, large-scale awareness-raising campaigns were being conducted to address nutrition-related issues; the media played a very active role in that regard. Relevant programmes were in place, including the National Nutrition Programme, which covered almost all of the under-5 population, mothers and women of childbearing age. Iron deficiency, anaemia and vitamin deficiency had been priority areas for the Government since the 1970s and the situation had improved significantly. A large number of agencies were working in that area and screening programmes were in place for pregnant women and women of childbearing age. A vitamin supplementation programme had produced very positive results and vitamin deficiency among children under 5 was no longer a public health problem. However, the situation still needed to be improved among pregnant and lactating women. He said that good nutrition depended on available food and health-care services, which varied geographically.

12. Significant progress had been made in increasing the number of skilled birth attendants but much remained to be done in terms of safeguarding the health of mothers and children. Bangladesh had achieved a high rate of breastfeeding, based on the World Health Organization's definition of exclusive breastfeeding. The rate of institutional delivery had also increased significantly. The Government had recommended that more attention should be given to improving antenatal and postnatal care for adolescent girls and relevant training was being provided to health-care workers.

13. The prevalence of HIV in the country remained very low and the recent increase could be attributed to the introduction of compulsory screening for blood transfusions, the increased quality of such screening and increased movement of people abroad. A national HIV/AIDS committee was in place and measures were being taken to address the issue of other sexually transmitted diseases.

14. Bangladesh was continuing to make good progress towards eradicating child labour. The draft Domestic Worker's Protection Policy and the National Corporate Social Responsibility for Children Policy were under review and a Child Labour Unit had been established. While the project on the eradication of hazardous child labour in Bangladesh had reached a relatively small percentage of children, the State party was working to further reduce the number of children, and people in general, who engaged in hazardous employment. Currently only 12 per cent of the labour force was working in the formal sector. However, no children were employed in the ready-made garments sector and day-care centres were in place in all garment factories, as required by Government policy. The Tazreen Fashion factory fire and the Rana Plaza disaster had forced the Government to address the issue of workplace safety, but until new

legislation was imposed it would be difficult to prevent that kind of incident from occurring. In the event of an accident in the workplace, individuals were granted compensation by the Bangladesh Labour Welfare Foundation and there were plans to expand the scope of compensation to include medical treatment, rehabilitation and pensions for those no longer able to work. Bangladesh placed strong emphasis on improving workplace safety and working environments.

15. **Ms. Afroze** (Bangladesh) said that it would take time to implement the Optional Protocols to the Convention as changes in social attitudes were necessary. There was no evidence to substantiate reports of increased violence and armed rivalry in the Chittagong Hill Tracts and no reports of children's involvement in armed conflict in that area. Budgetary allocations under the Social Safety Network Programme had increased, reflecting the Government's commitment to ensuring social security and poverty reduction. The amount allocated to social security currently stood at around 12 per cent of total Government spending.

16. **Ms. Begum** (Bangladesh), referring to data contained in Bangladesh's report on the subject of a social safety net, indicated that various forms of support, including grants and benefits, were available to thousands of breastfeeding mothers, orphans and children with disabilities.

17. **Ms. Oviedo Fierro**, referring to the issue of cultural beliefs and practices, stressed that although legislation might outlaw a practice, certain beliefs and attitudes persisted, for example regarding dowries or child marriage. It was necessary to understand the reasons behind such obstacles to the promotion of children's rights. She suggested that the large number of adolescent clubs located throughout the country could provide an ideal platform to combat those problems.

18. She requested clarification of the provisions of the revised Vagrancy Act, 2011, which also applied to child vagrants, and how that legislation dovetailed with the street child programme, implemented with technical assistance from the United Nations Children's Fund (UNICEF).

19. With regard to breastfeeding, she expressed regret that no information was available on the creation of a national committee on breastfeeding. There were also concerns that the provisions of the International Code of Marketing of Breast-milk Substitutes were not being implemented. She requested information on measures to ensure that the nutritional needs of newborns and infants were met.

