Executive Summary

2016 was marked by the transition to a new Government after April’s Presidential election and by the launching of Sustainable Development Goals, with consequent implications for Djibouti’s national development framework and related sectoral policies, strategies and programmes. The elaboration of the United Nations Development Assistance Framework (UNDAF) and UNICEF Country Programme Document (CPD) for the 2018-2022 period began, weighing the changes in the national and international development agendas, the financing landscape and the draft UNICEF Strategic Plan 2018-2021.

Government, civil society, communities and donors were mobilized around these processes, and UNICEF Djibouti’s role as convener for children’s rights was reiterated. The capacities of UNICEF and other UN staff on results-based management were reinforced to impact the country programme document and UNDAF formulation processes. The 2016 ‘Situation Analysis of Women and Children’ showed that girls and children in rural areas were the most disadvantaged in the realization of their rights. The new CPD will factor those findings and integrate adolescence and integrated early childhood development as emerging and cross-cutting areas; a focus on the first 1,000 days of children’s lives to fight malnutrition; and public financing.

While Djibouti’s security situation remained stable, the country was affected by the socio-political situation in Ethiopia, which resulted in an influx of 4,000 asylum seekers as well as the forced repatriation of Ethiopian migrants from Yemen. The drought that started in 2008, worsened by ‘El Niño’, continued to cause high food insecurity, communicable diseases and child malnutrition rates above WHO’s emergency thresholds. The northern part of the country and the capital Djibouti-city registered 97 cases of acute watery diarrhoea between 12 August and 8 September, threatening children’s lives. UNICEF, in collaboration with other UN agencies, activated adequate emergency measures and adjusted its programme plans, priorities and resources, to support the most affected children and families. UNICEF Djibouti reactivated and is leading the local partners for education group while assisting the development of the ‘National Education Plan’, which integrates key policy recommendations from the 2013 Out-of-School Children Study. UNICEF Djibouti engaged in high-level advocacy for immunization to remain at the top of Government’s agenda, and for new-born health to be part of UNDAF’s and Government’s priorities. An ‘Integrated Rural Sanitation and Hygiene Strategy’ was developed and implemented to address the prevailing low sanitation and high open defecation rates. The ‘Situation Analysis of Women and Children’ was updated with a focus on children rights and equity. Nine out of 10 children under 5 years of age suffering from severe acute malnutrition were treated in health facilities. The child protection system to prevent and respond to violence was operational, and the first cases of violence against children were reported and acted upon.

UNICEF advanced its implementing partners risk management through HACT implementation; increased the spot-checks and programme monitoring visits, and provided training so that all partners are now HACT compliant. By December 2016, UNICEF Djibouti had no outstanding over six-month direct cash transfers.
Despite continuous advocacy efforts, the Out-of-School Children Study 2013 and the Child Poverty/Multiple Overlapping Deprivation Analysis 2015 were not yet validated by the Government. The country met the Millennium Development Goal related to access to improved water, but disparity between urban and rural areas (97 and 65 per cent, respectively) remained a challenge; sanitation and hygiene indicators were also very low and need bigger focus in 2017. Global stunting rates remained high and require more robust advocacy initiatives for the country to invest in malnutrition prevention and integrate the Scale-Up Nutrition movement. A stronger focus on issues related to street and migrant children is needed, together with the strengthening of the birth registration system to ensure that all children have an identity and can access education. The review process of government priorities in the health sector delayed the delivery of services to the hardest-to-reach communities; the sector will require greater attention in 2017.

Thanks to steady advocacy efforts, UNICEF Djibouti managed to raise more attention on the child malnutrition situation and build a strategic partnership with Food and Agriculture Organization (FAO) and the European Union Delegation in Djibouti. By promoting South-South cooperation, UNICEF Djibouti successfully supported Government and NGO partners to benefit from an exchange of experiences with West African Countries on issues related to community-led total sanitation, a promising approach to tackle the high open defecation rates. The cooperation with Global Alliance for Vaccines and Immunization (GAVI) enhanced the cold chain availability with the delivery of 23 solar refrigerators, covering 60 per cent of national requirements.

**Humanitarian Assistance**

The drought that started in 2008 persisted for an eighth consecutive year, resulting in high food insecurity rates, increased vulnerability to communicable diseases and malnutrition rates above WHO’s emergency thresholds. The influx of refugees, asylum seekers and migrants puts additional strains on country’s already limited resources. The humanitarian country team anticipated that 303,368 people - approximately one-third of country’s overall population – including 58,042 girls and 54,052 boys, needed humanitarian assistance in 2016.

Against this backdrop, UNICEF Djibouti joined hands with Government and partners to respond to the urgent needs of the most vulnerable children and women, striving to save lives and build resilience. The 2016 Humanitarian Response Plan developed by all partners guided the response. As leader of the WASH and nutrition working groups and of the child protection sub-working group, UNICEF Djibouti was responsible to ensure that humanitarian responses met the required standards, were implemented with equity, through harmonized approaches and with an efficient use of the resources available.

In 2016 UNICEF Djibouti appealed for US$3,508,234 to fund its humanitarian nutrition, WASH, child protection and education responses. Despite having a 69 per cent funding gap as of 30 November, UNICEF Djibouti worked steadily with Government and NGO partners to make sure that children’s and women’s most pressing needs would not remain unattended. This meant prioritizing some activities over others and complementing the limited budget available with non-emergency thematic funds.

As a result of these efforts, 6,085 children and families (3,114 males and 2,971 females) out of 12,285 targeted) in refugee camps and drought-affected areas recording high malnutrition rates were given access to safe water. One hundred thirty households with 774 people (out of 3,615 planned) gained access to improved sanitation. Approximately 9,000 people learned basic hygiene practices (out of 23,035 targeted) and 500 households with approximately 3,000 people received water storage and treatment materials to prevent diseases and malnutrition. UNICEF Djibouti provided financial and technical support to these
activities, which were implemented by the Department of Rural Hydraulics and the NGO ADIM.

Efforts were made to scale-up the nutrition and health surveillance system to provide integrated health and nutrition packages of life-saving interventions to children under five and pregnant and lactating women affected by the emergency situation. From January to September, 4,751 children under 5 years of age suffering from severe acute malnutrition (out of 5,102 targeted from an expected overall burden of 5,259) were admitted into therapeutic feeding programmes; 521 of them were children from refugee camps. The recovery rate stood at 96 per cent and the mortality rate remained below 1 per cent.

UNICEF provided the national nutrition programme with 8,823 cartons of ready-to-use therapeutic food (part of it was used to prevent stock-out in early 2017), screening and monitoring tools, and other nutrition supplies. Counselling on adequate infant and young child feeding practices was provided to 846 pregnant and lactating mothers (out of 1,200 targeted); they understood the importance of exclusive breastfeeding up to 6 months and timely introduction of complementary feeding. Among them, 241 also learned about early childhood stimulation and development, thanks to the establishment of a baby-friendly space in Markazi refugee camp. Given the risk of epidemics, 2,113 migrant and refugee children ages 6-59 months were vaccinated for measles in a campaign implemented by the Ministry of Health with UNICEF and WHO support. Vitamin A supplementation was integrated into routine interventions.

A total of 3,750 refugee children (1,722 girls and 2,028 boys) accessed non-formal pre-primary, primary and secondary education as a result of UNICEF Djibouti’s partnership with UNHCR, Lutheran World Federation (LWF) (in all refugee camps), UNESCO and Al-Rahma (in Markazi refugee camp). In urban areas, 750 emergency-affected children excluded from the official school system (for being too old or lacking birth certificate), enrolled in the non-formal education programme run by ‘Écoles Catholiques de la Diocèse de Djibouti’ (Catholic Schools of the Djibouti Diocese). Through its partnership with Caritas, UNICEF Djibouti ensured that 93 per cent of the targeted 154 migrant and street children benefited from daily access to food, health care, literacy, recreational activities and vocational training.

An outbreak of acute watery diarrhoea was declared in September, with 97 cases (98 per cent of them Ethiopian migrants). The Government mobilized the financial resources for the response. UNICEF contributed by providing water purification tablets to approximately 2,680 households located in the most exposed regions, covering their needs for one month. UNICEF also continued to strengthen Government’s capacities on planning and coordination, and supported the Government in the development of the 2017 Humanitarian Needs Overview and Humanitarian Response Plan.

**Emerging Areas of Importance**

**Climate change and children.** Strong ‘El Niño’ effects (scarce rainfall) induced by climate change were reported in Ethiopia and Somalia (Somaliland region) both in December 2015 and February 2016. The drought that followed left many pastoralists with no source of income, forcing them to abandon their homes. In the first quarter of 2016, an influx of approximately 7,500 drought-displaced people from Ethiopia and Somalia entered the Djiboutian territory and settled in the southern region of Ali-Sabieh, the closer to the border. A nutritional screening undertaken by the Ministry of Health targeting the newly-arrived population showed that 35 per cent of the 508 children under 5 years of age were acutely malnourished.

To respond, UNICEF put in place an integrated package of nutrition and WASH life-saving activities in partnership with the African Humanitarian Action (AHA) and the Norwegian
Refugee Committee (NRC). The nutrition component, implemented by AHA, included the quality management of severe acute malnutrition cases, Vitamin A supplementation, and awareness-raising on infant and child young feeding practices in emergencies. The WASH component, implemented by NRC, included access to safe drinking water, sanitation facilities, and hygiene services.

Project implementation began in late May 2016. Most of the drought-displaced population moved back to their countries of origin as the situation stabilized, but those who remained were extremely vulnerable. The influx of population also put pressure on the limited local resources, making the host community more fragile.

By the end of November 2016, the UNICEF-AHA-NRC partnership had positively changed the life of children and mothers. From May to November, 178 children under 5 years old were treated for severe acute malnutrition, out of 249 targeted (71.5 per cent); 813 children ages 6-59 months were supplemented with Vitamin A out of 966 targeted (84.1 per cent); 813 children ages 6-36 months were supplemented with micronutrients out of 966 targeted (84.1 per cent); and 1,012 pregnant and lactating women learned how to properly feed their children (surpassing the target of 966). An estimated 1,500 people enhanced their access to safe drinking water and 300 gained access to improved sanitation through the construction of 40 latrines. Hygiene kits were distributed to 360 households and 4,000 people were encouraged to adopt safe hygiene practices.

This experience made UNICEF Djibouti acknowledge the need to systematically integrate preparedness and response to climate change in its strategic programming.

Migrant children. In the ‘2016 Trafficking in Persons Report’ published by US State Department, Djibouti is classified in Tier 3 and considered a source, transit and destination country for migrants and refugees. Over the past years, the country has been a transit point for approximately 100,000 migrants trying to enter the Arab region through Yemen (destination entry for migrants). The Yemen crisis created a reverse movement, with people fleeing from Yemen to Djibouti: more than 36,000 persons fled from Yemen to Djibouti between March 2015 and July 2016 according to IOM and Government data. Migrants continued to cross the country in both directions, and an estimated 40 per cent of them were children (including unaccompanied minors). The risks they faced were enormous. Migrant girls and women were at risk for domestic servitude and/or sex trafficking in the Ethiopia-Djibouti trucking corridor, the capital Djibouti-City and Obock (the main departure point for Yemen). Migrant children were forced to beg on the streets as a source of family income. They were vulnerable to forced labour and, at times, coerced to commit petty crimes, such as theft.

