



## Convention on the Rights of the Child

Distr.  
GENERAL

CRC/C/SR.638  
7 June 2000

Original: ENGLISH

---

### COMMITTEE ON THE RIGHTS OF THE CHILD

Twenty-fourth session

### SUMMARY RECORD OF THE 638th MEETING

Held at the Palais Wilson, Geneva,  
on Tuesday, 30 May 2000, at 3 p.m.

Chairperson: Mr. RABAH (Vice-Chairperson)

### CONTENTS

#### CONSIDERATION OF REPORTS OF STATES PARTIES (continued)

##### Initial report of Djibouti (continued)

---

This record is subject to correction.

Corrections should be submitted in one of the working languages. They 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 this document to the Official Records Editing Section, room E.4108, Palais des Nations, Geneva.

Any corrections to the records of the public meetings of the Committee at this session will be consolidated in a single corrigendum, to be issued shortly after the end of the session.

GE.00-42552 (E)

The meeting was called to order at 3.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Initial report of Djibouti (continued) (CRC/C/8/Add.39, CRC/C/Q/DJI/1; written replies of the Government of Djibouti to questions raised in the list of issues (document without a symbol, distributed in the meeting room in French only))

1. At the invitation of the Chairperson, the members of the delegation of Djibouti resumed places at the Committee table.
2. Ms. RILANTANO wondered whether registration of births in Djibouti was systematic. Given that only 60 per cent of women were assisted by trained health personnel in giving birth, did women who were not assisted find it more difficult to register the birth?
3. Despite the fact that torture was prohibited under Djibouti's Constitution, according to credible sources the police routinely ill-treated and even tortured prisoners. She wondered therefore how the police treated children in detention.
4. Ms. OUEDRAOGO asked for information concerning the registration of children born to nomads and refugees. According to the Committee's information, many refugee births appeared not to be registered: the registration rate was only 42 per thousand births.
5. She also wondered what provision was made for registering children born out of wedlock, especially in cases where paternity was not recognized.
6. According to the Government, there was no adoption in Djibouti, but informal adoption did take place and abandoned children were sometimes sent to France by a non-governmental organization. She asked for information regarding procedures to register and monitor adoptions. Had Djibouti ratified the Hague Convention on Intercountry Adoption?
7. The European Parliament had on several occasions condemned Djibouti for violating the right to freedom of expression and opinion. What provisions were in place to guarantee those rights, especially the rights of young people?
8. She asked how children were protected from information that might harm their development, especially pornographic or extremely violent videos, which were a particular problem in Africa generally.
9. Ms. TIGERSTEDT-TÄHTELÄ said that, according to the report, all civil rights and freedoms were guaranteed in the Constitution. However, as Djibouti had not ratified the International Covenant on Civil and Political Rights, she wondered how effective those guarantees were in practice. With regard to freedom of association, she wondered whether children were free to form their own organizations and whether young people were allowed to join political parties.

10. Ms. MOKHUANE asked how freedom of religion was guaranteed in practice. Was it tied to parental authority or was it the child's responsibility, depending on his or her development? Referring to article 16 of the Convention, she asked how the child's privacy was protected in the home and in civil matters.
11. If parents separated, responsibility passed from the parents jointly to the father. If the child expressed a preference for remaining with the mother, were those views respected? Did children know that their views should be taken seriously?
12. Ms. OUEDRAOGO referred to the Government's written reply to question 5, which stated that demographic analysis was hampered by the fact that Djibouti had only ever taken one census, which had been only partially analysed, and that there were serious shortcomings in data-collection techniques. She asked whether any steps had been taken to collect data relating at least to specific areas.
13. Noting the use of the term "legitimate child" in paragraph 44 of the report, she suggested that, in order to avoid the possibility of discrimination against children born out of wedlock, the Government should consider adopting a different terminology.
14. She wondered whether a child was able to change his or her religion and whether inter-faith marriages were permitted.
15. Were any initiatives being taken to encourage children to read more by setting up libraries, for example, perhaps in cooperation with developed countries such as France? To what extent did the media take account of children's rights in their programming or publications?
16. She asked to what extent a child's privacy was respected within the education system.
17. Noting that Djibouti had a rather limited programme to address the issue of female genital mutilation, she asked whether there were any plans to retrain those who traditionally carried out the practice or to encourage them to change occupation.
18. Ms. RILANTANO, referring to paragraph 41 of the report, said that the right to freedom of expression was constitutionally guaranteed, but that a social environment conducive to the enjoyment of that right must exist. She asked about the situation with regard to freedom of the press, which could contribute to such an environment.
19. The CHAIRPERSON asked whether the child's opinion was respected in practice within the family and in court. He would also like to know whether a foster care system was being developed and whether mechanisms existed to monitor placement in alternative care.
20. Mr. ABDOU (Djibouti) said that births had to be registered within a month, and within two months if the birth occurred outside the capital or abroad. A special procedure was necessary if the birth was not registered in time. An official was responsible for assisting parents with the registration of births occurring outside hospitals. He agreed that the registration rate for

