

## Djibouti

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### Executive Summary

UNICEF Djibouti conducted its Mid-Term Review (MTR) during the first quarter of 2015. The content of the Country Programme and the main results were not changed in any significant way. In view of being well-aligned with the situation of children and the UNICEF Strategic Plan, the focus after the MTR was maintained on equity in access and quality of services.

In 2015, UNICEF provided support for conducting a series of studies and research to inform equity programming. The Multiple Overlapping Deprivation Analysis (MODA) highlighted that one out of four children is extremely poor (at least four deprivations) and three out of five suffer from two deprivations or more. A new cash transfer programme was designed to progressively target 16,000 of the poorest families and their children.

A study on children with special needs and their access to basic social services found that three out of five children have never benefited from appropriate care, and two out of five are out of school due to their disabilities. A multi-sector plan of action is being designed, and UNICEF supported the training of 15 teachers on sign language to assist deaf-students and provided specific school aids for visually-impaired children.

The evaluation of the national strategy for the abandonment of Female Genital Mutilation/Cutting (FGM/C) was conducted. It showed that FGM/C prevalence has decreased (estimated at 78.4 per cent in 2012) and several components of the strategy have been successfully implemented. A new action plan will be elaborated in 2016.

A bottleneck analysis on justice for children was undertaken. Main bottlenecks to the fulfilment of child rights in the system of justice for children are customary law, cultural resistances, as well as weak capacity and coordination mechanism. An operation plan was developed prioritizing establishment of alternatives and diversion measures.

In terms of child survival and development, UNICEF supported development of a five-year plan for eliminating Mother to Child Transmission of HIV (MTCT). A five-year strategy for the reduction of new-born mortality was also developed; its main goal is to reduce from 34 to 18 per 1000 live births the new born mortality rate. UNICEF has contributed to the reduction of child and maternal mortality rates through increasing the case management of severe acute malnutrition (SAM) from 92 per cent (2014) to 94 per cent (2015), and implementation of active finding of defaulters in Community Management of Acute Malnutrition programme (CMAM); increased vaccination coverage with DPT3 for under one year children from 80 per cent (2014) to 90 per cent (2015) for Djibouti city; increased percentage of HIV positive pregnant women receiving anti-retroviral (ARV) treatment (B+ option) from 54 per cent (2014) to 75 per cent (2015). At the same time, 5,840 people improved their access to drinking water, 3,960 their access to improved sanitation, and 24,409 were engaged in hygiene promotion activities.

However, a number of macro-level constraints slowed down programme implementation: difficulties pertaining to statistics and data (from routine and surveys) in the country which are

sometimes considered inaccurate, unreliable and are often not disseminated preventing evidence generated in the country to be used to inform decision making, programming and policy formulation processes.

For example, the development of a legislative framework for pre-school education is delayed, which is slowing down many aspects of the development of public and community-based early childhood education system, including capacity development and outreach to remote communities. Other enabling environmental bottlenecks include the centralized management approach in the health sector, which has constrained the capacity and performance of the health system at district level; and the difficulties experienced in intersectoral have resulted in a “silo approach”, lack of synergies, and inefficiencies in the use of resources.

New partnerships were initiated during the year. A Memorandum of Understanding on Education for Yemeni refugee children was signed between the United Nations High Commission for Refugees (UNHCR), two international non-governmental organisations (Al-Rahma and Lutheran World Federation), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), and UNICEF, and a joint plan of action is being implemented. With the Yemeni crisis, cooperation with the United Nations agencies and non-governmental organisations (NGOs) intensified. UNICEF provided support to the Ministry of Health (MoH) to prepare an application to the Global Alliance for Vaccines and Immunisation (GAVI) and the Measles and Rubella Initiative (MRI) resulting in the allocation of \$3,400,000 from GAVI for health system strengthening and support to the measles campaign. Effective coordination and monitoring established in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS) resulted an increase of coverage of ARV treatment among HIV positive pregnant women.

In 2015, UNICEF Djibouti had a funding ceiling of US\$3.9 million and mobilized US\$2,700,871 (69 per cent). At the same time, US\$2,033,346 of emergency funds was mobilized (45 per cent of the ceiling from the 2015 Humanitarian Action for Children).

## Humanitarian Assistance

As a result of eight years of drought and limited access to services, around 126,000 children in Djibouti are at risk of malnutrition, disease or lack of water. In 2015, seasonal rains were below average, but still better than those of the past years. However, the resilience capacity of the population continued to deteriorate, particularly for those from rural areas. Approximately one in every three children is stunted and 17.8 per cent are affected by global acute malnutrition.

Djibouti is host to 20,997 refugees and asylum seekers, and continues to be a migration corridor for tens of thousands of migrants from Ethiopia. The presence of highly vulnerable refugees and migrants, including long-standing refugees from Somalia, Ethiopia and Eritrea and new refugees from Yemen (about 6,000), puts an additional pressure on vulnerable social services in the country.

UNICEF originally appealed for US\$4,550,000 in funding, and later revised the requirements to US\$5,640,060 to reflect the needs of the Yemen refugee crisis. At the end of 2015, UNICEF had received 31 per cent (US\$1,755,985) of the revised appeal, and had another US\$298,979 carried over from 2014.

UNICEF’s response to the life-threatening malnutrition situation continued with an emphasis on access to quality services. As of October 31st, 4,265 children under five suffering from severe

acute malnutrition were reached with the provision of therapeutic food, drugs and equipment to health centres and community nutrition sites; and 49,101 children and 36,088 pregnant and lactating women benefited from micronutrient supplementation. The blanket feeding programme supported by UNICEF reached 42 per cent of the expected target. PlumpyDoz was unavailable from June to October 2015 and was replaced by Supercereal provided by the World Food Programme (WFP) and Nutributter provided by UNHCR.

Faced with two measles outbreaks in 2015, the Government and partners gave priority to vaccination, and other activities such as deworming had to be postponed to 2016. With UNICEF technical and financial support, the Ministry of Health vaccinated over 277,000 children against measles in two campaigns in May and November.

In the drought-affected areas of Dikhil, Obock and Ali-Sabieh, 4,808 vulnerable people benefited from the rehabilitation of water facilities, and more are expected to benefit as rehabilitation work continues and expands to other communities. A total of 216 rural households in Obock region benefited from the construction of latrines, exceeding the expected target of 50 households. This was due to a partnership developed by UNICEF with a local partner whose intervention have been both effective and efficient. Hygiene promotion activities were conducted to increase knowledge on the importance of hand washing and utilization of latrines, as well as raising awareness on water handling, storage and treatment to improve child and mother health.

The UNICEF-UNHCR partnership continued to deliver results for refugee children in camps. Over 3,300 refugee children enrolled in pre-primary, basic or upper-secondary education in Ali Addeh and Holl camps; while in the new Markazi camp, 328 children were enrolled in the nearby school managed by Al-Rahma. Access to safe water was ensured in the newly established Markazi camp for Yemeni refugees and the water distribution network was expanded in Ali Addeh refugee camp benefiting Somalian, Ethiopian and Eritrean refugees.

With the onset of the Yemeni crisis in April 2015, some priorities shifted. Major material support was extended to the Regional Hospital in Obock - including an ambulance - and to two referral hospitals in Djibouti. UNICEF also supported the health unit set up in the Markazi camp and facilitated the establishment of a nutrition unit including training the personnel and volunteers supporting its activities.

A rapid assessment on child protection and gender-based violence was conducted in May 2015 jointly with UNHCR and the Danish Refugee Council (DRC), targeting Yemeni refugees. The assessment revealed a high level of distress among children and parents (lack of coping mechanisms) and a risk of sexual gender-based violence (SGBV), highlighting the importance of establishing Child Protection Committees, implementing relevant and culturally appropriate SGBV programmes and providing psychosocial support. Due to limited resources, the psychosocial programme was delayed. However, UNICEF established a partnership with DRC to create a Child Protection Committee among the refugee community to act as a watchdog for child protection issues and conduct awareness raising activities on child protection and SGBV issues. Support extended through a partnership with Caritas to street children continued and benefitted an average of 150 children per day, through access to food, recreational activities, literacy and vocational training and some counselling.

The life skills programme for HIV prevention reached over 381 at-risk adolescents and youth in Djibouti-city, Obock and Tadjourah regions.

## Summary Notes and Acronyms

ADDS - Djiboutian Agency for Social Development  
AMP - Annual Management Plan  
ARV - Anti-Retroviral  
BCP - Business Continuity Plan  
BMA - Budget Management Allocation (Institutional Budget)  
C4D - Communication For Development  
CBO - Community Based Organization  
CMT - Country Management Team  
CO2 - Carbon Dioxide  
COAR - Country Office Annual Report  
CSD - Child Survival and Development  
CSO - Civil Society Organization  
DCT - Direct Cash Transfer  
DHSS - Decentralized Health System Strengthening  
DISED – Directorate of Statistics and Demographic Studies  
DRC - Danish Refugee Council  
EABS - Study on Children with Special Needs  
E-MTCT - Elimination of Mother to Child Transmission of HIV  
EPAS - Electronic Performance Appraisal System  
ERM - Enterprise Risk Management  
FACE - Financial Authorization Certification of the Expenditures  
FGM/C - Female Genital Mutilation/Cutting  
G4S - Group Four Security  
GAM - Global Acute Malnutrition  
GAVI - Global Alliance for Vaccine and Immunization  
GIT - Goods In Transit  
GPEI - Global Polio Eradication  
HACT - Harmonized Approach to Cash Transfers  
HQ – Headquarters (HQ)  
HIV - Human immunodeficiency virus  
ICT – Information and Communication Technology  
IOM - International Organisation for Migration  
IPV - Injectable Polio Vaccine  
J4C - Justice for Children  
LTAs - Long Term Agreement  
MAM - Moderate Acute Malnutrition  
MDG - Millennium Development Goal  
MoA - Ministry of Agriculture  
MODA - Multiple Overlapping Deprivation Analysis  
MoE - Ministry of Education  
MoH - Ministry of Health  
MORES - Monitoring Result for Equity System  
MOSS - Minimum Operational Security Standards  
MOU- Memorandum Of Understanding  
MTR - Mid Term Review  
MWP - Ministry of Women Promotion  
NGO - Non-Governmental Organisation  
NNP - National Nutrition Programme  
OIC – Officer-in-Charge

OIP - Office Improvement Plan  
OMT - Operations Management Team  
OPV - Oral Polio Vaccine  
OR - Other Resources  
ORE - Other Resources Emergency  
PBR - Programme Budget Review  
PCA - Programme Cooperation Agreement  
PMTCT - Prevention of Mother to Children Transmission of HIV  
PNSF - Programme National de Solidarite Famille (cash transfer programme)  
RR - Regular Resources  
SAM - Severe Acute Malnutrition  
SESN - State Secretariat for National Solidarity  
SGBV - Sexual Gender-Based Violence  
SMT - Senior Management Team  
SNAFE - National Strategy for the Abandonment of all forms of excision  
SOPs Standard Operating Procedures  
SSNS - State Secretariat for National Solidarity  
TOR - Terms of Reference  
UK - United Kingdom  
UNCT - United Nations Country Team  
WASH - Water Sanitation and Hygiene

## Capacity Development

The communication for development (C4D) strategy for mother and child health elaborated in 2014 continued being implemented in many areas. The trainers who were trained in 2014 finalized the training of all health workers and community health workers, 250 members of health committees and 64 community mobilizers in the six regions. This provided them with the knowledge and communication skills to facilitate community dialogues and group discussions covering various good practices in health, nutrition and WASH.

In parallel, during the first nine months of the year, the group of religious leaders trained in 2014 in the context of the national strategy for the abandonment of FGM/C organized 792 community dialogues to discuss this harmful practice. They encouraged men, women and youth to refrain from the practice: 35,638 people have taken part in these dialogues. This work by religious leaders is complemented by that of 27 active Community Management Committees also engaged in the fight against FGM/C, and who are coached and supported by UNICEF's implementing partner the Union of Djiboutian Women. Another 7,756 people participated in the 172 dialogues organised by the Community Management Committees.

