



Convention on the Rights of Persons with Disabilities

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Committee on the Rights of Persons with Disabilities

Initial report submitted by Djibouti under article 35 of the Convention, due in 2014*

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I. Introduction, methodology and consultation

1. The Republic of Djibouti ratified the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto without reservation by an act dated 3 January 2010.
2. Under article 35 (2) of the Convention, the State party was to submit its initial report within two years of ratification — in 2012.
3. The State party is aware of and regrets the significant delay in submitting this initial report to the Committee on the Rights of Persons with Disabilities.
4. In accordance with the Committee's guidelines of 18 November 2009, this initial report on the implementation of the Convention was prepared in an extremely participatory manner. All relevant stakeholders were consulted.
5. As was the case with previous reports to the treaty bodies, responsibility for drafting this report was assigned to the Interministerial Coordinating Committee for the Preparation and Submission of Reports to the Treaty Bodies. The Committee was established in 2009 and its members include two representatives of the Ministry of Justice, which is responsible for coordination, and a representative each from the Ministry for the Advancement of Women and Family Planning, the Ministry of Health and the Office of the President of the Republic.
6. In preparing the report, the Committee also consulted the following sectoral departments, which made significant contributions: the Ministry of Foreign Affairs and International Cooperation, the Ministry of the Interior and Decentralization, the Ministry of Employment and Administrative Reform, the Ministry of Habitat, Urban Planning and Housing, the State Secretariat for Youth and Sports, the State Secretariat for National Solidarity and the State Secretariat for Housing.
7. Civil society was also involved in the drafting of the report. Many working sessions were held with national and international non-governmental organizations (NGOs) working to promote and protect the rights of persons with disabilities in Djibouti. During these sessions, the Interministerial Coordinating Committee always took account of the diversity of persons with disabilities, in accordance with the reporting guidelines.
8. The NGOs that contributed to this report include, among others, Vivre Plus Fort (Live Stronger), Action Handicap, Association Trisomie 21 (Down Syndrome Association), Association Djiboutienne des Aveugles (Djiboutian Association of Blind Persons), Association des Blessés Invalides des Mines et Mutilés de Guerre (Association of Persons with Disabilities caused by Landmines and War), Centre de Protection des Enfants (Child Protection Centre) and Johanniter Auslandshilfe (Johanniter International Assistance).

Vivre Plus Fort

9. This is the oldest organization of persons with disabilities in the country. Established in 1988, it has some 600 members, including 150 children. It works primarily in the following areas: advocacy targeting decision makers for enhanced protection of the rights of persons with disabilities; job hunting for persons with disabilities and the persons looking after them; and the granting of small loans and micro-loans for the creation of revenue-generating activities to support the empowerment of persons with disabilities.

Action Handicap

10. This organization was established in 2007 to promote the rights of persons with disabilities and combat their exclusion.
11. Its activities focus on raising awareness among and educating the general public and economic actors regarding the situation of persons with disabilities; on supporting the empowerment of persons with disabilities by helping them set up revenue-generating activities and find jobs; on advocating for respect of the rights of persons with disabilities in the field of employment; and on developing projects to support the mobility of persons with

disabilities, including the provision of wheelchairs, hospital beds, walking frames and the like.

Association Trisomie 21

12. The objectives of this association founded in 2011 include identifying children who have Down syndrome and helping them obtain social security coverage and access education.

Association Djiboutienne des Aveugles

13. This association established in 2006 represents 480 persons who are blind or have visual impairments. Its objectives are to identify persons who are blind or have visual impairments, raise public awareness of the rights and dignity of these persons, and help members access basic social services, such as health care, education and sport.

Association des Blessés Invalides des Mines et Mutilés de Guerre

14. The Association has been operating since 2014 and brings together persons injured during the country's internal armed conflict in 1992. Its objectives are to combat poverty and illiteracy.

Centre de Protection des Enfants

15. The Centre, established after the country became independent, was the first charitable organization to provide assistance to orphans and disadvantaged children. The Centre runs a primary school and a lower secondary school for 119 children who are deaf or hard of hearing. It provides students with logistical assistance to get to school and with care services. It also provides training for deaf and hard-of-hearing adults.

Johanniter Auslandshilfe

16. This German NGO has been supporting Djiboutian hospitals for about 20 years. Cooperation was enhanced when the NGO opened an office in Djibouti in 2011. Through this office, the NGO has developed a three-year project for the period 2014–2017 with a view to improving primary health care and community-based rehabilitation for persons with disabilities in Djibouti.

17. As part of its efforts to ensure that this national report would be based on consensus, the State party conducted surveys with focus groups to identify the perceptions in Djiboutian society of the situation of persons with disabilities.

18. In order to reach as many people as possible, particularly those most affected, the Committee naturally involved families caring for persons with disabilities.

19. After this preparatory consultation, research and data collection work, the State party submitted the final report to all stakeholders for national validation. After that final stage, the report was examined and approved at an interministerial meeting chaired by the Prime Minister and attended by all members of the Government. This procedure is followed for all matters of national interest before they are presented to the Council of Ministers.

II. General information about the State party

20. Djibouti is located in East Africa, at the mouth of the Red Sea. It shares land borders with Ethiopia, Somalia and Eritrea and a maritime border with Yemen.

21. This subregion of the Horn of Africa has long been characterized by repeated humanitarian crises caused by war, recurring droughts, famine, terrorism, piracy and migration problems. The State party has been less affected by these scourges than its neighbours.

22. Building on this stability and its geostrategic position at the crossroads of several continents (Asia, Africa and Europe), Djibouti has in recent years been able to attract

significant investment, as a result of which it has experienced growth of 5 to 6 per cent in the past 10 years. Despite this encouraging economic situation, the country remains among the least developed countries. The State party hopes, however, to join the group of middle-income countries by about 2020.

23. The Republic of Djibouti covers an area of 23,200 km² and is divided into six administrative areas: Djibouti City, the capital, made up of three communes (Boulaos, Ras-Dika and Balbala), and five regions — Dikhil, Tadjourah, Ali-Sabieh, Obock and Arta.

24. According to the most recent census, the population stood at 819,159 in 2009. This population is mostly young and urban and distributed as follows:

Overall distribution of the population

Region	Urban population			Sedentary rural population	Nomadic population	Total population
	Ordinary	Special	Urban total			
Djibouti City	353 801	121 521	475 322			475 322
Ali-Sabieh	22 630	15 309	37 939	11 977	37 033	86 949
Dikhil	19 347	5 539	24 886	22 510	41 552	88 948
Tadjourah	12 157	2 633	14 820	23 482	48 402	86 704
Obock	9 933	1 773	11 706	9 780	16 370	37 856
Arta	11 043	2 217	13 260	11 345	17 775	42 380
Total	428 911	149 022	577 933	79 094	161 132	818 159

25. The 2009 general census did not provide reliable demographic data on the population with disabilities, which is estimated to be 1 per cent of the national population and thus much lower than the international average of 15 per cent.

26. A more recent survey conducted in 2012 provided additional information on the population living with disabilities. (See detailed data in the section of this report on article 31.)

III. Information specific to the Convention and submitted to the Committee in accordance with the general provisions of the Convention

Articles 1 to 4 of the Convention

27. The laws and regulations in force in Djibouti do not contain a definition of the term “disability”; however, the lack of a definition does not by any means constitute a legal void or a violation of the rights of persons with disabilities.

28. There is a constitutional provision that remedies this shortcoming. Article 37 stipulates that legally ratified conventions form an integral part of the national legal framework and even prevail over national laws.

29. Consequently, by becoming a party to the Convention, Djibouti accepted all the rights and obligations thereunder. All the provisions of the Convention, including the article on the definition of the term “disability”, can be invoked before the courts as well as any public or private institution.

30. In addition to ratifying the Convention, Djibouti has, over the years, developed a legal arsenal to protect the rights of persons with disabilities. Examples include the Act of 5

July 1995 establishing the Criminal Code, the Act of 3 July 1999 on health policy, the Act of 10 August 2000 on education, the Act of 31 January 2002 establishing the Family Code, the Act of 27 January 1998 establishing the Labour Code, the Act of 27 December 2007 on combating trafficking in persons, the Act of 5 January 2014 establishing a universal health insurance system, and the Decree of 12 May 2011 establishing education services for children with special needs.