refugee births was very low. The system covered official refugees, such as refugees in camps; the main problem was with clandestine refugees. A system was in place for registering births among nomad communities, and all nomad children were able to obtain a birth certificate.

21. Torture and abuse could occur in any country and would be punished. Such acts were punished in the same way in Djibouti, where they were prohibited under the Constitution and the law. However, the political opposition had been known to claim that torture was systematic - such claims were not good for democracy in the country. To his knowledge there were no cases of abuse of minors. Police officers who were found guilty of torture were always punished, and a number were currently serving prison sentences for torture.

22. Children born out of wedlock could be registered under the mother's or the father's name, or by a given name only. The reason for using the term "illegitimate" for such children was that family law was mainly subject to Shariah law, which did not recognize children born out of wedlock. However, the legal, administrative and political systems were based on common law, which did not discriminate between children born out of wedlock or in wedlock. The choice of the system to apply rested with the applicant.

23. The same applied to adoption, which Shariah law did not allow, but was in practice regulated by the Civil Code inherited from the French and followed basically the same procedure as that used in France. Even Muslims adopted children using that procedure. A bill to harmonize the different legal systems was currently being considered.

24. The right to freedom of expression was protected by the Constitution, as were all fundamental rights. The Government did all it could, through education and debate in the media, to inform people of their rights and encourage them to respect the rights of others.

25. Potentially harmful information was monitored and pornography, for example, was prohibited and confiscated by Customs officers on entry into the country.

26. There was nothing to stop children forming associations, although he himself knew of none. All associations had to be registered in accordance with the 1901 Act Djibouti had inherited from the French administration. Young people were free to join political parties and express their opinion through them.

27. While children's right to be heard was theoretically recognized, in practice it depended on the children's ability to recognize their rights and express them. Every effort was made to make decisions that were in the child's best interests, and sometimes the child's opinion was sought, particularly when a divorce was involved. The issue was not a simple one, even for developed countries, and would only be resolved through practice and experience.

28. The issue of census-taking was a serious problem. A census had indeed been taken, with outside aid, but lack of resources had prevented it from being fully analysed. Data collection in general had been hampered by a lack of resources and by factors such as the war in the Horn of Africa and Djibouti's own civil war, as well as economic crises and, it must be said, some mismanagement. Questions in the census concerning, for example, an individual's membership

of a given community lent a further political dimension to the problem. He believed that the only way forward was to tackle the question head-on and meet the issues with full transparency. In the meantime, data was being collected and analysed by sector.

29. The practice of female genital mutilation (FGM) had been prohibited. As a first step in the effort to eradicate FGM, the Government had set up a training scheme for the traditional midwives who practised it, to instruct them of the importance of using sterile materials. In a second stage, it had been explained to the traditional midwives and local religious leaders that excision and infibulation were dangerous and unhealthy practices dating back to the Pharaohs of Egypt, and had nothing to do with Muslim tradition or religion; indeed, FGM was rare in neighbouring Saudi Arabia, the cradle of Islam. Djibouti was currently in the third stage of the effort to combat FGM, which involved prohibition and included an awareness campaign launched by the local media to explain the pain and medical complications which the practice could cause. The final and fourth stage would be repression, in which the Government would take measures against the few remaining practitioners of FGM who refused to halt that harmful and regrettable practice.