The efforts in capacity building through training intensified in various programme sectors including; (i) health - training of public health physicians, midwives, health workers and community health workers in areas such as vaccination, mother and child health and prevention of mother to child transmission of HIV; (ii) nutrition - whereby nutrition extension workers were trained on the revised national nutrition protocol for global acute malnutrition; (iii) education - training of student teachers in pre-school education and in working with multi-grade classes and training of science teachers in lower secondary on HIV/AIDS prevention through the life skills approach; child protection - training on the Di Monitoring tool for the various partners of the national FGM/C Strategy.

## Evidence Generation, Policy Dialogue and Advocacy

A key area in which evidence generation was instrumental in strengthening the policy dialogue is that of social protection. UNICEF Djibouti strongly advocated with the State Secretariat for National Solidarity (SSNS) for the implementation of a multiple overlapping deprivation analysis. After many months of advocacy during 2014, the SSNS agreed to the idea to jointly undertake with UNICEF the MODA, along with four other Government partners (Ministries of Health, Education, Women Promotion and the National Department for Statistics), two multilateral cooperation partners (the World Bank and WFP), and one non-government organization. The steering committee formed for this study involved representatives of all partners and took active part in defining the age groups, the sectors of deprivation, the indicators and the threshold levels at which a child is considered deprived of health, education, water, sanitation, adequate housing, protection or information.

The MODA study showed that in the rural areas, nearly all children were affected by at least two deprivations: often these deprivations related to water and sanitation, housing or health. Deprivation levels were also high in urban areas showing that children in Djibouti are deprived of the enjoyment of many of their rights. It also showed that child poverty analysed through the lens of deprivation goes far beyond what income poverty may be able to indicate.

The results of the MODA study, although still unpublished, are being used in the design phase of a new social protection programme consisting of a cash transfer to the poorest families.

## Partnerships

UNICEF continued its partnership with Global Alliance for Vaccine and Immunization to improve routine immunization programme. As a result of advocacy conducted by UNICEF in line with global polio eradication strategy, the country adopted the introduction of Injectable Polio Vaccine (IPV). The introduction plan including a switch from Oral Polio Vaccine (OPV) trivalent to OPV bivalent and from OPV to IPV will start in April 2016 as planned globally for the Middle East and North Africa region. In addition, UNICEF provided support to MoH for health system strengthening. GAVI awarded \$3.4 million to Djibouti, and the first \$680,000 disbursement was received in August 2015.

The influx of refugees from Yemen and the need to ensure provision of educational services for children has resulted in a multi-actor partnership shaped as a Memorandum of Understanding and action plan between UNICEF, UNHCR, Lutheran World Federation (LWF), Al-Rahma, and UNESCO. The conclusion of the agreement was facilitated by existence of an MOU between UNHCR and UNICEF since 2014, and by cooperation underway between UNHCR, UNICEF and LWF in existing camps. The existence near Markazi camp of an orphanage recently built by Al-Rahma and the commitment taken by LWF to support the education response to crisis opened a window of opportunity for a quality educational response. Another NGO (Caritas) joined the partnership and by mid-July, recreational activities were organised for 65 children. One month later, a catch-up class programme was operational for 110 children using the Al-Rahma school. By mid-October, the school opened for 106 students and two months later the number had tripled (328 students from grades one to seven) with nearly as many girls as boys. Caritas is providing education for 40 adolescents in temporary learning spaces in the camp. This partnership has proved effective, efficient rapid and adaptable and could be considered a success story.

## External Communication and Public Advocacy

In 2015, UNICEF Djibouti revised its communication strategy in order to align it with the new Global Communication and Public Advocacy Strategy, and extended it until 2017 (the end of Country Programme). The strategy is ambitious, but realistic, knowing that public communication and media space is limited in the country. UNICEF Djibouti remained active in the social media platforms through its Facebook page and invested in the development of human interest stories and factographs to highlight the situation of children and women in Djibouti. The work of UNICEF was often mentioned in national media, including 48 articles published in the major national newspaper, La Nation. UNICEF activities with a number of partners were also well covered by national TV.

In partnership with the UK National Committee for UNICEF, UNICEF Djibouti welcomed two UNICEF Goodwill Ambassadors who helped raise attention on the situation of children and women in Djibouti. In July, Eddie Izzard visited UNICEF-supported health and nutrition programmes in vulnerable hard-to-reach areas and met Yemeni child refugees in Markazi camp. Later in November, David Beckham visited Ali Addeh refugee camp and saw how UNICEF reaches the most vulnerable children with life-saving vaccines.

In line with the #FightUnfair campaign, the 26th anniversary of the Convention on the Rights of the Child was used as an opportunity to reach out the most vulnerable and excluded children and give them the opportunity to speak out about their rights. Under the patronage of the Prime Minister, Government partners celebrated this day with children. In another event organised by UNICEF and Caritas, street children stood up for their rights through dances and sketches in front of a wide audience that included representatives from Government, UN agencies and the Embassy of Japan. At Read-Write-Count Centres, which are non-formal schools supported by UNICEF, children with disabilities, children with no birth certificates and poor children also went on stage to celebrate the Universal Children's Day.

## Identification and Promotion of Innovation

The system of rural telephones, set up three or four years ago by the MoH with support from UNICEF, was extended in 2014/2015 to 15 additional remote rural communities. This system involved setting up a network of telephones in underserved rural communities. These telephones are used by nutrition extension workers to contact on a weekly basis the central department of the national nutrition programme to report data on the incidence of malnutrition, and on availability of stocks of malnutrition products (therapeutic, preventive and micronutrients). They are also used by community health workers to report on their activities targeting the remote rural communities and to report data on disease surveillance. This system still needs to be improved in terms of timeliness of reporting and the quality and reliability of the data communicated to the regional and central levels of the MoH.

The MoH has established a partnership with the national telephone company which makes it possible to transmit SMS messages to all the company's mobile phone subscribers in-country informing them of the organization of polio or measles campaigns. This was particularly useful on the occasion of the second round of the measles vaccination campaign in November 2015 which targeted 15 to 25 year olds, knowing that a large majority of this age group have mobile phones. As such, this was a simple and effective way to disseminate this information to them, and mobilize them to go to vaccination centres during the five days of the campaign.

## Support to Integration and cross-sectoral linkages

In 2015, as part of the cooperation with the MoH and the Ministry of Agriculture (MoA) and in the context of the Programme Cooperation Agreement (PCA) with the international NGO Action Contre la Faim, the integration of WASH interventions in health and nutrition projects was systematized. In support of health and nutrition, the PCA with Action Contre la Faim covering 2014 and 2015 included the upgrading of WASH facilities in six hospitals/health centres in the suburban area of Balbala in the capital city and in the five health centres of the northern region of Obock. Hygiene education was also given priority, so as to improve hygiene and water conservation and treatment practices.

It was also in Obock that the decentralized health system strengthening (DHSS) approach started being piloted in 2015 and will be further consolidated in 2016. The DHSS approach implies a holistic vision of child survival and development (CSD) and is expected to result in a greater thrust for integration of health, nutrition and WASH interventions in this region in Djibouti which registers some of the lowest CSD indicators.

The C4D component of the country programme, which was initially conceptualized and designed as part of the Health programme, is progressively being integrated in the other country programme components, particularly Nutrition, WASH and Child Protection, and to a lesser degree ,Adolescents and HIV/AIDS . This trend will continue over the last two years of the country programme provided that UNICEF Djibouti is able to rapidly overcome the serious human resource constraint it experiences.

## Service Delivery

In Djibouti, UNICEF is a major player supporting delivery of services to children. The role UNICEF plays in this field is necessary and is materialized through many strategic approaches, including:

- Provision of supplies that are essential for delivery of services such as vaccines, cold chain equipment and immunization supplies, essential drugs and rapid tests, nutrition therapeutic and preventive inputs and micronutrients, spare parts for repair of water facilities, student kits to lower the direct cost of education;
- Expansion of services through construction of water systems, sanitation facilities and major repair/upgrading of school facilities;
- Promoting demand for services by population, either for punctual events such as vaccination campaigns or for more durable health, education or other services. To do so, and as part of the C4D strategy, UNICEF has worked with a range of community-based partners to promote at individual level the adoption of 15 healthy and positive behaviours which, at more collective level, are capable of fostering social change. UNICEF strengthened C4D capacity both at institutional and community level through training of trainers and national and regional workshops. Community dialogues between health staff and community management committees were organized to raise demand for services, identify barriers related to service delivery and empower communities to find alternatives.
- Monitoring use of services by the general population. This is through field monitoring, which allows to meet service users and collect qualitative feedback on populations' concerns regarding quality of services, reasons behind lack of utilization and ways of improving services. The reports of monitoring and formative supervision are shared between UNICEF and partners, and their recommendations are monitored within UNICEF and also fed into planning exercises.
  - Capacity building of community-based organisations (CBOs) and local governance bodies,



such as the establishment and training of water management committees and capacity strengthening of the community management committees.

### Human Rights-Based Approach to Cooperation

Djibouti ratified the main international human rights instruments and submits regular State reports to treaty bodies. In 2015, under the leadership of the Ministry of Justice, the inter-ministerial committee prepared two periodic report, on the Convention of the Rights of Persons With Disabilities and on the Elimination of All Forms of Racial Discrimination. In November, in Banjul, Djibouti presented on the African Charter on the rights of men and people.

UNICEF programmes are designed to protect and promote the rights of marginalised and deprived children and women. In child survival and development, there was an effort to ensure access to services for all. For example, community management of acute malnutrition reaches out to the most affected areas through health centres and nutrition outreach posts. Vaccination campaigns contribute to reach children in remote areas complemented by outreach strategies. Post-natal home visits are organized to cater for the health of mother and new-born. In the WASH sector, applying equity and targeting the most marginalised materializes in the extension/rehabilitation of water points in very remote communities. In protection, in partnership with the Ministry of Justice, UNICEF continues its efforts to strengthen the accountability mechanisms for the realization of rights of all children, particularly the marginalized and excluded through the implementation of the concluding observations of the Committee on the Rights of the Child and the Committee on the Elimination of all Forms of Discrimination against Women.

The Child Protection Code, developed in 2014, was adopted by the Parliament in May 2015. A bottleneck analysis on justice for children, conducted in partnership with the Ministry of Justice and the International Bureau on Children Rights, highlighted the gaps of the system pertaining to customary law, detentions centres, capacities of police forces, cultural resistances to recognize children rights and coordination mechanisms on justice for children. Based on these findings, an operational plan was developed.

In education, UNICEF in partnership with a local association and an Italian NGO, conducted capacity building for teachers on special needs education. On prevention of HIV, through partnership with local NGOs, training on life skills and leadership for youth (boys and girls) enhanced their skills in claiming their rights and emphasized their participation in programme design.

### Gender Mainstreaming and Equality

On the first pillar of the UNICEF Gender Action Plan 2014-2017 on 'promoting gender-responsive adolescent health', in the context of a partnership between UNICEF Djibouti, the Ministry of Education and national NGOs, 900 in- and out-of-school male and female youth were reached and empowered through life skills on prevention of HIV/AIDS. They were also counselled to undergo HIV testing and to advise peers to do so. Furthermore, 60 out-of-school youth were trained on gender, and are now able to identify and fight gender stereotypes and discriminatory behaviours.

On the second pillar on 'advancing girls' secondary education', one rural primary school located in Sankal in Dikhil was extended by the building of three prefabricated classrooms, to allow to accommodate the 1st stage of secondary school in order to allow retention of girls in school. UNICEF is also advocating for a scholarship system for girls from rural areas.

On the third pillar on 'ending child marriage', the joint United Nations Population Fund /UNFPA and UNICEF programme which aims to enhance community capacity to deal with issues of early marriage, Female Genital Mutilation/Cutting, and child protection issues at community level has reached 43,394 persons (29,526 women and 13,868 men) through 964 community dialogues organized by communities' actors, religious leaders and youth. The increase in the proportion of men participating to these dialogues from 18 per cent in 2014 to 32 per cent in 2015 is an important result.

