



**Meeting of the States Parties  
to the Convention on the  
Rights of the Child**

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COMMITTEE ON THE RIGHTS OF THE CHILD

Forty-second session

SUMMARY RECORD OF THE 1144th (Chamber A) MEETING

Held at the Palais Wilson, Geneva,  
on Wednesday, 24 May 2006, at 3 p.m.

Chairperson: Mr. DOEK

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*The meeting was called to order at 3.15 p.m.*

CONSIDERATION OF REPORTS OF STATE PARTIES (item 4 of the agenda)

Third periodic report of Lebanon (CRC/C/129/Add.7; core document (HRI/CORE/1/Add.27/Rev.1); list of issues (CRC/C/LBN/Q/3); written replies by the State party to the list of issues (CRC/C/LBN/Q/3/Add.1)) (*continued*)

1. *At the invitation of the Chairperson, the delegation of Lebanon took places at the Committee table.*
2. Mr. MANSOUR (Lebanon) said that his country had adopted a pragmatic approach to health and had opted for recourse to the private sector in order to be able to provide countrywide health services.
3. Palestinian children enjoyed the same rights as other children and were treated in public hospitals, which accepted all children, especially under the inoculation programme. Contrary to the observations of some Committee members, the Lebanese Government had succeeded in considerably reducing the mortality rate. For example, the infant mortality rate in camps had dropped from 49 per mille 10.2 per mille. A study had shown that midwives' intervention in births in refugee camps had caused many infant deaths. The Government had therefore decided to provide basic medical services in those camps in order to prevent problems such as tetanus and postnatal infections.
4. There were 925 health centres spread across Lebanese territory. Even the remotest villages had a dispensary and small clinic. When the State had not been able to set up a health centre, it tried to delegate those tasks to the private sector so that the entire Lebanese population could be covered. Of course there were disparities among regions, especially in the Bekaa area and in the north.
5. The malnutrition rate was not excessively high. Health centres supplied iron supplements to fight anaemia, and enriched flour had been put on the market.
6. In the area of reproductive health, the Ministry of Social Affairs and the Ministry of Health had launched a joint programme to provided services to women of reproductive age. An anti-AIDS programme to encourage the use of condoms had also been set up.
7. The war had taken its toll on mental health, especially among adolescents. The Lebanese Mental Health Association had conducted studies on the problem, and the Government had commissioned surveys from various institutions and had asked them to supply appropriate services.
8. Mr. GERBAKA (Lebanon) said that, despite the efforts of the authorities and many organizations, ill-treatment and moral abandonment continued to hinder the exercise of children's rights. Lebanon had therefore deemed it necessary to have recourse to the skills of a number of professionals, experts and NGOs, such as those comprising the special team mandated by the Higher Council for Childhood to formulate a national child abuse prevention strategy. That multidisciplinary team was made up of law enforcement authorities, child specialists, researchers and members of the medical profession. That having been said, without a reliable oversight mechanism or genuine involvement of society, violence against children could well grow worse. As a result, it had been deemed essential to create an independent, competent and participatory structure to analyse available data and

coordinate the work of the various sectors involved, including child rights protection associations and non-governmental organizations. This body, called the Children's Observatory, which had been under construction for two years, would adopt a participatory, intersectoral approach, and local authorities would also be involved in its activities. The Observatory's action should also be shaped around the children's telephone hotline set up in collaboration with the Ministry of Justice and the Higher Council for Childhood.

9. The aim was better to identify cases of ill-treatment, better gauge the extent of the problem, raise public awareness, establish training material, support the professionals and NGOs concerned, enhance cooperation among the various relevant bodies in Lebanon and between the country and the rest of the Arab region and contribute to the creation of specialized ill-treatment research centres. One of the Observatory's main functions was to prepare exhaustive reports on violence against children and to monitor national and local measures for translating the provisions of the Convention on the Rights of the Child into action. There was also a need to improve intersectoral cooperation, be it in health, law, education or social services, and a legal structure would be put in place. The project for the Children's Observatory, part of the national child protection strategy, was yet to find funding. The Observatory, which must be an independent, transparent body, would provide valuable assistance to the Higher Council for Childhood in defining its child protection priorities.

10. In addition, the plan to create an office of a children's ombudsman, submitted two years earlier, was still hindered by certain obstacles, one of them being the fact that it was sometimes perceived as encroaching on the prerogatives of other institutions. The children's telephone hotline project, conceived years previously, had attracted renewed interest since 2005.

11. In the area of training and strengthening of violence prevention and victim protection capacities, the Higher Council for Childhood had organized a workshop for NGOs working with children in order to strengthen the capabilities and enhance the collaboration of the various actors.