30. Apart from the collections of a few private associations and the French cultural centre, there was a total absence of libraries in the country. International cooperation would be extremely helpful in improving the infrastructure in that regard. Freedom of the press was guaranteed under article 15 of the Constitution, and anyone could freely express his or her opinion as long as it did not encroach upon the rights of others, for example through defamation. A programme to promote the education of girls was under consideration, and a systematic literacy and education programme for girls had already been launched by the National Union of Djiboutian Women and the National Association for Youth Welfare. While the religious authorities might employ the term “illegitimate” for children born out of wedlock because the Shariah did not recognize such births, that term was not used in the civil law system.

31. Ms. MOKHUANE said she had received information to the effect that traditional attitudes were favourable to corporal punishment, and asked whether there was a law prohibiting it in the home and in schools and other institutions. According to the delegation cases of child abuse, presumably including rape, were brought before the courts, but other sources had reported that such cases rarely led to any sanctions. If abortion was prohibited, what happened in cases of conception arising from rape? Did Shariah law prevail in such cases? According to a report by the Swedish International Development Cooperation Agency (SIDA), domestic violence was rampant in Djibouti, and there were no systems in place to control it. In some cases the police refused to intervene, as the incidents were considered a family matter. Had any studies been conducted regarding children, especially those of Ethiopian origin, who were raised in homes with histories of family violence? The delegation had mentioned three coexisting legal systems: the Shariah, customary law and civil law. Were there guidelines to determine which legal system applied? She realized it would take time to adapt some of the traditional and cultural practices, but how much time? The rights of the current generation of children were not protected. What was the Government doing to facilitate a change of attitude in society? She would also like to know what standards governed the withdrawal of parental rights and what, apart from nationality, were the criteria for admission to alternative care. Were there any laws governing the supervision of alternative care institutions? How regularly were they visited, and by whom?

32. Ms. OUEDRAOGO asked how parental responsibilities were shared. In Muslim families, the father was considered the absolute head of household. How was a balance struck in dividing responsibilities between the parents? Had the Government considered the harmful effects that polygamy often had on children? There appeared to be a contradiction between paragraphs 54 and 56 of the initial report, as the former stated that children could in certain circumstances be withdrawn from their families while according to the latter no law provided for separating a child from his parents. If children were withdrawn from parental custody, where were they placed and for how long, and what measures were taken to prepare the parents for their return? Did the State provide any courses on parenting for young couples? The written reply to question 13 referred to a home for children under five years old which was run by Franciscan nuns. Did that include the children of teenage mothers, and what support was given to teenage mothers to enable them to return to school and to find a place in society? In the written reply to question 12, what was meant by the “ancestral parental right to punish their children”?

33. Mr. ABDOU (Djibouti) said that, while corporal punishment was prohibited in schools, it continued to be a problem in the home. In the event of complaints of child abuse in the home or marital violence, the perpetrators were systematically prosecuted and the victims could claim compensation. Generally, however, unless the violence reached very serious proportions complaints were not filed with the authorities because of a traditional attitude which accepted such practices. Abortion was not governed by the Shariah; the Shariah applied only to Muslims, and only to family law. It included questions of inheritance, child custody and alimony. All other questions were governed by customary law, which was currently losing importance and would soon be replaced by an informal legal system with justices of the peace, and by modern law, which included the civil code and the penal code. An act on the unification of jurisdictions was currently being adopted by the Council of Ministers and the Parliament.

34. Child protection measures did not take into consideration the nationality or origin of the child, although in practice Djiboutian families and their children were generally better off than foreigners because they understood better how the system worked. Allegations of discrimination had been made by some non-governmental organizations (NGOs), but had not stood up to scrutiny. Of all the countries in the region, Djibouti devoted the largest portion of its budget to covering the needs of refugees and to providing facilities for inmates and detainees. There was no systematic supervision of alternative care facilities, but they were visited by the Ministry of Women's Affairs, the Ministry of Justice, the Ministry of Youth, Sport and Cultural Affairs, the Ministry of Health and the Ministry of Education, in cooperation with the various NGOs and intergovernmental organizations active in the country. As in most Muslim countries, the division of parental responsibilities nearly always favoured the father. Polygamy in urban areas had decreased. The effect of polygamy on children was admittedly harmful, especially when the father was unable to provide for an extended family in terms of education and health. Although Djiboutian law made provision for withdrawal of parental rights, in practice children were never withdrawn from their parents' custody. If such a case arose, custody would be given to the next closest relative while the judicial authorities determined whether the child should return to his or her parents. The institution run by the Franciscan nuns, which had a commendable record of service, took in young children whose parents lacked the means to provide for them. Under the legal procedure established for such cases, the parents then had three months in which to renege on their decision and take the children back.

