



# Convention on the Rights of the Child

Distr.: General  
19 May 2022

Original: English

---

## Committee on the Rights of the Child Ninetieth session

### Summary record of the 2599th meeting

Held at the Palais Wilson, Geneva, on Friday, 13 May 2022, at 10 a.m.

*Chair:* Ms. Otani

## Contents

Consideration of reports of States parties (*continued*)

*Combined third to fifth periodic reports of Djibouti (continued)*

---

This record is subject to correction. Corrections should be set forth in a memorandum and also incorporated in a copy of the record. They should be sent within one week of the date of the present record to the Documents Management Section (DMS-DCM@un.org).

Any corrected records of the public meetings of the Committee at this session will be reissued for technical reasons after the end of the session.



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

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

*Combined third to fifth periodic reports of Djibouti (continued)* (CRC/C/DJI/3-5; CRC/C/DJI/Q/3-5; CRC/C/DJI/RQ/3-5)

1. *At the invitation of the Chair, the delegation of Djibouti joined the meeting.*
2. **The Chair** invited the delegation to continue replying to the questions raised by Committee members at the previous meeting.
3. **Mr. Hachi** (Djibouti) said that Djibouti had long been a destination and transit country for thousands of refugees and migrants. The first wave of refugees had arrived in the wake of the conflict between Ethiopia and Somalia in 1977–1978 and had led to the establishment of the National Office for Refugees and Disaster Victims (ONARS) in 1978. There were currently some 35,000 refugees and asylum seekers in Djibouti. They were not placed in refugee camps but instead lived in the general community. The town of Ali-Addeh hosted about 50 per cent of the refugees. Others lived in Djibouti City and many refugees from Yemen lived in the town of Markazi in northern Djibouti. Women and children accounted for about 68 per cent of the refugees.
4. Djibouti had always respected the principle of non-refoulement. When adults or unaccompanied minors arrived at the border, they were provided with temporary accommodation while their asylum requests were being considered by ONARS. The time period allowed for the processing of requests was 30 days. Djibouti had ratified the Convention relating to the Status of Refugees and had enacted a law in 2016, following the United Nations Summit for Refugees and Migrants, which granted refugees rights that were virtually on a par with those enjoyed by Djibouti nationals, including the right to health care, education and protection.
5. Based on a recent study covering the situation of 1,137 migrant children, most of whom had arrived from neighbouring countries, particularly Ethiopia, the authorities had requested the assistance of the international community in providing those children with appropriate care. The Government was currently working with the International Organization for Migration (IOM) to set up accommodation centres and promote family reunification. Once the children's parents had been identified, they would be repatriated if both the parents and the children consented.
6. **Ms. Farah** (Djibouti) said that the Universal Health Insurance Scheme adopted in 2014 guaranteed access to health insurance for all Djibouti nationals, even if they had not paid into the system. There was also a social health-care programme for vulnerable groups, including migrants and refugees, and a Solidarity Fund had been created to finance basic social services for parents and children who had previously been denied access to such services. While the State found it difficult to provide the necessary funds, it was doing its best to guarantee health care for all children who entered the country.
7. Steps were being taken, following the establishment of the National Agency for Persons with Disabilities, to produce a national registry of persons with disabilities, including persons with intellectual disabilities. It would then be easier to ensure access to appropriate care for the persons concerned. A recently adopted strategy provided for training courses to ensure that caregivers could care properly for persons with intellectual disabilities. The National Agency had also introduced a mobility inclusion card which gave persons with disabilities access to transport and health care free of charge. The cards also entitled the bearers to priority consideration for employment in areas within their capacity.
8. A solidarity fund had been established in 2007 on behalf of orphans and children living with HIV/AIDS. It was administered by an independent body attached to the Ministry of Health and worked in cooperation with community-based groups and non-governmental organizations (NGOs) in order to secure funding and legal assistance. Support services for persons living with HIV/AIDS included voluntary screening. They were also provided with antiretroviral drugs free of charge. The risk of mother-to-child transmission had been reduced. It was estimated that approximately 62 per cent of pregnant women were aware of the risk of transmission. Most of those women lived in urban areas, however, so awareness-

raising campaigns were being conducted in rural areas by medical caravans to ensure that the entire population was informed about the risk of mother-to-child transmission.