On the fourth pillar on 'addressing gender-based violence in emergencies', in response to Yemen refugee crisis, a Rapid Child Protection assessment was conducted in May 2015 in partnership with DRC and UNHCR. The findings highlighted the limited understanding of the concept of gender-based violence among interviewees. The majority of them stated that cases of sexual violence shall be solved at community level and not reported to the police or the judiciary. UNICEF has initiated a partnership with DRC to work at community level to set up a child and mother protection committee as a mechanism to identify and report cases of GBV or other rights violations for children.

## Environmental Sustainability

UNICEF Djibouti has responded to the Greenhouse Gas Emissions/Environmental Footprint Assessment initiative. Electricity use by the office was found to have the largest contribution (59%) to CO2 emissions, followed by air travel (27 per cent). Review and feedback from UNICEF Headquarters (HQ) will help UNICEF Djibouti design and implement an action plan to decrease its CO2 emissions during 2016.

Nearly two thirds (65 per cent) of the water supply systems in rural areas of Djibouti requiring fuel or solar power for their use. The Rural Hydraulic Department has gradually shifted from 107 fuel-powered water systems to less than 40 due to the introduction of solar powered pumping systems over the last three years. UNICEF has supported this initiative, and funded the installation of six solar pumps in 2015. UNICEF responded positively to the request from Government to analyse the causes of disruption of water systems and to set up a mechanism to re-establish quickly the service. This will be implemented in 2016 and will be coupled with WASH sector bottleneck analysis.

A pedagogical manual to support hygiene education among children in Grades 2, 4 and 5 in primary school were developed with UNICEF technical support. A special chapter on environmental education was included, with specific topics addressing solid and liquid wastes management as well as use and maintenance of improved latrines. The manual was disseminated nationwide, and hygiene education sessions are systematically planned for each primary school on a weekly basis.

UNICEF advocacy among the WASH working group has seen the integration of waste management in refugee camps as a priority for humanitarian assistance. Minimum packages for solid waste management action in the refugee camps were defined and applied by implementing partners. Three incinerators are operational in Obock where refugees from Yemen are living, and sensitization on environmental hygiene is regularly conducted, amongst other hygiene promotion topics.

## Effective Leadership

UNICEF Djibouti's four governance/management structures functioned effectively throughout 2015.

The Country Management Team (CMT) held 11 ordinary and three ad hoc meetings. This allowed for increased fluidity in decision-making processes and ensured good follow-up of the situation. Efficient monitoring of programme implementation and operational effectiveness was undertaken using the 'Mega Matrix' tool adopted in 2014, which brings together in one tool the follow-up of all recommendations, including from field trips, risk management, business continuity, and others.

The Programme Coordination Group held nine meetings to review programme implementation or discuss specific issues such as new Harmonized Approach to Cash Transfers (HACT) framework, revised CSO procedure, Country Office Annual Report preparation, and labour distribution.

The Operations Group held 12 meetings, to discuss operational questions and review key indicators. They greatly benefitted from participation in a team coaching programme, which helped discuss the internal dynamics of the team and understand the factors that promote or hinder the collective performance.

The Joint Consultative Committee met four times to review and discuss staff-related issues.

In addition, the Senior Management Team, which includes the three senior managers from UNICEF Djibouti, has met on average twice per month.

By June, UNICEF Djibouti closed the four remaining audit recommendations and sustained the good practices introduced in 2014 to respond to some of the agreed actions. The Annual Management Plan was updated in March 2015 during an office retreat. It was reviewed and updated in September, including the Staff Association-led Office Improvement Plan which builds on the results of the Staff Survey.

The office Risk and Control Self-Assessment conducted in 2014 was revised in 2015 to identify the most tangible risks and plan how to address them in the most effective way. The status of progress was presented by the Risk Management focal point to the CMT on two occasions during the year.

## Financial Resources Management

The CMT maintained a systematic oversight and monitoring of financial resources to ensure efficient utilisation. UNICEF Djibouti has an overall budget of US\$6.99 million during 2015, and utilized 92 per cent (100 per cent of Regular Resources; 86 percent of Other Resources; 94 per cent of Other Resources-Emergency).

The monitoring of Direct Cash Transfers (DCT) was challenging. UNICEF took multiple actions to reach the global indicators with only limited success. DCT over six and over nine months reached over 10 per cent of the total outstanding balance. Measures are in place to support partners in financial management through the strengthening of oversight, orientations and monitoring activities implemented by partners.

Bank reconciliations were submitted on a timely basis, and 95 per cent of the reconciling items cleared on time.

UNICEF Djibouti performance indicators including the global/regional indicators, counted among the items monitored and reported to the CMT.

Cash forecasting improved in 2015 due to more interactive communication and orientation of responsible staff members. Nevertheless, UNICEF Djibouti registered instances where forecast was not optimal. The office will make sure that 'cash forecasting performance' is frequently on the CMT agenda of 2016.

With macro and micro evaluations completed and assurance activities initiated, UNICEF Djibouti is HACT compliant. The office implemented three spot checks and six programmatic visits mostly during the last quarter of the year. In 2016, the HACT Governance Committee will exercise due oversight on its implementation in accordance with the HACT framework. In terms of efficiency the office continues to introduce efficiency measures through the application of Standard Operating Procedures (SOPs), Terms of Reference, checklists and Long Term Arrangements. The travel and invoice/payment SOPs were updated along with two check lists (for salary advance and DCT liquidation).

### **Fund-raising and Donor Relations**

In 2015, UNICEF Djibouti undertook important fundraising efforts to try to reverse the difficult funding situation related to the global crisis and to the limited attractiveness of the country to donors.

The first step was to update the Resource Mobilisation Strategy and Action Plan. Throughout the year, Programme Specialists worked with the Communication Specialist and management to develop strong proposals with a development or emergency focus. The Fundraising Task Force met twice to analyse the funding situation and monitor the implementation of the Resource Mobilisation Action Plan.

In terms of fund mobilisation from Other Resources (OR), in 2015, UNICEF Djibouti had a ceiling of US\$3.9 million and mobilised US\$2,700,871 (69 per cent). The office also mobilised US\$2,033,346 of emergency funds (or 45 per cent of US\$4.5 million ceiling of the 2015 Humanitarian Action for Children). The Budget Focal Point kept tight records of the funding situation, which was monitored monthly at Programme meetings and presented to CMT meetings. Funds were used in an optimal manner. No major funds were lost due to expiration of grants and over 90 per cent of resources (RR, ORR and ORE) were absorbed. Timely use of emergency funds has somewhat improved but the trend needs to be further sustained.

Donor reporting deadlines were closely monitored by the CMT. In 2015, UNICEF Djibouti submitted nine donor reports, all on time except one due to a system error. Comments received from donors were also timely addressed. The office continued to follow a standard operating procedure for donor reports in which Programme Specialists, Communication Specialist, Monitoring and Evaluation Officer and Budget Focal Point work together to ensure the overall quality of the report, and the Deputy Representative and the Representative are responsible for the final quality check and clearance.

### **Evaluation**

Early 2015, the Mid-Term Review of the Country Programme of Cooperation between UNICEF and the Government of Djibouti was undertaken. Consultations with beneficiaries, implementing and strategic partners were undertaken and provided useful feedback on UNICEF's image among its 'clients' and their perception of the quality of its programming and strategic

positioning. The UNICEF Regional Office supported the process, particularly for revising the programme structure, reformulating results to clearly identify UNICEF contributions and attributions, revisiting the formulation of indicators and building the new results matrix. The establishment of a monitoring and evaluation (M&E) system for the country programme was then given priority; this was done jointly with the elaboration of an M&E plan for the remaining three years of the programme cycle. The M&E plan was shared with the UNICEF Regional Office. Given past experience with validation of studies and surveys, the revised M&E plan is more realistic in terms of programming studies and evaluations. The activities started in 2014 such as the MODA study were finalized but are still awaiting political validation.

In relation to research and evaluation activities planned in the Integrated Monitoring and Evaluation Plan, the Study on Children With Special Needs and the evaluation of the National Strategy for the Abandonment of All Forms of FGM were carried out. Neither are yet validated, the first due sensitivity of issues pertaining to people with disabilities, while the second for the low report quality and the negotiations underway with the consultant. A survey on Iodine Deficiencies Disorders was conducted in November and the report is underway. A study on "Cost of Hunger" was not undertaken and will now be the responsibility of the African Union.

In addition the office has strengthened the capacity of national partners in M&E including the State Secretariat for National Solidarity and the joint UNFPA/UNICEF programme against FGM/C.

### Efficiency Gains and Cost Savings

The Efficiency and Cost Saving Committee focused on reducing the energy bill and the overall operating cost of the office.

The efforts made resulted in cost reductions for telephone use, after the development of an SOP and staff awareness raising activities, and for travel. This was due to maintaining a decision that all staff would travel in economy on flights, no matter the duration. This has seen an estimated reduction of 30 percent on travel costs compared to 2013, and a further saving of three percent due to signature of the LTAs by the UN with travel agencies.

In the area of power consumption, as the office operations increased to accommodate the Yemen emergency support hub, a 2.4 percent saving was achieved, lower than the 10 percent target.

The achieved reduction of seven percent on security service contract was maintained in 2015.

As in previous years, UNICEF Djibouti continued raising awareness on reducing use of printed-paper, energy consumption and other office consumables.

LTAs are the backbone of efficiency and savings. The previous seven LTAs were extended and a new one was negotiated to facilitate fuel procurement in the north along with three LTAs with travel agencies established jointly with the UN. The others are related to regular maintenance and repair services in support of office operations.

Some other efficiency gains included: (i) better management of fuel consumption through the use of fuel cards; (ii) the good practices recommended by the CMT for joint field trips to improve programme monitoring was maintained, even if its cost saving impact was offset by the installation of a new refugee camp and the need for frequent visits and the deployment of staff

there for eight weeks; (iii) the Supplier Evaluation Report – a new tool made available in 2015 that impacts positively on the procurement process.

## Supply Management

Procurement of supplies and responding to logistic demands for the Yemen emergency were important and time-consuming priorities in 2015. With displacement of thousands of Yemenis to Djibouti and establishment of a new refugee camp, UNICEF undertook the procurement of US\$338,909 of supplies. Storage facilities were an issue at the beginning of the crisis. UNICEF negotiated and secured the support of the Ministry of Health for storage and control of the commodities.

During 2015, the Yemen hub transferred US\$30,622,194 of commodities by sea and charter planes to Yemen with close support from UNICEF Djibouti supply and logistics operations.

Supplies continue to be an important component of programme deliverables for UNICEF Djibouti. The total procurement value reached US\$2,166,120: this is 31 percent of the total budget of US\$6.99 million. Programme supplies represented 78 percent (US\$1,696,513), three percent for Operations supplies (US\$64,592) and 19 percent for institutional services (US\$405,015).

The value of Procurement Services was US\$30,663: through one service in 2015 by UNDP. Advocacy will continue to encourage partners to use the services.

GAVI delivered US\$891,997 worth of supplies. In the recent years, the initial quantity of supplies were reduced as the MoH could not co-finance the higher cost of transport and logistics. UNICEF continuously advocated with MoH and through GAVI to improve this aspect. In 2015, the partner agreed to increase their contribution to co-finance up to US\$50,000.

Several constraints were registered in relation with suppliers due to non-compliance with delivery dates. The market survey completed in 2015 will help identify better and more reliable suppliers and allow for more timely deliveries in 2016.

UNICEF controlled inventory value was minimal: US\$31,153 of equipment in 2015.

## Security for Staff and Premises

The UN Djibouti Security Plan was updated by the United Nations Department for Safety and Security/UNDSS and shared with the UN Security Management Team (SMT). The UNICEF Representative participated in the monthly SMT meetings, and staff were then briefed on relevant issues. Issues discussed relate to political situation, Yemeni refugees in Djibouti, terrorist attacks against the UN (regional and worldwide), and precautionary measures to take. The weekly radio checks were maintained, and the average response rate of UNICEF staff remains satisfactory. A Rapid SMS to all UN staff is being set up.