35. Ms. OUEDRAOGO, noting that the Franciscan nuns had arranged adoptions overseas, in particular in France, asked what procedures applied to intercountry adoptions. Were Djiboutian children able to change religion, and what happened in cases of interfaith marriage?

36. Mr. ABDOU (Djibouti) said that parents who wished to make their children available for adoption lodged a statement to that effect with the police and subsequently filed a declaration of abandonment; they then had three months in which to renege on their decision. Once the three month period had expired the child was available for adoption by a Djiboutian or by an institution such as the Franciscan nuns, which could then make him or her available for adoption overseas. The Government had no information on the fate of such children once they left the country. Djibouti had filed a reservation to the Convention because of the article which stipulated that children had the right to change religion. Like the Governments of many Arab and Islamic States, at the time of ratification the Government had felt that recognition of such a right might lead to heresy. In practice, however, interfaith marriages were very common in Djibouti, and the children of such marriages were free to choose their religion.

37. The CHAIRPERSON invited the members of the Committee to put questions to the delegation on basic health and welfare.

38. Mr. FULCI said that Djibouti, as an international port, had a large prostitute population, and sexually transmitted diseases, including HIV/AIDS, were rife. In addition, the number of cases of mother-to-child HIV transmission was rising. The report stated that programmes were in place to encourage mothers to breastfeed children, and the Committee usually recommended the promotion of breastfeeding. However, he would like to know whether mothers were aware of the high risk of HIV transmission via breast milk and whether HIV-positive mothers were provided with a breast milk substitute.

39. Independent sources had reported that up to 98 per cent of females over the age of seven had undergone female genital mutilation. The written replies stated that female genital mutilation was punishable by five years' imprisonment under the Penal Code. He would like to know how many convictions had been obtained under that law and what other measures had been taken to make parents aware of the dangers of female genital mutilation.

40. Ms. MOKHUANE said that Djibouti, like many developing countries, had high rates of preventable disease, maternal and child mortality and infertility. She was aware that programmes were in place to address maternal and child mortality, but she would like to know whether there were any programmes to tackle the high rate of infertility. She asked whether the fact that contraceptives were not widely used was due to people's attitudes, lack of availability of contraceptives or lack of money to buy them. Noting that the number of HIV-infected children in Djibouti and the number orphaned as a result of AIDS were high, she asked whether any programmes were in place to help them. She welcomed the introduction of baby-friendly hospitals, but would like to know why mothers were reluctant to use breastfeeding exclusively. As breastfeeding was a good way of protecting against preventable diseases, it was important to encourage mothers to breastfeed for a longer time and possibly to breastfeed exclusively for the first six months of a child's life.

41. She asked what action had been taken to change attitudes towards disabled people and to integrate them into society. Given the shortage of health-care personnel, particularly in primary health care, and the shortage of medicines, she would like to know whether health care was provided to children free of charge or whether any form of means testing existed. She also requested information about mental health problems. There were many potential sources of stress in Djibouti, such as poverty- and illiteracy-related problems, and she asked whether any studies had been conducted to assess stress levels, particularly among teenagers. She would also like to know whether any studies had been conducted on the incidence of and reasons for suicide.

42. Ms. OUEDRAOGO asked what progress had been made in implementing the reform of the health system described in paragraph 84 of the report. She requested information about the use of traditional medicine, particularly in the treatment of children, and asked whether efforts were being made to improve the way in which it was used. The written replies indicated that some cases of maternal mortality were due to the lack of special care provided for high-risk pregnancies and the malnourishment of mothers. What was being done to tackle such problems, particularly in rural areas?