20. Further information was required on child- and mother-friendly hospitals. She expressed concern that hospitals were failing to apply the 10 steps required to promote successful breastfeeding. Under such circumstances, it was difficult to create an environment conducive to breastfeeding.

21. Women who worked in the informal sector had no maternity leave, and paternity leave did not exist. In view of that situation, what steps was the Government taking to promote breastfeeding?

22. **Ms. Aho Assouma** asked whether measures were being taken to reduce mother-to-child transmission of HIV/AIDS. In the field of family planning, the State party had mentioned various initiatives managed by NGOs. However, she wished to know what the Government itself was doing in that regard. She asked what measures were being taken to reduce malnutrition among children and the maternal mortality rate. Did Bangladesh have a national committee on breastfeeding? If so, what was its function, how did it operate and did it cover the entire country? With regard to health-care staff, she asked whether obstetricians performed Caesarean sections, and whether such procedures were available throughout the country, especially in rural areas.

23. **Ms. Ayoubi Idrissi** said that further clarification was needed on the status of a legislative bill which proposed to reduce the age of majority from 18 to 16, and its impact on child marriage. She asked what the Government was doing to address the shortage of paediatricians in the country, and requested information on measures taken to raise awareness and teach young mothers how to care for their children properly, in order to avoid deaths caused by ignorance.

24. **Mr. Nelson** asked how many juvenile courts had been established in Bangladesh. The delegation had indicated that there was at least one court per district. However, the size of the districts varied greatly, and he wished to know how the courts were distributed between districts and how many cases they handled. More details were required on juvenile detention rates, as the information that had been provided seemed to suggest that there were very few children in detention in a country with a very large population. Were more reliable data available?

25. **Ms. Afroze** (Bangladesh) said that the draft bill on marriage would maintain the age of majority at 18 for girls and 21 for boys. Statutory maternity leave in the public sector had been increased from four to six months. Maternity leave in the private sector was problematic, as companies were discouraged from employing women. She expressed the hope that that particular challenge would soon be overcome.

26. **Mr. Kabir** (Bangladesh) said that 70 juvenile courts had been established under the provisions of the new Children Act, 2013. Information on the cases processed by the courts would be transmitted to the Committee.

27. **Mr. Awal** (Bangladesh) said that the Government adhered to the International Code of Marketing of Breast-milk Substitutes, and prohibited the advertising of such products, or their promotion in hospitals and health clinics.

28. A strategy on nutrition for young children had been implemented by the Institute of Public Health and Nutrition. Efforts had been made to ensure that all health-care institutions, including district hospitals, were mother- and baby-friendly. Other achievements included the establishment of community clinics providing basic primary health-care services, including family welfare visitors and the regular, twice-weekly presence of a medical doctor. The National Breastfeeding Coordination Committee was headed by the Minister of Health and Family Welfare, and involved many partners and stakeholders. He stressed that breastfeeding rates had more than trebled between 1990 and 2014.

29. Significant progress had been made in tackling child malnutrition. A range of nutrition programmes had been implemented since 1994, and the current national nutrition services scheme covered the entire country. Nevertheless, much still remained to be done, and measures were being taken to improve the quality of services provided.

30. With regard to Caesarean sections, there were specialist doctors available in each *upazila* or subdistrict. Data from 2014 indicated that more than 15 per cent of deliveries involved Caesarean sections. The national strategy for the management of childhood illnesses, approved by the World Health Organization and endorsed by UNICEF, had helped to reduce maternal and child mortality rates. Nutrition corners had also been introduced in hospitals to combat the problem of child malnutrition.

31. **Ms. Afroze** (Bangladesh), referring to the issue of dowries, said that cultural practices and attitudes could not be changed overnight. Although the law prohibited dowries, parents tried to hide the practice when marrying off their daughters. When the authorities were informed of problems related to that practice, support was provided, within the limits of the law.