9. A study on children in street situations undertaken in 2018 had indicated that many of the children were involved in delinquency, drug abuse and prostitution. Such issues were addressed by both public and private institutions, including the Ministry of Youth, Sports, Recreation and Tourism, the Ministry of Justice, Caritas Internationalis and the Red Cross. Persons who had separated children from their adult guardians and taken advantage of them were prosecuted under the Code on the Legal Protection of Minors. Free legal assistance was available in such circumstances. Mediation services could also be sought in cases involving drug abuse. Caritas ran a monitoring centre to assist children in street situations and visited children who were being held in custody. The Ministry of Justice provided training courses for legal personnel handling cases involving child drug addicts; one of the aims of those courses was to prevent the stigmatization of such children.

10. **Ms. Moussa** (Djibouti) said that a number of studies and assessments had alerted the Government to existing gaps in the information in its databases. In 2015 it had therefore decided to overhaul the procedures used for compiling statistics. It had replaced the Department of Statistics and Demographic Studies with the National Institute of Statistics, which enjoyed financial and technical autonomy. Statistical training was provided by the University of Djibouti. An agreement on the provision of statistics courses had also been concluded in 2021 with the National School of Statistics and Economic Analysis in Senegal. There were plans to improve the national surveys used to compile statistics, and the third population census would shortly be launched. The results of the survey on the prevalence of disabilities had been published in 2021.

11. **Mr. Djama** (Djibouti) said that an assessment of the implementation of the National Education Master Plan 2010–2019 had been conducted in 2020. The results were encouraging, although some of the goals had not been achieved. Preschool classes had been provided in 5 per cent of schools in 2009 but that figure had been raised to 35 per cent of all schools by 2017. The Ministry of Education planned to incorporate preschool facilities in all schools in due course. School enrolment and the school completion rate had both increased during the past 15 years. The ratio of female to male enrolment had remained virtually stable at the primary level but the proportion of female enrolment had increased by 9 per cent in lower secondary education and by 33 per cent in upper secondary education. There had been a marked increase in the school enrolment of girls. The measures adopted by the Government to promote their enrolment in rural areas had included the provision of free transportation to school and back to their homes, free school meals and free schoolbooks and kits. Secondary schools were also being opened in remote areas.

12. The Ministry for Women and the Family and the Ministry of Justice had been working with the National Human Rights Commission to translate the Convention into local languages. Awareness-raising campaigns that covered the Convention had been organized in schools and community development centres, and the Government was working closely with religious and political leaders to familiarize them with the country's international obligations in the area of human rights, in general, and children's rights, in particular.

13. **Ms. Yassin** (Djibouti) said that reliable statistics and disaggregated data on persons with disabilities in Djibouti had not been available at the time that the report was being prepared. Subsequently, however, in 2019, the National Agency for Persons with Disabilities had worked with the National Institute of Statistics to conduct a survey of persons with disabilities. That survey had been based on the methodology of the Washington Group on Disability Statistics and had covered approximately 10,000 homes in the different regions. The results indicated that the disability rate at the national level was equivalent to 8.5 per cent of the population. The rate was higher in some regions, for instance 13.2 per cent in Ali Sabieh region and 10.9 per cent in Obock, and lower in Djibouti City. The rate was 8.7 per cent for women, 8.3 per cent for men, 6.9 per cent for children between the ages of 2 and 4 and 4.9 per cent for children between the ages of 5 and 17. More reliable statistics would be available once the national registry of persons with disabilities was established.

