

## Djibouti

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### Executive summary

#### Context

The year 2017 was marked by the finalization and endorsement of the United Nations Development Assistance Framework and the new 2018-22 Country Programme Document (CPD). The new country programme integrates adolescent development and integrated early childhood development as cross-cutting areas; and places a focus on the first 1,000 days of children's lives and public finance for children.

UNICEF Djibouti played a significant role in the provision of humanitarian logistics support to Yemen during the year. Djibouti continued to host over 27,700 refugees and provides support to migrants returning from Yemen or transiting to Yemen. The drought which started in 2008 continued to cause high levels of food insecurity, increased vulnerability to communicable diseases and child malnutrition rates above World Health Organization (WHO) emergency thresholds. This included stunting levels of 29.7 per cent nationally and of over 40 per cent in three regions (Obock, Dikhil and Tadjourah) as well as wasting rates of 17.8 per cent (2013).

#### Achievements

UNICEF supported the Government of Djibouti to develop national plans, strategies and evidence to create an enabling environment for the realization of child rights. As the lead of the Local Partners for Education Group, UNICEF supported the Government to finalize and validate the National Education Plan 2017-2019. The Plan emphasizes access to and quality of education and integrates early childhood development as a national education priority. In the child protection sector, a bottleneck analysis of the birth registration system was conducted, highlighting challenges in delivering services to the seven per cent of children who do not have birth certificates.

UNICEF Djibouti continued to play a critical role in the procurement of essential commodities and strengthening service delivery for children. In addition to providing all traditional vaccines, essential medicines and HIV reagents for pregnant women, UNICEF covered 50 per cent of Djibouti's requirements in ready-to-use therapeutic food (RUTF), thus contributing to treatment for 3,811 children suffering from acute malnutrition. UNICEF strengthened the capacity of all social workers in Djibouti to enable them to provide adequate support to vulnerable populations and refer them to the appropriate services for assistance.

UNICEF also supported the engagement of communities for social change around female genital mutilation/cutting. (As a result of the 890 community dialogues held across the country, 55,674 people showed increased awareness or behaviour change in relation to such violence as well as other forms of violence against children. Nevertheless, the lack of consensus among religious leaders on calling for the abandonment of all forms of female genital mutilation/cutting continued to represent a challenge.

#### Shortfalls

Availability of reliable data remained a challenge to evidence-based planning. Sectoral

management information systems have limitations in terms of reliability, timeliness and completeness of data. There has been no nationally representative level household survey on the situation of children and women since 2013 and the Demographic and Household Survey (DHS) and Standardized Monitoring and Assessment Relief and Transition (SMART) surveys planned for 2017 were not conducted.

Access to treatment for severe acute malnutrition (SAM) was only 67 per cent as of October 2017. The quality of care for severe acute malnutrition remains an issue, with a defaulter rate of 10 per cent, and three per cent of patients not cured.

In 2018, UNICEF Djibouti will continue its advocacy for the country to join the Scaling Up Nutrition (SUN) movement and strengthen community interventions on malnutrition to enhance demand for services and follow-up for children defaulting from treatment.

Children without birth certificates or legal identification documents, including migrant and street children, continued to experience significant challenges in accessing education and other basic social services. UNICEF will carry on supporting the definition of policies and strategies to support registration of children without documentation and their integration into national service delivery systems.

### **Advocacy and partnerships**

The celebration of the UNICEF's 70th anniversary and World Children's Day were opportunities to partner with the Ministry of Women and Families and provide spaces for child participation, including for migrant and street children to raise awareness on remaining challenges for the realisation of child rights. UNICEF Djibouti also increased its presence in social networks and national media, including by systematically involving national stakeholders in coverage and amplification of messages on social media.

Partnerships have been built with the World Bank to support the reduction of stunting in the country and on early childhood development. UNICEF Djibouti also strengthened the collaboration with United Nations High Commission for Refugees (UNHCR), the International Organization for Migration (IOM) and the World Food Programme (WFP) focusing on the protection of children on the move, social protection and nutrition. Furthermore, the engagement with National Committees for UNICEF was intensified, which materialized into additional funds for the country programme.