43. She welcomed the fact that a campaign had been established to increase awareness of HIV/AIDS, but would like to know whether sex education was provided for teenagers in schools. The written replies described the harmful effects of the use of khat on children; she would like to know what measures had been taken or were envisaged to protect children against the use of khat. As a large proportion of people who smoked tobacco had begun smoking during adolescence, she asked whether any measures were planned to combat smoking in that age group. Tobacco companies were very active in developing countries and funded many development projects. However, their publicity was designed to appeal to young people and she would like to know whether anything was being done to reduce its impact on the young. She requested information about the impact on children of the nutrition programme mentioned in the report and asked whether NGOs had been involved in its implementation. She also asked about the progress of the safe motherhood programme and to what extent it had been able to address the issue of traditional practices relating to pregnancy and motherhood.

44. Ms. RILANTONO expressed concern about the situation of teenagers living on the streets or working in port areas, who were exposed to sexually transmitted diseases, including HIV/AIDS. In addition, girls who married at a young age might not have sufficient access to counselling and family planning services. She asked whether the Government had sought technical assistance to develop a comprehensive strategy to tackle adolescent health issues.

45. Ms. KARP asked whether the Government was aware of the need to provide health services specifically for young people, addressing issues such as sex, drugs and mental and psychological problems. She would also like to know the minimum age for medical consultation or treatment without parental consent.

46. Ms. OUEDRAOGO, referring to paragraph 96 of the report, asked how the necessary financial and human resources were to be found for the planned decentralization of activities aimed at strengthening peace and combating poverty. She would like information about the aftermath of the demobilization of the army and asked whether demobilized individuals had

received any compensation. What measures had been taken to prepare for the return of displaced people to their homes, and what progress had been made in rehabilitating war-affected areas? Had the areas planted with mines been successfully cleared?

47. Mr. ABDOU (Djibouti) said that, as he had little expertise in the field of health and as the written replies to the list of issues had not yet been translated into English, he would read out the written replies to the relevant questions. For many families, one of the main causes of stress was the scarcity of financial resources, exacerbated by the fact that those resources often had to be shared between many members of an extended family. That type of stress sometimes led adults to commit abuse against children, who were naturally the most vulnerable members of the family. Under Djiboutian law, the right of guardianship was ascribed to the father, followed by the grandfather, the mother and finally the testamentary guardian. Guardianship could be withdrawn only by order of a judge.

48. One centre, run by Franciscan sisters, had been set up to care for children under five, most of whom were abandoned babies or small children. The Mother and Child Centre and the National Association for Youth Welfare enjoyed managerial autonomy, although they were overseen by various Government ministries. The capacity and resources of those institutions were limited, and they were finding it difficult to keep up with the rising demand for their services. However, one of the priorities of the new President of Djibouti was to increase their resources.

49. In the field of health, the following achievements had been made during the 1990s: an intersectoral committee on follow-up of the World Summit for Children had been set up; a national action plan had been drafted and implemented; a national code relating to breast-milk substitutes had been adopted; vitamin A had been incorporated into the expanded programme on immunization (EPI); a baby-friendly hospitals campaign had been launched; mobile health teams in interior districts had been enhanced; ongoing campaigns were conducted on women's and children's issues; the health budget had been maintained; peripheral and intermediate health services had been rehabilitated; various preventive measures had been taken, such as increased use of vaccinations, oral rehydration salts (ORS) and iodization of salt; health education at the community level and training of health care personnel had been improved; the Council of Ministers had adopted a list of essential drugs and mid-term reviews of the various programmes were being carried out. All the above-mentioned efforts had led to a significant improvement in the health situation and an increase in the number of hospitals and maternal and child welfare centres. The infant mortality rate was on a steady downward trend and the proportion of children who were fully vaccinated had increased dramatically. Provision of care for pregnant women was gradually improving and the maternal mortality rate was falling, although a significant number of mothers still died or suffered medical complications during childbirth. The number of cases of mother-to-child transmission of HIV was increasing and prevention efforts were woefully inadequate. The Ministry of Health was planning to launch a campaign to educate the public about sexual health issues. It had been difficult to organize such public awareness campaigns in the past because of a lack of resources and qualified personnel. Khat posed significant health risks to children and an increasing number of women were using it. Moreover, as it was a sexual stimulant, it led male users to frequent prostitutes, thus indirectly contributing to the spread of sexually transmitted diseases.