Article 5

Equality and non-discrimination

31. Equality and non-discrimination are foundational principles underpinning the Djiboutian legal system. Article 1 of the Constitution lays down this principle and provides that the State shall guarantee equality before the law for all.

32. The State party's attachment to this principle is also illustrated by the country's motto: "unity, equality, peace". This principle is strongly reaffirmed in article 10 of the Constitution, which establishes that all human beings are equal before the law.

33. There are no exceptions to this principle, and persons with disabilities are protected from all acts of discrimination on an equal basis with others.

34. The Criminal Code provides a definition of the concept of discrimination that includes discrimination against persons with disabilities. This definition is provided in article 390, which stipulates:

Any distinction among individuals based on their origin, sex, family status, state of health, disability, customs, political opinions, trade-union activities or affiliation or non-affiliation, whether actual or assumed, with a particular ethnic group, nation, race or religion shall constitute discrimination. Likewise, any distinction between legal entities on the basis of the origin, sex, family status, state of health, disability, customs, political opinions, union activities, or affiliation or non-affiliation, whether actual or supposed, with a particular ethnic group, nation, race or religion, of the members or certain members of these legal entities shall also constitute discrimination.

Persons found guilty of discrimination face sentences of up to 3 years' imprisonment.

35. Of course, the principles of equality and non-discrimination are also applied in the field of employment. Workers who are habitually discriminated against, namely women, young people and persons with disabilities, are afforded greater protection.

Article 8

Awareness-raising

36. At the national level, disability was long considered by society to be a taboo issue, a burden or even a curse. Persons with serious disabilities were shut away at home. This was in large part due to ignorance and poverty.

37. The situation is now changing and the perception of disability is improving thanks to the emergence and efforts of organizations of persons with disabilities. Disability is no longer simply considered a misfortune. Parents, who are often better educated than in the past, accept and adjust better to their children's disabilities.

38. Organizations working in this field are composed of persons with disabilities or have been founded by parents of children with disabilities. They all work to draw attention to the issue of disability and carry out specific actions to improve everyday life for persons with disabilities.

39. Their participation in national conferences (the 1999 national education conference, the 2000 national justice conference, the 2008 national discussion workshop on human rights, the 2009 government action seminar, etc.) is an opportunity for them to raise awareness of their situation and express their grievances.

40. The various international days dedicated to disability provide opportunities to raise awareness of disability issues and the human rights of persons with disabilities and to look at the difficulties faced by persons with disabilities in their everyday lives. These events, which are often covered in the media, culminate in recommendations for the authorities and society at large with a view to creating the necessary conditions to allow persons with disabilities, regardless of their disability, to live with dignity on an equal footing with the rest of the population.

41. The first International Day of Persons with Disabilities was celebrated in Djibouti on 3 December 2005 at the initiative of Vivre Plus Fort. A symbolic march in which more than 500 persons with disabilities participated was held to mark the occasion.

42. Since then, the International Day has been celebrated annually by organizations of persons with disabilities with the support of the Government.

43. Again at the initiative of Vivre Plus Fort, the State party in April 2006 organized a discussion workshop on the place of persons with disabilities in Djiboutian society. The final recommendations addressed issues such as the right of persons with disabilities to information and the accessibility of workplaces and businesses.

44. White Cane Day, held on the second Thursday of October every year, has been celebrated by the Djiboutian Association of Blind Persons since the event's establishment in 2007. Participants include invited officials as well as ophthalmologists and other medical workers.

45. The target audience is primarily made up of persons who are blind or have visual impairments and their carers. Awareness-raising activities are also targeted at parents so that disability is not considered a misfortune but rather the situation in which persons who live with a disability find themselves.

46. Children with disabilities must be able to enjoy all the rights to which they are entitled as human beings, including health care, protection, education and leisure, just like other children of the same age. Parents must therefore be encouraged to use all possible means to take care of their children with disabilities, enrol them in school and allow them to take part in the same activities as other children, but at their own pace.

47. Cognizant of its obligations under the Convention, the State party provides parents with the necessary services to the extent that resources are available.

Article 9

Accessibility

48. At the institutional level, the establishment of the State Secretariat for Housing in 2011 was part of broader efforts to combat inequality, including physical and mental inequality. The Secretariat is responsible for urban renewal and planning policy, specifically in the context of combating poverty and inequality. That role will enable it to more effectively address the challenges faced by persons with disabilities.

49. On the regulatory side, all tender specifications for housing schemes include accessibility for persons with disabilities. The granting of construction permits for buildings intended to be open to the public must take into account the situation of persons with reduced mobility. This necessarily involves the construction of access ramps for persons with disabilities and reserved parking spaces for such persons in public buildings. Likewise, when preparing and checking tender documents for public infrastructure projects, the Government ensures strict adherence to standards for access by persons with reduced mobility.

50. The situation of persons with disabilities is generally taken into account in urban planning. With this in mind, the Government allocated housing in two districts of the commune of Balbala to war veterans with disabilities. Residents receive free water and electricity and are also exempt from paying real estate taxes. The first estate, Cité Charaf, was built in 1996 for members of the military injured during the internal war of 1992 and has 66 housing units. Another housing estate, Cité Doumera, has 44 units and was built in

2009 for the families of members of the military who had died or been injured during the war against Eritrea.

Article 10

Right to life

51. Article 10 of the Constitution provides for the respect and protection of all persons and stipulates that it is the responsibility of the State to ensure the enjoyment of the rights to life, liberty, security and integrity by all persons under its jurisdiction. Djiboutian law also protects the right to life through the punishments prescribed by the Criminal Code for anyone who endangers human life.

52. Since 1995, as domestic legislation has been brought into line with national circumstances and international human rights commitments, the process of abolishing the death penalty has accelerated. The introduction of new criminal legislation, under which the maximum penalty for the most serious crimes is life imprisonment, marked an important step towards abolition.

53. In order to confirm this de facto abolition, Djibouti in 2002 ratified the Second Optional Protocol to the International Covenant on Civil and Political Rights, aiming at the abolition of the death penalty. In 2010 it once again reaffirmed its commitment and amended article 10 of the Constitution, adding the prohibition of the death penalty to paragraph 3.

54. The State party has continued to expand the scope of application of article 10 of the Convention on the Rights of Persons with Disabilities, on the right to life, with a view to protecting different situations and aspects of life that are liable to be affected by threats to physical integrity. Such protection is a priority for vulnerable persons whose age or physical condition means that they would be unable to protect themselves against an attack.

Article 11

Situations of risk and humanitarian emergencies

55. Under the provisions of the Act of 13 March 2006 on national risk and disaster management policy, the management of risks and disasters is part of the overall framework of protection and civil security activities. According to article 1 of the Act, risk and disaster management is based on integrated, comprehensive procedures that include prevention, warning, preparation, management, relief, recovery and development.

56. Risk and disaster management is a priority issue for the State party and is incorporated into the development planning process, particularly the national poverty reduction programme. Accordingly, the programme gives priority to the most vulnerable communities and areas at highest risk of drought, flooding and the like.

57. Risk and disaster management is the joint responsibility of the State and the regions, with the participation of NGOs, economic actors and all citizens.

58. Appropriate organization, mechanisms and procedures ensure a coherent approach by all stakeholders and link actions throughout the national territory.

59. The Government's commitment to its citizens and to its obligations under international humanitarian law has resulted in a safety and protection framework that applies equally to persons with disabilities. This framework was created in 2006 with the establishment of an interministerial committee, composed of several government representatives led by the Prime Minister, that is responsible for coordinating government action in the area of risk and disaster management.

60. The National Office for Refugees and Disaster Victims is also active in risk and humanitarian emergency situations. The Office has been operating since 1978 and provides support, without distinction, to populations displaced by the multiple conflicts in the region. Over its 35 years of existence, the Office has acquired unique experience in the

humanitarian field, particularly in emergency situations involving refugees and national disaster victims.

61. As part of its policy to combat poverty and reduce vulnerability, the State party launched a social protection strategy based on social safety nets to strengthen resilience and provide assistance to vulnerable persons, including persons with disabilities.

62. Activities have been carried out in cooperation with civil society organizations with a view to promoting the rights of persons with disabilities.