### **Humanitarian assistance**

Food insecurity due to the long-lasting drought continued to impact the situation of children and families in Djibouti. Many cisterns and shallow wells have dried up and despite indications that the trend of acute malnutrition is declining in rural areas, stunting is still at worrying levels across the country (29.7 per cent). In three regions, stunting rates exceed the 40 per cent critical threshold established by WHO: Obock - 45.9 per cent, Dikhil - 44.2 per cent, Tadjourah - 40.8 per cent. The prevalence of severe acute malnutrition remained high in two out of three refugee camps at 4.2 per cent and four per cent.

In urban areas, around 800 migrants and street children have limited access to basic social services and are especially vulnerable to violence and abuse.

In regions with high prevalence rates of severe acute malnutrition and above emergency thresholds for global acute malnutrition, UNICEF continued to provide humanitarian support

through therapeutic services to affected children. UNICEF's humanitarian response prioritized the needs of refugees and migrants, particularly of unaccompanied and separated children, education for refugee children and the prevention and rapid responses to acute watery diarrhoea and potential cholera outbreak. This included the improvement of drinking water sources in the refugee camps.

Attention was paid on strengthening the link between humanitarian response and systems-based development work. For example, following advocacy by UNICEF and other development partners, refugee education, health and nutrition were included in the education and health sector plan as part of Djibouti's work under the Comprehensive Refugee Response Framework. Furthermore, all health and nutrition supplies for the refugee camps continue to be delivered through the supply management chains of the Ministry of Health; and starting January 2018, health and nutrition services will be provided by the Ministry of Health to the refugees.

A number of important direct results for children and families were achieved with UNICEF Djibouti support, as highlighted below.

Health, nutrition, water, sanitation and hygiene (WASH):

- 3,811 children (including 322 refugees) under the age of five suffering from severe acute malnutrition were treated. This was 67 per cent of the planned target. However, the quality of care remains an issue, as the defaulter rate stands at 10 per cent and three per cent of patients were not cured.
- 29,513 children ages six to 59 months were provided with vitamin A supplementation.
- An additional 2,500 refugees gained access to safe drinking water per agreed standards in refugee camps, where declining numbers of cases of severe acute malnutrition was recorded and where newly-arrived refugees are installed. These targeted beneficiaries were 54 per cent of the camp occupants.
- 7,800 children under five suffering from acute watery diarrhoea received oral rehydration solution (ORS) and zinc supplementation during the first semester of 2017 (82 per cent of planned target).
- 622 refugee children aged 9-59 months received the measles vaccine in the three refugee camps.
- 300 to 400 migrants affected by acute watery diarrhoea (AWD) received ORS in the third quarter of the year.
- An additional 602 people living along the migration routes and affected by drought had enhanced access to sanitation to complement prevention of acute watery diarrhoea activities.
- 360 newly arrived refugee families benefited from the distribution of WASH non-food items including equipment for water storage and water treatment products in addition to hygiene kits.

Education

- 67 per cent of refugee children were supported to attend school.
- 4,301 refugee children accessed quality pre-primary, primary and secondary education and 756 (371 girls) migrants and vulnerable children were enrolled in non-formal schools.
- In Markazi camp which hosts children and their families who are fleeing conflict in Yemen, 574 out of 766 children were enrolled in school.

## Child protection

- To enhance child protection interventions in the context of population movements from neighbouring countries and internally, 139 out of 140 (of whom 23 were girls) unaccompanied and separated children were placed in foster families in host communities.
- 1,238 refugee children in the three camps benefited from psychosocial support activities. This response exceeded the target of 700 children, due to a new partnership with a Japanese NGO who provided support to 265 children.

## Emerging Areas of Importance

**Refugee and migrant children.** As per the 2017 US State Department's report on Trafficking in Persons, Djibouti was listed as a Tier two Watch List Country. Djibouti continued to be a transit country for migrants from neighbouring countries attempting to reach the Gulf region. Migrants frequently rely on illicit human trafficking networks to facilitate their movement and to make their own way due to the limited legal and safe options offered to them. Therefore, although there is a long-lasting migrant community living in Djibouti, there is no reliable data available regarding the numbers of migrants in Djibouti at any point in time. However, implementing agencies on the ground report that there are increasing numbers of women and children, including unaccompanied minors, among the migrants. Djibouti also has a long tradition of hosting refugees and as of October 2017, over 27,700 refugees and asylum seekers were registered in the country.