Precautionary measures for safety of staff and premises are in place in accordance with MOSS (Minimum Operational Security Standards): the office is 95 per cent compliant. Measures proposed by UNICEF Regional Security Advisor not completed in 2014 were mostly finalized in 2015. They included two safe-rooms, vertical extension of security fence and reinforcement of premises' entry points. Unfortunately, access control system is still only partially functional and

will be completed early 2016. It is to be noted that security service providers in the country are very limited, and the current company, G4S, is one of better-ranking. Whilst its services are highly demanded, its capacity to respond to demands on a timely basis is limited.

In 2015, UNICEF Djibouti conducted a Business Continuity Plan orientation. The simulation exercise was delayed to the second quarter of 2016. The communication tree and warden system were updated and the office has a residential mapping of all staff and their families. One fire drill was conducted in 2015, showing that most staff are at ease with the exercise and know the evacuation process.

For 2016, the office will rely upon receiving additional funding to replace two generators which are obsolete. Electrical power in Djibouti is not reliable and the unavailability of efficient backup generators is a security risks. Solar and wind energy power are other options to be explored for back up.

## Human Resources

The UNICEF Djibouti staffing structure approved in remained in effect, and gaps were filled by consultants and stretch assignments. An external consultant effectively covered a vacant communication position, two colleagues from Mauritania and Tunisia offices supported the emergency response in health and nutrition in Markazi camp, three Interns joined the Planning, Health and Nutrition programmes respectively, and the Global Polio Eradication Initiative was significantly supported by a Polio Stop team volunteer. A total of eight consultants were recruited (five for programme and three for operations including the Yemen Emergency Hub).

The vacancy rate of 20 percent was due to financial constraints, and three posts are expected to be filled in 2016. A large proportion of salaries is paid from Regular Resources funds.

In terms of staff capacity reinforcement, 71 per cent (20 out of 28) of activities planned were conducted, and 13 training activities were cancelled due to time constraints on staff who were kept busy by the Yemen emergency response. The office invested US\$19,347 in training and learning activities.

The Operations team benefited from a group coaching programme funded by UNICEF HQ and will continue in 2016. Three internal group trainings were implemented (Managing Performance for Results, Invoice processing, HACT/ Financial Authorization Certification of the Expenditures (FACE) and refresher sessions on SOPs (Individual and Institutional contract, Payment and Sick Leave). All staff completed the Ethics and Integrity training online. Staff members shared experience in the areas of children with special needs, justice for children, FGM/C, Ebola, and security, and the Operations team participated in the polio campaign supervision in May.

In response to the Global Staff Survey, the Office Improvement Plan (OIP) was updated with focus on four areas: work-life balance, office efficiency and effectiveness, career and professional development, and Staff Association.

## Effective Use of Information and Communication Technology

After UNICEF Djibouti's Teamsite move from on-premise to SharePoint online, a new Teamsite skeleton was revamped in late 2015 and is planned to be introduced to the CMT and staff early 2016. The main objective of the Teamsite is to increase operational effectiveness and productivity by automating some of the SOPs and operational routines through workflow, task management, documentation library and calendaring. It also aims to enhance management

decision making by providing real-time access to important information such as Key Performance Indicators, track trips and minute's reports along with their recommendations. For example, UNICEF Djibouti's Operation Service Platform Apps is being tested; it will allow to consolidate service requests to Operations and ensure their tracking as per the respective SOPs. It is hoped that this tool will allow gains in time and effectiveness of the operations of the office.

Regarding emergency preparedness and business continuity, UNICEF Djibouti's Teamsite will help host some of the important vital records of the office which are necessary in case of an emergency.

Another project started in 2015 was the electronic Document Management Strategy, which mainly focuses on the local shared drive structure. This strategy addresses the following questions: "What Tools to Use?" and "What to put Where?". It will help UNICEF Djibouti to manage more efficiently the new tools released by HQ such as OneDrive for Business and Teamsite.

UNICEF continued leading the UN Information and Communication Technology (ICT) group. In 2015, an agreement was initiated with UNDP New York to host the UN website using the system currently handled by the UN Communication Team. The UN ICT group has a common action plan, and terms of reference for a back stopping system were developed. However, the implementation phase of the plan is experiencing delays and bottlenecks.

## Programme Components from Results Assessment Module

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

**OUTCOME 1** In 2017, an integrated package of high impact interventions in child survival and development is scaled up to national level, particularly for the most disadvantaged populations.

#### **Analytical Statement of Progress:**

In Djibouti, significant progress has been made in the last decade towards achievement of the Millennium Development Goals pertaining to health, nutrition and water, sanitation and hygiene (WASH). The mortality rate among children under five years decreased from 127 per 1000 live births (in 2002) to 67.8 per 1000 (2012); The maternal mortality rate also decreased from 546 per 100 000 live births (in 2002) to 383 per 100 000 (2012). In terms of WASH, access to improved water increased from 78 per cent (1990) to 90 per cent (2015). However access to improved sanitation decreased over the same period from 66 per cent to 47 per cent. In 2015, the Government has approved the long term development plan labelled "Vision 2035 for Djibouti". In the plan, the priorities defined for the next two decades emphasize poverty reduction, with a focus on inequity, as well as universal access to basic health services and improved water.

UNICEF Child Survival and Development programme component aimed primarily at improving access to an integrated and comprehensive packages of high impact interventions including improved access to quality Community Management of Acute Malnutrition, vaccination, Reproductive, Maternal and Neonatal and Child Health, particularly integrated management of childhood illness quality new born care, Prevention of Mother to Child Transmission of HIV (PMTCT), quality water, hygiene and sanitation. These interventions were prioritized due to their contribution to the reduction of main killer diseases among children under five, and pregnant and lactating women.



In terms of management of severe acute malnutrition (SAM), in 2015, important achievements have been made, including: (i) raising the coverage rate from 92 per cent in 2014 to 94 per cent in 2015; (ii) reducing the defaulter's rate from 22 per cent in 2014 to 11 per cent in 2015; (iii) increasing the recovery rate from 76 per cent in 2014 to 88 per cent in 2015 and; (iv) maintaining the death rate under 1 per cent.

In terms of health, DPT3 vaccination coverage for Djibouti city (almost 70 per cent of the country's population) for under one year children increased from 80 per cent in 2014 to 90 per cent in 2015. Regarding measles vaccination campaigns, the country reached 94 per cent of coverage according to an Independent Monitoring Report, while the target was 90 per cent for children aged nine months to 14 years. Regarding under five years children, Of the children aged under five years suffering from acute respiratory infections, 80 per cent received appropriate treatment, and the country is on track to reach 85 per cent in 2017. For acute diarrhoea case management among children under five, 75 per cent were appropriately treated in 2015 compared to 61 per cent in 2014. Finally, 75 per cent of HIV positive pregnant women received ARV treatment (B+ option) compared to 54 per cent in 2014. In addition, UNICEF supported the Ministry of Health (MoH) to develop elimination of MTCT five years acceleration plan, and a comprehensive five year newborn strategy.

To reach a particularly underserved region through an integrated approach, with health, nutrition and WASH, a specific intervention was implemented in the rural area of Obock. WASH facilities in 83 per cent of health posts in rural Obock were upgraded/renovated, and the personnel of these health centres trained on operations and maintenance of WASH facilities using a manual developed with UNICEF support. In addition, 100 per cent of families with children suffering from acute malnutrition received hygiene kits to improve their living conditions and reduce the incidence of diarrheal diseases and their negative incidence on the child's nutritional status.

The implementation of the maternal, neonatal, and child health communication for development strategy was significantly scaled up and will continue to be strengthened. The approach consists of training various community level workers so that they can organize and facilitate community dialogues on various health, nutrition and WASH issues. They also promote good practices, including promoting counselling on infant and young child feeding practices during ante natal care; exclusive breast feeding of children aged up to six months; adequate complementary feeding among children aged six to 23 months; vaccination and respect of the immunisation schedule; healthy child care practices; prenatal and postnatal care; hand washing; use of improved latrines, and; water handling, storage and treatment.

This significant progress made in Djibouti is not the result of only UNICEF support to the Government, but rather that of an important collaborative partnership with many other actors including GAVI (for new vaccines and health system strengthening), Global Fund (HIV/AIDS), WHO (sector-wide), UNAIDS (HIV/AIDS, ARVs), UNFPA (maternal and reproductive health), WFP (provision of nutritional products for moderate acute malnutrition), World Bank (sector-wide and performance-based funding), the United States Agency for International Development/USAID (polio immunization and surveillance) and Japanese International Cooperation Agency/JICA (provision of health equipment and capacity development of midwives). In 2016, French Development Agency will intervene in terms of infrastructure and system development.

Despite this tremendous effort, some challenges still need to be addressed such as:  
(i) enhancing Government leadership in health and WASH sectors; (ii) developing and/or

updating normative documents in the health/nutrition and in the WASH sector; (iii) improving the information, reporting and monitoring and evaluation systems in particular for health and WASH; (iv) improving data quality to help evidence based programming; (v) strengthening the paediatric component in PMTCT; (vi) reinforcement of the 'Reach Every District' strategy; (vii) strengthening health system capacity particularly at the districts level, and; (viii) re-vitalising community ownership.

The Injectable Polio Vaccine will replace gradually Oral Polio Vaccine in routine immunisation, and UNICEF has supported the planning for this switch, which is scheduled for April 2016. UNICEF also plans to conduct a bottleneck analysis in Obock region to support effective programming.

**OUTPUT 1** By 2017, the capacity and coverage of the prevention of mother-to-child transmission of HIV is strengthened to ensure that pregnant and lactating HIV positive women and babies born to mothers HIV positive receive ARVs treatment

**Analytical Statement of Progress:**

Seventy five per cent of HIV + pregnant women received ARVs in 2015, which is believed to be the highest level ever achieved in Djibouti. In addition, more than 99 per cent of the women who received counselling during ANC visits were tested, and more than 98 per cent per cent of them collected the results of the test, as it is generally handed within one hour. In comparison with the same period of 2014, this was a very significant improvement of programme results.

This progress was due to the effective and synergistic support that different actors bring to the national PMTCT programme. UNICEF continued to support the PMTCT programme to maintain its leadership and organize regularly coordination and technical meetings necessary for the follow up of activities. In addition to the strategic committee, a technical committee of MTCT elimination was also strengthened, and held effective quarterly regular meetings.

UNICEF continued to support the PMTCT programme in terms of capacity building. Through this support, 43 doctors, 30 nurses and 100 midwives improved their capacity on HIV paediatric care, and 30 new midwives enhanced their knowledge and skills on PMTCT. In addition, 25 midwives and 20 nurses strengthened their skills on techniques to facilitate a dialogue with parents to convince them of the opportunity of paediatric HIV testing of their children. Part of this capacity development effort was supported by other partners, particularly UNDP and WHO.

To ensure that PMTCT services offer is optimal, UNICEF provided the PMTCT programme with 30,000 HIV rapid tests, 30,000 rapid tests for anaemia and 28,000 rapid syphilis tests.

Awareness raising sessions on PMTCT and on countering stigma were organized in health facilities and in the community by midwives and community health workers.

UNICEF, UNDP, WHO and UNAIDS continued to strengthen the monitoring and evaluation of the programme, with regular supervision and data analysis.

UNICEF Djibouti and partners, with the support of the UNICEF Regional Office supported the country to develop an elimination of MTCT acceleration strategy, with a five years operational plan. UNICEF also supported the high level official launching event of this plan chaired by the First Lady and the UNAIDS Executive Director, who visited Djibouti for the occasion.

The key challenge remained in the implementation of the paediatric component of PMTCT, which continued to be low performing in both coverage and quality. Less than 50 HIV + children are monitored by paediatricians or generalists. This why the national PMTCT programme aims to focus on this aspect for 2016.

**OUTPUT 2.** By 2017, the capacity of the health system is strengthened to provide curative, preventive and promotional, quality and continuous services for children under 5 years and women particularly those from the most disadvantaged regions.