Thanks to a training funded by IOM and UNICEF Djibouti in 2016, four social assistants from the Association for the Promotion and Protection of Minor Children (APPDEM) and Caritas developed their capacities to analyse children’s psychosocial profiles. As a result, all street and migrant children enrolled at Caritas had their psychosocial profile conducted. Thirty-five of these children (15 girls and 20 boys) were reunited with their families in Djibouti-city. UNICEF Djibouti also facilitated a partnership between Caritas and IOM which resulted in the voluntary repatriation of 13 children (12 boys and one girl) to Ethiopia. As this repatriation was not supported by any institutional mechanism, UNICEF Djibouti and UNICEF Morocco provided technical assistance to IOM and trained 34 child protection actors on best interest determination (BID). The next step is the establishment of BID mechanisms and tools with Government, NGOs, Government and UN for migrants and street children to propose appropriate solutions for every child.
**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADIM</td>
<td>Association pour le Développement Intégré de Mabla</td>
</tr>
<tr>
<td>AWD</td>
<td>Acute Water Diseases</td>
</tr>
<tr>
<td>AHA</td>
<td>African Humanitarian Action</td>
</tr>
<tr>
<td>APPDEM</td>
<td>Association pour la Promotion et la Protection des Enfants Mineurs</td>
</tr>
<tr>
<td>BID</td>
<td>Best interest determination</td>
</tr>
<tr>
<td>CCTV</td>
<td>Close Circuit Television Vision</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community Led Total Sanitation</td>
</tr>
<tr>
<td>CRC</td>
<td>Contract Review Committee</td>
</tr>
<tr>
<td>DRC</td>
<td>Danish Refugee Council</td>
</tr>
<tr>
<td>DHSS</td>
<td>Decentralized Health System Strengthening</td>
</tr>
<tr>
<td>DCT</td>
<td>Direct Cash Transfer</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunisation</td>
</tr>
<tr>
<td>GPS</td>
<td>Global Positioning System</td>
</tr>
<tr>
<td>GSSC</td>
<td>Global Shared Services Centre</td>
</tr>
<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
</tr>
<tr>
<td>HF</td>
<td>High Frequency</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communication Technology</td>
</tr>
<tr>
<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
</tr>
<tr>
<td>IGN</td>
<td>Iodine Global Network</td>
</tr>
<tr>
<td>IOM</td>
<td>International Organization for Migration</td>
</tr>
<tr>
<td>LTA</td>
<td>Long Term Agreement</td>
</tr>
<tr>
<td>LWF</td>
<td>Lutheran World Federation</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MODA</td>
<td>Multiple Overlapping Deprivation Analysis</td>
</tr>
<tr>
<td>NRC</td>
<td>Norwegian Refugee Committee</td>
</tr>
<tr>
<td>MOSS</td>
<td>Office Minimum Security Standard</td>
</tr>
<tr>
<td>OSF</td>
<td>Operation Service Platform</td>
</tr>
<tr>
<td>ORR</td>
<td>Other Resources Regular</td>
</tr>
<tr>
<td>ORE</td>
<td>Other Resources Emergency</td>
</tr>
<tr>
<td>PRIME</td>
<td>Plan for Research, Impact Monitoring and Evaluation</td>
</tr>
<tr>
<td>RR</td>
<td>Regular Resources</td>
</tr>
<tr>
<td>SMT</td>
<td>Security Management Team</td>
</tr>
<tr>
<td>SITAN</td>
<td>Situation Analysis</td>
</tr>
<tr>
<td>SUN</td>
<td>Scale-Up Nutrition</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
</tr>
<tr>
<td>UNEG</td>
<td>United Nations Evaluation Group</td>
</tr>
<tr>
<td>UNFD</td>
<td>Union Nationale des Femmes Djiboutiennes</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UNDSS</td>
<td>United Nation Department of Security</td>
</tr>
<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
</tbody>
</table>
Capacity Development

In 2016, UNICEF Djibouti continued to reinforce the capacities of Government, civil society, communities and children.

Three hundred thirty healthcare workers from the Ministry of Health were trained on the management of severe acute malnutrition. Among the 5,102 children treated, 96.9 per cent recovered and only 2.9 per cent defaulted, and the death rate stood below 0.1 per cent.

In the WASH sector, UNICEF Djibouti helped Government staff improve their leadership and analytical skills. The results became evident during WASH working group meetings; and particularly during the development of the 2017 Humanitarian Needs Overview and Humanitarian Response Plan. UNICEF Djibouti also supported the training of two WASH partners on the community-led total sanitation approach.

Four social workers from civil society organizations (Caritas and APDEM) learned how to conduct social enquiry reports and utilize best interest determination mechanisms and tools, thanks to training funded by IOM and UNICEF Djibouti. These social enquiry reports aim at understanding a child’s story, detect signs of violence and identify immediate needs. As a result, all children in detention and all children enrolled at Caritas (an organization providing food, healthcare, literacy, leisure to migrant and street children) were profiled, and gaps in access to basic services were highlighted.

Through UNICEF’s partnership with the Ministry of Muslim Affairs and UNFD, all 551 members of Community Management Committees and 33 religious leaders involved in the Joint Programme for Acceleration of Female Genital Mutilation/Cutting (FGM/C) Abandonment were trained on dialogue techniques. The communication strategy they implemented engaged 51,964 people in community dialogues, built trust among parents and saved 223 girls from FGM/C.

Thanks to the life-skills programme supported by UNICEF Djibouti, 2,344 in-school and 15,000 out-of-school adolescents and youth showed awareness or a more responsible behaviour towards HIV/AIDS and other issues such as female genital mutilation/cutting (FGM/C), unwanted pregnancies or drugs consumption.

Evidence Generation, Policy Dialogue and Advocacy

In partnership with the Ministry of Women and Family, UNICEF Djibouti conducted the ‘Situation Analysis of Children and Women’ with adolescents and youth involvement. This document revealed that girls and children in rural areas are the most disadvantaged in the realization of their rights. The outcomes of the analysis were used as key background documents in the elaboration of the new country programme document.

In the health sector, UNICEF Djibouti supported a comprehensive inventory and analysis of immunization’s cold chain equipment and logistics. This assessment enabled the country to understand what measures should be taken to ensure the availability of quality vaccines for children, especially in rural areas. The findings were also used to develop a proposal to GAVI’s Cold Chain Equipment Optimization Platform, which aims to ensure that all necessary equipment is in place with a reliable curative and preventive maintenance plan. Thanks to UNICEF Djibouti advocacy efforts, GAVI acknowledged the urgent need and procured 23 solar refrigerators (60 per cent of the need) and five electrical refrigerators. This
in turn will have an impact on the quality and availability of vaccines for the effective prevention of vaccine-preventable diseases among children in Djibouti.

A study on iodine deficiency disorders was conducted with UNICEF Djibouti’s technical and financial support. The preliminary results (yet to be validated) showed that nearly 94 per cent of school-age children and pregnant women had sufficient iodine in urine despite the fact that only 2 per cent of the salt commercialized is iodized. These findings have already enabled the Ministry of Health to reorient the Iodine Deficiency Disorder Plan and to focus on routine monitoring rather than on communication in favour of iodized salt consumption and/or the promotion of the local production of iodised salt.

Consultations were ongoing to conduct DHS/MICS in 2017.

**Partnerships**

UNICEF, in collaboration with UNESCO, supported the Government in adapting, integrating and managing the country’s plans to achieve the Sustainable Development Goal 4. Under UNICEF leadership, the local partners for education group resumed its activities in the last quarter of the year, strengthening coordination, policy, advocacy and programming within the sector. In 2016, the implementation of the Memorandum of Understanding signed in October 2015 between UNHCR, UNICEF, UNESCO, LWF and Al-Rahma ensured the provision of education services for Yemeni refugee children following the Yemeni curriculum recognized by the Government. UNICEF and WHO strengthened their partnership with GAVI to provide quality support for immunization and use vaccination as an entry point for health system strengthening. This partnership enabled the implementation of key National Immunization Programme activities such as the successful introduction of the inactive poliovirus vaccine, the replacement of the polio trivalent vaccine by the polio bivalent vaccine, as well as the review of the current immunization plan and development of a five-year new plan.

UNICEF also explored a potential partnership with the Faculty of Medicine to improve the quality of training offered through a strategic orientation. In early 2016, UNICEF, WFP and UNHCR pursued the implementation of a single, harmonized logical framework for humanitarian response to nutrition. Within this framework, UNICEF strengthened the capacity of health and community workers, ensured the provision of nutritional products for the management of cases of severe acute malnutrition, and supported communication and awareness-raising activities. WFP provided nutritional products for the management of cases of moderate acute malnutrition and capacity building for effective input management; and UNHCR provided essential drugs for malnutrition treatment and covered the operational costs. The NGO African Humanitarian Action implemented the programme in the three refugee camps.

**External Communication and Public Advocacy**

In 2016, UNICEF Djibouti continued to use traditional and digital media to speak out for all children in Djibouti, especially the most vulnerable. UNICEF Djibouti’s work on issues such as female genital mutilation (a harmful practice affecting eight out of 10 girls and women in Djibouti), preschool education (in which only 7 per cent of children are enrolled) or child migration was covered by the national newspaper ‘La Nation’. UNICEF Djibouti used this opportunity to spread key messages to help make the case for children and support UNICEF advocacy objectives. Through its Facebook page, UNICEF Djibouti gave voice to children (through human interest stories) and raised the visibility on issues affecting children at local and global level, using evidence-based and compelling messages.

In May, UNICEF Djibouti hosted the visit of two teams from the UK National Committee for UNICEF. The first team focused on UNICEF’s efforts to promote child and maternal health in
Ali Addeh refugee camp and produced different communication materials (video, human interest stories). The video was used by David Beckham in the form of a live talk/interview in front of an audience of 270 people, followed by a pledge dinner with more than 20 high net worth individuals, with awareness-raising and fundraising purposes. The second team was accompanied by the UK newspaper ‘The Guardian’ and focused on UNICEF education and child protection responses to the Yemen refugee crisis. They visited the school facilities in Al-Rahma orphanage and Caritas to meet primary and secondary-school refugee children enrolled with UNICEF support. In Markazi camp, they saw children performing short plays around the most frequent violations against children and gender-based violence. ‘The Guardian’ produced a video on psychosocial support which was launched on public and media platforms to raise awareness and mobilize funds.

South-South Cooperation and Triangular Cooperation

Sanitation and child migration were two of the main areas in which UNICEF Djibouti promoted South-South Cooperation. An estimated 76 per cent of inhabitants in rural areas were practicing open defecation and this situation worsened during the last five years. With UNICEF Djibouti support, one Government technician and one NGO resource person were trained on the community-led total sanitation approach and exchanged experiences with Government staff, civil society members and UNICEF Staff from West African countries. Following the training, a plan of action with a strong focus on community empowerment was developed using a participatory approach; and implemented with UNICEF Djibouti support. Women were strongly engaged in the planning. This first experience generated high interest among communities, and especially among women; and will be expanded in the 2017 work plan between Government and UNICEF.

International Organization for Migration (IOM) data shows that child migration in Djibouti was on the rise, representing 46 per cent (15,985) of the overall migrant population, estimated at 34,740. In 2016, OIM assisted 594 children (534 boys and 60 girls ages 12-17 years) including 582 unaccompanied minors and 12 separated children. UNICEF and IOM Djibouti collaborated with UNICEF Morocco to train 38 protection actors from local NGOs, Children's Protection Centre and IOM's Transit Centre on best interest determination tools and mechanisms for unaccompanied child migrants. Following the training, a one-day workshop was held to brief the Government counterparts and advocate for their engagement. UNICEF Djibouti facilitated a partnership between IOM and Caritas, which resulted in the voluntary repatriation of 13 children (12 boys and 1 girl) to Ethiopia.

Identification Promotion of Innovation

Given the high malnutrition rates among children under five, UNICEF Djibouti sought innovative responses. The 2013 SMART nutrition survey revealed that one in three children in Djibouti (17.8 per cent) were stunted, and one in six suffered from global acute malnutrition (5.7 per cent). Micronutrient deficiencies, frequently called the ‘hidden hunger’, were one of the causes.

In 2002, a school survey showed the existence of goitre among 30 per cent of children and low urinary iodine concentration. The MICS 2006 indicated that 98.7 per cent of households used non-iodized salt. Iodine deficiency is known to be responsible for affecting child’s learning ability and significantly reduces the productivity of the future adult. For this reason, in 2016, UNICEF Djibouti established a partnership with the Iodine Global Network to collect evidence on iodine deficiency disorders that could inform the development of a mass communication action plan to promote iodized salt consumption and the development of a production and commercialization regulatory framework for this goal. It was the first time that research was conducted in Djibouti prior to the development of a national strategy. The preliminary results (not yet validated and not disseminated) showed that approximately 93.7
per cent of school-age children and pregnant women have sufficient iodine in the urine. However, only 2 per cent of the salt being commercialized is iodized. These findings are guiding the Ministry of Health to reorient the focus of the ‘Iodine Deficiency Disorder Action Plan’ towards routine surveillance instead of massive communication messages to promote iodized salt consumption. New research was launched to identify the origin of such high levels of iodine in the urine of children and pregnant women.