The influx of migrant and refugee populations has placed additional strain and pressure on Djibouti's already overstretched basic social services. In this context of continuous movement of populations, the fragility of the existing epidemiological surveillance system exposes migrants, refugees and host communities to high risk of spreading diseases. Many refugees prefer to leave the camps and settle within the community – they also face challenges in accessing to adequate social services, including education.

Djibouti is a pilot country for the Comprehensive Refugee Response Framework, and as such made significant progress in 2017 in terms of planning the integration of refugees into national service delivery systems, particularly in the education sector. The use of the Djiboutian curriculum for refugee school children is being rolled out in an incremental manner in primary schools in the camps from September 2017. In collaboration with other UN agencies under the leadership of UNHCR, the Ministry of Education and the Intergovernmental Authority on Development (IGAD), UNICEF Djibouti provided technical support to a regional conference on the integration of refugees into national education systems.

In 2017, UNICEF developed a multisectoral strategy note to articulate its response to refugee and migrant children's specific needs, based on UNICEF's Global Programme Framework on Children on the Move. The strategy note includes interventions in health, nutrition, WASH, education and child protection. It seeks to strengthen the policy environment to ensure it is sensitive to migrant and refugee children's needs, improves the quality of services to make them responsive to their specificities, as well as sensitizing communities on protection issues affecting these groups of children.

Throughout the reporting period, UNICEF continued to support service delivery in refugee camps. Between January and October, 322 children under five years of age, including 173 girls, suffering from severe acute malnutrition were treated with ready-to-use therapeutic food provided by UNICEF. Access to improved drinking water in Holl-Holl camp (the camp with the highest rate of severe acute malnutrition among children under five) was supported through the

rehabilitation of water tanks and the extension of water distribution systems. As a result, 54 per cent of the occupants of Holl-Holl camp had access to water in line with international standards. In the education sector, UNICEF supported the schooling of 67 per cent of refugee children. Some 4,301 refugee children accessed quality pre-primary, primary and secondary education and 756 (of whom 371 girls) migrants and vulnerable children were enrolled in non-formal schools.

UNICEF also supported the provision of services to street children, many of whom are migrants. Through a partnership with the NGO Caritas, all the 260 targeted street children (234 boys and 26 girls) benefited from a package of social services, including food, hygiene, literacy, healthcare and para-counselling. Following an analysis of their social profiles, 35 children (15 girls, 20 boys) were reunited with their families in Djibouti-City and 29 boys benefited from voluntary repatriation to Ethiopia.

## Summary Notes and Acronyms

ARV - antiretroviral therapy  
CMT - country management team  
CPD - Country Programme Document  
DCT - direct cash transfer  
ECD - early child development  
ESSP-PAE -  
FGM/C -female genital mutilation/cutting  
GAVI - Global Alliance for Vaccine and Immunization  
GPE-Global Partnership for Education  
HACT - harmonized approach to cash transfer  
ICT - information and communication technology  
ICT4P - information and communication technology for programme  
IOM - International Organization for Migration  
M&E -monitoring and evaluation  
MENFOP - Ministère de l'Éducation Nationale et de la Formation Professionnelle (Ministry of National Education and Vocation Training)  
MoU - memorandum of understanding  
NGO - non-governmental organization  
ORS - oral rehydration solution  
PMT - programme management team  
PMTCT - prevention of mother-to-child transmission (of HIV)  
RUTF – ready-to-use therapeutic food  
SDG - Sustainable Development Goal  
SMART- Standardized Monitoring and Assessment Relief and Transition  
SUN - Scaling Up Nutrition  
UNDAF - United Nations Development Assistance Framework  
UNDSS - United Nations Department for Safety and Security  
UNESCO - United Nations Educational, Scientific and Cultural Organization  
UNFPA - United Nations Population Fund  
UNHCR - United Nations High Commissioner for Refugees (The UN Refugee Agency)  
WASH - water sanitation and hygiene  
WFP - World Food Programme  
WHO - World Health Organization

## Capacity development

In 2017, UNICEF Djibouti supported individual, institutional and community-level capacity development across sectors. UNICEF strengthened the capacity of Ministry of Health staff and other stakeholders on the use of EQUIST, a web-based tool to help countries identify and compare the impact of health and nutrition interventions. This knowledge was subsequently used to guide the development of 2018-22 national health sector plan.