50. Replying to Ms. Karp, he said that, although 18 was the legal age of majority, doctors would not necessarily refuse to help children under 18 who sought treatment without their parents knowledge. He proposed to reply to the Committee's remaining questions on health in writing at a later date.

The meeting was suspended at 5.10 p.m. and resumed at 5.20 p.m.

51. Ms. TIGERSTED-TÄHTELÄ noted that the instability which had prevailed for decades in the Horn of Africa had resulted in huge influxes of refugees to Djibouti, many of them children. As a State party to the Convention relating to the Status of Refugees and the 1967 Protocol and to the African Charter on the Rights and Welfare of the Child, had the country envisaged acceding to the 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness or reforming its legislation on the status of refugees? Given the difficulties the country encountered in the registration of its own children, was a legal mechanism planned for dealing with registration of refugee children? She also wished to know whether there was a special procedure for determining refugee status; whether any special camps existed for refugees and where refugees were housed. What rehabilitation facilities were available for refugee children, virtually all of whom had witnessed wars and had lived through times of extreme crisis? Did they attend school?

52. Ms. OUEDRAOGO asked what was being done to accommodate the woman and child refugee population, which accounted for 80 per cent of the country's refugees. She would also like to know how the voluntary rehabilitation programme implemented with UNHCR assistance worked and how it was progressing. How were people prepared for voluntary repatriation?

53. She asked whether the delegation considered it reasonable that minors should be held for six months without trial, as stated in the written reply to question 19. As the authorities claimed that children were held separately from adults, she wished to learn more about the detention centres for young people. The report had described street children in Djibouti as a floating population. As labour inspection in the informal sector was severely limited, what was being done to address those children's needs? Further, what steps were the authorities taking to protect young girls and boys from the dangers of prostitution, which had been acknowledged as a serious problem?

54. Ms. RILANTONO asked whether sufficient efforts were being made to facilitate the rehabilitation of children who had been involved in armed conflict. The Committee was deeply disturbed by the continued violence in the north of the country and its impact on children. She recommended that a rehabilitation programme should be instituted.

55. As the State party had raised the age of admission to employment from 14 to 16, the Committee would recommend that it should accede to the ILO Minimum Age Convention, 1973 (No. 138) and Worst Forms of Child Labour Convention, 1999 (No. 182). Once the former had been ratified, the country could establish special service-skills programmes for children ready for employment, who would most likely be employed in the service sector, which accounted for 66.8 per cent of Djibouti's economic activity.

56. Mr. FULCI asked whether the State party was considering acceding to the ILO Conventions referred to by Ms. Rilantonio and whether there was any cooperation between the Government and ILO on the ground.

57. Mr. ABDOU (Djibouti) said that births of refugee children were also registered in the three camps set up in the south of the country, which, according to the UNHCR statistics for 1966, housed 19,000 Somali and 4,000 Ethiopian refugees. The Government's Office for Assistance to Refugees and Disaster Victims (ONARS) provided aid to those refugee camps and was assisted by UNHCR in addressing refugee problems. The number of refugees had fallen owing to the voluntary repatriation scheme, whereby those who considered their own country's situation to be sufficiently improved could approach UNHCR or ONARS and receive US\$ 100 to return home by rail.

58. While six months' pre-trial detention of minors might seem excessive, time was needed to conduct psychiatric examinations and proceed with a detailed investigation. However, should the Committee wish to recommend a curtailment of that period, the Government would attempt to speed up the process for children. Children in the Gabode Prison were detained in a separate building from adults, which housed the Centre d'éducation surveillée (juvenile reformatory), where they had their own teachers, sports and leisure facilities and a large playground. The International Committee of the Red Cross (ICRC) donated materials to the Centre, while the Government provided health care.