Support to Integration and Cross-sectoral Linkages

The main areas in which UNICEF Djibouti tried to reach children at all stages of the life cycle were health and education. For example, UNICEF Djibouti placed high efforts in early childhood development, as preschool enrolment rate in 2016 was estimated at only 7 per cent. This extremely low rate is explained by the fact that preschool education is not mandatory; it is mainly provided by private schools in the capital Djibouti-city and is fee-paid, thus only available to wealthy families.

Since 2013 UNICEF Djibouti has conducted advocacy efforts to increase the proportion of children benefiting from early childhood development. In 2016, these efforts were intensified through cross-sectoral work with the Ministry of Women and Family (which is responsible for the 0-4 age cohort) and the Ministry of Education (responsible for the +5 years old cohort). UNICEF Djibouti supported the Ministry of Women and Family in establishing and running a network of community-based kindergartens through the construction of facilities, provision of furniture, equipment and materials, and incentives to teachers. As of the end of 2016, 818 children were enrolled in these centres. UNICEF Djibouti also worked with the Ministry of Education to establish 10 pre-primary classrooms benefiting 420 children. The support was expanded to refugee camps, where 423 children accessed pre-primary education in 2016. All refugee camps were managed by UNHCR in partnership with the Ministry of Interior.

The priorities to integrate, manage and implement the Sustainable Development Goal 4 related to education were defined by the Ministry of Education with technical support from UNESCO and UNICEF. Early childhood development is part of those priorities. The lessons learned from the experiences described above will be used to inform country’s strategy on early childhood development.

Service Delivery

UNICEF Djibouti played a major role in delivering services to children and women in the country. In 2016, UNICEF ensured the provision of supplies such as essential drugs (antibiotics, oral-rehydration salts, zinc and iron); vaccines and cold chain equipment; HIV, syphilis and anaemia rapid tests; and therapeutic food, promoting the health and nutrition of approximately 130,000 children under-5 and 30,000 pregnant women. Learning and pedagogical material and equipment was delivered to promote children’s access to education, including school kits to 34,000 primary-school children.

UNICEF also ensured expansion of access to services for the most vulnerable children and families. For instance, in areas with high malnutrition rates UNICEF Djibouti supported the rehabilitation of water supply facilities with extension of the existing distribution networks to reduce the distance needed to fetch water and the construction of latrines to reduce open defecation, preventing disease and preserving people’s dignity. In rural and peri-urban areas, UNICEF Djibouti financed the construction of community kindergartens and preschool classrooms.

In 2014, UNICEF Djibouti supported the Government in developing a communication for development strategy; and since then has been providing financial and technical support to its implementation. Community dialogues were organized to promote essential family
practices related to health, nutrition, water, sanitation and hygiene, early childhood development, child protection and education.

UNICEF Djibouti used the national distribution channel for delivery of nutrition, health and education supplies. In 2017, this mechanism will be strengthened by WHO and UNOPS to ensure transparent tracking from national to health facility level. The Government and UNICEF Djibouti also conducted joint field supervisions to collect qualitative data from implementing partners and exchange with direct beneficiaries.

**Human Rights-Based Approach to Cooperation**

UNICEF Djibouti remained on the front line to advocate for the harmonization of national legislation with international instruments to protect children’s rights. The Child Protection Code adopted in 2015 - thanks to UNICEF advocacy – was an important step forward. This Code obliges all people to report to competent authorities all situations that could constitute a threat to child's health, physical or moral integrity. In 2016, UNICEF Djibouti supported the Government in the publication and nation-wide dissemination of the Child Protection Code. Social mobilization efforts around the Code were launched in December, engaging 241 people. The aim is to expand knowledge on the prevention and response to children’s rights violations among authorities, technicians, civil society organizations, caregivers and children.

One of the findings of the Justice for Children Bottleneck Analysis conducted in 2015 with UNICEF Djibouti’s support was that Judiciary/Courts often lack information about the child to inform their decisions. This showed the importance of conducting ‘social enquiry reports’ to gather information about children’s backgrounds and family situations that could prevent their unnecessary detention. In 2016, all children in detention got their social profiles analysed thanks to UNICEF-APPDEM partnership. The evidence gathered was used by UNICEF to advocate for education and leisure programmes for these children. This triggered the delivery of civic education classes to all children in detention.


It is worth referring other achievements at country level, although UNICEF was not directly involved. These included Djibouti’s submission of its first report on the ‘Convention of Persons with Disabilities’; and the strengthening of country’s legal framework through two new important legislations: the first on refugees’ protection ( sets out fundamental rights in line with the Geneva convention and its Additional Protocol); and the second on the prohibition of trafficking in human beings.

**Gender Equality**

In line with the Gender Action Plan 2014-2017, UNICEF Djibouti promoted gender-responsive adolescent health by supporting the life-skills programme. More than 17,300 in and out-of-school adolescents (half females) were empowered on HIV/AIDS prevention, female genital mutilation/cutting and unwanted pregnancies. Out of these, 360 adolescents (180 females) were trained on gender and are now more able to fight gender stereotypes and discriminatory behaviours.

To advance girls’ secondary education, UNICEF Djibouti supported the Ministry of Education in conducting a bottleneck analysis that revealed that family’s socio-economic situation and lack of scholarship, distance from schools, non-existence of female schools, housework and costs are the main obstacles. These findings will inform the development of the next education plan of action.
To accelerate FGM/C abandonment, UNICEF Djibouti, together with UNFD and Ministry of Muslim Affairs, supported Community Management Committees and Religious Leaders conducting 792 community dialogues. As a result, 51,694 people (44 per cent women and 17 per cent girls) showed awareness or change of behaviours towards FGM/C. Men’s participation in these dialogues continued to rise, from 18 per cent in 2014 to 32 per cent in 2015 and 34 per cent in 2016. A powerful communication strategy developed by Community Management Committees succeeded in saving 223 girls under 15 years old from undertaking FGM/C.

In response to Yemen refugee’s crisis, UNICEF Djibouti established a partnership with the Danish Refugee Council to address gender-based violence in emergencies. Twenty-three community workers were trained on minimum standards of child protection and gender-based violence and organized a campaign that raised awareness among 888 refugees, including 441 children.

In terms of gender mainstreaming, UNICEF Djibouti facilitated a partnership between Caritas and IOM that resulted in the voluntary repatriation of 13 children (12 boys and one girl) to Ethiopia. UNICEF Djibouti, in collaboration with the UK National Committee for UNICEF, produced communication materials to highlight the efforts to promote child and maternal health in Ali Addeh refugee camp and the education and child protection responses in Markazi refugee camp. The latter included a performance by children around the most frequent violations against children and gender-based violence.

**Environmental Sustainability**

In 2016, UNICEF Djibouti supported programmatic actions to strengthen environmental sustainability in Djibouti. These actions, supported by the health and WASH sections, were linked to the implementation of innovative projects using clean and renewable energies. UNICEF Djibouti provided financial support to the Ministry of Health for the procurement of 25 solar refrigerators to help improve the conservation of vaccines in rural health facilities. This intervention covered approximately 80 per cent of the needs in this area. In the short term, the plan is to replace all electrical refrigerators by solar refrigerators. This measure optimizes the quality of the cold chain, promotes long-term sustainability and reduces the environmental footprint.

UNICEF Djibouti continued to support the construction of sustainable solar water production facilities. The goal is to enhance the resilience of rural populations by reducing their vulnerability to the drought induced by climate change. In this framework, UNICEF Djibouti provided financial support to the Department of Rural Hydraulics for the establishment of three solar water points in Dikhil and Tadjourah regions, thus further reducing the carbon footprint. UNICEF Djibouti also supported ADIM in the construction of family and community latrines for 160 households, contributing to reducing environmental pollution through human excreta (open defecation).

UNICEF staff continued to be sensitized on the rational use of available resources such as water and energy, with emphasis on the need for efficient use of air conditioners. The rehabilitation of the building's taps was carried out to minimize leakage losses and water wastage. In 2017, UNICEF Djibouti will study the feasibility of adopting renewable energies, particularly solar energy, to cover a part of office’s energy consumption.

**Effective Leadership**

Monthly country management team (CMT) meetings focused on improving operations and programme management, monitoring and performance in areas of budget, human resources, finance, administration, supply, logistics, direct cash transfers, and grant
management. The programme section held 12 meetings to review programme implementation and discuss issues related to effective delivery of interventions. The operations section held 10 meetings to discuss operational questions. The joint consultative committee met four times on staff related issues. The Senior Management Team met at least twice a month. A weekly stand-up meeting took place for staff to share their priorities and draw attention on urgent matters; this initiative reinforced cross-sectorial/departmental communication and collaboration.

In 2016, UNICEF Djibouti continued its efforts to increase staff competencies in programmatic and operational areas. The learning and development plan was endorsed by the CMT.

To follow-up on the 2014 Global Staff Survey, UNICEF Djibouti conducted a mini-survey in July 2016. The results were analysed and an action plan is being developed to address the issues raised.

UNICEF Djibouti, with UNICEF MENA Regional Office support, conducted an all staff training on ‘Harmonized Approach to Cash Transfers’ as well as on results-based management. UNICEF Djibouti reviewed the eight ‘Opportunities to Streamline Office Management’ and is implementing seven of them.

The 2016 planned retreat was postponed to early 2017 due to the intense end of year workload with reduced human resources, and the development of the new CPD and UNDAF.

The business continuity plan was updated. UNICEF Djibouti worked closely with UNICEF MENA Regional Office and UN Department of Safety and Security to ensure compliance with minimum operating security standards and minimum operating residential security standards. The regional security advisor visited Djibouti twice; the recommendations provided were used to develop and implement an action plan.

**Financial Resources Management**

The budget was tightly monitored by the budget focal point and heads of sections. The status of funds utilization was presented during the country management team’s monthly meetings. Funds utilization and expiring grants, Direct Cash Transfers (DCTs), donor reports and requisitions open for over one month were closely followed-up.

With a budget of US$5,863,231 available, UNICEF Djibouti utilised 100 per cent of its resources as of 31 December 2016.

Programme and country management teams tightly monitored all DCTs to ensure their liquidation before six months. As a result, all DCTs over six months were liquidated. DCTs 0-3 months 579,869 (76%) and 3-6 months 183,198 (%24)

UNICEF Djibouti was compliant with bank reconciliation quality processes and deadlines. Eleven bank reconciliations were submitted on time and reconciling items cleared within the required one-month period. Special attention was given to assurance activities linked to the implementation of the Harmonized Approach to Cash Transfers. The UNICEF team conducted 86 per cent of planned programme visits (24 out of 28) and 75 per cent of planned spot-checks (15 out of 20).

**Fundraising and Donor Relations**

In 2016, UNICEF Djibouti continued its efforts to mobilize the needed financial resources to implement its development and emergency response. In a challenging fundraising
environment, UNICEF updated its donor toolkit and developed compelling proposals to reach out to potential donors or respond to calls from donors. In June, a partnership with USAID was renewed to support critical WASH interventions. Funding received from UNFPA-UNICEF Joint Programme was critical to pursue the FGM/C response. Innovative approaches combined with advocacy efforts will be developed in 2017 to mobilize funds and leverage UNICEF’s work.

Eight donor reports were submitted, six of them on time. For quality purposes, UNICEF Djibouti followed a standard operational procedure in which programme specialists/officers, communication team, monitoring and evaluation officer and budget focal point worked together to develop narrative and financial contents, while management guaranteed final quality check and clearance.

UNICEF Djibouti also welcomed donors’ visits. In late April 2016, a joint visit was undertaken by a team from the UK National Committee and Starwood Hotels and Resorts, which supported WASH interventions in Djibouti both for emergency response and for longer term development efforts. The visit allowed UNICEF to boost the motivation of Starwood officials to further pursue and strengthen their support to UNICEF Djibouti.

As of December 2016, UNICEF Djibouti had mobilized US$1,976,000 for its development response, which corresponded to 50 per-cent of its US$3.9 million ceiling for the year; and US$1,111,081 for its emergency response (32 per-cent of the US$3,508,234 requested in its 2016 Humanitarian Action for Children-HAC appeal). The funding situation was monitored in monthly Programme and Country Management Team meetings. Funds were used in an optimal manner, with 89 per-cent of all funds available utilized by the end of the year. No grants expiring at the end of the year were lost.