63. These activities include:

- The food distribution programme implemented since 2012: During the summer period, when there are fewer employment opportunities, the State party provides targeted food assistance to poor and vulnerable households, including persons with disabilities. In order to better identify households and/or persons with disabilities, a mechanism for coordination with organizations of persons with disabilities has been put in place. These organizations are tasked with identifying eligible households for inclusion in the programme. Once the beneficiaries have been identified, the State party provides them with food supplies.
- The clothes distribution project: Ahead of major festivals and the beginning of the school year, the State party distributes new clothes to orphans and vulnerable children.
- The cash transfer programme targeting households living in extreme poverty and persons with disabilities.

Article 12

Equal recognition before the law

64. The Constitution recognizes and guarantees legal personality to all persons. This recognition stems from part II of the Constitution, on the rights and duties of the person. Article 10 is unequivocal on the matter and stipulates: “The human person is sacred. The State has an obligation to respect and protect all persons. All human beings are equal before the law.” Like other members of the national community, persons with disabilities are recognized as persons before the law — in other words, as holders of rights and duties.

65. However, there are restrictions on the exercise of some of the rights of persons with disabilities. The main purpose of these restrictions is to protect their interests. The Family Code, which governs personal status, regulates incapacity and emancipation, which may be considered limits on legal personality. Article 166 of the Family Code lists the categories of persons who can be deprived of the capacity to exercise certain rights, namely minors and persons with disabilities.

66. The law provides for the protection of these persons, who are assigned a guardian to assist them with the management of their affairs. Acts performed without the assistance of the guardian are not considered legally valid if it is proven that the person under guardianship has been harmed. The Family Code also provides for the protection of persons with disabilities vis-à-vis their guardians. If family members of a person with a disability consider that the guardian is not managing the affairs entrusted to him or her with due diligence, they may ask the judge to have the guardian replaced.

Article 13

Access to justice

67. Access to justice is a priority for the State party, which has been working to modernize its justice system since the national conference on justice in November 2000. Efforts have been made to strengthen human and material resources. The justice system’s stock of buildings has been expanded and renovated in order to accommodate the increasing number of judges, which grew from 59 in 2005 to 131 in 2015. There has been a

similar increase in the number of lawyers, resulting in a significant decrease in legal fees, which are now accessible to the vast majority of persons involved in judicial proceedings.

68. In 2011, in an effort to support the most disadvantaged people, the State party adopted legislation reforming the system of legal aid that had been in place since 1935. As a result of this reform, individuals with low incomes or none at all can now defend their causes before the courts. Legal aid mainly covers lawyers' and bailiffs' fees and the cost of any expert reports ordered by the judge or requested by the party benefiting from legal aid.

69. In a further effort to bring the justice system closer to the people, an information and support office was established in 2012. This office provides assistance to individuals making enquiries and requesting referrals to the appropriate service. The office is primarily tasked with:

- Providing information to individuals on the conduct of legal proceedings;
- Explaining legal procedures for those who cannot afford to hire a lawyer; and
- Referring individuals to the appropriate services and informing them of the remedies available to them.

70. Mobile hearings have also been introduced, whereby judges travel to places that do not have their own court.

71. All persons, without distinction, have the right of access to justice. Persons with disabilities can fully exercise their right of access to justice on the same basis as all other individuals and at all stages of proceedings.

Article 14

Liberty and security of the person

72. Criminal legislation and regulations do not distinguish between persons on the basis of their distinctive characteristics. Persons may not be deprived of their freedom of movement purely on the basis of a disability. Decisions on deprivation of liberty are taken by a magistrate of the judiciary in compliance with the provisions of criminal legislation.

73. The rights and duties of the individual are included among the basic norms. Article 10 of the Constitution states:

The human person is sacred. The State has an obligation to respect and protect all persons. All human beings are equal before the law. All individuals have the right to life, liberty, security and integrity of person. No one shall be prosecuted, arrested, charged or convicted except under a law promulgated before the acts in question took place. All accused persons are presumed innocent until proven guilty by a competent court. The right to a defence, including the right to be represented by a lawyer of one's choosing, is guaranteed at all stages of proceedings. All persons deprived of their liberty have the right to be examined by a doctor of their choosing. No person may be detained in a prison except by order of a magistrate of the judiciary.

74. Under the general principles of criminal law, specifically part II, chapter II of the Criminal Code, which sets out grounds for the absence of criminal responsibility or reduced responsibility, certain categories of persons are exempt from the provisions of criminal law because of their disability. Article 27 of the Criminal Code states:

A person suffering from a psychic or neuropsychic disorder that left the person without discernment or control over his or her actions when the acts were committed cannot be held criminally liable. A person suffering from a psychic or neuropsychic disorder that altered the person's discernment or hindered the person's control over his or her actions when the acts were committed is still subject to punishment; however, the court takes account of these circumstances when determining the penalty and the associated rules.

Article 15

Freedom from torture and cruel, inhuman or degrading treatment or punishment

75. Protection against torture is a constitutional right guaranteed to all. This right is set out clearly in article 16, which stipulates: “No one shall be subjected to torture or inhuman, cruel or degrading treatment or punishment. Any individual, agent of the State or public authority guilty of carrying out such acts either on his or her own initiative or under orders shall be punished in accordance with the law.” This punishment is clarified in article 324 of the Criminal Code, which provides that anyone who subjects an individual to torture or barbaric acts shall face a penalty of 15 years’ imprisonment. The prison term of 15 years is extended to 20 years if the act of torture has been committed against a person with a disability.

76. This national legal framework for the prohibition of torture is complemented by the provisions of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, ratified by Djibouti in 2002. The implementation of the Convention against Torture is described in the initial report submitted to the Committee against Torture in October 2010.

77. To prevent acts of torture, the State party regularly organizes training on human rights in general and the prohibition of torture in particular for law enforcement authorities (judges, police officers, gendarmes, prison officers, etc.).

78. The police human rights manual was developed jointly by the State party and the National Human Rights Commission in 2014 and provides police officers with a legal framework for their work that is more respectful of human rights.

79. Human rights units have also been set up in the National Police and National Gendarmerie with a view to preventing torture and other wrongdoing by the security forces. These units provide human rights training, cooperate with other partners working in the field of human rights and, in general, ensure respect for human rights and fundamental freedoms.

Article 16

Freedom from exploitation, violence and abuse

80. The right set out in article 16 of the Convention is reflected in article 10 (2) of the Constitution, which provides for the right to life, liberty, security and integrity of the person.

81. Respect for and protection of this right are ensured, inter alia, by the Act of 27 December 2007 on combating human trafficking. According to its article 1, the Act applies to “any person susceptible to trafficking owing to vulnerability relating to age (a child under 18 years), sex (female) or a physical and/or mental condition (disability)”. Human trafficking is defined as “the process whereby any person is recruited or kidnapped, transported, transferred, accommodated or received inside or outside the national territory by one or more individuals or legal entities using threat or other forms of coercion, fraud, deception, corruption or abuse of authority for the purpose of exploiting that person” and is punishable by a prison term of 2 to 5 years and a fine of up to 500,000 Djiboutian francs (DF) (US\$ 1 = DF 177).

82. The State party has also put in place an institutional framework based on national coordination between the various bodies working to prevent and combat trafficking in persons. This coordination mechanism comes under the aegis of the Office of the President of the Republic and is tasked with designing and developing effective policies and programmes to prevent human trafficking through, for example, research, information campaigns, awareness-raising and education, social and economic initiatives and training programmes, particularly for persons vulnerable to trafficking and professionals concerned by human trafficking.

83. Furthermore, the State party regularly organizes training and information activities with a view to preventing and combating exploitation and ill-treatment of the most vulnerable groups, namely children, women and persons with disabilities. These activities include both training for the law enforcement authorities (judges, police officers, gendarmes, prison officers, etc.) and public awareness media campaigns.

84. The legal arsenal designed to combat exploitation and ill-treatment also includes other provisions of the Criminal Code and Labour Code. Article 514 of the Criminal Code provides for severe penalties for those who exploit the ignorance or weakness of particular groups (persons with disabilities and children). Similarly, article 403 prohibits inhuman working and housing conditions for vulnerable persons. The Labour Code categorically prohibits forced labour, which is defined as “any work or service exacted from individuals under physical and/or mental duress and for which they have not offered themselves voluntarily”.

Article 17

Protecting the integrity of the person

85. As was mentioned earlier, the integrity of the person is a sacred right enshrined in the Constitution. All violations of the integrity of the person, including human experimentation, are absolutely prohibited.