National trainers used the revised protocol on community-based management of acute malnutrition to train 188 health workers, covering all the health posts in Djibouti. In the three refugee camps, UNICEF technical staff trained 91 health and community workers on community-based management of acute malnutrition and infant and young child feeding in emergencies.

In the WASH sector, UNICEF strengthened the capacity of Government counterparts on design and sizing of rural water supply systems with a specialization on solar energy. Having these skills within the national team facilitated the improvement of the quality, sustainability and affordability of services provided to drought-affected populations.

In 2017, UNICEF targeted 30 rural schools in deprived areas to train 81 teachers and 30 headmasters on the management of multi-grade classrooms and planning and implementation of school projects. Supervision activities showed that teachers are now using specialised tools to better organise classrooms, but still need to improve time management and definition of appropriate activities for pupils at different levels.

UNICEF supported training of all social workers in Djibouti on the foundations of their profession. The training was coupled with the development of a procedural handbook which enabled social workers to manage the registration and referral of beneficiaries more effectively. In addition, officials from five police and gendarmerie stations, representing 55 per cent of services specialised in justice for children, were trained on child rights, enabling them to provide more child-sensitive services to children in contact with the law.

## Evidence generation, policy dialogue and advocacy

In 2017, UNICEF continued to use evidence to advocate with Government on strategic changes for child rights.

UNICEF supported the Ministry of Decentralization to conduct a bottleneck analysis on the birth registration system. The results highlighted the lack of harmonization of national legislation with the Convention on the Rights of the Child, insufficient service coverage in rural areas, limited capacity of civil service agents, lack of clarity on responsibilities of decentralized/national services and insufficient awareness of the process to obtain birth certificates. Based on the analysis, an action plan was developed which will be supported by UNICEF in 2018.

As a result of UNICEF advocacy, the Ministry of Education has given a prominent place to the issue of out-of-school children in the new 2017-19 Education Sector Plan. The Ministry agreed to review the study on out-of-school children conducted in 2013 in order to develop targeted interventions. Furthermore, the Ministry of Education decided to develop a new non-formal second-chance education programme based on the informal educational centre model supported by UNICEF over the past five years known as LEC centres (Lire—Ecrire—Compter/Reading—Writing—Counting).

High level advocacy was conducted in favour of Djibouti joining the SUN movement. Since continuity and sustainability of the vaccine supply chain remain challenges for Djibouti, UNICEF conducted high-level advocacy with the Ministry of Health and the Ministry of Budget for Djibouti's adherence to the Vaccine Independence Initiative. UNICEF is currently supporting the Ministry of Health to develop an action plan on the Initiative.

UNICEF was successful in advocating with Government to design and implement an equity-sensitive monitoring and evaluation (M&E) system for water and sanitation coverage in rural areas which is expected to be finalized by mid-2018. In addition, the Lot Quality Assurance Sampling methodology was used for the first time to measure the scope of water borne disease transmission within communities exposed to high risk of acute watery diarrhoea outbreaks.

## Partnerships

In 2017, UNICEF continued to strengthen its collaborative existing relationships with Government and non-government partners, as well as developing new engagements.

UNICEF Djibouti successfully established a partnership with the World Bank on nutrition, including leveraging a significant investment to support the reduction of stunting through a package of multisectoral interventions.

UNICEF actively contributed to the implementation of the GAVI Health Systems Strengthening project in collaboration with the Ministry of Health and WHO. This aims to increase routine vaccination coverage, decrease mortality and morbidity due to vaccine-preventable diseases and contribute to overall health systems strengthening.

As the leader of the education working group, UNICEF supported the Ministry of Education to secure funds from the Global Partnership for Education (GPE) for the development of a strategic plan for the sector. Throughout the year, UNICEF supported the coordination between the Ministry of Education and other stakeholders, who in turn effectively contributed to the development and endorsement of the plan.

Given the significance of the children on the move agenda in Djibouti, UNICEF sought to strengthen partnerships to design and implement programmes to respond to the needs of child migrants and refugees. This included preparation of a joint funding proposal with IOM to develop a programme for vulnerable migrant children. New memoranda of understanding with IOM and WFP, as well as a revision of the existing MoU with UNHCR are under development to ensure more systematic collaboration and work towards integration of refugees and migrants into national systems, thus avoiding the creation of parallel systems.