14. Specially trained primary and secondary school teachers provided care for children with learning difficulties. Architectural adjustments had been made to facilitate access to

school buildings for children with motor or sensory disabilities. A school for blind and visually impaired children had been established in 2013, and instruction in Braille was available. The staff of a facility for children who were deaf or had hearing impairments had been increased. The National Agency for Persons with Disabilities had established the Inclusive Education Service, which provided support and advice to parents of children with disabilities. Measures aimed at promoting equitable treatment of vulnerable children included the provision of school transportation, school meals and school materials and equipment free of charge.

15. **Ms. Ali Osman** (Djibouti) said that it would be very difficult to eradicate the practice of female genital mutilation because it was deeply rooted in the culture of many communities and was considered by some to be a religious obligation. Efforts had been made to bring about a change in mentality and to raise awareness of the fact that the practice was prohibited by law. However, although the prevalence of female genital mutilation had decreased, the practice persisted in some regions. In 2021, seven cases of female genital mutilation had been brought before the courts. In one case, the perpetrators had been sent to prison. In the other cases, the perpetrators had been given suspended prison sentences on account of their advanced age. It was hoped that the convictions would have a deterrent effect.

16. Some child protection social workers were civil servants, while others were trainees or volunteers. They cooperated with hospital workers, police officers and justice officials within the framework of a referral system that had been set up to combat violence against children, and they received regular training on working with child victims.

17. **Ms. Aho** said that she would like to know what was being done to disseminate information about the prevention of mother-to-child transmission in remote areas and among nomads and to ensure access to antiretroviral drugs for children. She also would be interested to learn how many orphans with HIV/AIDS there were and what kinds of care and treatment were available to them. She wished to know whether adolescents had access to contraception, sexual and reproductive health care, family planning services and abortion services; whether any awareness-raising campaigns on adolescent pregnancy had been carried out; what steps had been taken to combat alcohol and khat consumption among young persons; and what concrete measures were being taken to combat female genital mutilation in the face of the challenges described by the delegation. She would be interested to know whether there were toilets in all schools and what efforts were being made to ensure reliable access to drinking water throughout the country. She wondered whether children with disabilities had access to community-based care. Lastly, she would like to know whether the 2015 action plan on climate change had been reviewed and whether the subject of climate change had been incorporated into school curricula.

18. **Mr. Jaffé** (Country Task Force) asked whether the National Union of Djiboutian Women had publicly taken a stand against female genital mutilation and whether there had been any initiatives organized by young people, with or without the support of government bodies or civil society organizations, to draw attention to the climate crisis.

19. **Ms. Sidikou** (Coordinator, Country Task Force) said that she would like to know what measures had been taken to facilitate access to basic social services for nomadic children and whether there were plans to establish schools for such children in partnership with the United Nations Children's Fund (UNICEF) or another organization. She would also be interested to know whether the National Children's Council had regional and sectoral counterparts. She had not yet received answers to her questions regarding the budget for the protection and promotion of children's rights and the frameworks in place to facilitate consultations with children, the private sector and civil society organizations.

20. **Ms. Ayoubi Idrissi** said that she would welcome information on the impact of the measures taken to combat and treat drug addiction. It would also be helpful if the delegation could clarify its answers regarding family mediation and prison visits conducted by Caritas Internationalis.

21. **Ms. Zara** (Country Task Force) said that she would welcome data on pregnancy and abortion among adolescents, including the number of deaths resulting from unsafe abortions. She would be interested to know whether adolescents were provided with confidential, objective and age-appropriate information on sexual and reproductive health, whether there

was a policy on adolescent sexual health and whether sex education was compulsory in schools. She would like to know what measures had been taken to combat child malnutrition and to guarantee access to food and drinking water in the event of drought or flooding and whether there was a body in charge of monitoring public health indicators. She wondered whether the members of the National Children's Council had received training to assist them in fulfilling their mandate; whether the Council had been allocated sufficient human, technical and financial resources; and whether there was a multisectoral action plan to promote the rights of children with disabilities.

22. **The Chair**, noting that the persistence of the practice of female genital mutilation was a challenge faced by many countries in Africa, asked whether the State party had been able to draw on the experiences of other Governments in order to improve its response to the problem.