86. This prohibition is set out as follows in article 376 of the Criminal Code: “Carrying out biomedical research or ordering that it be carried out on an individual without the free, informed and explicit consent of the person concerned or his or her parents or guardians is punishable by 3 years’ imprisonment and a DF 1,000,000 fine.”

87. The State party has strict legislation on abortion. Article 447 provides for severe penalties — 2 years’ imprisonment and a DF 500,000 fine — for any person who performs or attempts to perform an abortion on a woman who is pregnant or presumed to be pregnant. These penalties are increased if the termination is carried out by a health-care professional. In such cases the prison sentence is 5 years and is accompanied by a potentially permanent ban on exercising a medical profession.

88. Abortion is permitted only on therapeutic grounds. Under article 450 of the Criminal Code, “the termination of a pregnancy by a doctor on therapeutic grounds, in accordance with public health legislation, does not constitute an abortion”.

Article 18

Liberty of movement and nationality

89. Persons with disabilities have the same right as others to liberty of movement and to choose their residence anywhere in the national territory. This is a constitutional right that can only be challenged in exceptional cases. As the country enjoys political stability, there have not been any public emergencies that have necessitated the suspension of the exercise of fundamental rights and freedoms. Consequently, both Djiboutian nationals and foreigners lawfully resident in the territory can move freely within the country without impediment and without the need for authorization of any kind.

90. There is also no discrimination when it comes to the right to nationality of persons with disabilities. Under the Nationality Code of 2004, Djiboutian nationality is generally acquired in one of two ways: by filiation (if one or both parents are Djiboutian) or by a decision of the authorities.

91. Significant progress has been made in the area of birth registration, and almost all children born in the country, with or without disabilities, are now registered at birth. According to the most recent data, 92 per cent of newborns receive a birth certificate. Failure by the parents to declare the birth of a child is a criminally punishable act.

Article 19

Living independently and being included in the community

92. Given the cultural context and the importance attached to family ties in Djiboutian society, care facilities for persons with disabilities have not yet been established. This means that the inclusion of persons with disabilities in the community is not such an issue. Persons with disabilities live with their own families in their own communities, which provide them with the care and affection necessary for their well-being, depending on the means available to each family and each community. The level of support provided to families by the State remains low.

93. However, following the country's internal armed conflict in the early 1990s, the State party set up a programme for persons with physical disabilities.

94. The programme targeted 1,700 persons who had been injured or acquired a disability in the war and provided treatment, habilitation and rehabilitation. A rehabilitation centre was set up with the support of Handicap International, which equipped the centre and trained the operating staff in areas such as treatment, rehabilitation and making assistive devices. The users of the centre thus had access to treatment and to assistive devices, including prostheses, wheelchairs and crutches, made on-site. Following the closure of the centre, those who still needed treatment or assistive devices were referred to rehabilitation centres in the neighbouring countries of Ethiopia and Somalia or, for major treatment, in Egypt.

95. In 1996, a total of 36 housing units were allocated to persons with injuries and disabilities, and they also receive free water and electricity services. These veterans received their salaries as demobilized soldiers up to 2005. Since then, they have received disability pensions of between DF 12,000 and DF 145,000 per quarter depending on the seriousness of their disability.

Article 20

Personal mobility

Article 26

Habilitation and rehabilitation

96. The State party is in favour of international cooperation for the exchange of technology and assistance. Handicap International has provided such support in the past, and German NGO Johanniter Auslandshilfe is currently doing so. The State party promotes cooperation for the exchange of technology and assistance with developing countries, including North African countries.

97. The State party has sent health personnel for training abroad in the provision of rehabilitation for persons with physical conditions as well as mental disorders such as schizophrenia, long-term psychosis and substance addiction. Général Peltier Hospital is the only psychiatric referral centre in Djibouti.

98. The State party and Johanniter Auslandshilfe plan to set up a rehabilitation service and health-care facilities for the habilitation and rehabilitation of persons with disabilities.

Article 21

Freedom of expression and opinion, and access to information

99. The right of access to information is guaranteed for all under article 15 of the Constitution. Article 3 of the 1992 Act on freedom of communication states that freedom of communication means the right of all to create and use freely the medium of their choosing in order to express their thoughts by sharing them with others, and to gain access to the expression of others' thoughts. Citizens have the right to full and objective information and

the right to impart information by exercising the fundamental freedoms of thought, opinion and expression proclaimed by the Constitution.

100. The audiovisual media (radio and television) are the primary vehicles for daily information. Television stations have therefore been strongly encouraged to make all their programmes, including the news, debates, documentaries and other programming, accessible to persons with disabilities. Such accessibility is ensured through sign language interpretation.

101. In terms of access to information, the State party has begun introducing universal symbols to indicate services for persons with disabilities in public buildings and spaces. Signs indicating such services are displayed visually and their content is communicated in audio and Braille format. The State party has also set the target of making information and communication technology tools accessible to persons with disabilities through the “Internet for All” programme.

102. Violating or impeding freedom of expression is a crime under article 388 of the Criminal Code, which provides that “impeding the exercise of freedom of expression, association or assembly in a concerted manner through the use of blows, violence, assault, threats or destructive or damaging acts shall be punished by 3 years’ imprisonment and a fine of DF 1,000,000”.

Article 22

Respect for privacy

103. Respect for privacy is also a constitutional right that is recognized for everyone. This right is set forth in article 12 of the Constitution, which provides for the right to property and the inviolability of the home. There are very limited derogations from this principle that apply only to specific, well-defined situations: a search ordered by a judge, collective danger, or risk of death. Respect for privacy is also guaranteed under article 13 of the Constitution, which protects the privacy of correspondence and other communications.

104. To give effect to these rights and deter individuals from interfering in the lives of others, the State party has added to the Criminal Code a chapter on the violation of legal personality rights, which criminalizes invasion of privacy and violation of domestic privacy. Victims, whether or not they have a disability, can file a legal claim for damages and interests and all other measures necessary to put a stop to the acts that violate their privacy.

Article 23

Respect for home and the family

105. Article 12 of the Constitution guarantees the inviolability of the home and other property.

106. A person’s home is inviolable. Entry into or searches of the home may be effected only in the forms and under the conditions laid down by law. Measures infringing or restricting the inviolability of the home may be taken only to guard against a collective danger or to protect persons at risk of death.

107. Under article 471 of the Criminal Code, entry into another person’s home by means of manipulation, threats, assault or coercion, except in cases where the law permits it, is punishable by a prison term of 1 year and a fine of DF 200,000.

108. The rules governing the family are set out in the Family Code, adopted in January 2002. The Code organizes family life in accordance with the country’s religious and customary values and aims to achieve the following objectives: the promotion of the family and its religious and cultural specificities; the safeguarding of the unity and harmony of the family, which remains the basic unit of society; the definition of the rights and responsibilities of husbands and wives towards their children; and the protection of children and respect for their economic, social and cultural rights within the country’s existing

resources. Persons with disabilities have the right to found a family and to decide freely on the number of children to have, on an equal basis with others.

Article 24

Education

109. According to the 2000 Act on education, promulgated following the 1999 national conference on education, “the right of every Djiboutian to education is recognized, without distinction as to age, gender, social or ethnic origin or religion” (art. 4). Moreover, “basic education is compulsory for children between the ages of 6 and 16” (art. 14) and “free of charge” (art. 16). The parents of a child with a disability who is unable to follow a structured educational programme are exempt from the obligation to send the child to school (art. 4).

110. As a general rule, children are not physically introduced to the school administration by their parents during the enrolment procedure. Children with disabilities can be identified once they have been admitted to a school. Thus the parents themselves decide whether to send a child with a disability to school.

111. As part of its efforts to create an inclusive education system, the State promotes the integration of children with special educational needs into mainstream schools. This desire was reflected in the creation of a central service responsible for the education of children with special needs, which is overseen by a visually impaired official. The service has a mandate to:

- Develop education strategies tailored to the specific needs of children with disabilities;
- Monitor and coordinate educational activities for children with special educational needs; and
- Mobilize the general population and education partners to promote the education of children with special educational needs.