**Analytical Statement of Progress:**

Ninety per cent of children under one year in Djibouti city are vaccinated for DPT3, while in the regions the proportion does not exceed 75 percent - which is still markedly higher than the 70 per cent rate of 2014. For measles, 94 per cent of children aged nine months to 14 years were vaccinated during the first round of the vaccination campaign in May 2015, which was also supported by WHO. This is, in part, due to support received from the Measles and Rubella Initiatives (MRI). UNICEF provided assistance to the MoH to finalize the measles elimination strategy, and have it submitted to and accepted by MRI.

In line with the global polio eradication strategy, UNICEF supported the country to elaborate and submit to GAVI IPV introduction plan which was approved and to develop a bivalent OPV /OPV trivalent switch plan. In addition, a communication plan supported by formative research was tailored for IPV and the switch. UNICEF continued its efforts to further strengthen the routine immunization programme, through capacity development for 100 nurses enhancing their capacities in immunization activities and contributing to ensure good coverage of routine immunisation services.

With support from UNICEF, children under five years old, especially those living in the remote rural areas, received a curative and preventive package through the supply and distribution of insecticide treated nets, oral rehydration salts, and essential drugs for major killer diseases. UNICEF also supported the country to elaborate and initiate implementation of a five year neonatal mortality reduction strategy. In this framework, eight previously-trained doctors and midwives facilitated the training of 100 midwives, 40 nurses and 10 medical doctors on newborn care and resuscitation. In addition, 60 nurses and 74 Community Health Workers benefited from capacity enhancement on child health through a refresher IMCI training.

UNICEF supported also the MoH to establish an intersectoral C4D Working Group which has pursued the implementation of the C4D strategy designed in 2014 through the training of 58 community health workers in four regions. In turn, they have organized community dialogues reaching nearly 21,000 men and more than 25, 000 women.

Convinced that some of the weakness of the health system cannot be solved through a centralized traditional top-down approach, UNICEF strongly advocated with the MoH for the adoption of a new approach promoting decentralized health system strengthening, which is based on a better understanding of the realities of the region and of the barriers and bottlenecks health interventions are facing and of bringing in tailor-made solutions capable of making a real and sustainable difference. A pilot site was identified and implementation is underway.

Despite these progress, some challenges still remain such as the health information and M&E system, the disease surveillance system, the weak capacity of both health workers and community health workers, as well as the demotivation of community health workers some of whom are less and less interested in community work and prefer to operate as support

paramedical staff.

**OUTPUT 3** By 2017, the capacity of the health system and community are reinforced to ensure curative, preventive and promotional quality services for children less than 5 years, pregnant and lactating women suffering from severe acute malnutrition, children under 5 years and pregnant women suffering from acute moderate and chronic malnutrition

**Analytical Statement of Progress:**

Malnutrition is still a major public health problem in Djibouti. According to the last nutrition survey, more than one child out of four (29.7 per cent) is stunted and one out of six (17.8 per cent) is suffering from global acute malnutrition. This is why nutrition was chosen as a part of the country's key intervention in the national strategy for poverty reduction, Vision 2035.

In 2015, significant progress was made regarding this output: (i) 4,986 children out of 5,450 targeted for 2015 (94.04 per cent) to be potentially suffering from severe acute malnutrition received quality care in health facilities; (ii) the number of community sites for acute malnutrition management increased from 35 in 2014 to 55 in 2015; (iii) 54,012 children out of 62,670 targeted for 2015 (86.81 per cent) aged from six to 23 months were supplemented with sprinkles, and; 44,921 children out of 61,000 (73.64 per cent) aged from six to 36 months received blanket feeding (PlumpyDoz) to prevent acute malnutrition.

The National Community Management of Acute Malnutrition protocol was updated. Five training sessions were organized to develop the capacity of 162 community health workers and 20 health workers on CMAM. A harmonized data collection database is in place and indicators were analysed monthly.

To support service delivery, UNICEF provided 5,600 cartons of ready-to-use therapeutic food/RUTF to the National Nutrition Programme (NNP). These achievements were linked with humanitarian interventions targeting local populations and refugees, and were implemented with no discrimination based on gender and/or type of locality/religious groups. The priority was given to hard-to-reach people.

Coordination and collaboration were significantly strengthened. The nutrition national coordination group and subnational coordination group in Obock meeting were held on a monthly basis.

However, some key challenges remain including limited resources both from Government and other partners, poor technical capacity of the NNP staff, and difficulties to engage the country in nutrition interventions capable of reducing stunting in a significant and sustainable way.

To face these challenges, UNICEF in collaboration with other nutrition partners (WFP, WHO, Djibouti Social Development Agency) and NNP intensified efforts to ensure quality management of acute malnutrition, and engage the country on the road towards comprehensive and sustainable strategy to prevent stunting, including through involvement in the international Scaling Up Nutrition/SUN movement.

The annual work plan for 2016 is built around how to address these challenges in collaboration with WFP, WHO and other nutrition partners. A specific focus will be on infant and young child feeding.

**OUTPUT 4** Water, sanitation and hygiene sector capacities are strengthened to improve rural and peri-urban populations' access to drinking water, sanitation and hygiene

**Analytical Statement of Progress:**

According to the 2015 Joint Monitoring Programme, 90 per cent of the population has access to improved water, with disparities between urban areas with 97 per cent and rural areas where one person out of three still does not have access to improved water (65 per cent). Djibouti can be considered as having reached the Millennium Development Goal (MDG) in terms of access to improved water.

In terms of sanitation, 47 per cent of the population has access to improved toilets with significant disparities between urban populations (60 per cent) and rural dwellers (five percent). Djibouti lost more than a quarter of its rate of access to improved toilets between 1990 (66 per cent) and 2015 (47 per cent), and has therefore not reached the related MDG. Open defecation is practiced by 20 per cent of the population, with differences between urban (four per cent) of open defecators and rural areas where this practice is common among three out of four people (76 per cent).

UNICEF provided support to ensure new access to improved water for 840 people in rural areas and to sustain access to improved water for 5000 other. Rehabilitation of wells and extension of water distribution networks were the main interventions conducted. Communities particularly affected by malnutrition in rural areas were the main target beneficiaries. These achievements represent nearly 30 per cent of expected results for the two-year work plan (2015-2016). In 2015, 1,080 people in rural areas and 2,880 in sub-urban areas gained access to sanitation supported by UNICEF. The beneficiaries are among those covered by the social safety net programme in sub-urban areas along with households with children affected by malnutrition in rural areas. Due to the limited capacity of targeted groups, the Community Approach for Total Sanitation was not the main approach applied. Beneficiaries were rather self-identified, with confirmation through the implementing partners own selection criteria. More than 70 per cent of coverage was achieved.

Over 24,400 people benefited from promotion of basic hygiene practices conducted jointly with the rehabilitation of water facilities and the construction of toilets. Hand washing, use of toilets, water handling-storage and treatment were the main messages conveyed through these hygiene education sessions. Among the beneficiaries, 2,976 were from households with children affected by malnutrition, and also received hygiene kits to improve their living conditions.

Five health centres in rural Obock, the area most affected by malnutrition, benefited from renovation of WASH facilities to contribute to improving the quality of the services they deliver.

The Government is developing a 20-year national programme for rural water and sanitation, and UNICEF was invited to participate and technically contribute to this planning exercise. UNICEF's involvement in this process will aim to highlight the need to ensure that the most underserved populations are given priority.

**OUTCOME 2** By 2017, children and adolescents, particularly those living in rural and poor urban areas, have access to quality education and adopt healthy and responsible behaviours towards HIV/AIDS.

**Analytical Statement of Progress:**

2015 was the second year of implementation of the National Action Plan for Education (2014-2016). A Mid Term Review (MTR) was organized by the Ministry of Education (MoE) and supported by UNICEF with the participation of local partners such as the French Development Agency, USAID, World Bank, WFP and others. The MTR took stock of progress achieved in the implementation of the plan and identified areas where delays have been observed. The MTR noted that while progress continues in terms of enrolment and of gender equality, Djibouti will not achieve MDGs 2 and 3 as the gross enrolment rate is estimated at 81 per cent in primary, 58 per cent in lower secondary and the gender parity index is below 0.9 in primary, and lower in secondary.

Early in 2015, UNICEF, jointly with the Ministry of Education, developed a bi-annual work plan for 2015-2016 which focuses on access, equity and quality of education. While some aspects of UNICEF support benefit all students in primary (student school kits, development of school libraries, etc.), special priority was given to vulnerable children, particularly children with special needs who highlighted by the 2014 Out-of-School Study as being among the most excluded. In response, UNICEF organized a training in sign language for 15 teachers working with deaf students, and educational aids were purchased for visually impaired children. In support of private schools enrolling children with disabilities, a three-week long teacher training session was organized for teachers in order to help develop their special needs teaching abilities.

Pre-school education was reinitiated by the MoE in rural primary schools. Classrooms were renovated and teachers trained in the National Training Centre. UNICEF also supported the Ministry of Women to develop a community based pre-school education programme; more than 600 children were enrolled in pre-school in 23 community kindergartens.

Education in emergencies remained a priority for UNICEF through its support to the education response to the Yemeni crisis. This was under the framework of a multi-actor partnership involving UNHCR, the Lutheran World Federation, Al-Rahma, Caritas and UNESCO. In this context, the following activities were implemented: (i) a one-month long basic literacy and recreational activities programme for 65 Yemeni children; (ii) a refresher catch up class programme operated for five weeks for 110 students; (iii) a formal education programme based on the Yemeni curriculum was offered for 328 Yemeni students (grades one to 7) in the school of the Al-Rahma orphanage, and; (iv) a non-formal secondary education programme operated by Caritas in temporary learning spaces in the Markazi camp was attended by 40 Yemeni adolescents.

In addition, UNICEF continued to support education of 3,200 Somali, Ethiopian and Eritrean refugee children in Ali Addeh and Holl camps. This programme now extends into secondary education and includes French classes and some elements from the Djiboutian curriculum. In terms of quality of education, UNICEF provided support to the promotion of reading and life skills education on hygiene, peace, and gender. School libraries already supported by UNICEF in previous years received additional books covering these topics. In addition, UNICEF continued its support to the Ministry of Education for the design of quality norms and standards for education in primary and lower secondary schools.

In relation to the prevention of HIV/AIDS among adolescents, the main achievements were the training of 500 out-of-school adolescents and youth on the life skills approach, and 180 adolescents and young persons on gender. From the training, the young people gained the knowledge and confidence to reach others with key HIV prevention messages in order to help break the stigma related to the topic. In addition, 576 out-of-school adolescents and youth in three of the country's six regions were engaged in awareness-raising sessions on the

importance of HIV/AIDS.

In 2014, a breakthrough had been made with the agreement of the MoE to open the doors of secondary schools to preventive and awareness raising activities around HIV/AIDS, with a pilot project initiated in four schools and later extended to eight others. In 2015, 23 more institutions joined the programme which offered the opportunity for 575 students to be trained in life skills and for 2,300 other students to be sensitized to the issue of HIV/AIDS.

In a country where the HIV prevalence rate of 2.7 per cent is the highest of the region and reaches six per cent among young people and where the epidemic is classified as a 'concentrated epidemic', prevention and awareness raising of in- and out-of-school adolescents and young people is the key to prevent escalation of the situation. In this area, UNICEF and its four implementing partners (the MoE and three NGOs) are key players working in coordination with other actors such as the Executive Secretariat for HIV/AIDS, Malaria and TB, UNAIDS, UNFPA, UNDP, WHO and the Global Fund.

A team visited from the UNICEF Regional Office undertook a mission to review and provide guidance on UNICEF Djibouti's interventions in the field of HIV/AIDS; PMTCT and prevention of HIV/AIDS among adolescents. The visit also allowed for discussions on the new "All In" approach.

Main obstacles encountered in the education programming include: (i) long and heavy processes slowing down implementation; (ii) less effective coordination among partners, and; (iii) delays in elaboration of an official legal framework for pre-school education. In the HIV/AIDS sector the main obstacles pertain to the limited engagement of the State Secretariat for Youth and Sports, and to the limited funding available for prevention.