12. Accidents were the main cause of deaths outside the neonatal period. Fatalities among children under five years of age were mostly caused by domestic accidents while adolescents died for the most part in traffic accidents. The Government had set up a programme designed to reduce the number of deaths, visits to emergency services and hospitalizations of children under 5 as a result of accidents in the home, which had yielded very positive results, with a clear decline in the domestic accident mortality rate. The authorities had been less successful with road accidents, which were claiming adolescents in ever-increasing numbers. The Lebanese authorities were also engaged in the fight against accidents at school. To that end, among other things, an institution had been set up to reinforce children's safety at school.

13. Mr. MEKHAEL (Lebanon) said that his country had a national anti-landmine protection programme. In 2003 there had been only one case of an accident caused by a landmine explosion, six in 2004 and seven in 2005. Lebanon also had a national office which disseminated information on mined areas. Regarding reproductive health, the Government was attempting, through its national programme, to take action at the local level through training and awareness programmes for adolescents.

14. Mr. NEHME (Lebanon) said that the Lebanese Government had in 1997 launched a new curriculum that would be evaluated by the end of the year, at which time changes would be proposed. Another subject of concern was the weight of school satchels, especially those of primary education pupils.

15. Children could enter preschools from the age of six. In 2006 the Ministry of Social Affairs and the Ministry of Education had initiated a reform of the system, which should last until 2015, with 50 pilot preschools. Those activities were carried out in cooperation with NGOs and local communities.

16. Regarding the quality of education in Lebanon, as in many countries, parents tended to consider private schools to be superior to public schools; but the Lebanese Government was endeavouring to fight such prejudices. In some respects, private schools were indeed more effective because they possessed more resources. The war had resulted in a dearth of public primary and secondary teachers. A set of reforms had been initiated in 1997 but, owing to the lack of teachers and resources, most public schools had been unable to implement them.

17. The Ministry of National Education of Lebanon decided on curriculum content. A study had been conducted in collaboration with UNICEF and NGOs to evaluate curricula with a view to harmonizing them. An evaluation system for monitoring schools and pupils had also been put in place.

18. It was less expensive for the Government to subsidize existing private schools than to build new public schools, which was why 378 private schools received financial support from the State.

19. Public education was not entirely free because families were still required to pay part of the school fees, but a draft law drawn up with UNESCO Regional Office envisaged free education up to the age of 15 in the first instance and up to the age of 18 thereafter. It should be noted that Palestinian children had the same access to public schools as Lebanese children, even when they did not appear on the civil registers.

20. Health boards had been set up in schools to detect potential health problems among the child population, particularly relating to oral and dental hygiene, and to conduct smoking prevention campaigns.

21. He did not have figures on the extent to which corporal punishment was practiced in schools; however, there was nothing to suggest that the practice was widespread. In any event, the Higher Council for Childhood was currently preparing model rules of procedure prohibiting moral harassment and corporal punishment in schools.

22. The CHAIRPERSON asked whether the State party had considered why the services provided in health centres, schools and child protection establishments were of very unequal quality. He would like to know whether the competent ministries had established minimum standards of quality and set up an oversight system to ensure compliance with those standards.

23. Ms. LEE asked what problems the State party had encountered in implementing Act No. 220 of 2000 concerning the rights of persons with disabilities and the provision of health and social services to persons with special needs, and what measures it had taken to solve those problems. She would like to know whether the State party was endeavouring to guarantee schooling for the many

disabled children in general education and whether the National Committee for Disabled Affairs, cited in paragraph 296 of the report under consideration, and the committee that organized all matters pertaining to education of children with special needs, referred to in paragraph 301, were one and the same and why the latter committee was “still inactive”.

24. She would like to know about the procedure to be followed for obtaining an invalidity card, since 57.47 per cent of children with special needs holding invalidity cards had never attended school (table 27 of the periodic report), and also the fate of Palestinian girl children with disabilities, who were manifestly left on the margins of society.

25. Mr. MEKAEL (Lebanon) agreed that many children with disabilities received no special care at all, a situation due to the lack of both financial and human resources and to the high cost of specialized equipment. The statistics on children with disabilities were well below the real figures because, for cultural reasons, families did not take steps to ensure that their children were recognized as disabled.

26. The Ministry of Social Affairs was currently preparing a text to regulate institutions responsible for the protection of children and, to that end, the views of children receiving such services had been taken into account during a survey conducted by social educators.

27. Mr. NEHME (Lebanon) said that public schools were now equipped to receive disabled children in order to integrate children with special needs into society. Special classes that condensed a three-year course into two years in the regular system had also been created in order to respond to gifted children’s special education needs.