**Evaluation and Research**

The ‘Integrated Monitoring and Evaluation Plan (IMEP) 2016’ was developed with participation of all programme sections and monitored during programme meetings, mid-year and annual review. IMEP’s activities were shared in the ‘Plan for Research, Impact Monitoring and Evaluation’ system run by UNICEF at global level. The ‘Situation Analysis of Children and Women’ was carried out under Government’s leadership with great participation of all stakeholders. This document is being used as the basis for the development of the new Country Programme Document 2018-2022.

The ‘Evaluation of the Child Survival and Development (CSD) Programme’ was not conducted due to the length of the process and the limited availability of the Government partner. ‘Decentralised Health System Strengthening’ (DHSS), an M&E capacity building activity, was not conducted, although training activities were done. Both the CSD evaluation and DHSS are under discussion with the Ministry of Health for implementation in early 2017.

The ‘Mapping/Assessment of existing Formal and Informal Social Protection Systems’ was conducted by Government with UNDP support.

UNICEF Djibouti also invested in strengthening the evaluation component at country level in terms of understanding and applying the UN Evaluation Group guideline. Following the evaluation of the National Strategy on Female Genital Mutilation/Cutting (2015), the UNICEF Djibouti supported the Ministry of Women and Family in developing a management response plan that included four recommendations for UNICEF (of which three are ongoing and one is closed). UNICEF advocated for and succeeded in launching the National Evaluation Association, a platform for discussions and exchanges related to evaluation.

UNICEF Djibouti approached the University of Djibouti and its Centre for Research and
Development Studies with the view of establishing a partnership for the research agenda that can produce evidence to guide the development of policies and plans.

**Efficiency Gains and Cost Savings**

Efficiency and cost-saving activities initiated in 2015 continued in 2016. Long-term agreements (LTAs) in the areas of maintenance services and travel led to procurement cost reductions, therefore saving time and resources. Two more LTAs were signed for logistics and clearing services. All building faucets were rehabilitated to limit the leakage of water, reducing costs and decreasing UNICEF Djibouti’s ecological footprint. The maintenance LTA in place was modified to cover items that had been omitted in the previous version.

Telephone costs continued to decrease, following the trend of the past two years, thanks to a wider utilization of Skype for Business. Most communications and meetings happened via Skype. This was also the case for the interviews of international professional candidates during recruitment processes. The utilization of shared printers and scanners continued, resulting in savings. Supplies continued to be delivered directly to partners, eliminating additional storage costs. The activities of the Efficiency and Cost-Saving Committee, along with the continuous efforts of management and Local Staff Association, continued to raise staff’s awareness on the importance of rational use of the organizational resources.

**Supply Management**

The supply volume remained a very important component of UNICEF Djibouti’s programme deliverables. In 2016, the total value of supplies, including those from the Global Alliance for Vaccines and Immunisation (GAVI), was US$2,147,058. This amount corresponds to 33 per cent of UNICEF Djibouti’s total budget.

The categories and amounts of supplies are described below:

<table>
<thead>
<tr>
<th>Procurement</th>
<th>Local (US$)</th>
<th>Offshore (US$)</th>
<th>Total (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>326,969</td>
<td>984,965</td>
<td>1,311,934</td>
</tr>
<tr>
<td>Office supplies</td>
<td>14,935</td>
<td>72,163</td>
<td>87,098</td>
</tr>
<tr>
<td>Institutional contracts</td>
<td>213,137</td>
<td>188,878</td>
<td>402,015</td>
</tr>
<tr>
<td>GAVI (In-kind)</td>
<td></td>
<td>346,010</td>
<td>346,010</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2,147,057</td>
</tr>
</tbody>
</table>

As shown in the table, 26 per cent of the procurement was done locally (US$555,041) and 74 per cent was offshore (US$1,592,016). GAVI in-kind donations (US$346,010) represented 16 per cent of all supplies. By December, UNICEF Djibouti had delivered 89 per cent of the planned supplies (US$2,147,057); the remaining 11 per cent (US$230,713) will be delivered in 2017.

UNICEF Djibouti also delivered procurement services to other UN agencies; however, despite efforts to sensitize partners, requests were minimal. Only UNDP used these services (US$889,000).

UNICEF Djibouti does not have a warehouse of its own. All supplies were delivered directly to partners and stored at their warehouses. With the construction of an additional storage space in a peri-urban area, the Government improved its capacity to receive and store vaccines and
therapeutic food. This new warehouse will continue to be managed by the same team that has been working with UNICEF for several years.

In 2016, under UNICEF’s leadership, two Long-Term Agreements (LTAs) signed for the clearance of the supplies at Airport and Port were used by all UN agencies. In the past, a single LTA was in place and UNICEF had difficulties identifying alternatives in situations where rapid solutions were needed to clear bottlenecks.

The CRC threshold shifted from US$15,000 to US$50,000 following the implementation to the Global Guidance on “Opportunities to streamline Office Management” in the last trimester of the year. This change simplified and speeded-up the processes.

Throughout the year, UNICEF Djibouti had six CRC submissions, three cases of which had to be re-submitted. The lessons learned from these cases will help improve the CRC operations in 2017.

### Security for Staff and Premises

The Djibouti security management team continued to closely monitor all issues that can impact staff’s security, particularly the situation in neighbouring countries such as Yemen, and the influx of refugees.

An envelope of US$72,000 was allocated by UNICEF MENA Regional Office to help UNICEF Djibouti to enhance the safety and security of staff and premises and to comply with country office minimum security standards. This security contingency fund made possible the commitments for a new generator to be delivered in early 2017. UNICEF Djibouti upgraded the office security wall, including the barbed wire and external lights. The CCTV was broken and parts were unavailable in Djibouti, but it has been operational since mid-November. The scanner is under repair and is expected to be operational by mid-December 2016.

The blast project for areas being used by the Yemen Hub and the Security Guards was delayed to 2017. In fact, the project was adjusted and additional funds will be required to build an additional security wall as proposed by the Regional Security Advisor. An action plan was developed to address the recommendations of MENA Regional Office, and is being monitored.

The communication tree and warden system were updated, along with the residential map of staff and their families. Two fire drills were conducted and considered conclusive. UNICEF Djibouti also performed its first safe room evacuation in October, under the coordination of the Regional Security Advisor. The United Nations Department of Security continued to support UNICEF Djibouti in all security matters, including VHF radio tests (which were done on a weekly basis) and security clearances for field trips.

### Human Resources

UNICEF Djibouti’s staff structure has remained the same since 2014, with 52 per cent men and 48 per cent women. Two females were recruited in 2016. The vacancy rate decreased from 23 per cent to 13 per cent between 2015 and 2016, but two positions have remained vacant for over a year due to unavailability of funds or qualified candidates. Gaps were filled by consultants, interns and staff on stretch assignment. With a US$251,314 funding gap in salaries, UNICEF Djibouti utilized 20 per cent of its Regular Resources to cover Other Resources funded posts.

To prepare smooth transition towards the transformations occurring at human resources
level, the talent management system was used, and nearly all staff completed their planning in the new performance system ‘ACHIEVE’. Not all staff were able to complete the mid-year performance discussions by the due date. This was the result of a combination of technical challenges and changes at supervisor positions.

The Official Status Files initiative was successfully implemented; local staff files were transferred to Global Shared Services Centre.

The 2016 learning and development plan included 33 training activities (22 individual, 11 in group). By December, the plan’s implementation rate was 85 per cent for individual trainings and 65 per cent for group trainings. Approximately US$50,000 (one per cent of the office budget) was used for implementation. Two staff members participated in the Humanitarian Action and Social Protection training held in Ukraine and the Peer-Support Volunteer benefited from a regional training.

UNICEF Djibouti pursued its commitment to UN Cares. The Office focal point participated in the training of facilitators, ‘UN for All; Dignity and inclusion in the UN Workplace’. Thirty UN staff (6 from UNICEF) completed the UN Cares online training. Four Joint Consultative Committee meetings were conducted as per the annual plan, enabling a close monitoring of the Improvement Action Plan.

**Effective Use of Information and Communication Technology**

In 2016, UNICEF Djibouti embarked on the utilization of SharePoint applications (Apps) to support the Operations section, increase efficiency and promote a friendly collaboration. The Operation Service Platform was introduced in September in view of changing the traditional way of doing business by automating important service requests. To date the only service available through the Operation Service Platform is the vehicle request. The strategy is to gradually test staff’s utilization of the tool and gather their feedback for enhancement before adding new services and moving to new Apps. Other tools such as Training Plan, Mission Plan and Reporting Apps, or the Recommendations Tracking System will be revamped. TeamSite and OneDrive for Business have started to be used, for instance for the development of joint documents. The adoption of TeamSite at Operations level has enhanced the tracking of meetings’ recommendations, handover notes and critical contacts. The potential of these tools will be further explored in 2017.

In terms of social media platforms, Facebook and WhatsApp are widely used by the staff to share information, videos or short message of non-sensitive nature.

In terms of connectivity, UNICEF Djibouti’s Wi-Fi was revamped with an ADSL line 18Mbps of optical fibre to offer an additional service to staff using their own devices (Tablets and Smartphones) to access internet. Universal Wi-Fi was also integrated late in 2016, and is expected to bring greater flexibility to staff’s daily work.

UNICEF Djibouti, with UNDSS support, conducted feasibility tests for the installation of the vehicle tracking system via GPS using the HF network. The results will be available by the first quarter of 2017.
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:
Eighth-six comprehensive health, nutrition and water, sanitation and hygiene (WASH) efforts were made in the last decade to reduce under-5 and maternal mortality in Djibouti. Between 2002 and 2012 under-5 mortality decreased from 127 to 68 per 1,000 live births; and maternal mortality decreased from 546 to 383 per 100,000 live births. Yet these rates remain among the highest in the Middle-East and North Africa region. Djibouti did not meet the national targets for the Millennium Development Goals 4 and 5. Immunization is among UNICEF’s main strategies to promote child survival. In 2016, the percentage of children fully immunized for diphtheria, pertussis and tetanus (DPT3) stood at 90 per cent, the same rate achieved the year before. However, the DPT3 coverage in the regions decreased from 72 to 65 per cent, a reduction explained by defective cold chain equipment at rural healthcare centres.

The programme of Integrated Management of Childhood Illnesses continued to be implemented at community level to provide low-cost and high-impact interventions to the hardest-to-reach children. The percentage of children with pneumonia receiving antibiotic treatment increased slightly from 80 to 82 per cent between 2015 and 2016; while the proportion of children suffering from acute diarrhoea treated with oral rehydration salts increased from 75 to 80 per cent. This was a result of the improvement of healthcare workers’ skills along with the provision of the necessary essential drugs (antibiotics and oral-rehydration salts).

Following the trend of the past three years, the proportion of HIV positive pregnant women enrolled in the Programme of Prevention of Mother-To-Child Transmission (PMTCT) of HIV and receiving antiretroviral treatment continued to increase, rising to 75 in 2016. Malnutrition remained one of the main child-killers and a major public health concern: more than one in four children under 5 years of age (29.7 per cent) is stunted and one in six (17.8 per cent) is wasted. This explains why nutrition is considered a critical component of the 2013-2017 National Health Development Plan, and why the Government, together with UNICEF and other partners, is investing on malnutrition prevention and expanding children’s access to quality treatment. In 2016, nine out of 10 children suffering from severe acute malnutrition (93.1 per cent) were admitted and treated in health facilities. Among these children who accessed quality treatment, 96.9 per cent recovered and 2.9 per cent defaulted, while the death rate stood below 0.1 per cent. In refugee camps, UNICEF, WFP, UNHCR and African Humanitarian Action pursued a partnership, with the nutrition humanitarian response being guided by a single and harmonized logical framework that enhanced coordination, allowing each organization to intervene within its area of comparative advantage and preventing duplication of efforts.