**OUTPUT 1** By 2017, the capacities of the public and community-based early childhood education system are reinforced.

**Analytical Statement of Progress:**

With less than 2,000 children aged four to six year old enrolled in pre-school education in Djibouti - all of whom in private fee-paying kindergartens - the development of public provision of pre-school education in the country has been the object of a strong advocacy effort by UNICEF both with the MoE and the Ministry of Women Promotion. This advocacy has paid off and 43 pre-school education class started operating in 2015. Twenty were established in primary schools in cooperation with the MoE and target five year olds. The other 23 were set up in the framework of UNICEF's cooperation with the Ministry of Women Promotion which also involves rural communities, and targets nearly 600 children aged four to six. Both projects aim at enhancing the child's cognitive, psycho-motor and socio-affective skills and at ensuring readiness for school, so as to ensure better quality education and improved school performance.

For both projects UNICEF supported classroom renovation and equipment, provided school supplies and furniture. UNICEF is also covering the cost of compensation being paid to the educators working in the community kindergartens. Teacher's training in early childhood education was organized by the Teachers' Training Institute for the pre-school teachers working in the MoE pre-primary classes, while for those operating in community kindergartens, the training is planned for February 2016. The pre-school education curriculum and teacher's guide which had been developed during the pilot supported by UNICEF in the period 2008 – 2012 have been revised and adapted. The main revision consisted of adapting the curriculum for a

one year programme, since the piloting version covered two.

Partnerships in support of pre-school education are quite limited. In addition to UNICEF and the two ministries involved, the other actors are the World Bank (supporting the MoE) and the Djiboutian Agency for Social Development which will be supporting community kindergartens. This is one of the key constraints, because it implies that only limited resources are being devoted to this sector. A second constraint is that the development of public pre-school education requires the elaboration of a legal framework and a strategy, and limited progress was made in this regard. An additional constraint is that in the context of Djibouti, where poverty is widely prevalent, the private fee-paying pre-school education will not be able to develop beyond a certain point, as the market is limited by households' purchasing power.

**OUTPUT 2** By 2017, the capacities of the education system are reinforced to improve the enrolment of out-of-school children, especially those with disabilities, girls living in rural areas, and other vulnerable children, including during emergency situations

**Analytical Statement of Progress:**

In 2015, UNICEF increased its support to disadvantaged families and children with special needs. During the year, the direct cost of children's education was reduced for the families of over 25,000 children through the provision by UNICEF of student's kits for grades 1 and 2. The student's kits for the other grades (3, 4 and 5) have been financed by the budget of the MoE.

The capacity of the educational system to cater for education of children with disabilities was further developed with UNICEF assistance. This included the organization of a three-week training session on sign language for 15 teachers working with children with hearing impairment and through the provision of specific teaching aids to school hosting visually impaired and blind children. Knowing that large numbers of children with special needs are enrolled in private schools, UNICEF opted for extending support through Private Education Association. This involved co-funding a three-week training session for teachers working with children with disabilities, in order to help them develop their teaching abilities and better understand the specificities of some of the disabilities they deal with.

In parallel, 1,000 marginalized children and adolescents enrolled in "Lire Ecrire Compter"/LEC centres ("Read-Write-Count centres) managed by the Catholic Church continued to benefit from UNICEF's material support. These centres offer non-formal education for children who never attended school or who dropped out. After an accelerated three years of education in these centres, many children pass the entry exam and are integrated back into public schools in grade 5 or 6 which reopens the education horizon for them while most of them were bound to spend their life in illiteracy.

A study on children with special needs in Djibouti and their access to basic social services was conducted and highlighted the extent to which these children are excluded from the benefit of nearly all social programmes and from the enjoyment of many of their rights. Based on the results of the study an action plan was developed under the supervision of the Ministry of Women.

In terms of education in emergencies, more than 3,500 refugee children benefited from UNICEF support. They include over 3,200 refugee children from Somalia, Ethiopia and Eritrea whose families are long established in Ali Addeh and Holl camps, along with newly arrived Yemeni children, most of whom are hosted in the new Markazi camp in Obock. There are 328 Yemeni children enrolled in the school of the nearby Al-Rahma orphanage. Another 40 Yemeni



adolescents are enrolled in a non-formal secondary education programme managed by Caritas in temporary learning spaces in the camp.

At the onset of the Yemeni Crisis, a coordination group for education was created. A Memorandum Of Understanding and action plan were signed by five partners (UNHCR, UNICEF, UNESCO and two NGOs Al-Rahma and LWF).

Following a request from the MoE, UNICEF Djibouti supported rebuilding a rural school severely damaged by a storm.

**OUTPUT 3** By 2017, national standards and quality norms for education are adopted and implemented, particularly through the reinforcement of the capacities of management staff, schools and improved services.

#### **Analytical Statement of Progress:**

In the 2014-2016 National Education Plan of Action, the quality of education in Djibouti is given top priority. The Government has allocated resources for developing the capacities of the two satellite centres of the Ministry: one in charge of curricula, designing and printing textbooks and of managing education innovations, and the second which is in charge of teachers' pre- and in-service training. The Ministry also allocated resources to purchasing computer tablets for school children.

Due to limited resources, UNICEF prioritised support for the Ministry in three areas: (i) design of quality norms and standards for primary and secondary education; (ii) development of school libraries through the provision of reading books and covering the cost of a reading competition managed by the Ministry to encourage children and motivate them for reading, and; (iii) providing punctual support to improve the quality of the learning environment through interventions on WASH facilities, solar installations or provision of first aid kits. This was a continuation of earlier Child Friendly School interventions. In 2015, UNICEF intervened in all three dimensions: support was provided for the elaboration of quality norms in early secondary education although this is still unfinished business for the MoE; a large quantity of a series named "Bouba and Zaza" designed by UNESCO for West African countries and comprising 11 booklets covering various themes such as HIV/AIDS, girl's education, peace education, health and hygiene, was provided and distributed to schools. In addition, UNICEF supported the annual reading competition named "Defi lecture" organized for Grade 5 and which for the first time involved all schools. In addition, with support from UNICEF, all educational institutions were provided with first aid kits.

The main partner of the MoE for the promotion of quality education is the World Bank. USAID has also committed to fund a project aiming at promoting early reading knowing that the Djiboutian system is facing many challenges in this field and students learning acquisitions in reading are below standards. The project is on hold. The French Development Agency is another actor supporting the efforts to enhance educational quality and the Japanese cooperation is supporting a capacity development programme for supervisors.

The main constraints in this area pertain to: (i) the somewhat slow and heavy processes which result in inefficiencies and long delays; (ii) the insufficient resources allocated to some important dimensions and; (iii) the somewhat unclear vision and sense of direction which hinder the definition of priorities and continuity in the action.

**OUTPUT 4** By 2017, the capacities of the education and coaching system of adolescents and youth are reinforced to ensure that in- and out-of- school adolescents improve their knowledge on HIV prevention

**Analytical Statement of Progress:**

Djiboutian adolescents and youths have limited knowledge of how HIV/AIDS is transmitted and prevented, which increases their vulnerability and risk of infection. For this reason, UNICEF continued its partnership with the Executive Secretariat on HIV/AIDS and three partner NGOs. As a result of the actions undertaken in 2015, 500 out-of-school adolescents and youth were trained on the life skills approach, and 180 adolescents and youth trained on gender. These young people were then able to reach others with key HIV prevention messages. With UNICEF's financial support, 576 out-of-school adolescents and youth engaged in awareness raising sessions on the importance of HIV/AIDS and other key themes such as early marriage, sexually-transmitted diseases, tobacco and drugs, unwanted pregnancies, consequences of female genital mutilation.

The results of the post-tests conducted showed that 87 per cent of adolescents trained knew the modes of HIV transmission and the methods to prevent this happening, which is significantly higher than the results of the tests conducted before the training. This indicates the capacity of the programme to impart knowledge to its beneficiaries.

During the national week on the fight against HIV/AIDS, 1,650 adolescents, youth, parents and persons living with HIV were mobilized and sensitized through the activities organised by UNICEF's partners.

In terms of the component pertaining to HIV/AIDS prevention through the network of lower secondary, secondary and technical education institutions, 23 schools were targeted (nine high schools and 14 intermediate schools); 575 students were trained in life skills; 2,300 students sensitized during the thematic mobilization session on the approach. In addition, 2,000 copies of a specially designed brochure were distributed. Science teachers are the principal allies of the programme, and 46 of them have been trained (two per school) who are expected to later become the main facilitators of the school health club.

In terms of coverage rate, 46 per cent of all intermediate and high schools were involved, with a higher penetration rate in high schools (56.2 per cent) than in intermediate schools (41.1 per cent). Only six per cent of all teachers in intermediate and secondary education institutions have been trained. The effort must be sustained in 2016, and the real impact of the programme on the students' knowledge and practices must be assessed together with its sustainability.

Several other actors are involved in the fight against HIV/AIDS, including: (i) UNFPA - who works on sexual and reproductive health and PMTCT; (ii) UNAIDS - who works on strengthening the national response and the capacity of national partners; (iii) WHO – in charge of developing protocols and directives for PMTCT, counselling, testing and support; and (iv) USAID and Pefar who support actions directed at the most vulnerable populations.

**OUTCOME 3** By 2017, children and women, particularly the most vulnerable, benefit from an environment protective of their rights, with specific attention to birth registration, female genital mutilation/cutting and violence.

**Analytical Statement of Progress:**

Through partnerships with Government and civil society, UNICEF continue its efforts to

strengthen the child protection system. In terms of legal reform, the Child Protection Code was adopted by the Parliament in May. The innovation in this code for the country is in Article 26, the “duty to report”. Any person, including those bound by professional secrecy, is obliged to report to competent authorities anything that could constitute a threat to child health, or physical or moral integrity. In 2015, for the first time in the history of the country, two cases of violence against children were reported by health professionals. The first was that of a girl brought to hospital due to bleeding after an FGM/C procedure and the second a case of attempted rape in the hospital of a 10 year old girl. Reporting is also effective at the community level through the community child protection committee. The challenge in 2016 will be to develop and implement an operational plan for the Child Protection Code, to provide services by strengthening the following: (i) referral pathways; (ii) coordination between different component of child protection system (social welfare, police, gendarmerie, court, NGOs); (iii) case management, and; (iv) alternative and diversion measures.

In partnership with the Ministry of Justice, UNICEF experimented with the MoRES approach through conducting a bottleneck analysis on justice for children, carried out by the International Bureau of Child Rights of Canada. Using the determinants framework, the bottleneck analysis main findings focus on the justice system itself, customary law versus statutory law, detention centres, capacities of police and security forces, cultural resistances to recognizing child rights/definition of the child, marriage as corrective measure for rape, violence against children and coordination mechanism on Justice for Children. Based on the findings and recommendations an operational plan was developed, prioritising establishment of alternatives and diversionary measures for children. A partnership was developed with a new local association (APPDEM) who had already worked on developing the psychosocial profile of 26 children in detention or being case-managed. These included children who were unaccompanied, victims of sexual violence, or on the street.

In the framework of the UNFPA/UNICEF joint programme on accelerating abandonment of FGM/C, the Ministry of Women Promotion (MWP) in partnership with UNICEF undertook an evaluation of the national strategy on FGM/C. The results highlighted significant progress in terms of reduction of prevalence, knowledge of the communities on health associated risks, a tendency to practice the least severe form of FGM/C and girls protected from FGM/C. These results corroborated the findings of different studies on FGM/C. For example, data from the 2006 Multiple Indicator Cluster Survey/MICS and the 2012 Djibouti Family Health Survey/PAFAM showed that over last decade, there has been a reduction in the prevalence of the practice in Djibouti. In 2006, FGM/C was estimated to affect 93.1 per cent of women aged 15 to 49 years. In 2012, age group comparisons reveal that while over 95 per cent of women above 20 years of age have been cut, the same is true only for 79.6 per cent of those aged 10-19 years: a group to be considered risk free, as FGM/C is rarely performed after nine years of age. The overall FGM/C prevalence (0-60+ years old) is estimated at 78.4 per cent.