28. The war had seen the closure of the Teacher Academy and teacher-training establishments, and persons who had given courses during that period had had no teaching qualifications. Accordingly, a competition had been organized for all teachers, and in 2007 the successful candidates would be able to attend the reopened Teacher Academy, which had reopened.

29. Mr. MANSOUR (Lebanon) said that the variation of health indicators from one region to another was due to poverty and the fact health services were rare if not totally lacking in some districts. In order to overcome that problem, the Government had set up a hospital accreditation system as a function of the care it dispensed, and primary healthcare centres would also be subject to quality control as of October 2006.

30. Ms. KEYROUZ (Lebanon) said that the Higher Council for Childhood could now file complaints once it had knowledge of child sexual abuse.

31. In the context of the *kafala* system, children assumed their adoptive father’s name and could lay claim to all the rights enjoyed by the biological offspring, including inheritance rights. Lebanon authorized intercountry adoption but, in order to prevent foreign adoption procedures from leading to child trafficking, an article of the Criminal Code made trafficking in children put up for adoption punishable with imprisonment.

32. Mr. RABAH (Lebanon) said that article 186 of the Lebanese Criminal Code, which thus far did not penalize corporal punishment, would be repealed and that children expelled from school after complaining of corporal punishment would be

reinstated. There was a new regulation prohibiting the sale of alcohol and tobacco near schools, and drug-addicted children were entitled to detoxification treatment in hospitals.

33. In order to prevent street children from sinking into a life of delinquency, a centre created in 1999 was charged with the task of looking after them until they attained their majority and providing them with training with a view to their reintegration into society. Those originating in neighbouring countries such as Turkey, Syria, Jordan and Iraq were issued with a temporary identity card until such time as the Lebanese authorities located their parents abroad.

34. Mr. MEKHAEL (Lebanon) pointed out that the association that looked after street children was financed by the Ministry of Social Affairs. In 2006 it had taken in 65 children, three quarters of them Syrian.

35. Ms. KEYROUZ (Lebanon) said that the law now prohibited parents from keeping children away from school, a regular form of punishment in earlier times.

36. Ms. SAMRA (Lebanon) said that any witness to violence against children could always alert the authorities, who then took whatever measures were needed to protect the child and punish the perpetrator. In that regard, the State party was endeavouring to mobilize all actors – teachers, social workers, law-enforcement officers, doctors and magistrates – and to coordinate the action of civil society and the Ministry of Justice. With assistance from civil society, the Ministry of Justice organized child protection training and awareness activities, particularly for social workers and the police. Police stations were equipped with special rooms for taking statements from child abuse victims. Statistics on the implementation of the Act of 6 June 2002 were being monitored in order to fill in any lacunae. The figures were available to organizations involved in the protection of minors. The fact of a minor's detention did not appear in his/her judicial file. The State party coordinated its action with UNICEF and with all other organizations working for child protection. In 2005 the United Nations Office on Drugs and Crime had helped the State party to conduct a study to assess the number of children with drug problems.

37. Mr. MEKHAEL (Lebanon) said that, in view of the Committee's observations on its second periodic report, the State party was currently endeavouring to incorporate the provisions of the Convention into its domestic legislation.

38. Ms. SAMRA (Lebanon) said that judges had been alerted to the content of the Law of 6 June 2002 and, in collaboration with the local authorities were now seeking alternatives to penal sanctions. The State party had also taken on board the enormous contribution that civil society could to treating juvenile offenders differently.

39. Mr. MEKHAEL (Lebanon) said that the introduction of the new Act had been so positive that the United Nations Office on Drugs and Crime deemed it a model that could be replicated in other countries.

40. The CHAIRPERSON, concerned that 32,000 children were institutionalized, wished to know who made those decisions and, more particularly whether the decision-makers were religious or civil courts.

41. Ms. ORTIZ asked how many of the children in placement could be taken in by foster families or the *kafala*. She would like to know whether it was the institutions that examined the children's cases and suggested to the judge a provisional or

definitive measure and who was responsible for the life plan of children in placement.