Djibouti met the Millennium Development Goal related to improved water. However, disparities of access between urban (97 per cent) and rural areas (65 per cent) were still a challenge. The quality and continuity of services were problematic as, every day, more than 65 per cent of the urban population have an interruption in water supply service for at least six consecutive hours. This situation affects the 70 per cent of country’s inhabitants who live in urban areas.
Sanitation remains an issue. The percentage of people with access to improved latrines decreased from 66 to 47 per cent between 1990 and 2015 and the country did not reach the related Millennium Development Goal. Open defecation practices have increased significantly in rural areas, rising from 44 to 76 per cent within the same period. The existing monitoring and evaluation mechanism for water supply and sanitation in rural areas is based on a 5-year mapping without systematic retro-information. Lack of access to water and sanitation contribute to disease and malnutrition, therefore UNICEF conducted an integrated WASH and Nutrition approach.

Thanks to these efforts, 5 per cent of children and families living in malnutrition-affected areas gained access to potable water for the first time; and 5 per cent ended open defecation. UNICEF co-leads with the government the WASH sector working group for humanitarian preparedness and response, and thanks to the continuous technical support, government's leadership and analytical thinking have widely improved as revealed during the coordination of the development of the 2017 Humanitarian Need Overview and Human Response Plan

OUTPUT 1 By 2017, the capacities of the programme to prevent mother-to-child transmission of HIV are reinforced to ensure that pregnant HIV+ women and their newborn babies receive ARV treatment

Analytical Statement of Progress: The implementation of the five-year ‘Acceleration Plan for Elimination of Mother-To-Child Transmission of HIV’ continued to show good results. Between January and June 2016, out of 9,425 of pregnant women consulted for antenatal care, 99 per cent accepted to be tested for HIV and nearly 100 per cent received their results. The introduction of rapid confirmation HIV tests, influenced and supported by UNICEF, was decisive for this good performance. Among the 80 pregnant women identified as HIV positive, 69 (86.3 per cent) initiated antiretroviral treatment; this corresponds to an improvement over 2015 when the rate stood at 75 per cent. Thirty-four of the 69 HIV positive mothers already gave birth and all their babies (34) were enrolled in HIV paediatric care. UNICEF Djibouti contributed to these results by providing the Ministry of Health with 30,000 HIV rapid tests, 100 HIV confirmation rapid tests, 5,000 anaemia rapid tests and 15,000 syphilis rapid tests. UNICEF also supported capacity building initiatives: 50 midwives (100 per cent of target), 20 nurses (50 per cent of target) and 10 medical doctors (100 per cent of target) received training on HIV paediatric care. The total number of midwives, nurses and medical doctors trained in 2015 and 2016 corresponds to, respectively, 50, 40 or 80 per cent of all national healthcare professionals within each category. The boost of the programme of Prevention of Mother-To-Child Transmission (PMTCT) is a result of the good coordination between all partners involved.

Aware of the importance of fostering synergies, UNICEF continued to support the PMTCT Programme to organize quarterly meetings with implementing and technical partners including WHO, UNAIDS, UNFPA and UNDP (Principal Recipient of Global Fund’s grant) to present results, identify challenges and agree on the way forward. UNICEF also supported the programme’s monitoring and evaluation mechanism through regular supervisions and on-the-job training to enhance data collection, analysis and dissemination. To encourage families to use PMTCT services, fight discrimination and stigmatization, 16 awareness-raising sessions were organized at health facility and community level by midwives and community health workers, benefiting 1,680 women.

The fight against stigma remained a challenge, along with the limited reach of the HIV paediatric care. In 2017, UNICEF will continue to give special attention to these components, by conducting training on HIV paediatric care, enhancing the community awareness on PMTCT, and promoting access to services and psychosocial support to all women and children receiving PMTCT interventions.
OUTPUT 2 By 2017, the capacities of the national health system are reinforced to ensure continuous access to curative, preventive and health promotion quality services for under-5 children, women and mothers, especially in the most vulnerable areas.

Analytical Statement of Progress:
UNICEF provided the Ministry of Health with essential drugs that were distributed to pregnant women for a safe pregnancy and childbirth and an infant incubator for the care of ill or premature new-born infants. More than 200 newborns and mothers (out of 600 defaulting post-natal care) were visited at home by qualified health workers, who monitored their health status and provided care and advice. Thanks to UNICEF’s delivery of drugs, antibiotics, oral rehydration salts and zinc, no health centre reported stock ruptures on these essential inputs for child and mother’s health. The purchase of wheels for the vehicles used as health mobile clinics ensured these continued to reach isolated communities.

With UNICEF support, 50 midwives (100 per cent of target) learned about neonatal and child health; 45 nurses (64 per cent of target) improved their knowledge on Integrated Management of Childhood Illnesses; and 20 nurses and 10 medical doctors (100 per cent of target) gained new skills on neonatal infections management. The cumulative number of midwives, nurses and medical doctors trained in 2015 and 2016 corresponds to, respectively, 75, 60 and 50 per cent of all national healthcare professionals in each category. The Government, with UNICEF and WHO support, organized a polio campaign and 143,052 children under 5 years of age (above the 131,830 target) received the oral polio vaccine (OPV) prior to the introduction of the inactivated poliovirus vaccine (IPV) and the OPV Switch (from trivalent to bivalent). In the face of an influx of displaced people from Somalia and Ethiopia, 2,113 children were vaccinated against measles.

To address the low immunization coverage in rural areas, UNICEF also supported multi-antigen outreach sessions and more than 2,800 children under 23 months were vaccinated out of 5,000 targeted. UNICEF provided vaccines, cold chain equipment (two solar direct-drive refrigerators and 100 electronic refrigerator loggers) and management tools. UNICEF Djibouti also supported a national inventory that showed that only 38 per cent of health centres had functional cold chain equipment. This evidence was used to develop a proposal to GAVI’s Optimisation Platform leveraging the purchase of an additional 23 solar refrigerators. In 2017, UNICEF will continue to strengthen partners’ capacities through resource mobilization; development of an integrated package of health community interventions; strengthening of cold chain material availability and functionality; and implementation of the Decentralised Health System Strengthening approach.

OUTPUT 3 By 2017, the health system at facility and community-based levels has reinforced capacities to ensure quality curative, preventive and promotion services on malnutrition management to under-5 children, pregnant women and lactating mothers suffering from acute and chronic malnutrition (severe and moderate).

Analytical Statement of Progress:
From January to September, 4,751 children ages 6-59 months (2,140 girls and 2,611 boys) suffering from severe acute malnutrition received quality treatment. This figure corresponds to 93 per cent of the annual target (5,102). Micronutrient deficiencies can lead to stunted growth, cognitive delays and disease. Therefore 31,874 children (15,131 boys and 16,742 girls) out of 33,085 targeted (96 per cent) were supplemented with two doses of Vitamin A and 23,438 (13,115 girls and 10,323 boys) out of 33,012 targeted (71 per cent) received packets containing multiple vitamins and minerals (Sprinkles). UNICEF contributed to these results by providing the National Nutrition Programme with 8,823 cartons of Ready-to-Use Therapeutic Food and 155,000 Vitamin A capsules (covering all country needs) and 5,500
cartons of Sprinkles. The entire country was targeted, but special attention was given to areas with very high malnutrition rates (Balbala, Obock, Dikhil and Ali-Sabieh regions) and to humanitarian settings such as refugee camps, host communities, and territories hosting Ethiopian and Somalian families displaced due to climate change and social unrest. UNICEF also supported the Government in programme planning and monitoring. This included the provision of technical support for the development of the National Nutrition Programme's annual work plan and the conduct of joint monitoring visits. The Nutrition Working Group co-led by UNICEF and the Government held monthly meetings at national level and in the two regions hosting refugees (Ali-Sabieh and Obock).

To build local capacities, UNICEF supported the training of 870 health workers and community health workers on the management of acute malnutrition. The Nutrition Working Group co-led by UNICEF and the Government implemented coordinated interventions to increase the efficiency and cost-effectiveness of the response. For this reason, UNICEF is no longer supporting the blanket feeding programme for wasting prevention, which moved under WFP responsibility in early 2016.

The main challenges included the limited resources and the need to better engage all partners in nutrition sensitive interventions, which are critical to reduce malnutrition rates. To address these challenges, UNICEF, in collaboration with partners, is advocating for the elaboration of an Infant and Young Child Feeding strategic document focusing on children's first 1,000-days of life; for the establishment of a steering committee for stunting reduction; and for country's adhesion to the Scaling-Up of Nutrition, a global movement which unites governments, civil society and communities in a worldwide effort to end malnutrition in the vision of Sustainable Development Goal 2.

OUTPUT 4 By 2017, the Water, Sanitation and Hygiene sector has reinforced capacities to increase the rates of access to potable water, sanitation and hygiene of rural and peri-urban populations

Analytical Statement of Progress:
In rural areas, more than 84 per cent of those with access to improved water were using shared facilities. This explains the importance of having a strategic document to regulate communities' participation in water point's management and the reason UNICEF hired an international WASH expert to support the Government on this process. In malnutrition-affected areas, UNICEF and the Government supported the rehabilitation of water schemes in rural villages and schools, giving 1,860 people (27 per cent of target) and 420 school children access to safe water for the first time. This represents 5 per cent of those who did not have access to improved water. A total of 12,020 people regained access to potable water through the rehabilitation of wells and extension of water distribution network.

To ensure services' continuity, 15 committees were trained on water point's management. UNICEF and ADIM set up community-managed toilet blocks in pastoralist and nomadic settings, giving 1,146 children and families an opportunity to abandon open defecation by using shared facilities and lowering their risk of disease and enhancing their dignity. This represents 5 per cent of those without latrine in these regions. It is worth highlighting that results achieved at this level over the past two years surpass the target by 164 per cent. The approach is demand-driven; (builds on raising awareness on how latrines' utilization impacts the health and well-being of the community, and particularly children); those willing to use these facilities are then helped to set them up. In the same areas targeted for the rehabilitation and construction of facilities, 2,440 people (11 per cent of target) received hygiene knowledge, with attention to handwashing with soap. This was done through community dialogues, complementing the mass communication approach applied last year. Lack of funds explains the low performance on service delivery; most funds for WASH were only raised by September 2016.
UNICEF and the Government co-lead the WASH Working Group for the humanitarian response; members include FAO, Johanniter Unfallhilfe, ONEAD, NRC, DRC, Ministry of Health, SOS Sahel, ACF, Caritas and ADIM. Through UNICEF support, 6,085 emergency-affected people (out of 7,585 reached by the whole WASH group) were supplied with safe water and 774 people gained access to sanitation (out of 5,774 reached by WASH partners). The funding gap was a major challenge, with only 21 per cent of the WASH Humanitarian Response Plan funded in 2016.

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

Analytical Statement of Progress:
The Ministry of Education's Statistical Yearbook reveals that the primary gross enrolment ratio dropped by 2 percentage points over the last three years (from 80.2 to 78 per cent). As the 2014-2016 Education Plan comes to an end, the elaboration of the new plan offers a decisive opportunity for the country to analyse this situation and tackle persisting issues related to access and quality of education.

As lead of the Education Local Partners Group, UNICEF Djibouti mobilized all partners to support this process, and provided technical support. The new National Development Plan will take the recommendations driven from the evaluation of the current plan into account, as well as the results and recommendations of the Out-of-School Children study conducted in 2013 with UNICEF financial support. Although not yet validated by the Government, this study revealed that 37.4 per cent of primary-school age children were out-of-school. Children with special needs, nomadic children, girls in rural areas, refugee children and children from poor families were the most excluded. The development of the new National Education Plan also takes into consideration the education roadmap developed by the Ministry of Education with UNICEF and UNESCO support to adapt, integrate and manage the Sustainable Development Goal 4 in Djibouti. The results of the bottleneck analysis on girls' secondary education conducted with UNICEF support will also be taken into account. This analysis revealed that family's socio-economic situation and lack of scholarship, distance from secondary schools, non-existence of girls' schools, housework and high school costs are the main obstacles to girls' education.

According to Government estimates, the gross enrolment ratio for preschool education in 2016 was approximately 7 per cent. This low rate is explained by a confluence of factors: preschool education is not mandatory, preschools are mostly private, fee-payed and located in urban areas. There is no regulatory framework to guide interventions in this domain. However, and thanks to UNICEF advocacy efforts, early childhood development recently became a priority for the sector. To increase the offer of services, UNICEF Djibouti supported the Ministry of Women and Family in launching and expanding a network of community-based kindergartens in different regions of the country; and the Ministry of Education in establishing 10 preschool classrooms in Balbala, the most disadvantaged peri-urban area of Djibouti-city.