In the WASH sector, UNICEF developed a programme cooperation agreement with the NGO Action Contre la Faim. The agreement brings together local government, civil society and the private sector to introduce social marketing to provide populations in the crowded sub-urban areas with safe and affordable sanitation solutions.

## External communication and public advocacy

In 2017, external communication was a key strategy for UNICEF Djibouti's advocacy efforts and in positioning the organization as a credible and trusted voice for children in the country and beyond. UNICEF intensified its donor-oriented communications by producing a series of high-quality materials, including a multimedia package and online quarterly newsletters targeting

national stakeholders and development partners. Furthermore, enhanced social media and online engagement led to an increase in UNICEF Djibouti's Facebook fan-base from 1,800 to 8,500 in 2017, reaching an average of 4,000 people on a weekly basis.

UNICEF Djibouti actively participated in international public advocacy initiatives, including the Facebook Live event organized by UNICEF Goodwill Ambassador David Beckham on World Children's Day, reaching millions of fans and raising Djibouti's profile globally. In close coordination with National Committees for UNICEF, UNICEF Djibouti arranged a series of international media visits in the country (CNN, Boston Herald, VICE News, Departures, Swedish National Radio and Digital Influencers) to highlight the impact of the Yemen crisis in Djibouti and other issues, including female genital mutilation/cutting. The visit of the UNICEF Executive Director in July and the UNICEF Regional Director for Middle East and North Africa in December helped UNICEF deliver its key advocacy messages to Djibouti's decision-makers at the highest level.

Special advocacy events strengthened UNICEF's position as the leading voice for children in Djibouti. The celebration of UNICEF's 35th anniversary in Djibouti (through a photo exhibition) and World Children's Day (through a series of advocacy events, including a forum with children), provided spaces for child participation, including for migrant and street children. UNICEF increased its presence in national media by systematically involving the national stakeholders in coverage.

Jointly with UNHCR, UNICEF led the reactivation of the United Nations Communication Group, which has now its first-ever communication strategy and plan.

### **South-South cooperation and triangular cooperation**

Early childhood development (ECD) is a priority for the Government of Djibouti as a strategy to develop its human capital. At the request of the Ministry of Family and Women, UNICEF Djibouti supported a study tour to Rwanda which has a successful experience in the developing and implementing a multi-sectoral early childhood development programme. The delegation comprised of six managerial staff representing three Government ministries (Ministry of Women and Families, Ministry of Education and Vocational Training, Secretariat State of Social Affairs) and one UNICEF staff member. During the visit, counterparts from the Rwandan Government, the Imbutu Foundation and UNICEF Rwanda presented on the establishment of the ECD programme, the development of standards and the coordination mechanism. The team from Djibouti also had the opportunity to directly observe the family centres and the home-based ECD programme through a field visit.

Following the study tour, the Ministry of Women and Families authorities drafted a report with recommendations for the establishment of a multisectoral ECD programme in Djibouti. The recommendations focused on the establishment of an ECD steering committee, the need for technical expertise to support the development of norms and standards for a comprehensive ECD programme, the construction of three ECD reference centres and the inclusion of ECD in the national child development policy. These recommendations will form the basis of UNICEF's 2018 workplan on ECD with the Ministry of Women and Families.

Additionally, UNICEF facilitated the establishment of a working relationship between the State Secretariat for Social Affairs and the Tunisian Ministry of Social Affairs through the recruitment of a consultant to develop the national social protection strategy. The State Secretariat for Social Affairs is currently developing a framework for more systematic collaboration with the



Tunisian Ministry of Social Affairs in the field of social protection, taking advantage of Tunisia's experience.

### Support to integration and cross-sectoral linkages

Following the development of the 2018-22 Country Programme, UNICEF Djibouti developed packages of interventions on ECD and on adolescents, to address the specific needs of children in different stages of the life cycle, as well as a cross-sectoral strategy on communication for development.