42. Mr. KOLRANE applauded the adoption of Act No. 422 of 6 June 2002. Regarding the work of juveniles for the public benefit referred to in paragraph 501 of the report, he did not share the NGO view that the measure insulted children's dignity. He was convinced that such a measure, when imposed by a judge in lieu of imprisonment, conformed to the Beijing Rules and the spirit of the Convention. With regard to paragraph 506 of the report, like the NGOs, he was disturbed that juveniles underwent the same criminal trial procedures as adults. Minors should be subject to special justice at all stages of the procedure. Also, children were not listened during the procedure, and their right to participate therein must be respected. He wished to know the maximum duration of pretrial detention and in what conditions minors were detained. Welcoming the fact that Act No. 422 also covered minors at risk, he wondered why it did not provide for a duty to report. It was not enough to lift professional secrecy; doctors, teachers and social workers must also be required to report when a child was at risk. Lastly, since violence was punishable by the Act except when condoned by custom, he wondered whether the State party intended to remove that proviso.

43. Ms. SAMRA (Lebanon) said that the maximum duration of pretrial detention was two months for a minor and six months for an adult, both periods being extendable once, Social workers provided the link between the judicial system and civil society in the search for an institution to take in a child and assist in its rehabilitation. The judge could decide to return a child to its family, or place him/her with a foster family or in an institution. Reports on children's treatment were prepared on a regular basis.

44. The State party was endeavouring to separate minors from adult offenders, in particular by dealing with their files separately, while detained minors had access to medical treatment, doctors being authorized to report any sign of ill-treatment.

45. Mr. GERBAKA (Lebanon), referring to the obligation to report, said that doctors also had to be trained to be able to detect ill-treatment. Moreover, doctors reporting ill-treatment risked being pressured if they were right or seeing their career undermined if they were wrong. A pilot team had been formed to examine serious cases of violence, and training for medical personnel and paramedics was being organized.

46. Ms. SAMRA (Lebanon) said that judges heard cases of both physical and mental abuse. Regarding living conditions in institutions, the children had to follow a course of compulsory education but could also receive skilled-related training with a view to their reintegration into society. The certificate awarded them did not mention that they had been trained in prison.

47. Ms. LEE said that the report of the Special Rapporteur on the sale of children, child prostitution and child pornography indicated an increase in child prostitution in Lebanon. Since, according to the State party, Lebanese children were not involved, she would like to know whether children from other countries entered Lebanon fraudulently and whether the Criminal Code also covered such trafficking.

48. The CHAIRPERSON, praising the creation of the Initiative Centre referred to in the written replies, asked why it had been set up in a public hospital and whether it was separate from the hospital itself.

49. Mr. KOTRANE, returning to the “duty to report”, said that the State party could not content itself with a general provision on failure to assist a person in danger, which could not apply to ill-treatment. There was need for an obligation on any person in contact with a child to report any assault on the child to the Public Prosecutor’s Office or even to the social welfare authorities.

50. Ms. SAMRA (Lebanon) said that the Ministry of Health had agreed to the Initiative Centre being located in the hospital because it had been the only space available. The centre was located in a separate wing with its own entrance.

51. Mr. RABAH (Lebanon) said that the Ministry of Justice, the immigration and internal security authorities and the embassies of the countries concerned had signed a protocol of agreement to combat trafficking in children and the law had been reinforced: the authors of that crime could now be punished by a five-year prison sentence.

52. Lebanon currently had no law preventing a child from engaging in domestic work for a family. Complaints in that regard were therefore deemed inadmissible for the time being.

53. The administration of juvenile justice was regulated by new legislation, which would allow the progressive installation of a judicial, moral and social - rather than penal – procedure for dealing with children in conflict with the law. The various NGO seminars on the subject should make for progress. Police officers would be trained to deal with young offenders. All child services would be brought together in a single building at some distance from the courts, obliging the judge to go there.

54. Mr. MEKHAEL (Lebanon) said that the abolition of minors’ prisons was currently being debated. As things stood, the Lebanese authorities were working with UNICEF to gather as much technical data as possible and, in the long run, to avail themselves of the results of other countries’ experiences in that area.

55. Some 20,000 children – not 30,000 – were currently in institutions, 6,000 of them receiving vocational training. No child could be placed in a hostel or with a family without the parents’ consent. A study was being conducted, with assistance from civil society organizations, to adapt the placement system and expand the role of the social welfare services. According to the Lebanese Central Administration for Statistics, 29 per cent of the population was living in poverty in 2005, with poverty no longer a rural phenomenon. There were now pockets of poverty in cities, owing to immigration and new demographic trends. Unemployment posed an additional problem for the poorest families; children in refugee camps were even poorer. A number of organizations and institutions were working hard to reduce the level of poverty. UNDP, for instance, was financing small and medium-sized enterprises for development purposes.

56. The CHAIRPERSON asked whether the figure of 29 per cent included the population in refugee camps.

57. Mr. MEKHAEL (Lebanon) said that it did not, but that children in refugee camps had recently been granted access to the same services as Lebanese children.