To promote equitable learning and development opportunities, UNICEF supported the Ministry of Women and Family to develop an afterschool programme targeting the most vulnerable children. This initiative, launched in November 2016, will be run in the facilities of 10 Community Development Centres in Djibouti-city. UNICEF contributed by providing equipment and school kits.

In the humanitarian arena, several constraints hinder refugee children's access to education. Approximately 8,000 of the 24,264 refugees registered with UNHCR were school-age children, but in 2016 only 47 per cent enrolled in school. Ali Addeh and Holl Holl refugee
camps, in the southern region of Ali-Sabieh, accommodate mainly Somali and Ethiopian refugees. In these camps, classrooms are in place but classes are taught in English (refugees’ language) using a Kenyan curriculum not recognized by the Ministry of Education (Djibouti’s language is French). The fact that many refugee children do not have birth certificates excludes them from national exams. UNICEF and UNHCR Djibouti have engaged in dialogue with the refugee community and advocated with the Government to find a solution. A third refugee camp, named Markazi, was established in the northern region of Obock to host the Yemeni refugee community following the onset of the war. The lack of learning spaces there was the main barrier to education. UNICEF, UNHCR, UNESCO, LWF and Al Rahma signed an agreement to use the school premises of an orphanage run by Al-Rhama close to the refugee camp.

Given the high prevalence of HIV/AIDS among youth (6 per cent), UNICEF has been using schools as a platform to raise awareness on the risks linked to the virus, ways of transmission and prevention, as well as to fight discrimination and stigmatization. A survey conducted in 2010 with UNICEF support showed that less than 10 per cent of adolescents had an accurate knowledge on HIV. Lack of awareness and stigma hinder dialogue within the family. For this reason, interventions targeted adolescents and youth but also families and community members. In 2016, an action plan was designed for the school-based interventions. Pedagogical support materials were developed in partnership with one of the Ministry of Education specialised centres (CRIPEN). Prevention activities were ongoing and planned to cover all intermediate and secondary schools in-country. In parallel, preventive interventions were undertaken in partnership with Civil Society Organizations to empower adolescents and youth (in and out-of-school), develop their skills and promote their utilization of health services.

The interventions implemented in 2016, 2,344 in-school and 15,000 out-of-school adolescents and youth (about half of them females), 120 parents, 75 teachers and 4 school assistants were either trained on the Life-Skills Programme or reached by social mobilization activities. The results of the post-test conducted showed that 87 per cent of adolescents and youth trained knew the modes of contamination and the means of prevention of HIV/AIDS. Of these, 360 adolescents (180 females) were trained on gender and are now more able to fight gender stereotypes and discriminatory behaviours. Limited funding for HIV/AIDS prevention activities remained the major obstacle to the sustainability of prevention interventions. UNICEF was the only partner supporting prevention programmes targeting adolescents and youth.

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

Analytical Statement of Progress:

In Djibouti, early childhood development (ECD) is ensured simultaneously by the Ministry of Women and Family (children up to 4 years) and the Ministry of Education (for 5-year-old children). In collaboration with the Ministry of Women and Family, UNICEF launched a network of community-based ECD centres. The project aims to create a positive interface between kindergartens and breastfeeding centres. On the one hand, it intends to promote young children’s cognitive, psychomotor and socio-emotional development through stimulating and age-appropriate activities at kindergarten; on the other hand, it seeks to increase the knowledge of breastfeeding mothers on adequate child rearing practices, particularly focusing on nutrition, health and hygiene, and sensitize them on the importance of early stimulation and preschool education. The project was launched in the 2014/2015 academic year with five kindergartens. By the end of the 2015/2016 academic year (May 2016), the number of kindergartens had increased to 23 and benefited 598 children (including 299 girls). Since the launching of the 2016/2017 academic year in September, six more kindergartens opened their doors, bringing the total to 29 and benefiting 818 children.
UNICEF contributed by financing the construction of two kindergartens, one in Arta and one in Obock; distributing learning and pedagogical materials, along with furniture for 10 classrooms; supporting curriculum development; and providing incentives to 29 community-based ECD teachers (13 of them females). All teachers also received pedagogical training in terms of teaching practices, educational interactions and assessment of students’ competence.

Thanks to UNICEF’s persistent advocacy efforts, preschool education went high on Government’s priorities. As proof of the Government’s commitment, in October the Ministry of Education launched the establishment of 10 preschool classrooms in Balbala, the most disadvantaged peri-urban area of Djibouti-city, benefiting 420 children (including 210 girls). UNICEF contributed by providing learning and teaching materials for children and teachers. The fact that preschool education is not yet compulsory and that there are no policies to guide the interventions at this level is a main obstacle. In 2017, UNICEF will continue its advocacy efforts to develop an early childhood development framework and to put in place a tailored model that can help children to be better prepared for primary school.

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

Analytical Statement of Progress:
Primary education is free in Djibouti, but poverty keeps more than 20 per cent of children out-of-school because their families cannot afford the cost of school materials. For this reason, UNICEF provided school kits to all 34,000 children in 3rd, 4th and 5th grades, while the Government secured kits for 1st and 2nd grade students. To advance girls’ secondary education, UNICEF Djibouti supported the Government in conducting a bottleneck analysis in Obock and Arta regions. This analysis revealed that family’s socio-economic situations and lack of scholarships, distance from secondary schools, non-existence of girls’ schools, housework and high school costs are the main obstacles to girls’ education.

UNICEF ensured that 100 children with hearing impairments could attend school by distributing learning and teaching material to the ‘Centre de Protection des Enfants’ and providing incentives for four teachers. An agreement was signed with the ‘Association de Développement et Protection de l'Enfant à Besoin’ to enrol 100 vulnerable children (mainly disabled and street children) in basic education by December 2016. In urban centres, approximately 750 vulnerable children excluded from the formal school system (371 girls) enrolled in Read-Write-Count Centres run by ‘Écoles Catholiques du Diocèse de Djibouti’, benefitting from non-formal education programmes. UNICEF covered teachers’ salaries and provided children with educational materials. UNICEF is using this successful model to advocate for the government to scale-up the non-formal education programme.

In the humanitarian arena, UNICEF Djibouti supported the implementation of the action plan linked to the Memorandum of Understanding signed by UNHCR, UNICEF, UNESCO, LWF and Al-Rahma to provide education services for Yemeni refugee children. With funding support from UNHCR and UNICEF, LWF provided Al Rahma with additional school furniture and educational materials to equip two classrooms and a library and to support a school transportation system using buses. A total of 411 Yemeni children (204 girls) enrolled in school. In Ali Addeh and Holl Holl refugee camps, UNICEF contributed for the enrolment of 3,339 refugee children (1,518 girls) from preschool to higher secondary education by providing students’ kits, covering teachers’ training programmes and providing a minor contribution to their salaries. UNICEF also financed the reconstruction of the school in Assa Gueilla, in Tadjourah region, which had been partially destroyed by storms. Without
UNICEF’s rapid response, the 140 school students would have not been able to pursue their education.

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:
Quality of education in Djibouti is a major challenge. Two assessments of student learning outcomes conducted in 2009 and 2010 showed that about seven out of 10 second grade students did not master basic reading well – or at all. The situation is no better in Mathematics. At the end of grade five, half of the students do not possess minimum skills in either area. This is why improving the quality of learning achievements is one of the main priorities of the National Education Plan for Education. UNICEF will continue to support the Ministry of Education in improving quality of education through two regional initiatives: Life-skills education and School-Based Monitoring and Action (INSAF/SBMA).

The inter-school annual competition 'Reading Challenge' organized by the 'Centre de Recherche et de Production de l'Éducation Nationale' falls within the Ministry of Education's strategy to promote students' curiosity and their reading skills. In all of the country’s public schools, 5th-grade students are invited to read a selection of books and then answer questions related to those books. The 'Reading Challenge' is covered by national media, which adds as an incentive. In total, there are nine winners (one school per each one of the nine education districts). UNICEF provided financial support to this event, in which 14,000 children participated.

With a view to promoting inclusive education in private schools and creating an alternative for children with physical disabilities, autism, drown syndrome and other special needs - which often cannot be accommodated by public schools - UNICEF co-financed a training on inclusive education for 50 teachers and school directors (40 of them females) from a dozen private schools, organized by the Djiboutian Association of Private Schools (ADEP). In order to reinforce the education monitoring and evaluation system and increase the availability of data to inform decision-making, UNICEF supported the Ministry of Education in the production of the Statistical Yearbook 2015/2016. The Education Quality Standards Norms, developed in 2014 with UNICEF Djibouti support, are not being fully implemented at school level, and will receive greater emphasis in 2017.

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:
UNICEF Djibouti pursued its efforts to reduce HIV transmission and fight stigmatization among adolescents and youth by following a Life-Skills approach. The Life-Skills programme aimed to empower adolescents, enhance their capacities in critical thinking, negotiation and decision making to boost their self-esteem, increasing their ability to take responsibility for making healthier choices and resisting negative pressures. Interventions were implemented by one institutional Partner ('CRIPEN') and three Civil Society Organizations ('Cabinet Conseil Appui et Formation'; 'Union pour le Développement Culturel'; and 'Union Nationale pour les Femmes Djiboutiennes'). The programme was aligned with the National Strategy against HIV/AIDS.

UNICEF was also actively engaged in the UN Steering Committee coordinating the HIV/AIDS, Tuberculosis and Malaria programme. In disadvantaged areas of Djibouti-city, Obock and Tadjourah, 300 out-of-school adolescents and youth (70 per cent of target) were
trained in the Life-skills programme. About half of the young people trained were females. Empowered by the training, the youth then organized several awareness-raising sessions on HIV prevention, spreading the message further to 14,000 out-of-school adolescents (surpassing the 9,000 targeted). More than 700 out-of-school adolescents and youth participated in thematic sessions on issues such as HIV, FGM/C, unwanted pregnancies or prevention of mother-to-child transmission of HIV. At the end of these sessions, 45 per cent of them decided to be tested for HIV – an important step in the fight against stigmatisation. In the 33 schools implementing the life-skills programme, 1,025 students (410 girls and 615 boys), 75 teachers (40 females) and 3 school assistants (all females) were trained on the approach and committed to act as main facilitators of the school health clubs. A total of 1,043 students were sensitised on HIV/AIDS, Khat consumption, undesirable pregnancies and FGM/C. Preventive and protective behaviours were promoted with 120 parents.

Among the beneficiaries of the life-skills programme, 360 adolescents (180 females) were trained on gender and are now more able to fight gender stereotypes and discriminatory behaviours. By the end of 2015/beginning of 2016, Djibouti celebrated the National HIV Week and 3,000 adolescents and youth were mobilized through the interventions organized by UNICEF’s partners. The celebration of the 2016 National HIV Month (18 December 2016 – 18 January 2017) targeted 20,000 adolescents and youth across the whole country. Stigmatization and discrimination remained obstacles, together with lack of funding for the prevention response. In 2017, further efforts will be placed on the mobilization of financial resources.

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:
In partnership with the Government, civil society and communities, UNICEF Djibouti continued its efforts to strengthen the child protection system. The adoption of the Child Protection Code at the end of 2015 - to which UNICEF’s advocacy largely contributed - constituted a step forward in national legislation's harmonization with international instruments and was a key milestone in terms of protection of children's rights. In 2016, the Child Protection Code started to be disseminated, enabling professionals, children and families to understand how to prevent and respond to children's rights violations. As a result, four cases of violence against children were reported by health professionals and security forces.