32. **Mr. Tariq-ul-Islam** (Bangladesh) said that the previously mentioned helpline was indeed toll-free, with operators available round the clock. He indicated that all calls and responses were recorded, in part to ensure that action could be taken in case of negligence.

33. **Ms. Muhamad Shariff** (Country Task Force), referring to the vitamin A supplementations programme, asked whether there was any truth to reports that deaths had been caused by the ingestion of adulterated vitamin capsules produced by a certain pharmaceutical company. If the reports were accurate, what steps had been taken against the company concerned? She also invited the State party to comment on reports that Caesarean sections were no longer performed in one particular maternity care centre because of the lack of a qualified practitioner.

34. **The Chairperson** said that the distribution of juvenile courts was important, as some districts were much smaller than others. Their distribution also had an impact on accessibility and, as a result, on the administration of justice. He asked about the role of religious leaders in efforts to promote children's rights, and measures taken in that regard. Were efforts being made to tackle the shortage of probation officers and social workers in the country, and was that issue viewed as a priority?

35. There was a need to regularly monitor, evaluate and review the cases of children placed in orphanages, and to ensure compliance with minimum standards. He encouraged the delegation to respond to issues raised earlier, in relation to matters such as children's mental health, suicide as a consequence of forced marriage, primary education, and bullying. He also requested information on measures to ensure that teachers could be held to account for violating children's rights.

36. **Ms. Ayoubi Idrissi** asked what action was being taken to combat violence against children, particularly with regard to violence perpetrated by law enforcement officials against children in custody? Were disciplinary measures taken, or inquiries conducted in such cases? She asked whether the national human rights institution, although it did not specialize in children's rights, had dealt with any complaints relating to the treatment of children by the police.

*The meeting was suspended at 11.20 a.m. and resumed at 11.35 a.m.*

37. **Ms. Afroze** (Bangladesh) said that Bangladesh had taken steps to counter the views of the small number of fundamentalist religious leaders who sought to exert a malign influence over the country's people. Religious leaders were also encouraged to address such issues as women's empowerment, children's rights and the payment of dowries.

38. The Ministry of Social Welfare operated a number of residential centres for children deprived of a family environment. The Government was encouraging women to participate in economic life by setting up day-care centres in the areas of the country where the garment industry was a major employer. It had also established child development centres for the children of garment workers and was currently building a hostel in Savar, near Dhaka, with beds for 830 garment workers.

39. **Ms. Biswas** (Bangladesh) said that the enrolment rate in both primary and secondary education was higher for girls than boys. Girls were more likely to drop out of secondary school than boys, however. The Government had made considerable efforts to improve the teaching and learning environments and to ensure that children had access to sports and cultural facilities. Those efforts included the construction or refurbishment of thousands of primary schools. Ten residential schools had been built in the remote Chittagong Hill Tracts to ensure that children from the minority groups native to the area had access to education. Instructions had been given to the effect

that all newly built educational institutions should have separate sanitary facilities for girls and boys. They should also be accessible to children with disabilities.

40. Tens of thousands of schoolteachers had received training as part of a wide range of initiatives taken by the authorities. A diploma in education, rather than a certificate, would henceforth be conferred on prospective teachers who successfully completed the revamped foundation course in education. A plan for the professional development of teachers already in the primary education system had also been implemented.

41. Furthermore, the Government had made efforts to provide poor children in rural areas or children not enrolled in school with vocational training. Some 166,000 urban working children had been given school supplies at no charge, and a vocational training centre had been established for such children. All of the children who had completed the vocational training programme had found employment. Human rights topics had been included in secondary-level curricula. Children were taught about the rights they enjoyed.

42. The stipend paid to encourage school attendance was very small. However, relative to the size of the country's economy, the share of total annual spending on primary education, at more than US\$ 1 billion, was rather large.

43. **Mr. Cardona Llorens** asked whether all new schools were designed to receive children with disabilities and whether educators were being given training in how to include children with special needs in the classroom.

44. **Ms. Oviedo Fierro** asked whether the process of improving education in the State party included a focus on eradicating all forms of violence against children.