Under the leadership of the education section, concept notes were developed on ECD and adolescent programming. In terms of collaboration with Government, UNICEF engaged with the Ministry of Women and Families to kick-start a multisectoral ECD programme covering education, health, nutrition and WASH. Following discussions between the Minister of Women and Families on ECD as well as a study tour to Rwanda to visit a similar model, UNICEF and the Ministry included the development of a multisectoral strategy and the support to ECD reference centres in their 2018-19 work plan. The plan is to model integrated ECD services through the reference centres through centre-based and outreach activities, as well as sessions for caregivers on positive parenting and good health and hygiene nutrition practices. In parallel, UNICEF will support documentation to provide evidence for scale-up to national level.

In 2017, UNICEF Djibouti supported integrated behaviour change messaging on positive care-giving practices in its programmes. For example, handwashing and immunization modules were included in the training of health workers and community workers in refugee camps on infant and young child feeding in emergencies. Training of trainers from the community management committees on water-borne disease transmission were used as an opportunity to introduce comprehensive messages on health, nutrition, water, sanitation and hygiene. This will become more systematic from 2018 with the roll-out of the multisectoral key family practices approach which covers a set of practices that were prioritised based on evidence and potential impact on child wellbeing indicators. This approach has been integrated into UNICEF Djibouti's 2018-22 communication for development strategy which will be operationalized from January 2018.

### Service delivery

UNICEF Djibouti continued to enhance government and other stakeholders' capacities to deliver basic social services, particularly to the most vulnerable children.

In the health and nutrition sectors, UNICEF continued to play a critical role in the procurement of essential commodities to strengthen health and nutrition services for children, filling critical gaps in Djibouti's procurement and supply chain management systems. For example, in 2017, 3,811 children suffering from severe acute malnutrition including 1,823 girls received ready-to-use therapeutic food (RUTF) procured by UNICEF. This was equivalent of 50 per cent of Djibouti's requirements in RUTF. Further to the provision of traditional vaccines and essential medicines to tackle the main killers of children under-five and HIV reagents for pregnant women, with support from GAVI, UNICEF provided 25 solar-powered and five on-grid refrigerators. In the coming years, UNICEF will continue to support Djibouti's supply chain management in the health sector through capacity-building.

In an environment where 75 per cent of the rural population practice open defecation, UNICEF also continued to subsidize construction of household latrines and provide local construction materials. In 2017, five per cent of people located in the region with the highest rates of open

defecation benefited from this service.

In support of the Government's free education policy, UNICEF contributed to access of education through the provision of 38,000 individual school kits for children from grade three to grade five (69 per cent of children enrolled in primary schools) in all 136 public primary schools.

In child protection, UNICEF supported provision of psychosocial support and legal aid services to 66 per cent of targeted children in conflict with the law through a partnership with the local NGO APPDEM. Following an analysis of the social profile of all 30 children in detention, the authorities of the Detention Centre initiated a vocational training for ten boys.

### Human rights-based approach to cooperation

In 2017, UNICEF Djibouti ensured that the development of the 2018-22 Country Programme was grounded in the human rights-based approach to programming through a rights and equity-based situation analysis. It included a particular focus on vulnerable children living in the most deprived areas, including Dikhil, Obock and Tadjoura, the peri-urban area of Balbala and other pockets of deprivation. Migrant and refugee children as well as children from nomadic families who are marginalized in terms of access to services, were prioritized through the development of a strategy note on children on the move, which outlines targeted interventions on advocacy, service delivery and community mobilization to contribute to the realization of their rights.

UNICEF supported the Government in fulfilling its reporting obligations on international conventions and treaties. With UNICEF's support, the Ministry of Justice, in partnership with other sectoral ministries, prepared the Djibouti's third periodic report (the first in nine years) on the implementation of the Convention on the Rights of the Child and the initial report on the African Charter on the Rights and Well-being of the Child. Both reports were developed in a highly participatory manner and documented progress made by the country in the realization of children rights, as well as highlighting gaps. Community-based discussions allowed the general population to raise concerns regarding access to education and high dropout rates, the right to health, particularly for disabled children, limited opportunities for employment for school-leavers, lack of recreational activities for youth, discrimination against migrants, and street children as well as other issues.

Together with other UN agencies, UNICEF Djibouti also provided inputs to the UN information report which was submitted as part of the Universal Periodic Review for Djibouti. UNICEF's contribution highlighted the barriers posed to children without birth certificates in terms of accessing social services, the use of alternative measures to detention for children in conflict with the law, the need to ensure the child-sensitivity of the national social protection system and the importance of providing access to services for migrant and refugee children. UNICEF's contribution also provided recommendations on all these issues.