Over the past 20 years, the abandonment of female genital mutilation/cutting (FGM/C) has progressed slowly but steadily. The evaluation of the national strategy against the practice found that perceptions have changed, favouring abandonment. In 2006, FGM/C affected 93.1 per cent of women ages 15 to 49 years. In 2012, only 79.6 per cent of girls ages 10-19 years old had been cut – a group that might be considered risk free, as the age of performance rarely surpasses 9 years old. The overall FGM/C prevalence (0-60+ years old) is now estimated at 78.4 per cent. In 2016, the acceleration of FGM/C abandonment gained strength, with 51 communities making public declarations on the abandonment of the practice. A powerful communication strategy was developed by the Community Management Committees, who succeeded in saving 223 girls under 15 years old from being subjected to FGM/C. Community dialogues reached 51,694 people, including 17,344 men, a group that so far was being left out because FGM/C is considered a women's issue. In a patriarchal society like Djibouti, men are highly influential in family's decision-making and thus their involvement is perceived as an important breakthrough when raising awareness for the abandonment of FGM/C.
Challenges included the delay in developing the new strategy on FGM/C. To address this challenge, UNICEF supported the ministry of Women in developing the new strategy with a comprehensive monitoring and evaluation plan. The first phase of data collection and analysis was completed in December 2016. The strategy will be finalized by the end of January 2017. The Government of Djibouti is also making important efforts to enhance the Justice for Children system, but gaps persist. Recognizing the urgent need to move forward, in 2016 Government and partners planned their response taking into account the recommendations of the bottleneck analysis on Justice for Children undertaken in 2015 with UNICEF support. The lack of child-sensitive procedures and services in place to promote the rehabilitation and reintegration into society of children in detention was one of the gaps addressed. The Detention Centre is now offering education and leisure services to children and there are a few social assistants qualified to analyse children's social profiles in order to come up with personalized social assistance and rehabilitation plans.

UNICEF partnered with APPDEM to draw the psychosocial profile of the most vulnerable children and provide legal aid to families in contact or conflict with the law. Approximately 250 people showed improved awareness and commitment to ensuring child sensitive procedures and handling of cases of children in contact with the law after attending awareness-raising sessions conducted by APPDEM with UNICEF support. A Community Network on Justice for Children was established with the purpose of facilitating the design of alternative measures to detention. The Multiple Overlapping Deprivation Analysis conducted in 2015, although yet to be validated by national partners, helped generate evidence for child protection. It provided data on physical and emotional violence, FGM/C, child marriage and child labour, disaggregated by age, gender and geographical area. The findings will inform the process of defining and prioritizing programmes and strategies in the next Country Program Document 2018-2022.

One of the areas highlighted by the Multiple Overlapping Deprivation Analysis was the importance of extending the advocacy efforts to address other forms of violence beyond FGM/C. The prevention of violence against children is done through community networks that provide information on positive parenting to families, parents and caregivers on a regular basis. However, there is a need to create services to respond to all forms of violence. In 2017, UNICEF Djibouti plans to support the State Secretariat for Social Affairs in developing guidelines for case management and referral pathways.

The high birth registration, estimated at 93 per cent, hides important disparities between rural and urban settings reflecting equity issues. Birth registration services in rural areas are scarce, because it is sometimes difficult for parents to travel the long distances required to reach the nearest registrar office. Migrant and street children are also among those who are usually deprived of birth registration. Lack of birth registration is also a factor of exclusion from social services such as education and health. In previous years, UNICEF Djibouti supported the Ministry of Interior and, as a result, 6,590 children obtained their birth certificates through judiciary ruling. To address these challenges, in 2017 UNICEF Djibouti will advocate for the development of a multi-sectorial response plan that goes from legislation to services and focuses on the most vulnerable children.

**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:**
Throughout the country, 51,694 people - including 12,923 children - showed increased awareness or change in behaviour in relation to FGM/C and other forms of violence against children following the 792 community dialogues organized by Community Management Committees and religious leaders (representing 75 per cent of target). UNICEF supported
UNFD and the Ministry of Muslim Affairs to train the 29 Community Management Committees (551 people) and the pool of religious leaders (33 individuals) on dialogue facilitation techniques and reinforcing their roles as agents of change. A total of 17,344 of the participants in these dialogues were men, a group that has been away from the debate but can be highly influential.

Following the public declaration of FGM/C abandonment in January 2016 by 51 communities representing approximately 170,000 people, UNICEF supported UNFD to set up 12 committees to identify and report on girls at risk of, and saved from, FGM/C in these communities. These empowered committees developed a communication strategy to protect girls from FGM/C. By conducting home visits and building trust with families, they could detect girls at risk and were successful in preventing 223 girls from being subjected to the practice. One-third of these girls were under 5 years of age, and the remaining two-thirds were ages 5-15 years old.

To amplify the voices calling for FGM/C to end, the National Union for Djiboutian Women (UNFD) and the National Coordination Committee, with UNICEF support, diffused 10 radio shows and 56 articles addressing the practice from legal, social and religious perspectives. UNICEF and the Ministry of Muslim Affairs invited the pool of religious leaders to three consultation workshops on children's rights violations to understand the main controversies around the topic and agree on a list of action points. This consultation was strategic as there is still lack of consensus among religious leaders when it comes to FGM/C.

Challenges included the delay in developing the new strategy on FGM/C, the lack of a monitoring and evaluation system, and the limited involvement of other Ministries. To address these challenges, UNICEF supported the Ministry of Women and Family in developing the new strategy with a comprehensive monitoring and evaluation plan. The first phase of data collection and analysis was completed in December 2016. The strategy will be finalized by the end of January 2017.

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:
Article 26 of the Child Protection Code adopted in 2015 establishes the obligation of all those 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's health, physical or moral integrity. The results have already started to be seen – since January 2016, four cases of violence against children were reported by health professionals and security forces. Since the adoption of this legal instrument, UNICEF emphasized the importance of making the population, particularly children and families, aware of its existence to help them learn about the laws and legal proceedings. In the first half of the year, UNICEF supported the Ministry of Justice to develop a friendly version of the Child Protection Code, and duplicated 400 copies. During the last quarter of 2016, the Ministry of Justice, in partnership with the Community Management Committee, disseminated the Child Protection Code in Djibouti-city and its peri-urban area of Balbala.

Social mobilization activities launched in December reached 241 community members who learned about their rights and obligations, and particularly about the protection measures to which children are entitled. UNICEF and APPDEM, a new local NGO working on justice for children, organized four awareness raising sessions on the aspects of the Child Protection Code related to the justice for children's system. As result, 250 parents, youth, representatives from local government and police/gendarmes showed improved awareness and commitment to ensuring child sensitive procedures and handling of cases of children in contact with the law. UNICEF and APPDEM also organized three forums with members of
youth organizations, community leaders, local government and security forces from Djibouti-city and its peri-urban area of Balbala. These forums laid the foundation for the establishment of a Community Network on Justice for Children, whose purpose is to facilitate the creation of alternative measures to detention. Despite these achievements, the Presidential Election calendar forced all interventions targeting police and gendarmes to be rescheduled to the first quarter of 2017.

OUTPUT 3 Output 3.3: By 2015, 10 specialized child protection services in rural and urban areas are reinforced

Analytical Statement of Progress:
The Justice for Children Bottleneck Analysis supported by UNICEF in 2015 highlighted the absence of alternative measures to detention (children could only be released or imprisoned), as well as the nonexistence of services for children in detention, including education, para-counselling and social profile analysis (the only information available was the minutes recorded at the Judicial unit). The social profile analysis is a key document to help the Juvenile Judge understand the child's background and situation, and hence decide on child's best interest. In 2016 UNICEF Djibouti supported the training of four social assistants from APPDEM and Caritas on this theme. Though the UNICEF-APPDEM partnership, nine police and gendarme stations in urban and rural areas (90 per cent of services specialized on justice for children) showed greater awareness on children's rights and facilitated the analysis of the social profile of 15 children in contact with the law. Three child victims of sexual abuse and violence received legal aid; in one case, the perpetrator was detained. The analysis of the social profile of all 26 children in detention evidenced the nonexistence of services for children. In response, the authorities of the Detention Centre committed to run classes on civic behaviour and advocated with the Ministry of Education to provide education services.

Though the UNICEF-Caritas partnership, 93 per cent of the targeted 195 migrant street children (170 boys and 25 girls) benefited from a social services package composed of food, hygiene, literacy, healthcare and para-counselling. Because their social profiles were also analysed, 35 children (15 girls, 20 boys) were reunited with their families in Djibouti-city. UNICEF also facilitated a partnership between Caritas and IOM, which resulted in the voluntary repatriation of 13 children (12 boys and 1 girl) to Ethiopia. Acknowledging that this repatriation had not been supported by any institutional mechanism, UNICEF Djibouti liaised with UNICEF Morocco and IOM to train 34 child protection actors on best interest determination mechanisms and tools.

In line with the Core Commitment for Children in Humanitarian Action, UNICEF partnered with the Danish Refugee Council to support Yemeni refugee children and families. The existing child protection (CP) and gender-based violence (GBV) services were mapped. Twenty-three community workers were trained on CP/GBV minimum standards and, together with 15 children, they organized an awareness-raising campaign on the most frequent CP and GBV violations, reaching 888 individuals, out of which 441 were children (exceeding the target of 160).

OUTCOME 4 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:
Following the Presidential election in early 2016, the new Government clearly endorsed a social development agenda by renaming the former ‘State Secretary for National Solidarity’
as 'State Secretariat for Social Affairs', and enabling it to cover this agenda in its prerogatives. The development of national monitoring and evaluation systems is another cross-cutting priority in national development policies and strategies. The country has a National Social Protection Strategy for 2013-2016, with a focus on access to social safety nets. Pregnant and lactating women, as well as children under two years of age, from poor and vulnerable households, are clearly identified as targets. This was a result of UNICEF Djibouti’s advocacy.

One of the main components of the National Social Protection Strategy is the Cash-Transfer Programme finalized by the Government in 2016 and that already benefited 250 poor families. In 2017, the State Secretariat for Social Affairs plans to scale-up the programme to benefit 4,000 poor households, essentially in rural areas. Community-based targeting of these families has been finalized. The Multidimensional and Overlapping Deprivation Analysis supported by UNICEF in 2015, although not yet officially validated, was taken into account during the formulation of this programme. UNICEF Djibouti also hired the Oxford Policy Management to provide technical assistance to Government partners in the finalization of the programme’s monitoring and evaluation system. This contributed to strengthening the capacities of the State Secretariat for Social Affairs in design and management of impact evaluations.

To tackle coordination issues in social protection, UNICEF Djibouti advocated and succeeded in bringing together, under the leadership of the State Secretary for Social Affairs, all technical and financial partners interested in the social protection agenda. The first meetings enabled partners to engage in this coordination, planning and information sharing mechanism. Despite this commitment, meetings are not yet regular and sectoral coordination remains a challenge that UNICEF Djibouti will address in 2017. In its development strategy, the Government of Djibouti recognizes the need to strengthen existing monitoring and evaluation systems, as well as the need to report on the implementation status of national and sectoral strategies. UNICEF worked closely with the Government on this process. Since the launching of Djibouti DevInfo in 2012 (with UNICEF Djibouti support), the country has a powerful database system that is used to compile and disseminate data on human development and facilitates evidence-based decision-making in favour of children and women. Djibouti’s annual celebration of African Statistics Day is used as an opportunity to disseminate national data.

The launching of the National Evaluation Association, for which UNICEF Djibouti highly advocated, represented a step forward for the country in terms of acknowledging the importance of evaluation practices and of strengthening evaluation technical capacities at country level. In the last quarter of 2016, UNICEF Djibouti, with Government and other partners, embarked in the development of the new Country Programme Document 2018-2022. To this end, UNICEF Djibouti significantly strengthened the capacities of its staff (and other UN staff) on Results-Based Management. The production and validation of quality data, along with the limited local capacities to undertake in-depth analysis, remain the major bottlenecks in the area of monitoring and evaluation. Because of the difficulties in conducting studies at national level, and especially in validating results, UNICEF will continue to rely on qualitative studies or data gathered from surveys at local level to assess progress. In 2017, UNICEF Djibouti will continue to advocate with other UN agencies to develop a single programme to support national monitoring and evaluation systems and statistics.

**OUTPUT 1** Other cross sectoral programme areas and staff costs

**OUTPUT 2** Output 4.1: 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:
In 2016 UNICEF Djibouti supported the Department of Statistics to integrate 100 new indicators on health, nutrition, population and economic data into the DevInfo database; and to update 90 of them. To strengthen national capacities, UNICEF Djibouti assisted in the creation of the National Evaluation Association, which was launched on 8 December 2016. Monitoring and evaluation is a priority defined in UNICEF Djibouti's annual management plan. Several M&E-related aspects are being improved, particularly those related to cooperation agreements signed with partners (e.g. indicators and outputs formulation in the results matrix, monitoring and reporting requirements, etc.).