112. Children with mild physical or motor disabilities go to school with other children and attend regular classes.

113. To facilitate the learning of children with special needs, the State has focused on:

- Prevention and the care of children with learning difficulties; in this connection, 5 assistant psychologists and 36 specialist teachers were trained to identify and support children who had dropped out of school. Two teacher handbooks for this purpose were developed and published. These efforts allowed 1,423 such students to be identified in 2007–2008.
- The education of children with motor disabilities and/or sensory impairments.

114. The accessibility of existing schools to children with motor disabilities has been improved, and accessibility has been included in design plans for new schools. Teachers have been trained in Braille and sign language to support children with sensory disabilities, primarily those with visual and hearing impairments.

115. This has enabled the opening of a school for children who are deaf or hard of hearing and another for children who are blind or visually impaired. However, this type of tailored education is still at an early stage of development.

116. The school for visually impaired children has been operating since 2013 and has two classes — first and second grade — and aims to provide all five levels of primary education in Braille. In each class there are 15 students between the ages of 6 and 20, one third of whom are girls. Students focus on learning French and Arabic.

117. Schooling for children who are deaf or hard of hearing has been in place longer, since 2004. This reflects the will and desire of some citizens and parents to achieve the realization of the right to education guaranteed to every child under the conventions ratified

by Djibouti, particularly the Convention on the Rights of the Child (ratified in 1990) and the Convention on the Rights of Persons with Disabilities (ratified in 2010).

118. The main educational establishment located on the premises of the Child Protection Centre (a public entity supported by the State and sponsored by the First Lady of Djibouti) accommodates 119 children. It offers primary and lower secondary education. In total, there are nine school grades with a class of between 16 and 18 students per grade.

119. Students' ages range from 4 to over 25 years. (When the school opened in 2004, all students whose parents wished to enrol them were admitted, regardless of their age.)

120. The primary school was established with the support of the State, which supplied teachers and school equipment. In 2015, a total of 57 children were enrolled in primary classes, while 62 were enrolled in lower secondary classes (from sixth to ninth grade).

121. In addition, the Child Protection Centre provides boarding students — primarily girls abandoned at birth, orphaned or from impoverished families — with training in sewing, pastry-making, baking and information technology. Such training may be dispensed to deaf or hard-of-hearing children who are interested in vocational training.

122. This educational establishment suffers from a shortage of secondary-school teachers trained in sign language.

123. There is also a primary school for deaf and hard-of-hearing children, established by a private individual, in Ali-Sabieh. The school was built in 2006 on land granted by the regional government. It comprises three classes with a total of 31 students. The school operates with support from charitable organizations. According to the school principal, many children from disadvantaged backgrounds do not attend school.

124. In Ali-Sabieh, there is also a private school called "School for Everyone", located on the premises of Saint Louis primary school (a Catholic private school), with 10 students who have special needs. These students suffer from congenital mental retardation, sometimes accompanied by epilepsy and Down syndrome. Three teachers provide them with training in social and relational behaviour, fine motor skills, language and basic subjects. These teachers, who are partly trained in Italy, receive additional training every six months from a team based in the country. This initiative, which has been in place for three years, will be promoted and supported by the State to ensure that similar initiatives are undertaken in the other regions of the country.

Article 25

Health

125. Article 1 of the Act of 3 July 1999 on health policy defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".

126. Article 2 states that "the right of all persons to health is recognized" and that "guaranteeing this right is a fundamental task of the State, which shall adopt the principles and provide the means required to fulfil this mission".

127. Article 3 brings an end to free health care and establishes the principle of solidarity and equality in shouldering public health care costs, whereby all must participate, to the extent of their resources, in funding these costs. A participatory system extended to cover all beneficiaries has been introduced to recover part of the country's health-care costs.

128. However, articles 4 and 5 of the Act require special assistance to be given to children, mothers, persons with disabilities, the most vulnerable groups and victims of natural disasters.

129. The State has consistently taken steps to prevent children from developing any kind of disability (polio and meningitis), including by funding the Expanded Programme on Immunization and by taking measures to combat female genital mutilation so as to protect young girls' health.

130. Following are the main findings of the 2014 national immunization coverage survey, including in rural areas.

<i>Age</i>	<i>Coverage rate (per cent)</i>	
	<i>0–11 months</i>	<i>12–23 months</i>
BCG/polio	99.5	99.4
Penta 1/polio	93.0	97.5
Penta 2/polio	86.1	95.0
Penta 3/polio	78.0	90.7
Measles	71.2	83.1
Fully immunized	-	82.7
VAT (tetanus) 2 and more		58.7

131. The State provides, through its school health service, early screening for children who are hard of hearing or visually impaired.

132. Despite these efforts, Djibouti still faces difficulties in this area. There is still a need to devise communication tools designed specifically for use by persons with disabilities. There are no measures in place to train physicians or other health-care professionals on the rights of persons with disabilities. Training modules for physicians and paramedics still do not cover the rights of persons with disabilities.

133. Professionals trained abroad who work in the health and rehabilitation sectors receive further training and provide psychosocial support to persons with disabilities.

134. Persons with mental disorders who cannot make decisions by themselves are assisted by their families.

Article 27

Work and employment

135. Djibouti has, starting in 2006, introduced provisions protecting workers with disabilities in its social legislation. Part III, chapter III of the Labour Code, entitled “Special provisions relating to the employment of persons with disabilities”, sets out the rights of persons with disabilities in the workplace. These special provisions begin with the definition of a worker with a disability, in article 118 of the Code, as “any person whose possibilities of obtaining or retaining employment are effectively reduced owing to his or her physical or mental capacities being insufficient or diminished”.

136. However, this definition is not fully in line with that in article 1 of the Convention on the Rights of Persons with Disabilities. This discrepancy may be explained by the fact that the Labour Code predates the entry into force of the Convention on 3 May 2008. There is therefore a need for harmonization.

137. Workers who are recognized as having disabilities are issued with a card attesting to their status. The rights of persons with disabilities naturally also include the right not to be treated differently from other employees. Article 117 of the Labour Code covers the issue of discrimination, providing that “persons with disabilities shall not suffer discrimination in employment”.

138. The State is also working on a draft decree aimed at strengthening the relevant labour legislation. The draft decree has already been approved by stakeholders, including the employers’ union, workers’ unions, and associations of persons with disabilities.

139. This draft regulatory text establishes the percentage of persons with disabilities that each company will be required to employ, as shown in the following table.

<i>Size of workforce</i>	<i>Percentage of employees with disabilities</i>
50–100 employees	1
100–500 employees	3
500+ employees	5

140. At present, no company has reached this percentage. However, more and more employers are becoming aware of the need to do so and are beginning to hire persons with disabilities.

141. The draft decree also introduces a system for monitoring the quotas of workers with disabilities. Each employer will be required to submit to the Labour Inspectorate a periodic report attesting to the number of persons with disabilities currently employed. Lastly, the draft decree provides for a fund to support the integration of persons with disabilities into the labour market.

Article 28

Adequate standard of living and social protection

142. In an effort to address development challenges, the State has, since the end of the 1990s, been putting in place policies and strategies which are regularly assessed and updated. It adopted the Poverty Reduction Strategy Paper in June 2001. In 2008, it launched the National Social Development Initiative, which defined four areas for action. Of these four areas, three were directly related to improving the standard of living of the Djiboutian population. These three areas were:

- (a) Boosting the country's competitiveness and creating the conditions for strong and sustainable economic growth;
- (b) Accelerating human resources development, urban and rural development, and environmental conservation; and
- (c) Reducing poverty and assisting highly vulnerable persons and persons with special needs through the implementation of programmes targeting poverty-stricken areas and vulnerable groups.

143. The last area of intervention was specifically intended to support the various programmes for vulnerable persons, including persons with disabilities.

144. The Initiative having ended in 2012, the State in 2013 devised a much more ambitious strategy entitled Vision 2035. The main objective of Vision 2035 is to raise the standard of living of the whole population. The State intends to leverage both economic growth and human capital in order to achieve this objective.

145. In addition, Djibouti has, over time, developed a strong institutional framework for the implementation of these strategies. This framework includes the State Secretariat for National Solidarity, the National Employment, Training and Job Placement Agency, the Djiboutian Social Development Agency and the National Solidarity Fund.