59. The Government's limited resources prevented it from devising a programme to cater to the needs of street children, but they were helped by civil society associations and received free health care from the Government. Although, as far as he was aware, no educational services were provided for them - precisely because they constituted a "floating" population - transients in centres run by charities received a minimum of literacy training. With regard to the elimination of child labour, a Djiboutian delegation was attending the International Labour Conference currently taking place in Geneva, and he was certain that Djibouti would soon ratify ILO Convention No. 138 and No. 182 if it had not already done so.

60. A person convicted of the rape of a girl under 15 years of age received double the penalty imposed on other rapists. The Government was making every effort to combat rape by educating young girls and organizing media campaigns. It would attempt to implement any recommendation the Committee might make to that end. With the help of UNDP and the World Bank, the Government was conducting a vast rehabilitation programme for children involved in armed conflict. A programme for demobilized soldiers had led to a programme to help child victims of armed conflict catch up with other children with regard to immunization and education. Also, the former armed opposition in the country was assisting the Government in its almost completed preparatory work of locating landmines, after which the Government of the United States and the French army would assist the authorities in mine clearing.

61. The CHAIRPERSON invited Ms. Ouedraogo to present preliminary conclusions on behalf of the Committee.

62. Ms. OUEDRAOGO thanked the delegation for its constructive and fruitful dialogue with the Committee, which had given the Committee a better understanding of events in the country. Djibouti was endeavouring to implement the Convention in a difficult socio-economic climate due to the negative impact of ethnic conflict and war. She encouraged the authorities to continue to take account of the provisions of the Convention in their legal reforms so that the rights of the child could become a reality.

63. The Committee recommended that enforcement measures and wider dissemination of the country's laws should accompany legislative measures. The technical assistance needed for the establishment or strengthening of its structures could be obtained from the Office of the United Nations High Commissioner for Refugees.

64. The country's initial report and written replies and the discussion with the Committee members had implied that implementation of the Convention was piecemeal and not based on a clear overall plan. She hoped the country would be able to withdraw its reservation to the Convention, which had apparently been based on an erroneous interpretation. Simple concern about a child's religious freedom should not be the cause of a reservation to an article of the Convention. She had been heartened by the delegation's suggestion that the three different sets of law in force in the country needed to be unified. She hoped that unification would resolve certain problems of religion and adoption, especially for the Muslim inhabitants, who continued to operate within the Islamic Shariah.

65. While acknowledging the difficulty that countries such as Djibouti and her own encountered in establishing an independent coordination agency, she encouraged the authorities to establish an intermediate mechanism, of which the future Ombudsman's office might form a part. Dissemination of the Convention was much too limited, and the delegation's suggestion of using traditional means of communication was promising. Personnel should also be trained in the Convention so that it became part and parcel of their work.

66. Concerning general principles, there was a need for changed attitudes, especially with regard to discrimination against girls and consideration of children's views. The problem of abortion and infanticide practised by prostitutes might be solved, as the delegation had suggested, if prostitution was decriminalized. Birth registration would probably be increased if existing structures were reinforced and more widely publicized. Police torture and brutality and restrictions on children's freedom of expression were also of great concern to the Committee, as were parental responsibility, polygamy and adoption. Under Shariah law, the father had absolute parental responsibility; the Government should endeavour to ensure that parental responsibility was more evenly shared.

67. Although limited resources were available for health, the Committee felt that a larger proportion should be earmarked for adolescent care and for strengthening services at the grassroots level. Efforts were also needed to improve the education system; the Committee was therefore encouraged by the launching of the joint World Bank/Government education programme. An appropriate system designed to protect children from falling into the prostitution network was also required. Lastly, she asked the delegation to seek the support of the Djiboutian authorities for the draft resolution to increase the Committee's membership. She thanked the delegation and wished it success on its return home.

68. Mr. ABDOU (Djibouti) said he had taken note of all the Committee's recommendations, promised that every effort would be made to ensure that they were implemented and asked for the Committee's moral and material support in so doing. He hoped that at the presentation of the second periodic report the delegation would be able to report progress regarding the Ombudsman, refugee children and the juvenile justice system. The discussion with the Committee had been extremely useful and enlightening; the ideas suggested would be transmitted to the appropriate quarters in Djibouti.

The meeting rose at 6 p.m.