UNICEF Djibouti also invested in its internal capacities. UNICEF Djibouti successively reinforced the capacities of its staff on Results-Based Management. All staff was trained on three different occasions using different modalities (online and face-to-face). Three staff members were certified on 'Measurement of Effective Result-Based Management in Emergency', a course seeking to enhance staff competencies in designing, monitoring and evaluating projects and programmes. The learning methodology was a mix of theoretical concepts, exercises and UN case studies. The online course seeks to enhance skills of UN and UN-affiliated staff across agencies, programmes and funds in developing measures, collecting and analysing data, reporting results, and using data to manage performance. Developing a solid monitoring and evaluation system for the United Nations Development Assistance Framework (UNDAF) was recognized by the UN Country Team as a critical priority. UNICEF Djibouti was fully involved in this process and committed to advocate for indicators that are relevant to understanding the situation of children and women in the country, and to defining equity sensitive results. For this reason, representatives of seven UN agencies attended the Results-Based Management training organized by UNICEF Djibouti.

UNICEF Djibouti hired a consultant to update the ‘Situation Analysis of Children and Women in Djibouti’. This analysis was used as a key background document during the development of the UNDAF and UNICEF Country Programme Document (CPD) for the 2018-2022 period. A persistent problem was linked to the difficulties in validating data. UN agencies, led by UNICEF Djibouti, are conducting advocacy efforts with the Ministry of Foreign Affairs to address this challenge.

OUTPUT 3 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:
Social protection, along with the fight against poverty, vulnerability and unemployment, are national priorities. They have been highlighted in all national strategic documents as well as in the President of the Republic's roadmap after his re-election in April 2016. UNICEF Djibouti integrated the Social Protection Coordination Group set up by the State Secretariat for Social Affairs in 2016 and supported the Government in the implementation of its social development agenda. UNICEF Djibouti provided technical assistance to the State Secretary for Social Affairs through the consulting firm Oxford Policy Management for the finalization of a comprehensive monitoring and evaluation system for the National Programme for family solidarity with cash-transfer component – one of the key national social protection programmes. The establishment of this system allows improved reporting on children through follow-up support measures which are primarily linked to access to nutrition and immunisation services.

Thanks to technical assistance provided, the Monitoring and Evaluation team of the State Secretary for Social Affairs also received on-the-job training and reinforced its capacities on impact evaluation. UNICEF Djibouti advocated and succeeded in bringing together, under
the leadership of the State Secretary for Social Affairs, all the technical and financial partners who are interested in the social protection agenda, paving the way for the establishment of a joint platform. The aim is to tackle persisting constraints such as lack of coordination and lack of coherence in terms of targeting methodologies. These issues will be discussed within the National Forum on Social Protection that the State Secretariat for Social Affairs plans to organize in January 2017. In this forum, the country will develop its new National Strategy on Social Action. This strategy will include a strong social protection component and define the targeting mechanisms for the most vulnerable groups and particularly children. UNICEF Djibouti will support this process by facilitating an exchange with professionals from countries with strong social protection/social assistance systems. In this forum, UNICEF Djibouti will also ensure the organization’s strategic positioning for social protection in the country.

OUTCOME 5  Improved Management of Resources in Pursuit of Effective and Efficient Results in Support of Programme Operations

Analytical Statement of Progress:
Early in 2016, the UNICEF Djibouti team joined in the Annual Management Plan (AMP) retreat. This involving and dynamic forum permitted the finalization of the AMP by the first quarter of 2016 under the leadership of the Deputy Representative, who acted as Officer in Charge from October 2015 to July 2016. Throughout the year, the implementation of the Annual Management Plan was closely monitored during Country Management Team, Programme and Operations meetings. In 2017, UNICEF Djibouti will continue AMP’s planning and review, along with the implementation of the recommendations of the 2014 Audit.

The Country Management Team maintained its dynamic and effective role in the oversight of 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. UNICEF Djibouti maintained the key governance systems in place. All staff were part of at least one statutory or non-statutory committee or task force, and the recommendations reported were implemented and monitored. UNICEF Djibouti’s key results were monitored under the coordination of the Monitoring and Evaluation Officer in collaboration with the Heads of Sections. The ‘Mega Matrix’ excel tool created in 2014 is progressively being replaced by the ‘Team Site’, an online friendly collaborative tool that is being adopted by all staff members as the main monitoring mechanism to follow-up on key office recommendations.

Programme and Operations teams met, respectively, 10 and 12 times during the year. They discussed issues such as programme implementation, budget reporting, key performance indicators, security and safety of staff and assets, Harmonized Approach to Cash Transfer (HACT) performance, learning plan implementation, changes in policy and guidelines (for instance on Talent Management System, ‘ACHIEVE’ performance system, Official Status Files and travel). As the fourth quarter began, the teams focused on the preparation of the new programme cycle for the period 2018-2022, the liquidation of Direct Cash Transfers over six and nine months, conducting spot-checks and Result-Based Management training.

Management and the Local Staff Association continued to work in collaboration, with fruitful exchanges of opinions during joint consultative meetings but also outside the formal environment. All staff appreciated the efforts conducted on both sides to enhance staff wellbeing and the quality of the working environment. In general, UNICEF Djibouti managed to improve in the areas of security, administration, HACT implementation and supply. The funds received from MENA Regional Office made possible the implementation of Minimum Operating Security Standards requirements. The post of Administrative Assistant, vacant for a year, was finally filled in October 2016, releasing other Operations staff from the workload.
that came from assuming those responsibilities. Since March of 2016 UNICEF Djibouti has used the new UNICEF performance system ‘Achieve’. The system was well received although some staff are still learning how to use it. HACT was fully implemented by the team, and the related assurance plan was carried out with the participation of staff from different sections.

In procurement, UNICEF Djibouti’s Supply Plans were implemented at more than ninety five percent, and the culture of monitoring grew as a result of lessons learned from past years. The office planned the Global Service Support Centre transition meticulously, and the process went smoothly. The support of MENA Regional Team, the commitment of management and the dedication of the staff members were key.

The Yemen Hub established in Djibouti following the onset of the war in Yemen continued in 2016 and the collaboration has been mutually beneficial to UNICEF Djibouti and UNICEF Yemen. Funding remained a big challenge, despite continuous efforts to raise funds and implement cost-saving activities to reduce operating costs.

OUTPUT 1 Efficient and Effective Management of Office Governance and Systems

Analytical Statement of Progress:
Guidelines, management tools and systems defined by UNICEF at global level are being followed by UNICEF Djibouti. Eleven statutory and 9 non-statutory committees are guided by Terms of Reference, UNICEF policies (original or simplified versions) and checklists. These guiding documents were explained to committee members upon joining; and in the first meeting of the year. The Senior Management Team held meetings on average twice a month and the Country Management Team met monthly. Programme and Operations teams met on a monthly basis. The Joint Consultative Committee and the Property Survey Board met quarterly. The CRC and the Partnership committees met as the need arose. These regular meetings allowed UNICEF to monitor the key results and indicators set in the Annual Management Plan and Programme Annual Work plans; as well as to oversee actions originating from Regional Office, Headquarters and United Nation Country Teams.

At the beginning of the year, UNICEF Djibouti agreed on four categories of priorities for 2016, which were closely monitored with satisfactory results. In the area of Risk Management, the team focused on the implementation of the activities set on the ‘Risk Control Self-Assessment’ document; on the maintenance of internal control through mastering process, policies, financial control and segregation, standard operating procedures (SOPs) - including the new Global Service Support Centre SOPs - the oversight of the last audit recommendations and the safety and security of staff and premises. MENA Regional Office security contingency funds permitted the reinforcement of office’s security standards. In learning and development, a plan was developed under the coordination of the local training committee and was implemented at 75 per cent.

Assets were reported and reconciled. By the end of the year, the Property Survey Board met four times and made recommendations. The Administrative Assistant ensured quality management of UNICEF property since her recruitment in the last trimester of 2016. Greater efficiency and productivity were achieved thanks to the standard operational procedures in place. Overall, the staff understood the financial control mechanisms and the segregation of roles on VISION. Seven of the eight ‘Opportunities to Streamline Office Management’ were implemented. The Information, Communication and Technology section proposed innovative projects using SharePoint and TeamSite, which were being tested.

The challenges UNICEF Djibouti faced due to vacant positions at Management, Programmes and Operations levels were overcome by rearranging the division of work among colleagues, consultants and interns.
Effective and Efficient Management of Financial Resources and Stewardship

Analytical Statement of Progress:
The Country Management Team continued to monitor on a monthly basis the key performance indicators and red flag areas including grant expirations, direct cash transfer liquidations, budget commitments/utilization, resource mobilization, donor reporting, cash flow forecast, supply plan implementation and bank optimization. All bank reconciliations were completed, uploaded and approved in VISION within the deadlines, with regular follow-up of the reconciling balances.

Monthly financial closure and review of accounts were properly performed in 2016. The value-added tax (VAT) was still a challenge as Government's reimbursement takes more than a year. All partners were HACT compliant. One hundred per cent of staff members who were required to take the HACT training completed it. To further strengthen HACT implementation, UNICEF Djibouti carried out programmatic field visits and spot-checks with the participation of Programme and Operations teams. By end of December, more than 95 per cent of the Assurance Plan had been implemented. The HACT Committee met twice during the year to monitor progress.

The transition of financial transactions to the Global Shared Service Centre (GSSC) went smoothly, thanks to the training provided to the team. The existing standard operating procedures (SOPs) and related work flows were reviewed in line with GSSC SOPs. UNICEF Djibouti revised and reconciled the Table of Authority/Vision Role. By the end of the year there were no roles without approved mitigation measures.

The cost-saving activities initiated in 2015 continued to be implemented in 2016; they contributed to reduced costs, but the impact on the overall operational costs remained low. As of 31 December 2016, funds utilization stood at 100 per cent for funds from Regular Resources; 100 per cent for funds from Other Resources; and 100 per cent for BMA funds. Funds from Other Resources expiring by end of 2016 were utilized at 100 per cent. The status of Direct Cash Transfers (DCT) liquidation was closely monitored during Country Management Team meetings. As of 31 December, the outstanding DCT less than 3 months was equivalent to 76 per cent (US$ 579,869) of all DCTs; and there were no outstanding DCT over 6 months.

Effective and Efficient Management of Human Capacity

Analytical Statement of Progress:
The UNICEF Djibouti structure approved in 2014 remained effective. The team included 26 people, 48 per cent females and 52 per cent males. The office hosted the Yemen hub, with three staff members. The balance of international professionals per geographic location was five from programme countries and one temporary staff from a donor country for UNICEF Djibouti and Yemen hub. Human resources' gaps were often filled by interns and consultants. The vacancy rate at the end of the year was 9.4 per cent due to three vacant positions: Communication Officer, Nutrition Officer and Deputy Representative. The Deputy Representative was expected to be on board in January 2017. The other two positions were subject to availability of funds. In early 2016, UNICEF Djibouti conducted a recruitment process for a National Communication Officer, but this proved to be unsuccessful in identifying a suitable candidate. An external consultant covered the Communication Officer position; while another supported the Health and Nutrition sections. In total, 10 consultants were recruited (seven for Programmes, one for Operations and two for the Yemen

In terms of staff capacity reinforcement, 100 per cent of staff completed at least one training activity. UNICEF Djibouti invested US$53,711 in training and learning activities; this amount corresponds to about 1 per cent of the office budget. UNICEF Djibouti developed a ‘Learning and Training Plan’ and staff were required to complete four online mandatory trainings: ‘Security Basics’ and ‘Security Advanced’, ‘Results Based Management’ (RBM), ‘Harmonized Approach to Cash Transfer (HACT)/Face’. Most staff completed RBM and HACT trainings. Two staff were selected for the ‘Regional Essential Skills Learning initiative’, completing phase I (online) and phase II (face-to-face). Staff capacity-building will continue to be closely monitored in 2017.

In March, UNICEF Djibouti adopted ‘Achieve’, the new UNICEF performance management system. The team did very well at planning stage, completing 95 per cent of the process; however, most staff did not register the mid-year review in ‘ACHIEVE’. The action plan that was developed to address the weaknesses identified in the 2014 Global Staff Survey was closely monitored by the Local Staff Association (LSA) and Senior Management Team. A mid-year survey conducted under LSA leadership demonstrated improvements in some areas: Work-life balance, Office Efficiency and Effectiveness, Career and Professional Development and Staff Association.