146. Measures taken to guarantee persons with disabilities a decent life include:

- Assistance to associations of persons with disabilities — for example, to Vivre Plus Fort, which was allocated premises for a centre for persons with disabilities that also serves as the association's headquarters, with water and electricity costs covered by the State;
- A microcredit programme for improving the quality of life of the poor, with priority given to persons with disabilities (income-generating activities including petty trading, management of telephone booths, small restaurants);
- A project to support students with disabilities, who receive a monthly stipend of DF 15,000. The State also provides them with information technology tools (laptop computers). The aim of the project is to empower students with motor disabilities

while providing them with better social support in order to facilitate their access to and success in higher education. The first assessments, conducted in 2013, yielded the following results:

- The academic years 2011/12 and 2012/13 yielded very good results, as the majority of students were admitted.
- Students experienced a smoother transition into university life, along with increased social well-being, both attested to by other students.
- A female beneficiary of the project came top of her year and was awarded a scholarship to pursue higher education in France.
- A project enabled the distribution of sewing machines to women with disabilities.

147. In the area of social protection, the Government has very recently adopted robust health care legislation. The new Universal Health Insurance Act enables persons with disabilities to benefit from the social health insurance programme, which guarantees free health care to vulnerable persons, including persons with disabilities.

Article 29

Participation in political and public life

148. By law, all Djiboutians, including persons with disabilities, have the right to participate in the political life of the country. Article 5 of the Constitution states that “all Djiboutian nationals of both sexes who have reached the age of majority and enjoy civil and political rights shall be eligible to vote subject to the conditions determined by law”.

149. In addition to this constitutional guarantee, Djibouti in 2002 ratified the International Covenant on Civil and Political Rights, which states:

Every citizen shall have the right and the opportunity, without any of the distinctions mentioned in article 2 and without unreasonable restrictions: (a) to take part in the conduct of public affairs, directly or through freely chosen representatives; (b) to vote and to be elected at genuine periodic elections which shall be by universal and equal suffrage and shall be held by secret ballot, guaranteeing the free expression of the will of the electors; (c) to have access, on general terms of equality, to public service in his country.

150. The State submitted its initial report on the implementation of the Covenant to the Human Rights Committee in 2013.

151. It must be acknowledged, however, that there are currently no legislative measures or special provisions guaranteeing persons with disabilities, especially persons with psychosocial or intellectual disabilities, the full exercise of their civil and political rights.

152. The Elections Act and established voting practices accord to all voters the right to request assistance from a person of their choice or, failing that, the presiding officer of the polling station.

153. The Act states that voting procedures, facilities and materials must be accessible to all. In practice, the officials responsible for the conduct of proceedings undertake to assist persons with disabilities in exercising their right to vote.

154. Article 15 (2) of the 1992 Constitution provides that “all Djiboutian citizens have the right to freely form associations and trade unions on the condition that they meet the requirements laid down in the applicable laws and regulations”. Associations are governed by legislation dating from 1901 and inherited from the colonial era. Under the prevailing legislation, persons with disabilities may form associations to defend their rights at all levels (local, regional and national). As was mentioned earlier, there are a significant number of associations of persons with disabilities that play a very active role in the public and political life of the country.

155. However, there are currently no data to help determine whether persons with disabilities fully exercise their right to participate in political and public life.

156. Only a judge's decision to suspend the exercise of this right in accordance with the provisions of the Criminal Code may limit the exercise of civil and political rights.

Article 30

Participation in cultural life, recreation, leisure and sport

157. In January 2008, Djibouti adopted legislation setting out the national youth policy, which recognizes the right of every person to education on youth, sports and recreation, without distinction as to age, sex or capacity. As part of its efforts to implement this national policy, the State has designed sports and recreational activities for persons with disabilities. For example, it provides financial and material support to the Djiboutian Handisport Federation. Just as it does for other sports federations, the State makes public sports facilities available to the Federation for training sessions and competitions involving athletes with disabilities.

158. The State also provides support to athletes with disabilities who participate in regional and international sports activities. The State's efforts are regularly rewarded by the good performances of those athletes. In recognition of these results and in order to encourage athletes with disabilities along the path to success, in 2014 the presidential grand prize for young people (worth DF 2 million) was awarded to an athlete with disabilities who achieved noteworthy results at the London 2012 Paralympic Games.

159. The right that is the subject of this article is also recognized in regional and international instruments ratified by Djibouti, namely the International Covenant on Economic, Social and Cultural Rights and the African Youth Charter.

IV. Specific situation of women and children with disabilities

Article 6

Women with disabilities

160. Djibouti acceded to the Convention on the Elimination of All Forms of Discrimination against Women in 1998. Therefore, all the legislative and general policy measures adopted to protect women's rights and all the programmes put in place to empower them also apply to women with disabilities. In Djibouti, women account for some 50 per cent of the population.

161. At the normative level, the Constitution is the primary legal framework that protects women and guarantees their freedoms and their participation on an equal footing with men in the building of society. The Family Code of January 2002 protects women in the family setting, as well as their marriage and inheritance rights. Legislation enacted in 2002 introducing a quota system for elected officials (10 per cent) and senior administrative positions (20 per cent) has improved women's access to leadership positions. They are now represented in the country's various decision-making forums and decision-making levels.

162. The National Gender Policy provides a policy framework for the period 2011–2021. It focuses on the following strategic areas: (i) creating an enabling sociocultural, legal, economic, political and institutional environment for the realization of gender equity and gender equality in Djiboutian society; and (ii) effective gender mainstreaming in development initiatives in all sectors of activity.

163. The various measures taken in this area benefit all women, including women with disabilities. They include the setting up of a unit providing counselling, information and guidance to girls and women who are victims of violence; the conduct of awareness-raising programmes on gender-based violence and family planning; and women's empowerment programmes (microcredit and microfinance programmes, literacy and post-literacy programmes and vocational training).

164. As for the institutional level, in 1998, the State created a department responsible for the promotion of women's rights with a mandate to devise and implement a national policy on the inclusion of women in the development process.

Article 7

Children with disabilities

165. Djibouti ratified the Convention on the Rights of the Child in 1990 and attaches particular importance to the protection of children's rights. The Family Code, the main purpose of which is to organize family life, includes provisions that protect the interests of women and children. The best interests of the child are taken into account whenever children or their rights are threatened.

166. According to the general population census of 2009, 1 per cent of the population, or around 8,200 persons, had some form of disability. The percentage of persons under the age of 18 with a disability was 0.024 per cent. Some 0.005 per cent of children were blind, 0.008 per cent were deaf or hard of hearing, 0.004 per cent had an upper-limb disability, 0.002 per cent had a lower-limb disability, 0.004 per cent had a mental disability, 0.001 per cent had suffered an injury and 0.001 per cent had some other form of disability.

167. In order to meet its obligations towards children, Djibouti in 2010 adopted the National Strategic Action Plan for Children for the period 2011–2015.

168. The Action Plan responded to the shortcomings identified by the previous analysis of the situation of children. The strategic objective of the Action Plan was to create for all children, including children with disabilities, a protective environment to help them realize their fundamental rights and access basic social services.

169. The Action Plan was meant to guarantee the effective implementation of the provisions of international, regional and national instruments enshrining the rights of the child to survival, development, protection and participation.

170. As part of the efforts to implement the Action Plan, a study was conducted from 1 February to 30 April 2015 using a highly participatory approach. Its main goal was to analyse the situation of children with disabilities. It focused on the nature and scale of the phenomenon and on evaluating such children's access to basic social services. It examined three important areas of a child's life: health, social protection and education.

171. The study was also intended to enable the State and its partners to better understand the situation of children with disabilities and with special needs so that a multisectoral action plan could be developed whose implementation would allow those children to enjoy their rights on an equal footing with all other children.

172. The study highlighted the following important points:

1. The fact that the Government's concerns regarding children with disabilities are reflected in the legislation, policies and strategies adopted in recent years

173. Examples include:

- The National Strategic Action Plan for Children (2011–2015)
- The Master Plan of the Ministry of Education (2010–2019) and the Action Plan for Education and Vocational Training (2011–2016), both of which focus on inclusive education as a means of promoting the integration of children with special educational needs into the school system.

174. The Master Plan has identified two areas of intervention for children with special educational needs. The first is prevention and care for children with learning difficulties. In this connection, 5 assistant psychologists and 36 specialist teachers were trained to identify and support children who were not attending school. An early detection and care strategy for children with serious learning difficulties has been developed and two handbooks published. In 2007–2008, trained teachers conducted systematic screening to identify children with special educational needs and identified 1,423 students falling into that

category. The second area of intervention is the education of children with motor disabilities and/or sensory impairments. The accessibility of existing schools to children with motor disabilities has been improved, and such accessibility is included as a feature in designs for new schools.