23. **Mr. Bahdon** (Djibouti) said that the delegation was doing its best to respond to the Committee's questions in the limited time available. The Government had been working hard to combat female genital mutilation for many years and would continue to do so. Unfortunately, there would always be pockets of resistance to cultural change. Disability-related issues were handled by the recently established National Agency for Persons with Disabilities, whose work had helped to change parents' attitudes towards children with disabilities and to reduce violence and discrimination against them. People in need of support, including families of children with disabilities, single mothers with no income and vulnerable migrants without refugee status, had access to various forms of government assistance, such as social housing and free health insurance. Steps taken to improve data collection had included the establishment of the National Institute of Statistics. Unfortunately, the launch of the next national census had been delayed by budget constraints and the COVID-19 pandemic.

24. **Mr. Aboulkader** (Djibouti) said that the new Code of Civil Procedure of 2018, which harmonized and codified all civil and commercial legislation, included a specific section on minors. All courts of first instance in the country would have a criminal chamber for minors. Judges received additional training on how to interact with children in the justice system, and two judges had been specifically trained to try cases involving minors.

25. Although traditional practices and beliefs could be problematic, the traditional justice system tended to complement the formal legal system, which prevailed over traditional law in all cases involving the most serious offences. Traditional practices equivalent to *lex talionis* had been applied in the past but were no longer used in even the most remote areas.

26. In the absence of special facilities to accommodate them, between 20 and 30 minors, on average, were held in Gabode prison. As of May 2022, of the 750 people being held in Gabode prison, 26 were women and 22 were minors, 20 of whom were boys. Minors and adults were housed separately, as were males and females. There were approximately equal numbers of inmates in pretrial detention and inmates serving sentences. With the assistance of NGOs and funding from bilateral cooperation agencies, minors in prison were able to receive certain kinds of vocational training.

27. Minors had access to attorneys, and there was a system in place to monitor their conditions of detention. As part of the effort being made to update that monitoring system, a United Nations expert on correctional matters had visited Djibouti for around 45 days. The expert had held discussions with prison administrators and representatives of the Ministry of Justice and the courts. The expert has prepared three proposals for consideration by the Interministerial Council: draft internal regulations for the prison administration, draft regulations on prison staff disciplinary procedures and a manual on how to manage a prison environment. The manual would be used by magistrates, administrative staff and the General Inspectorate of Judicial Services. It contained a list of questions for staff from the General Inspectorate to ask detainees during periodic visits that were designed to obtain information about prison conditions and to help staff identify any instances of abuse.

28. There had been unprecedented levels of social mobilization in the country to combat the practice of female genital mutilation; for example, the 16 Days of Activism against Gender-Based Violence campaign, which was organized each year by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), often lasted for

as many as 30 days in Djibouti. There were also awareness-raising campaigns and training programmes for civil society organizations and professionals in fields such as health and education. Topics covered by those training programmes included reproductive health and the risks associated with female genital mutilation. There was a framework for interaction between the community, civil society and the Government to tackle that problem, and representatives of ministries and the National Human Rights Commission were involved in discussions on the subject at the local level. Female genital mutilation no longer occurred in the capital but was still practised in remote areas.

29. Opinions in the country varied as to whether and at what age sexual and reproductive health topics should be covered in schools. However, the Ministry of Education had established that, from 2023 on, information on sexual and reproductive health would be provided to students aged 13 and over.

30. A law to protect children from being sold or abducted had been adopted in 2020 which aligned national legislation on the subject with the Optional Protocol on the sale of children, child prostitution and child pornography. The sale and abduction of children was uncommon in Djibouti, although there were cases of children being forced by adults to beg for money. The legal definition of “exploitation” had been broadened accordingly to cover the exploitation of children for financial gain.