In order to accelerate mobilization in favour of FGM/C elimination and based on the community approach, 964 community dialogues organized by community actors, religious leaders and youth reached 43,394 persons (29,526 women and 13,868 men). The increase in men’s participation in these dialogues - from 18 per cent in 2014 to 32 per cent in 2015 - makes them more gender sensitive and show that the approach is getting traction and visibility which is promising for quicker progress the coming years.

Early January 2016, in partnership with the National Djiboutian Women organisation known as UNFD, the MWP and UNICEF, a public event was organized at which 51 communities (12 of which benefited directly from the programme and 39 connected communities) publically

declared having abandoned FGM/C in front of an audience of political, religious and traditional leaders, as well as international organizations. The innovation in the declaration was the large participation of men and youth in taking a stand and publicly committing to protect girls against all forms of FGM/C. Furthermore, 12 mothers and their daughters were rewarded for having protected these girls aged from seven to 12 years from FGM/C in order to give voice and amplify the movement.

In social protection, through a partnership with Caritas and the Government of Japan, a total of 15,896 daily packages of services were provided to street children including feeding, hygiene, access to informal education, medical care, psychosocial support, prevention of HIV, and drug use. Based on data from the International Organisation for Migration (IOM), the migration of children and youth has increased and represent 30 per cents of total migrants crossing Djibouti towards the Arabian Peninsula. In order to enhance protection of unaccompanied minors, a partnership was initiated between IOM, Caritas and UNICEF to set up a “best interest determination” mechanism.

In response to the Yemen refugee crisis, in May, UNICEF in partnership with UNHCR and DRC conducted an assessment in the Markazi camp which targeted registered refugees. The assessment findings indicated a high level of distress among children, youth and caregivers, the harsh conditions of the camp, limited services available, the incidence of gender-based violence on women and girls in the camp. UNICEF co-leads the protection working group.

**OUTPUT 1** By 2015, community management committees and the pool of religious leaders adopt positive social norms preventing violation of the rights of girls and boys both in urban and rural areas, including in emergency situations.

Analytical Statement of Progress:

The capacities of 27 community management committees and of religious leaders were strengthened to promote and prevent violence against boys and girls in urban and rural areas. For the first time, community-based child protection committees denounced cases of FGM/C in rural areas. The perpetrator was arrested and detained for 48 hours. Even though the judiciary authority released the offender, this was a strong message for parents, communities and circumcisers that the Government is committed to the application of the law.

In order to accelerate mobilization in favour of FGM/C elimination and based on the community approach, community dialogues organized by community actors, religious leaders and youth reached 43,394 persons (29,526 women and 13,868 men) through 964 dialogues. The increase in men’s participation in these dialogues - from 18 per cent in 2014 to 32 per cent in 2015 - makes them more gender sensitive and shows that the approach is getting traction and visibility which is promising for faster progress the coming years.

In partnership with the Ministry of Religious Affairs, actions were undertaken to promote greater synergy between community dialogues organized by religious leaders and those by community management committees.

To generate widespread public debate, 50 radio, television and newspaper productions were disseminated nationwide, which focussed on the legal, social and religious factors behind FGM/C in Djibouti.

Early January 2016, in partnership with the National Djiboutian Women, the Ministry of Women and UNICEF, 51 communities 12 of which 12 benefited directly from the programme and 39

connected communities publically declared having abandoned FGM/C in front of an audience of political, religious and traditional leaders, as well as international organizations. The innovation in this declaration was the large participation of men and youth in taking stand and publically denouncing FGM and committing to the protection of girls against this practice in all its forms. Furthermore, 12 mothers and their daughters were rewarded for having protected these girls aged from seven years to 12 years from FGM/C in order to give voice and amplify the movement.

For strengthening reporting on results achieved for children, 20 implementing partners of the joint programme benefited from four days training on planning and monitoring using the Di-monitoring tool.

The main remaining challenges include: (i) a lack of consensus among religious leaders on issuing a Fatwa for the abandonment of all forms of FGM/C; and (ii) constraints in the coordination of the MWP. For strengthening coordination, the capacity building on Di-monitoring was the starting point and in 2016, UNICEF will seek development of an M&E framework.

**OUTPUT 2** By 2017, a legal and political framework protecting the rights of children and women is developed and harmonized with international standards.

Analytical Statement of Progress:

The commitment of the Government to strengthening child protection through legal reform was reflected in the adoption of the new Child Protection Code voted by the Parliament in May 2015. This code was developed in 2014 by the Ministry of Justice with the support of UNICEF, and constituted a step forward in the harmonization of national legislation to international instruments ratified by Government of Djibouti. Some of the key element of the Code are the inclusion of the concept of “children at risk”, protection measures, support, education and surveillance. In addition, it establishes the obligation of all in contact with the child, including those bound by professional secrecy, to report to the competent authorities all situations that could constitute a threat to child health, physical or moral integrity. Finally, the Code gives the framework so that the Judge for Children and Deputy Public Prosecutor can exercise their respective mandates: protection measures; alternative sentencing and diversion; and mediation to avoid children appearing before the Court and in detention.

To deepen understanding of barriers in the components of the child protection system, a bottleneck analysis on justice for children was undertaken in partnership with the Ministry of Justice and the International Bureau of Child Rights. Using the determinants framework the MoRES approach, the bottleneck analysis highlighted the six following areas where barriers exist for the fulfilment of children rights. There are: (i) the system of justice for children, (ii) customary law versus statutory law; (iii) detention centres; (iv) police and security forces; (v) cultural resistances to recognize child rights/definition of the child including marriage as corrective measure for rape and violence against children, and; (vi) coordination mechanisms in relation to justice for Children. The results of the bottleneck analysis were discussed among keys stakeholders and validated. Furthermore, an action plan for the operationalization of the recommendation of the bottleneck analysis was developed and validated.

To implement some of the recommendation of the bottleneck analysis, a pilot project with a local NGO (APPDEM) was launched in October. The main objective is to support the Judge for Children in establishing the profile of children in conflict with the law, provide psychosocial support for children in detention and organise network of local association for alternatives, diversion and mediation measures. So far, APPDEM established the psychosocial profile of 26

children in detention and in cases being managed. They included children who were unaccompanied, victims of sexual violence, and in the street. Main challenges in 2016 will be to establish the referral pathways and to manage cases between the Ministry of Women Promotion, Ministry of Social Affairs, the police, the courts and local NGOs.

The main challenges faced pertain to the limited capacity of many actors in the justice for children system, and limited experience with alternative and diversion measures. In addition, the roles and procedures of certain organs are unclear.

**OUTPUT 3** By 2015, ten specialized child protection services in rural and urban areas are reinforced.

Analytical Statement of Progress:

- Through a partnership with Caritas, 15,896 daily packages of services were provided to street children including food, hygiene, access to informal education, medical care, psychosocial activities, and prevention of HIV and drug use. On a daily basis, 154 street children are enrolled in a Caritas day-care centre and received a daily package of services. Furthermore, 100 youth participated in awareness-raising sessions on health, HIV/AIDS and STDs. Among these youth, 22 (8 girls and 14 boys) underwent voluntary testing for HIV. In addition, 240 children benefited from literacy classes, 170 children benefited from psychosocial support, through which 127 caregivers and legal guardians were identified. The aim of the identification of caregivers is to explore possibilities of family reunification and understand better the push factors for children to be on the street.
- A total of 15 street adolescent males (out of 10 targeted) were enrolled by Caritas in a vocational training programme run by Al Rahma. The training focused on electricity and cold chain and lasted eight months. Ten of the 15 have completed the vocational training course and received professional kits which include all tools necessary for them to start a professional activity. Four of these boys have already been hired by local companies and are now able to cater for themselves and for their families. Even if this number might seem low, it represents a gigantic step. These children have no birth certificates and virtually no identity and therefore their chances of getting a job were very low. Due to this project, a door of opportunities opened for them and for their families.

UNICEF also advocated for IOM to work with Caritas on issues pertaining to unaccompanied migrant minors, as 60 per cent of street children are originally from Ethiopia. As a result, UNICEF, IOM and Caritas are in the process of developing a joint programme to establish a 'best interest determination' mechanism.

On justice for children, UNICEF is facilitating a partnership between Caritas and APPDEM in supporting street children who are in conflict with the law. Two social workers have been recruited and provided specialised services for children in conflict with the law.

The main remaining challenges pertain to limited services available such as birth registration, education and the high risk environment in which street children live and which puts them under constant threat including that of being picked up by the police put to work or and taken to the border and expelled. The limited capacity and resources are also a constraint for the sustainability of this service of which UNICEF is one of the very few supporters.

**OUTCOME 4** By 2017, a National Social Protection Strategy targeting the most vulnerable population groups - particularly children and women- and centred on a Social Safety Nets approach is implemented and progressively improved, using a better performing national and

sectoral M&E system generating reliable statistical data and indicators conforming to international standards.

### **Analytical Statement of Progress:**

In the field of social policy, the main highlight of the year was the new social protection programme initiated by the Government and managed by the State Secretariat for National Solidarity (SESN). This programme is labelled “Programme National de Solidarite Famille” (PNSF) and is a non-conditional cash transfer programme which plans to cover over several phases the 16,000 poorest families in Djibouti. This represents the 23 per cent of the population living in absolute poverty, as recalculated through a project implemented in 2014 by the National Department for Statistics with support from the African Development Bank.

Launched in 2015, the PNSF is another major pillar of the country’s social protection apparatus which also includes: (i) the National Social Safety Nets Strategy initiated in 2012 as an umbrella for a number of social protection schemes operated jointly with the World Bank and its implementing partner the Djiboutian Agency for Social Development, and WFP, and; (ii) the universal health insurance scheme adopted in late 2014 providing coverage not only for the system contributors (consisting mainly in public service employees and later extended to private sector) but also for non-contributors who make up the bulk of the poorest social groups who had difficulties to access the health system which was then too expensive for them. UNICEF is supporting the development and implementation of the PNSF through a contract with Oxford Policy Management. This support aims to ensure that quality technical assistance and advice is provided for the design phase of the programme informed by experience from other countries, and for the development and operationalization of its monitoring and evaluation system.

Meanwhile, the SESN is currently building, with support from the World Bank, a unified social register to which WFP and UNICEF are contributing through social surveys which will help reduce the risks of inclusion or exclusion errors.

The Multiple Overlapping Deprivation Analysis undertaken early 2015 by the State Secretariat for National Solidarity with support from UNICEF has provided new insights into the notion of child poverty and deprivation and is being used to inform the design phase of the programme. The study showed that three out of every five children are affected by two deprivations or more and that every fourth child is affected by at least four deprivations.

In 2015, the social policy field was enriched by the finalization and adoption by the Government of two key planning papers. The first, titled “Vision 2035” is the long-term development plan which provides an overview of the main characteristics and components of the development model that Djibouti has chosen to follow for the next 20 years, while the second is a more classic Five- year Socioeconomic Development plan for the period 2015–2019. The title of this medium term plan “Strategie de Croissance Acceleree pour l’Emploi” highlights the two key Government priorities for the coming years: Growth and Employment (particularly for young people). In Djibouti, where 23 per cent of the population live in absolute poverty and 41 per cent in relative poverty, both development plans legitimately place a clear emphasis on poverty reduction as one of the prerequisites for socio-political stability.

Both plans emphasize the importance of developing the statistical apparatus of the country and its capacity in monitoring and evaluation. In this regard, a national strategy pertaining to the development of statistics in all sectors and across sectors is being developed by the Directorate of Statistics and Demographic Studies (DISED) and the State Secretariat for Planning.

To support this national priority, UNICEF strengthened monitoring and evaluation in a number of ways, including: (i) continuing to support the development of strong and reliable sectoral monitoring systems with priority given to health, along with agriculture (WASH), National Solidarity (Social Protection) and the Ministry of Women Promotion (Child Protection) and; (ii) supporting the updating of 64 indicators of the national Djibouti DevInfo database.