45. **Ms. Afroze** (Bangladesh) said that children in primary schools, secondary schools and madrassas received free schoolbooks. The stipend was paid to the families of girls and of children with disabilities. As a result, the enrolment of girls in primary school was increasing by the day. Another reason for increased school attendance was the Government's decision to ensure that there was a primary school in every village in the country. New primary schools were built with ramps and proper sanitary facilities.

46. **Ms. Begum** (Bangladesh) said that integrated education programmes had been introduced for children with visual impairments in the country's 64 districts. There were special schools for children with intellectual disabilities or autism throughout the country, as well as a large number of schools run by NGOs. Vocational training was also available. The stipend paid to the families of children with disabilities enrolled in school ranged from 500 to 1,000 taka.

47. In 2014, the United Nations Children's Fund (UNICEF), in collaboration with the Department of Social Services of the Ministry of Social Welfare, had commissioned a report on the situation of children with disabilities in Bangladesh. It provided a wealth of information about ministerial programmes related to disability issues. With a view to conducting a disability survey, training had been given to data collectors and other personnel from all over the country, including physicians.

48. **Mr. Barman** (Bangladesh) said that he did not have statistics on the number of refugees in Bangladesh. In any event, most refugees were Rohingya from Myanmar, and discussions on their repatriation were under way. Current government policy was to discourage refugees from entering the country, and for that reason the border between Bangladesh and Myanmar was actively patrolled.

49. **Mr. Tariq-ul-Islam** (Bangladesh) said that the Rohingya children in refugee camps around Cox's Bazar received aid from the Office of the United Nations High Commissioner for Refugees, whereas those who lived outside the camps were entitled

to benefits from the Ministry of Social Welfare on an equal footing with Bangladeshi nationals. He acknowledged that police violence against children was a problem; however, the curricula at police academies had been revised to include subjects emphasizing the rights of children. Every police station in Bangladesh was meant to have a child affairs desk, preferably headed by a female officer. The Ministry of Social Welfare had sought authorization to appoint more probation officers, as some districts did not have one.

50. Every effort was made to ensure that the children in the country's 85 orphanages, all but one of which were single-sex institutions, were provided with all possible care and support, and the orphanages themselves were inspected regularly. There had been some prosecutions of abusive orphanage personnel. The authorities were working together with UNICEF to ensure that the child-friendly hotline was operational throughout the country.

51. **Ms. Afroze** (Bangladesh) said that she had been appalled by the conditions she had witnessed at a Rohingya refugee camp, which she had visited as part of a campaign to raise awareness of HIV/AIDS. Rohingya men had several wives and did not always know how many children they had. Managing the situation posed a considerable challenge.

52. Bangladesh aspired to join the ranks of middle-income countries by 2021. To that end, the Government had taken a number of initiatives to help its people develop their skills. Computer training was offered even in primary schools, for example.

53. **Mr. Awal** (Bangladesh) said that as the chemical composition of vitamin A was non-toxic, it was highly unlikely that the vitamin supplements provided by the authorities could have led to the deaths of any children. Regrettably, on some days it was entirely possible that a given medical centre did not have the staff to perform Caesarean sections.

54. The Bangladeshi authorities appreciated the efforts made by the many NGOs active in the country; the latter did not work entirely on their own, as they received guidance and support from the Government and international partners.

55. **Ms. Aho Assouma** said that she would appreciate an answer to her question about what action was being taken to prevent mother-to-child transmission of HIV/AIDS on maternity wards. She also wished to know what was being done to reduce the large number of under-5 deaths from pneumonia.

56. **Ms. Muhamad Shariff** reiterated that the Committee had received reports that a number of children had died after having consumed substandard vitamin A capsules manufactured by a company of questionable repute. She asked whether those reports had been substantiated and, if so, whether legal action had been taken against the company in question.