*The meeting was suspended at 11.35 a.m. and resumed at 11.55 a.m.*

31. **Mr. Bahdon** (Djibouti) said that the figures that had been provided earlier on education had referred to urban areas; approximately half of children in rural areas were in education. Schools had been built across the country and an effort had been made to take into account the requirements of the distinct cultures in the north and south of the country. For example, as nomadic communities in the south had traditionally moved from one location to another in search of water, schools in that region were always built as close as possible to water sources. The Ministry of Education had also taken traditional land ownership rights and tribal boundaries into consideration when building schools in order to ensure children’s access to education. Canteens were generally included when schools were built.

32. Actions to promote the education of girls had proved so successful that some parents had started keeping their sons at home to work while they allowed their daughters to attend school; as a result, steps needed to be taken to ensure that boys, too, received an education. Djibouti had a university with over 15,000 students, as well as other further education institutions. Efforts were being made to promote technical and vocational training; many parents preferred their children to study business administration or law, as those fields were perceived as prestigious, but there were not enough jobs available in those areas and the salaries were often lower than they were for many technical jobs.

33. Many Djiboutians preferred to try traditional health remedies before visiting medical centres; young people were also influenced by such cultural norms. While it had previously been difficult to find medical doctors, there were now free clinics and hospitals in all regions. The School of Medicine of the University of Djibouti had been in existence for over a decade thanks to national and international efforts to improve the health sector through education.

34. The Ministry of Agriculture, Water, Fisheries and Livestock was the government ministry with the third-largest budget. (The two largest budget allocations were those of the health and education ministries.) Djibouti had a hot climate and large expanses of desert, and it was therefore essential for it to find new water sources. Cooperation with Ethiopia to provide water to urban areas in Djibouti had reduced the extent of water stress.

35. As a transit hub with many ports and a population with more purchasing power than the populations of many of its neighbours, Djibouti was attractive to drug traffickers and dealers, who were regularly stopped and arrested by gendarmes and border police. The police force worked diligently to prevent young people from becoming involved in drugs. Drug-prevention awareness efforts included sketches produced by young people themselves that were both performed live and broadcast on social media. Djibouti would welcome the support of its development partners in combating drug addiction.

36. The Ministry of Urban Planning, the Environment and Tourism was drafting plans to replace the country’s old and overcrowded prisons. With the support of the Ministry of

Education, the Ministry of Health and their partners, training and general instruction were made available to people of school age who were deprived of their liberty in order to improve their prospects upon release. Other prisoners were able to continue their professional lives while incarcerated so that they could support their families, and women could receive training for certain professions and trades. The aim was to ensure that prison was an opportunity for rehabilitation rather than punishment; all such efforts called for greater resources and infrastructure, however.

37. **Mr. Aboulkader** (Djibouti) said that, with the support of the United Nations Development Programme, a workshop on sewing and clothes-making had been set up in Gabode prison for women prisoners, and a new educational centre had been built for young people whose education had been interrupted because of their detention. Regular visits to police stations, sometimes conducted as frequently as two to three times a week, had led to the finding that minors were often being held in police jail cells for too long or in unsuitable conditions. The new continuous monitoring procedures established by the public prosecutor's office would, it was hoped, ensure the proper functioning of the system.

38. Work was under way to update the Criminal Code and to harmonize the significant corpus of criminal legislation that had been enacted since its adoption in 1995. That process would also formalize a number of best practices, including practices in court hearings involving children. The body established to hear appeals against decisions of the National Asylum Eligibility Commission had recently ruled that the granting of refugee status to children should not necessarily be dependent on their parents' situation or identity documents.

39. **Ms. Farah** (Djibouti) said that training for health-care professionals across the country was facilitated by an online network that provided access to information from a number of different ministries. Given the relatively small size of the country, doctors in remote areas were invited to participate in training in the capital, and additional training was provided online and via television and radio broadcasts, which also served to provide information on eligibility for free health care. Eligible persons also received information from health-care teams that conducted campaigns at the community level. A study on radio broadcast coverage had pointed up a need to expand coverage in order to ensure that health-related information reached all areas of the country.