175. As to children with sensory impairments, teachers are being trained in Braille and sign language with a view to opening new pilot classes. (See the discussion of article 24, on education, earlier in this report.)

176. The Action Plan for Education and Vocational Training includes, as part of its civic education component, the development of an inclusive education system with a focus on integrating children with special educational needs into the school system, in keeping with the Master Plan.

2. The need to identify existing types of disability and their origins

177. Generally speaking, the types of disability are well known: physical disabilities, including motor disabilities, sensory impairments such as deafness and the condition of being hard of hearing, blindness and other visual impairments; mental disabilities with or without mental disorders; and other less common types of disability such as autism, skin diseases and albinism.

178. Some physicians believe that the decreased incidence of motor disabilities is attributable to the disappearance of polio.

179. Paediatricians maintain that disabilities are often the result of neurological or congenital conditions.

180. Disabilities may also result from injuries suffered at birth, given that, for traditional reasons, some women wish to give birth at home with the assistance of a midwife.

181. However, more in-depth research has revealed particularities linked to local conditions, such as the presence of genetic diseases causing congenital malformations, consanguinity, and adverse climatic conditions, all of which, depending on regional prevalence, may cause particular types of disability, such as lesser and more serious visual impairments, mental disabilities, and so forth.

182. Malnutrition, which is a consequence of poverty, is a factor aggravating disability.

3. The need to understand the social representation of disability

183. The social representation of disability is changing in the capital. There is less of a tendency to hide children, who are now more accepted thanks to awareness-raising and information campaigns (radio, television) and to associations of persons with disabilities and specialist physicians. However, in daily life there is still some embarrassment over persons with disabilities.

184. However, in the interior regions of the country, children with disabilities are reportedly overlooked by other people and by society at large.

4. The difficulty of gathering precise statistical data on children with disabilities

185. Children with disabilities have not been the subject of a specific census, and existing statistical data on them are of limited use.

186. Field visits and meetings organized as part of the study allowed some statistical data to be collected. These data could form the basis of a much more extensive data-collection exercise, such as a census.

5. **The absence of real strategies, policies and targeted programmes for persons with disabilities in general and children with disabilities in particular**
6. **The need to meet the expectations of parents having one or more children with disabilities, primarily mothers, who are often the sole caregivers**

187. Their expectations are numerous and relate to health care, social protection and education. In the area of health care, there is an urgent need to implement a real programme to guarantee children with disabilities access to health care provided by specialist physicians using adapted equipment and assisted by qualified staff. In remote areas, transport to health-care centres poses an additional challenge.

188. Expectations in the area of health care also relate to medical evacuations abroad for cases that are difficult to treat in-country.

189. These expectations were responded to in the first instance by the NGO Johanniter Auslandshilfe, which oversees the implementation of a project as part of the country's cooperation with Germany. The aim of the project, run out of Balbala Hospital since December 2014, is to provide primary health care to persons with disabilities and to facilitate their community-based rehabilitation. Balbala is one of the three communes of the city of Djibouti which are home to a large number of vulnerable persons.

190. The project benefits 6,250 persons with physical disabilities and, with the provision of improved health care to those persons, indirectly assists at least 31,250 family members.

191. The capacity of the existing physiotherapy centre will be strengthened through the construction of a centre for the manufacture of equipment (prostheses, crutches, wheelchairs, etc.). Health-care professionals and relatives of persons with disabilities have received training on disability and health care, the rights of persons with disabilities, and understanding such persons and their needs.

192. Community-based rehabilitation involves the inclusion of persons with disabilities in society. The setting up of support groups composed of persons with disabilities, men, women and parents of children with disabilities has enabled those groups to become better acquainted with each other, to together identify the obstacles facing them, and to consider how to overcome them.

193. As a result, five health-care centres in Balbala have been made accessible to persons with disabilities, and a transport service has been established to allow such persons to reach those health-care centres.

194. The National Social Security Fund provides social protection to children whose parents are members. In families where there is a child with a disability, often one family member is obliged to remain at home, which reduces the family's income and increases the precariousness of its situation.

195. The universal health insurance system introduced this year provides coverage to persons working in the informal sector, as well as to the most impoverished persons, and will also cover families having a child with a disability.

196. As for education, inclusive education is limited. There are still not enough programmes designed specifically for children with disabilities. Such children require active help from teaching staff, as well as classrooms and learning tools tailored to their needs.

V. Specific obligations of the State party

Article 31

Statistics and data collection

197. Statistics and data collection are key elements of all development projects in that they facilitate the analysis of situations in a scientific manner and the evaluation of progress made. For this reason the State has in recent years strengthened its statistical and data-

collection system, particularly the related institutional framework. A special commission, overseen by a commissioner with the status of a minister, was established by a decree dated 31 March 2013. The commission has a mandate to:

Design, develop, implement, monitor and assess government policy on planning and statistics. Its specific responsibilities include:

- Coordinating the planning activities undertaken by government ministries and other State bodies;
- Coordinating activities related to statistics throughout the country;
- Producing, centralizing, processing and disseminating all information related to the development and monitoring of national economic and social policy;
- Conducting all nationwide censuses and surveys.

198. This new institutional framework will strengthen the existing structure, namely the Directorate of Statistics and Demographic Studies, which has produced many statistics and data in recent years. In 2009, the Directorate conducted the general population census mentioned earlier in this report. Another important study with a bearing on the report is the second national survey on family health, conducted by the Directorate in 2012, in close technical cooperation with the Pan-Arab Project for Family Health, on behalf of the Ministry of Health. The purpose of the survey is to update health data and indicators to facilitate the monitoring and evaluation of policies and programmes relating to family health and reproduction.

199. The survey was based on a sample of 6,233 households distributed throughout the country in both urban and rural areas. The average household size was 5.8 persons — 6.04 in urban areas and 5.0 in rural areas.

200. The inclusion of questions about disability in the questionnaires yielded the following information.

Disability

201. Persons with disabilities are defined as persons suffering from a physical or mental impairment that, for six months or longer, prevents them from performing ordinary tasks on the same basis as another person of the same age and sex. The survey collected additional information on the various types of disability, their severity, their cause and the age at which they manifest themselves, as well as information on the medical and social care provided to the persons with disabilities during the 12 months preceding the survey.

Distribution of the population according to type and extent of disability, by setting and by sex

202. The following table shows that around 0.5 per cent of the sample population has a severe disability and that 1.0 per cent of the sample population has a moderate disability.

203. The results show that there is no difference between men and women (1.4 per cent versus 1.5 per cent) and that persons living in rural areas are just as affected as persons living in urban areas (1.4 per cent versus 1.5 per cent).

<i>Disability</i>	<i>Setting</i>		<i>Sex</i>		<i>Total</i>
	<i>Urban</i>	<i>Rural</i>	<i>Male</i>	<i>Female</i>	
Severe	0.5	0.3	0.5	0.4	0.5
Moderate	1.0	1.1	0.9	1.1	1.0
No disability	98.5	98.6	98.5	98.4	98.5
Unspecified	0.1	0.1	0.1	0.1	0.1
Total	1.5	1.4	1.4	1.5	1.4
No. of persons	26 431	5 685	15 906	16 214	32 117

204. It should be recalled that the general population and housing census of 2009 (818,159 persons in 2009 and an estimated 888,827 persons in 2012) covers all population groups.

205. The rate of severe disability emerging from the results of the survey suggests that in 2012 the total number of persons with a severe disability stood at 4,444, the total number of persons with a moderate disability was 8,888 and the combined total for both degrees of disability was 13,332.

Persons with disabilities according to age and sex

206. Disability is more common among older persons, especially those aged 70 years and above. Women are disproportionately affected, as the following table shows. (Rates are calculated on the basis of 1,000 persons.)