57. **The Chairperson** said that the Committee wished to receive additional information on the State party's plan to relocate thousands of Rohingya refugees from refugee camps to an island in the south of the country. He asked whether the Government had considered the impact that the relocation could have on Rohingya refugee children.

58. **Mr. Ahsan** (Bangladesh) said that it should be recalled that, despite being ravaged by natural disasters on almost a yearly basis, Bangladesh had managed to reduce the number of deaths resulting from such events by a significant amount. Moreover, while the first decade of the country's independence had been characterized by extreme poverty and limited export capacity, it had successfully reversed that trend and had become largely self-sufficient. Bangladesh was one of the most densely populated countries in the world. Around 60 per cent of the population were aged 35

and under and it was the responsibility of the Government to generate employment for the hundreds of thousands of young people entering the labour market each year, which was no easy task. Bangladesh was also weathering the adverse effects of climate change. If the sea level continued to rise at the current rate, large swathes of land could be lost. The Government had undertaken a number of initiatives to tackle climate change, including the setting up of a special fund for that purpose. Furthermore, the additional challenges posed by the recent global financial crisis and the global food shortage necessitated a review of all programmes and policies for development, not just in Bangladesh but across the globe.

59. Bangladesh remained committed to fulfilling its obligations under the Convention and other international instruments but the challenges facing the country should not be underestimated. The country's efforts to fulfil its international obligations were further hampered by a lack of resources. The country simply required more time to make the progress expected by the international community. He hoped that the Committee would take the numerous challenges facing Bangladesh into account when drafting its concluding observations.

60. The Government of Bangladesh was working with the Government of Myanmar to find a solution to the long-standing issue of the Rohingya refugees. The Government wished to conduct a survey on the Rohingya refugees to ascertain the exact number residing in Bangladesh, both inside and outside the camps, with a view to devising an appropriate strategy for dealing with them.

61. **The Chairperson** said that the Committee took due note of the numerous challenges facing Bangladesh. However, it should be recalled that no State party to the Convention had achieved the full realization of children's rights and that there was room for improvement in even the most developed countries. The Committee's concluding observations would address the most serious obstacles to the effective implementation of the Convention in Bangladesh. The Committee did not doubt the Government's commitment to fulfilling its obligations under the Convention.

62. **Mr. Tariq-ul-Islam** (Bangladesh) said that it was not yet certain whether the Government's plan to relocate thousands of Rohingya refugees from refugee camps to an island in the south of the country would go ahead.

63. **Ms. Afroze** (Bangladesh) said that the prevalence of HIV/AIDS was lower in Bangladesh than in neighbouring countries. Similarly, there were very few cases of mother-to-child transmission of HIV/AIDS. However, when such cases did occur, both mother and child were provided with the necessary care and support.

64. **Mr. Biswas** (Bangladesh) said that the prevalence of HIV/AIDS was so low that it was not considered to be a public health problem. Tests for HIV/AIDS were conducted during the early stages of pregnancy. If the expectant mother was found to be infected, hospital staff took special precautions to prevent the transmission of the virus to her child. The prevalence of pneumonia was still high and the condition remained a major killer of children under 5 years of age. The Government was in the process of implementing the Integrated Management of Childhood Illness strategy developed by the World Health Organization (WHO) and had provided the majority of doctors and field staff with training on that subject. The number of pneumonia deaths had fallen by 80 per cent over a 15-year period as a result of that strategy.

65. Anaemia remained a major public health problem. Expectant mothers suffering from iron-deficiency anaemia received treatment from the second trimester onwards and for six months after having given birth. New mothers were also encouraged to breastfeed their babies and could be provided with iron and vitamin A supplements if needed. Food was also provided to persons at risk of malnutrition. The delegation had no information on the reports mentioned by Ms. Muhamad Shariff.

66. **Ms. Afroze** (Bangladesh) said that the Government had taken steps to guarantee access to health care for persons living in poverty. Community health centres provided certain types of medicine free of charge. There had also been a drive to recruit and train additional nurses and midwives to help overcome the current shortage of such professionals. It was hoped that the infant mortality rate would decrease as a result of that initiative.

