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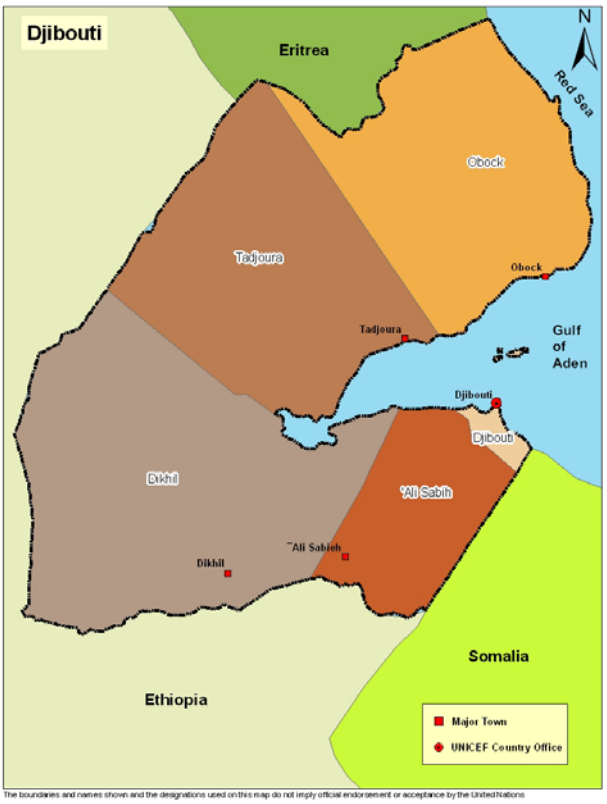
UNICEF HUMANITARIAN ACTION

DJIBOUTI

IN 2008



CORE COUNTRY DATA

Population under 18 (thousands)	368
U5 mortality rate (2006)	94
Infant mortality rate 2006)	67
Primary school enrolment ratio for boys/girls	66.7
Primary school enrolment ratio for girls	65.7
% U1 fully immunized (DPT3)	71
HIV/AIDS prevalence (% adults)	3.1
% U5 suffering moderate and severe malnutrition	20.7

Source: Multiple Indicator Cluster Survey 3, Djibouti, 2006.

Djibouti is experiencing a silent forgotten emergency related to a nutritional crisis with a global acute malnutrition of 20.7 per cent, of which 7.5 per cent are severely malnourished under-five children. In 2008 UNICEF will support the country to reach at least 70 per cent of severely malnourished children and reduce the case fatality rate under 5 per cent. The water, sanitation and hygiene component will focus on the rehabilitation of water pumping stations and promote diversity of water abstraction systems in rural areas, strengthen institutional and communities' capacities, and promote sanitation and hygiene practices.

Summary of UNICEF financial needs for 2008

Sector	US$
Nutrition	700,000
Water, sanitation and hygiene	1,300,000
Total*	**2,000,000**

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Nutrition. The results of the Multiple Indicator Cluster Survey 3 (MICS 3) conducted in 2006 indicated an overall acute malnutrition rate of up to 20.7 per cent, with 7.5 per cent of the population being severely malnourished. This is an alarming level by any standard, and largely exceeds the critical threshold of 15 per cent as defined by the World Health Organization (WHO). The worsening of the nutritional status started several years ago as shown by the 2002 Pan Arab Project for Family Health (PAPFAM) survey with a prevalence rate of acute malnutrition of 17.9 per cent, including 5.9 per cent for severe malnutrition. Those data indicate that the nutritional status of children did not improve between 2002 and 2006. This is a typical situation of a 'forgotten emergency' detrimental to children's survival**.**

In the context of the management of drought emergency, malnutrition case management started in 2006, focusing on supplementary feeding in community health centres for moderate acute malnutrition, and on therapeutic feeding in hospitals for severe acute malnutrition. According to the results at the end of 2006, 77.02 per cent of children severely malnourished were cured and the case fatality rate of severe malnutrition was 10.86 per cent. At the end of June 2007, the case fatality rate of severe acute malnutrition receded to 6.2 per cent. However, the coverage remains insufficient because less than 30 per cent of under-five children suffering from acute malnutrition are currently treated.

The nutritional situation remains critical in Djibouti and justifies the continuation of humanitarian action, while long-term development activities to tackle the underlying and structural causes of malnutrition are being set out. A national nutrition policy has been developed and validated by the Ministry of Health, and the development of a national strategy of food security is under way.

Water, sanitation and hygiene. Water and sanitation is not a new issue for the Republic of Djibouti in general and for the rural areas in particular. Over the recent years, a number of experts have clearly highlighted the scarcity of water in this semi-desert country of the Horn of Africa; a scarcity mainly due to poor quality water and difficult access to available resources essentially abstracted from groundwater (more than 95 per cent). There is not a single perennial stream in country. When the too rare rains do occur, they regularly give life to untamed seasonal rivers, which pour almost untapped tremendous quantities of water in the Red Sea through well known – and by now feared, since the 2004 major floods – 'oued flooding'.

Many children, particularly girls, drop out of school and are denied their right to education because they are busy fetching water or are deterred by the lack of separated and decent facilities in schools. Women often suffer from the lack of privacy and need to walk large distances to find suitable places for defecation in the absence of the household appropriate neighbourhood toilet.