40. The National Children's Council included representatives of a number of ministries. Although it did not have its own budget, it coordinated the Government's policies on children during its twice-yearly meetings and, if necessary, special sessions. Conditions in detention facilities, including police stations, were monitored by means of unannounced visits by the National Human Rights Commission, which submitted its reports directly to the Government. Members of the Red Crescent Society of Djibouti were also able to visit prisons. Children had access to a recreation room in prison, and the Government endeavoured to ensure that no child who had been deprived of liberty ever returned to prison once released.

41. **Ms. Ali Osman** (Djibouti) said that efforts to eradicate female genital mutilation included a national strategy, decrees issued by a coordinating council, joint work by NGOs and the Ministry for Women and the Family, and community committees in urban and rural areas. The Government had participated in a conference on the subject with neighbouring countries, and there were specific programmes funded by partners such as UNICEF. Research conducted in 2019 had shown that the incidence of female genital mutilation had fallen to around 21 per cent. Research into the social norms linked to the practice was ongoing.

42. **Ms. Yassin** (Djibouti) said that a range of stakeholders, including ministries and development partners, were involved in advancing a national action plan on disability. The views of persons with disabilities, including children, had been sought by means of a recent survey on disability, although the questions had not focused on children's needs specifically. The opinions of children with disabilities were also heard, for example, during meetings between members of the Youth Parliament and members of the National Assembly.

43. **Mr. Hachi** (Djibouti) said that the newly created Ministry of Housing, Town Planning and the Environment led the Government's participation in global efforts to combat climate change. While sexual and reproductive health issues remained a taboo subject in Djibouti, both adults and adolescents nonetheless had access to reproductive health facilities and

information, including in relation to HIV/AIDS. There was a reproductive health department within the Ministry of Health, as well as a reproductive health reference centre. Public authorities had worked closely with civil society on matters relating to reproductive health since the country had gained independence and, indeed, the decrease in rates of female genital mutilation was attributable to that close cooperation.

44. **Mr. Bahdon** (Djibouti) said that although the potential for the private sector's involvement in government initiatives had yet to be fully realized and although the capacity of companies in the country to engage in those efforts was limited, they nevertheless did participate in such initiatives and contributed to them financially whenever possible.

45. **Mr. Van Keirsbilck** said that information would be welcome on the Government's overall political objectives and any comprehensive strategies that were in place regarding children living in street situations, on the legal status of unaccompanied minors and on the specific protective measures applied on their behalf. He wished to know whether the political will existed to ensure that the detention of children was a measure of last resort and, ultimately, that children were never deprived of liberty at all.

46. **Mr. Jaffé** said that, while gathering the view of children with disabilities through the disability survey had been a positive step, it was important to make sure that they could express their views in daily life and were involved in, or consulted on, decisions taken at the highest levels of the government structure.

47. **The Chair** said that the Committee's general comment No. 24 (2019) on children's rights in the child justice system and the recommendations made in the United Nations Global Study on Children Deprived of Liberty might assist the State party in its efforts to ensure the reintegration into society of children released from prison. Educational and non-custodial measures should be favoured over the imprisonment of minors.

48. **Ms. Sidikou** said that she hoped that the Committee's concluding observations would assist the State party in improving its implementation of the Convention.

49. **Mr. Bahdon** (Djibouti) said that imprisonment had never been the solution and that work was under way to seek alternatives to imprisonment, which had not traditionally been an option in Djibouti. However, there would, unfortunately, always be cases where the imprisonment of children, as well as adults, was necessary, and effective reintegration measures must therefore be found. Working with the families of children who had encounters with the law was important, but those efforts were hindered by poverty and a shortage of decent jobs. Much of the less tangible types of work being done to promote children's rights in Djibouti, such as those focusing on family ties and culture, were not reflected in reports or statistics. His country's development process could not be furthered unless the needs of children were taken into account.

50. **The Chair** said that she wished to convey the Committee's best wishes to the children of Djibouti.

*The meeting rose at 12.55 p.m.*