67. **The Chairperson** enquired as to the nature of the cooperation between the Ministry of Women and Children Affairs and the National Council on Women and Children Development and as to how the State party planned to respond to the challenges posed by the different laws dealing with child marriage.

68. **Mr. Das** (Bangladesh) said that the Ministry of Women and Children Affairs was the lead agency for all matters relating to the protection and promotion of children's rights. The National Council on Women and Children Development was the body responsible for coordinating efforts among the different government ministries and departments working in that area and served as a forum to devise and discuss policy guidelines for child welfare and development. The National Children Policy provided a framework for cooperation between the aforementioned government ministries and departments. A special focal point for children's issues had also been appointed. Meetings were held with representatives of the different government ministries and departments working in the area of children's rights on a quarterly basis to review the progress made in realizing children's rights in Bangladesh. Moreover, a system for monitoring children's rights had been introduced in all administrative districts of the country.

69. **Ms. Afroze** (Bangladesh) said that gender and child-responsive budgeting had already been introduced in a number of government ministries and that special focal points had been appointed to oversee the implementation of that policy.

70. **Mr. Awal** (Bangladesh) said that Bangladesh had been one of the first countries to introduce child-responsive budgeting. To date, the policy had been introduced in five government ministries and it was hoped that it could be introduced in more ministries in the future.

71. **Ms. Afroze** (Bangladesh) said that there was a separate directorate for women's affairs within the Ministry of Women and Children Affairs but that no such directorate existed for children's affairs. The Government planned to remedy that situation in the near future.

72. **The Chairperson** said that additional information should be provided on the Vagrancy Act.

73. **Mr. Cardona Llorens** asked whether the views of children were taken into account when the budget was being drawn up.

74. **Ms. Afroze** (Bangladesh) said that the Vagrancy Act had been adopted by Parliament in 2011. There was also a programme in place to assist the homeless and other destitute persons in Bangladesh.

75. **Mr. Awal** (Bangladesh) said that, prior to the introduction of child-responsive budgeting, technical consultations had been held with representatives of the five government ministries concerned. It was planned to hold further consultations to which children would be invited and during which they would be able to make their views known.

76. **Ms. Aldoseri** (Country Task Force) said that the interactive dialogue had been facilitated and enriched by the varied composition of the State party's delegation, which had provided valuable insights into the situation of children's rights in

Bangladesh. She commended the State party on the progress that it had achieved in implementing the Convention and realizing children's rights. She noted with satisfaction the introduction of child-responsive budgeting in a number of government ministries, especially in view of the Committee's forthcoming general comment on public spending and the rights of the child. However, there was a pressing need for the State party to undertake a comprehensive review of all laws concerning children, particularly those dealing with marriage, and to take more stringent measures to enforce them.

77. **Ms. Afroze** (Bangladesh) thanked the Committee for what had been a fruitful and insightful interactive dialogue. She would transmit the comments and suggestions made by Committee members to her Government for further action. While Bangladesh had made considerable progress in many areas since the submission of its fourth periodic report, it acknowledged that much remained to be done to achieve the full realization of children's rights. At the same time, it was important to understand that deep-rooted social and cultural norms could not simply be disregarded and, for that reason, the Government needed time to deal with issues of a sensitive nature. Despite the Government's efforts, the effectiveness of plans and policies aimed at improving the situation of children in Bangladesh was often limited by the country's high population density and a lack of resources. Bangladesh required the support of the international community and development partners if it were to achieve the level of development necessary to guarantee the full enjoyment of human rights in its national territory. Bangladesh remained committed to fulfilling its obligations under the Convention.

78. **The Chairperson** said the fact that the State party had submitted five periodic reports for consideration by the Committee attested to its continuing commitment to implementing the Convention. He thanked the delegation for its positive participation in the interactive dialogue and urged the State party to pay due attention to the recommendations contained in the Committee's concluding observations.

*The meeting rose at 1 p.m.*