<i>Age in years</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
0–14	5.1	4.9	5.0
15–19	8.0	6.8	7.4
20–24	7.1	7.7	7.4
25–29	7.0	6.4	6.7
30–34	11.6	9.9	10.7
35–39	11.6	13.7	12.7
40–44	13.8	19.7	16.5
45–49	32.4	24.3	28.7
50–54	37.8	34.6	36.8
55–59	24.3	47.7	39.7
60–64	47.2	37.6	42.5
65–69	86.2	92.5	89.1
70 and above	75.1	110.0	92.4
Total	13.8	15.0	17.4

Types of disability

207. The following table shows that sight problems are the most common (47 per cent of all cases of disability). Motor disabilities are next (around 23 per cent), followed by hearing problems (17 per cent). Other problems account for 13 per cent of all cases of disability. (The percentages are based on the total number of cases of disability and not on the total number of persons with disabilities.) There are also persons with more than one type of disability.

<i>Type of disability</i>	<i>Percentage</i>
Sight	47.0
Motor disability	23.0
Hearing	17.0
Other	13.0

Causes of disability

208. The following table shows that the causes of disability are numerous and include old age, accidents, epidemics and hereditary conditions.

<i>Causes of disability</i>	<i>Setting</i>	
	<i>Urban</i>	<i>Rural</i>
Congenital/hereditary	11.8	9.3
Birth-related injury	0.6	0.0
Infectious or viral diseases	9.9	1.4
Psychological or physical abuse	6.7	11.0
Old age	28.0	64.7
Accident/injury	14.7	8.1
Jinx/curse	1.9	1.6
Other	9.3	3.9

Causes of disability according to age

209. The following table shows that fewer than 24 per cent of persons with disabilities developed their disability before the age of 20 and that 41 per cent developed their disability after the age of 60.

<i>Age in years</i>	<i>Disability</i>		<i>Combined percentage</i>
	<i>Severe</i>	<i>Moderate</i>	
0–19	27.5	22.4	24.0
20–59	28.2	38.7	35.3
60 and over	44.3	39.0	40.7
Total	100	100	100

210. This study obliges the State to take account of the situation of the oldest persons, who can no longer meet their own needs or seek the specific care they need. The Ministry of Health must prioritize the needs of older persons, as lifestyles have changed and children now work or travel and cannot care for their parents. The traditional family unit has begun to change and the life expectancy of the Djiboutian population has increased. As a consequence of this trend, non-communicable diseases such as heart disease, stroke, diabetes and kidney failure have emerged.

Article 32

International cooperation

211. The support received by Djibouti through international cooperation helps improve the living conditions of persons with disabilities, as well as their access to their rights.

212. In the area of health care, Johanniter Auslandshilfe, which has been active in the country since 1994, opened an office there in 2011. Since December 2014, it has operated a project in partnership with Balbala Hospital to provide persons with disabilities with basic health care and facilitate their community-based rehabilitation. The aim of the project is to enable 6,250 persons with a physical disability and at least 31,250 of their relatives to access better primary health-care services. From now until 2017, as part of this project, appropriate training will be provided to health-care professionals and beneficiaries. In addition, the persons with disabilities and their families will be given opportunities to connect with each other and with community organizations so that they can better assert their rights and protect their interests. Balbala Hospital will be equipped with a centre providing prosthetic, orthopaedic and physiotherapy services.

213. As to the socioeconomic integration of persons with disabilities, in 2008, Djibouti and the Arab Union for the Blind signed a protocol for an initial period of five years, which could be extended. The main aim of the protocol is to facilitate the socioeconomic integration of persons with disabilities in general and of the blind in particular. The two parties to the protocol commit to establishing programmes to protect and train the blind and

to boosting their chances of integration as a means of promoting social and economic development in the Arab world.

214. In the area of sport, Djibouti has since 2008 participated in the Special Olympics (Middle East and North Africa region). Athletes regularly participate in various competitions (in the United States in 2009, in Greece in 2011, in the Republic of Korea in 2013 and in the Syrian Arab Republic and the United Arab Emirates). Two athletes were recruited by a company following their triumphant return.

215. Handicap Initiative Support and Network, a Christian NGO from the United States, is also active in the area of development cooperation. It started working in Djibouti in 2012 in partnership with the Djiboutian Association of Blind Persons and the ophthalmic service of Général Peltier Hospital.

216. The activities of Handicap Initiative Support and Network contribute to the achievement of the objectives set out in the Vision 2020 campaign to eliminate preventable blindness by 2020. From 2012 to 2014, the NGO conducted campaigns for the eradication of avoidable blindness. More than 500 patients were tested, and operations were performed on 150 people, including 50 children whose sight was restored. Other patients benefited from general eye treatment. Teachers of classes for the visually impaired were trained, and teaching material and adapted toys were provided to the schools in question.

217. In the area of education, the international association *Mediterraneo senza Handicap* (For a Disability-Free Mediterranean) provides support to children with mental disabilities who attend the “School for Everyone” (mentioned in the discussion of article 24 earlier in this report). At the national level, charities such as Lions Clubs International, Rotary and Rotaract clubs donate items (glasses, wheelchairs, etc.) or arrange for specialist medical teams to provide specific treatment, especially to visually impaired persons.

Article 33

National implementation and monitoring

218. Since the adoption of the Act of 10 July 2000, the implementation of fundamental human rights instruments and related monitoring have been the task of the Ministry of Justice, Penal Affairs and Human Rights. Article 1 of the Act states that the Ministry of Justice is responsible for “dealing with human rights issues and acting as national and international liaison with all human rights bodies”.

219. However, in order to address the complexity and cross-cutting nature of human rights, the State in 2009 issued a decree establishing an interministerial committee tasked with coordinating the process of drafting and submitting reports to treaty bodies. This committee is composed of the highest-ranking officials of the various departments involved in the promotion and protection of human rights.

220. The monitoring of the implementation of fundamental human rights instruments is also the responsibility of the National Human Rights Commission, whose mandate includes “drawing the attention of the public authorities to measures that it considers conducive to the promotion and protection of human rights, including the ratification of human rights instruments and their implementation at the national level” (article 7 of the Act of 20 July 2014 defining the organizational structure and functions of the National Human Rights Commission).

221. In 2010, Djibouti also ratified the Convention on the Rights of Persons with Disabilities and its Optional Protocol following the recommendations made to it repeatedly by the treaty bodies, the Human Rights Council and the National Human Rights Commission.

222. The State is making efforts to involve civil society, including associations of persons with disabilities, in the drafting of development policies and programmes. The network of associations of persons with disabilities actively participated in the 2009 consultation on government action.

223. The consultation, which takes place every five years under the auspices of the President, brings together the nation's major stakeholders, namely members of the Government, the National Assembly and regional and local governments, representatives of the private sector and of professional organizations and trade unions, and representatives of the military and the National Police, State technical departments, higher education institutions and civil society, as well as influential traditional and regional figures.

224. The consultation takes the form of a direct dialogue between the governors and the governed, the purpose being to review the current situation and set the country's economic and social priorities.

225. At the most recent consultation, stakeholders formulated recommendations relating to their fields of activity. Associations of persons with disabilities took part in discussions and made proposals aimed at defending the rights of those they represented.

226. The following table summarizes the recommendations made and the progress to date in implementing them.

<i>Proposals made</i>	<i>Implementation status</i>
1. Develop programmes to raise awareness of the rights of persons with disabilities (radio, television, <i>La Nation</i> newspaper) and allocate broadcasting time for that purpose.	1. Journalists trained in sign language; news programmes made accessible to persons who are deaf or hard of hearing; development of a monthly television programme on the rights of persons with disabilities; campaign to raise awareness of the rights of persons with disabilities.
2. Train medical personnel in sign language to facilitate communication with persons who are deaf or hard of hearing.	2. Not implemented.
3. Reopen the centre for persons with disabilities (prostheses).	3. Orthopaedic centre reopened at the country's second largest hospital; the centre includes a community-based rehabilitation unit.
4. Improve the integration of children with disabilities into the education system by adapting facilities to their needs.	4. Establishment of a department to oversee the education of children with special needs; organization of State-sponsored Braille classes in 2010; organization of several sign language classes.
5. Improve the accessibility of administrative buildings for persons with reduced mobility.	5. Limited progress made; only a few new public buildings comply with universal accessibility standards.
6. Take account of the needs of persons with disabilities and promote the training and labour market integration of women with disabilities.	6. Limited progress made; young girls and boys receive training in baking, pastry-making, cooking and sewing.
7. Refurbish the headquarters of associations of persons with disabilities.	7. Implemented. The State subsidized the refurbishment of the headquarters of several associations of persons with disabilities.