As per latest survey, up to 49.1 per cent of people in rural areas do not have access to a protected source of drinking water, of which at least 30 per cent resort to unprotected sources not conform to minimum sanitary requirements.[1] For sanitation, only 18.1 per cent. In many locations, the physical/chemical quality of water is irrevocably not up to recommended WHO standards. Likewise, as people resort to open traditional dug wells in the beds of oueds, the water used is very likely not exempt from bacteriological pollution. No routine water quality monitoring and surveillance system is known to be in place so far. The most deprived populations have to travel up to 30 km (return trip) daily to collect safe drinking water.

Recurrent episodes of drought were compounded by unbalances characterizing water resources management practices in this country. As a result, they furthered the suffering of strongly affected and vulnerable communities in rural and remote areas. Many traditional surface and subsurface water sources dried up whilst the water table level of the aquifer in many deep boreholes went drastically down.

Djiboutian rural communities are, for the most part, dependent on their livestock for their day-to-day feeding needs. Hence the obligation to care for their herds which justifies the transhumance movements occurring for decades on a search for better pastures, and better access to water sources. When bearing in mind that above 90 per cent of the rural population lived below the poverty line as of 2002 already, one easily understands the risk associated with deprivation of water, both for animals and, consequently, for humans alike.

[1] Source: *Document stratégique de réduction de la pauvreté* (Strategic Document for Poverty Alleviation), 2004.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

Nutrition

The main achievements for the nutrition component are the following:

- National malnutrition case management protocol developed and implemented;
- 125 health staff trained on malnutrition case management;
- Space rearrangement in 15 health facilities for the malnutrition case management;
- Provision of nutrition supplies to supplementary and therapeutic centres;
- Reduction of case fatality rate among severely malnourished children from 11 per cent to 6.2 per cent;
- Reinforcement of Ministry of Health logistics for mobile teams and national nutrition programme.

Water, sanitation and hygiene

The main achievements for the water, sanitation and hygiene component are:

- Rehabilitation of 10 water pumping stations which benefit about 10,000 persons;
- Provision of 48 handpumps to equip rural traditional wells;
- Rehabilitation of 10 traditional wells equipped with manual handpumps;
- Training on the use of water treatment kits, operation and maintenance of manual handpumps for 25 staff of the central level;
- Initiation of a workshop on water management participatory approach in order to find the best ways to involve the population in the water point management;
- Provision of two water trucks and one field monitoring vehicle to strengthen the capacity of the Ministry in charge of water;
- Purchase and installation of fifty 3,000-litre water tanks for the rural area;
- Update of the water points' inventory within the five rural districts;
- Provision of 315 water treatment kits for approximately 4,000 families.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

The coordination of the nutrition programme is under the leadership of the Ministry of Health through the head of the national nutrition programme. The water component is coordinated by the Ministry of Agriculture, Livestock and Sea. UNICEF is the cluster leader for water, sanitation and hygiene and is working closely with the World Food Programme (WFP), the World Health Organization (WHO) and the Office of the UN High Commissioner for Refugees (UNHCR) to support the national nutrition programme.

Regular programme

Nutrition and water, sanitation and hygiene are part of the new country Cooperation Programme 2008-2012. They are under the child survival programme whose objective is to contribute to the reduction of under-five mortality.

Nutrition (US$ 700,000)

The expected direct impact of the humanitarian action will be to reduce under 5 per cent the case fatality rate among severely malnourished children. Key activities will include:

- Scale up case management of moderate and severe acute malnutrition within the health facilities and at community level;
- Procure supplies for malnutrition case management (therapeutic milk, Plumpy'nut, essential drugs, anthropometric equipments, management tools etc.);
- Train health and community workers;
- Reinforce nutrition education at community level;
- Promote infant and young child feeding through community mobilization;
- Strengthen nutritional surveillance using health facilities and a community-based approach;
- Administer vitamin A supplements and promote legislation on micronutrient deficiencies;
- Supervise and report on nutrition activities in all nutrition centres;
- Reinforce monitoring activities.

Water, sanitation and hygiene (US$ 1,300,000)

Humanitarian action for 2008 will focus on the following activities:

Rehabilitate existing pumping stations and promote diversity of water abstraction systems

- Rehabilitate the subsurface infrastructure for 15 existing pumping stations;
- Protect 90 traditional wells;
- Promote appropriate technical means of abstraction of water, like solar energy and handpumps (25).

Strengthen institutional and communities' capacities

- Provide national counterpart with the necessary impetus required to revive its structures through selective on-the-job training, constitution of contingency stocks for future emergencies and effective delivery of services (315 family water treatment kits, training of 335 people);
- Decentralize the daily management of the Ministry's resources and of the challenges related to water activities to allow for intervention capability up to district level;
- Involve communities and community-based organizations in the management of their water points, including the operation and maintenance of structures. This is a prerequisite for sustainability, and will be sought at all levels.

Sanitation and hygiene promotion programme

- Construct 15 latrines in public services;
- Produce and broadly disseminate hygiene education messages to raise awareness of villages on waterborne diseases and proper use of water as a resource in short supply;
- Promote school sanitation and hygiene to stimulate attitudinal and behavioural changes for adequate sanitation and hygiene practices from a younger age.