In parallel to UNICEF's work, a process managed by the DISED and supported mainly by UNDP helped to reach consensus on a number of key indicators with well-defined metadata to guarantee reliability of data and help limit the usual 'endless' debates on their calculations and level of accuracy. UNICEF supported this activity as a precondition for improvement and proper functioning of the Djibouti DevInfo data base and for the national statistical system altogether. This will also facilitate timely dissemination of both routine and survey data in the country so that evidence generated is used to inform decision making, programming and policy formulation in the different sectors, and is put to work for children and women from the most deprived groups.

In the sectors of Social Policy and M&E where there are many players, the need for improving coordination and information-sharing is acutely felt, and UNICEF has made it a central element of its advocacy with the two Governmental partners in charge. A technical steering group is being formed for Social Protection and will be holding its first meeting early 2016 while for M&E the UNDAF Mid-Term Review which is underway may result in the adoption of a joint programme between UNICEF, UNDP and UNFPA.

**OUTPUT 1** By 2017, the national and sectoral M&E system produces and uses indicators compliant with international standards to regularly inform on the situation of children.

**Analytical Statement of Progress:**

As part of its strategic planning, the country is committed to prioritize and strengthen monitoring and evaluation in all national programmes. As a national priority, monitoring and evaluation is an objective of the new National Development Strategy "Vision 2035" and the Accelerated Growth Strategy for the Promotion of Employment "SCAPE" 2015-2019. In addition, a national strategy pertaining to the development of statistics in all sectors and across sectors is being developed. UNICEF has strengthened monitoring and evaluation in a number of ways, including: (i) continuing to support the development of strong and reliable sectoral monitoring systems with priority given to health, along with agriculture (WASH), National Solidarity (Social Protection) and the Ministry of Women Promotion (Child Protection) and; (ii) supporting the updating of 64 indicators of the national Djibouti DevInfo database. In parallel to UNICEF's work, a national participatory process supported mainly by UNDP helped to reach consensus on a critical number of national indicators with metadata clearly defined to ensure reliability of data and contain 'endless' debates on their calculations. UNICEF has technically and financially supported this activity which constitutes a necessary precondition for the improvement and proper functioning of the national Djibouti DevInfo data base and for the improvement of the national statistical system across the board. This will also facilitate the timely dissemination of both routine and survey data in the country so that evidence generated in the country is used to inform decision making, programming and policy formulation processes in the different sectors and is put to work for children and women from the most vulnerable population groups.

The mid-term review underway of the 2013-2017 UNDAF is providing a good opportunity to revitalize the process of design of a UN joint programme on statistics, so as to ensure that the efforts of three UN agencies active in this field are coordinated and converge.



**OUTPUT 2** By 2017, the national strategy of social protection ensures a better targeting of the most vulnerable groups, particularly women and children, due to the multidimensional poverty and other innovative approaches.

**Analytical Statement of Progress:**

In 2015, the social policy field was marked by the finalization/launching by the Government of two key planning documents. The first, labelled “Vision 2035” is the long-term development plan outlining the main features of the model opted for by Djibouti for the next 20 years. The second is a more detailed operational expression of the first five year period of this plan: the title of this medium term plan “Strategie de Croissance Acceleree pour l’Emploi” highlights the two key Government priorities of Growth and Employment (particularly for young people). In a country where 23 per cent of the population live in absolute poverty and 41 per cent in relative poverty, both development plans place a clear emphasis on poverty reduction.

The major achievement of the year was the launching of a new social protection scheme labelled “Programme National de Solidarite Famille”, a non-conditional cash transfer programme which aims to progressively cover the 16,000 poorest families in Djibouti. Initiated in 2015, this programme is a third major milestone in the social protection apparatus of the country complementing the National Social Safety Nets Strategy launched in 2012 and the universal health insurance scheme adopted in late 2014. UNICEF is supporting the development and implementation of the PNSF, which is major component of the social safety nets strategy, and which is funded at least for its first phase from public funds. UNICEF through a contract with Oxford Policy Management is ensuring that solid technical assistance is provided for the design phase of the programme, informed by experience from other countries, and for the elaboration of its monitoring and evaluation system. The Multiple Overlapping Deprivation Analysis undertaken early 2015 by the State Secretariat for National Solidarity with support from UNICEF has provided new insights into the notion of child poverty and deprivation and is being used to inform the design phase of the programme. UNICEF is advocating for the integration of specific populations such as nomads in the programme. This would be a significant breakthrough because, as shown by the 2014 Out-of-School Children Study, this population group often receives no consideration and is left out of the benefit of social policies adopted in the country.

The State Secretariat for National Solidarity is currently building, with technical and financial support from the World Bank, a unified social register. As part of this initiative, WFP and UNICEF are supporting social surveys being undertaken in different areas of the country that provide information for the social register.

In a sector where there are many players, the need for improving coordination and information sharing is acutely felt and UNICEF has made it a central element of its advocacy with the governmental partner. A technical steering group is being formed and will be holding its first meeting in the first weeks of 2016.

**OUTCOME 5** Improved management of resources in pursuit of effective and efficient results in support of programme operations.

**Analytical Statement of Progress:**

The Annual Management Plan was prepared in the context of an office retreat and finalized during the first quarter of 2015. It was subject to a mid-year review in September including the staff association-led office improvement plan. The Country Management Team maintained its dynamic and effective role in the oversight of the results, linking with other governance, coordination and advisory committees and ad hoc task forces to monitor office management

indicators and performance reports through Vision/Insight. The key governance systems were in place, the committees meet regularly and decisions and recommendation reported, implemented and monitored. The tool designed and adopted in 2014, the 'Mega Matrix', which groups in one tool the follow up of all recommendations (from field trips, risk management, the business continuity plan, and the audit) facilitated the monitoring of programme implementation and operational effectiveness.

The programme coordination group met nine times to discuss programme implementation and review new guidelines such as for HACT or for the new CSO procedure. It also discussed issues pertaining to DCT liquidation and to humanitarian response to the Yemeni crisis.

The operations group met 12 times and systematically reviewed key operational indicators. The group benefited from a joint coaching exercise which was immensely useful.

The Joint Consultative Committee/JCC met four times, however, dialogue and coordination between the management and the staff association was regularly undertaken. The Staff Association took several good initiatives and its role was appreciated by all staff.

Completion of Performance Evaluation Reports was timely and no particular challenges were met in this regard.

Funding remained a major challenge, and UNICEF Djibouti sustained its efforts in fundraising and in implementation of cost-saving activities to reduce office operating costs. The level and type of resources available explains to a large degree why many posts were vacant. This is because the cost of doing business in Djibouti is much higher than one would have expected in a low middle-income country.

Constraints were registered in relation with suppliers due specifically to non-compliance with delivery dates. The market survey was completed in 2015 and the result will be used to improve as much as possible supply component to support more effectively and efficiently programming.

UNICEF Djibouti continued to host the Yemen Support Hub and bore some additional costs in relation to this.

## **OUTPUT 1 Efficient and Effective Management of Office Governance and Systems.**

### **Analytical Statement of Progress:**

The four open audit recommendations pending at end of 2014 were closed by June 2015, and efforts are in place to sustain the results achieved and the good practices put in place.

The good practice of using participatory approaches to develop the Annual Management Plan and undertaking its mid-year review was continued in 2015. The structure, norms and mechanisms remained in place. Statutory and non-statutory committees were in place and guided by ToRs which are updated whenever policy changes occur or conditions in the office so require.

The Country Management Team met monthly, the Senior Management Team held six meetings, the Programme and Operations teams conducted nine and 12 respectively meetings. The office conducted two all staff meetings to inform or to clarify issues related to security and matters of interest of the team.

Seventeen Standard Operating Procedures and their respective workflows are in place. Five orientations on SOPs took place (Individual Consultants and Contractors, Institutional Contract, Travel, Sick Leave and Payment processing) and were effective to help staff improve their knowledge and understanding of procedures. At end of 2015, 11 Long Term Agreements for services are in place, three of them established jointly with others UN agencies.

The office maintained over 95 per cent MOSS compliance, thanks in good part to the UNICEF Regional contingency fund which helped ensure the safety of staff and premises. ICT systems are operational and meets global standards.

The office conducted a Business Continuity Plan orientation. A simulation exercise was delayed to 2016. Communication tree and warden system were updated and the office has residential mapping of all staff and their families. One fire drill was conducted and was considered conclusive.

The office risk and control self-assessment was reviewed and the status of progress presented by the ERM focal point to the CMT during the mid-year review.

**OUTPUT 2** Effective and efficient management of financial resources and stewardship.

**Analytical Statement of Progress:**

Of the US\$6.99 million available in 2015, 92 per cent of this amount was utilised: 100 per cent of Institutional Budget; 100 per cent of Regular Resources; 86 per cent of Other Resources; and 94% of Other Resources Emergency.

The office took multiple actions to reach the global indicators with only limited success. The total amount of outstanding DCT was US\$1, 600,889 at end of the year. Of this amount, DCT over nine months accounted for 12 per cent (US\$190,720) and DCT between six and nine months reached 14 per cent (US\$221,170). The remaining amount was less than six months (US\$1,188,999). For 2016, specific actions have been identified to address the causes of late justification of funds advanced to partners, to avoid having significant DCT above six months.

Bank reconciliations were submitted on time, and 95 per cent of the reconciling items cleared on time.

The operating costs continued to be high, although a strong team effort allowed for reduction of the telephone cost by 13 per cent and electricity by 2.5 per cent.

Open financial items, travel, General Ledger account and vendors' balances were monitored and cleared or are ongoing. The Role Mapping and Table of Authority were quarterly updated and mitigation measures provided.

With macro and micro evaluations completed and assurance activities initiated, UNICEF Djibouti is HACT compliant. The office implemented three simplified assessment to CSOs, three spot checks and six programmatic visits mostly during the last quarter of the year. In 2016, the Djibouti office will implement the spot checks and two audits planned with the support of a consultant. The office will conduct an additional training in 2016 and will encourage partners to use the Agora hub for HACT/FACE training.

**OUTPUT 3** Effective and efficient management of human capacity.

**Analytical Statement of Progress:**

The UNICEF Djibouti structure approved in 2014 PBR remained effective and the gaps were often filled by consultants and stretch assignments. Thus, an external consultant covered effectively the communication specialist position, two colleagues from Mauritania and Tunisia supported health and nutrition response interventions in Markazi refugee camp, three internships were admitted in Planning, Health and Nutrition programmes and the Global Polio Eradication Initiative was significantly supported in C4D component by a Polio stop team volunteer. A total of eight consultants were recruited (five for programme and three for operations including Yemen Emergency Hub). The vacancy rate of 20 percent was due to financial constraints, and three posts are expected to be filled early 2016.

In terms of staff capacity reinforcement, 71 per cent (20/28) of activities were conducted. Thirteen training activities were cancelled due to time constraints of the staff who were overloaded by emergency response activities related to the Yemen Crisis. The office invested US\$19,347 in training and learning activities.

The operations team benefited from a coaching programme funded by UNICEF HQ and will continue in 2016. Three internal group trainings were implemented (Managing Performance for Results-EPAS, Invoice processing, HACT/FACE) and refresh sessions on SOPs (Individual and Institutional contract, Payment and Sick Leave). All staff completed the Ethics and Integrity training online. Most staff completed the HACT training online and two were selected for the Regional Essential Skills Learning initiative to start in 2016. The UNICEF global hub for learning and development is highly valued and staff used the tool for short orientations and knowledge upgrade. Staff members held sessions of knowledge sharing in the areas of special needs education, justice for children, and the FGM/C Evaluation, together with Ebola and the decentralized health system strengthening, and three operations staff members participated in the polio campaign supervision in May.

The office performance appraisal followed the standard process, the planning and mid-year review with a completion rate of 100 percent.

The gender balance is 46 per cent female and 54 per cent male.

In response to the Global Staff Survey, the office improvement plan was updated in June to focus on four areas: Work-life balance, Office Efficiency and Effectiveness, Career and Professional Development and the Staff Association. From June until the end of December, 50 per cent of the activities were completed.