58. Ms. ORTIZ asked whether, given the figures mentioned, the State party intended, in the interests of greater conformity with the provisions of the Convention, to revise its social legislation in order to establish a care system for



children in difficulty in the form of reception in a family environment rather than placement in closed institutions.

59. It would also be helpful to have more details on the types of adoption practised by the religious tribunals and civil courts, the number of adoption cases dealt with by each body, the number of national and intercountry adoption cases handled in the country, and the circumstances in which an adoption was cancelled and how it was done.

60. Mr. MEKHAEL (Lebanon) explained that the conditions of adoption were determined by the personal status laws and that the decisions were normally taken by social organizations, once they had received, where appropriate, the approval of the religious tribunals. Lebanon had ratified the adoption section of the Convention because adoption was not widespread in the country.

61. According to statistics supplied by the two Christian associations mainly concerned with adoption – adoption did not exist in Islam – a mere 30 or so children had been adopted in Lebanon between 2003 and 2005. With regard to intercountry adoption, three children had been adopted in France, another three in Spain and one in Austria.

62. On completion of the study on placement in institutions, the Lebanese authorities would begin – in line with the provisions of the Convention – to promote adoption as a alternative solution. All the same, it must be borne in mind that family poverty still remained the main cause of a child's placement in an institution.

63. Mr. KOTRANE requested the State party to raise the age for admission to employment, to extend the duration of compulsory education and to prohibit in the Labour Code domestic work by children in order to combat child labour, which was very widespread. At the same time, he would like to know what the Government was doing to provide labour inspectors with the human and material resources they needed for the proper discharge of their duties.

64. Mr. MEKHAEL (Lebanon) said that, although families' economic situation and school dropout were still the main reasons for child labour, Lebanon had nonetheless ratified ILO Convention No.182 on the worst form of child labour and was currently taking steps to bring its Labour Code into line with the relevant international instruments. The Ministry of Labour, through a specially created national committee, was also working on the issue of protection of domestic workers.

65. The CHAIRPERSON asked about the exact time frames of the ILO/IPEC time-bound programme for the elimination of the worst forms of child labour, mentioned on page 26 of the written replies, especially concerning the attainment of Objective IV and the measures taken under the plan for the safety and health in the workplace of children performing dangerous work, raising awareness of the dangers of child labour, promote training for labour inspectors adapted to their area of activity, and the removal from dangerous jobs - and rehabilitation - of 500 child workers aged 7 to 15.

66. Mr. MEKHAEL (Lebanon) said that no timetable had been fixed. Given the insufficient number of labour inspectors, the Ministry of Labour would not be able to implement in 2006 all the provisions it had established, but the worst forms of

child labour were among the short-term objectives of the Council of Ministers and ILO.

67. Mr. KEYROUZ (Lebanon) added that the aim of the national committee set up was progressively to put an end to child labour. To do so the Ministry of Labour had also formulated a short-, medium- and long-term strategy. Unfortunately, the delegation could not furnish Committee members with precise dates but assured them that the Government was doing its utmost to attain the objectives it has set itself.

68. Mr. AL-THANI (Rapporteur for Lebanon) observed that, given the difficult situation in which the State party found itself, the presentation of the third periodic report of Lebanon – which bore witness to its commitment to the protection of children – was praiseworthy. In addition to the achievements and progress made, the members of the Committee would refer in their concluding observations to the difficulties encountered in implementing the Convention. In particular, they would recommend that the State party should continue to bring its legislative arsenal into line with the provisions of the Convention and to monitor enforcement of the new laws to enable the Higher Council for Childhood, the principal organ for coordinating child policies, to fulfil its role and contribute to the formulation of a national action plan, and to set up a independent oversight system, either of the ombudsman type or a national human rights body, tasked with monitoring the enforcement of the provisions.

69. The Committee also respected the multi-faith nature of Lebanese society, but encouraged the Government to take all measures needed to ensure the protection of all children on its territory and the exercise of their rights, particularly regarding the age of marriage, alternative solutions to placement, such as adoption and *kafala*, and the fate reserved for Palestinian children. It was concerned about disadvantaged families' difficulty of access to health and education services, which relied heavily on the private sector. In conclusion, it took due note of the many reforms under way in the administration of juvenile justice.

70. Mr. MEKHAEL (Lebanon) reassured Committee member of the Lebanese authorities' readiness to pursue the frank, open and constructive dialogue that had taken place, adopting to that end a rights-based approach, to take the Committee's observations into consideration in the formulation of future programmes and policies and to implement the forthcoming recommendations during the period 2007-2011.

*The meeting rose at 5.50 p.m.*