### Gender equality

Regarding the promotion of gender-responsive adolescent health, UNICEF Djibouti supported the Ministry of Education, national and international NGOs, to empower 100 per cent (4,283) of targeted in and out of school adolescents and youth through the life skills programme on prevention of HIV/AIDS. Furthermore, 56 per cent of them were trained on gender and are now better able to identify and fight gender stereotypes and discriminatory behaviours. Among adolescents and youths targeted, 312 whom 109 adolescent's girls (15-19) were tested for HIV and received their results in 2017. This represented 87 per cent of adolescent girls targeted for the year.

As part of a Joint Programme with the United Nations Population Fund (UNFPA), UNICEF continued to support Djibouti on abandoning female genital mutilations/cutting. UNICEF supported community-level activities to generate a shift in this harmful social norm. With UNICEF assistance, community-based organisations and religious leaders organized dialogues reaching 55,674 people. This represented 100 per cent of the targeted population, including 16,981 men, 4,280 youth and 13,636 children who showed increased awareness of female genital mutilation/cutting. Around 30 per cent of the participants in the dialogues were men.

Under the leadership of the Ministry of Women and Families, a new initiative on social mobilization against female genital mutilation/cutting targeting youth in school was launched and has reached 146 students (64 per cent girls and 36 per cent boys). These education sessions were an opportunity to empower youth and engage them in examining the root causes of female genital mutilation/cutting stemming from gender inequality, including control of female sexuality. UNICEF also supported the development and validation of a five-year strategy to accelerate the abandonment of the practice.

On advancing girls' secondary education, UNICEF's education programme successfully advocated with the Ministry of Education to introduce a study on student dropout during lower secondary and secondary education, with a focus on girls, in the new Education Strategic Sector Plan (2017-2019). This study will be conducted in 2018 with UNICEF support. Furthermore, UNICEF supported Lutheran World Federation to establish a girls' mentorship programme to address girls' low participation in education in the refugee camps.

### **Environmental sustainability**

Through its support to enhance access to safe drinking water, UNICEF continues to contribute to the Government's efforts to mitigate climate change using solar pumps, to reduce the use of thermal energy and the release of carbon dioxide. For the past five years, the Government has prioritized the installation of solar pumps for the exploitation of semi-deep boreholes and improved wells. Around 31 per cent of the beneficiaries targeted in terms of access to safe water sources are using solar pumps. For technical reasons, solar pumps cannot be used for all types of boreholes.

UNICEF continued to support the Ministry of Health to strengthen its cold chain through the deployment of 25 solar-powered refrigerators/freezers and to develop the costed operational deployment plan for the GAVI cold chain equipment optimisation platform. This will bring the proportion of health facilities with functional cold chain equipment to 100 per cent.

### **Effective leadership**

Monthly country management team (CMT) meetings focused on identifying key programmatic and operational risks, including through an update of the risk library, deciding on mitigation measures and improving operations and programme management, monitoring and performance. The CMT provided guidance on the development of the new CPD and country programme management plan.

Monthly programme management team meetings addressed progress and challenges on programme implementation. A focus was placed on monitoring progress towards priority results reflected in the annual management plan, monitoring key performance indicators and progress towards targets related to harmonized approach to cash transfer (HACT) assurance activities. In

addition, the programme team met to discuss design and implementation of cross-sectoral programming, such as key family practices and ECD.

The operations team focused on increasing internal controls, efficiency and effectiveness of support services provided to programmes. As a result, the table of authority shows zero role violations and the Property Survey Board was regularly conducted to ensure timely monitoring of assets status and disposal. All standard operating procedures were updated and 2014 audit recommendations (all of which were previously closed) were reviewed to ensure that they remain addressed.

The Joint Consultative Committee met regularly to address staff concerns. The 2017 global staff survey results were analysed, followed by the development of an action plan which is being implemented to address main issues raised. The learning and development plan was endorsed by the CMT and was implemented to support staff development. In addition, stretch assignments were promoted - two staff members went on stretch assignments while the office received two staff members. An all-staff retreat was conducted in May 2017 with a combination of team building exercises and learning.

The Disaster Recovery Plan focusing on information and communication technology (ICT) infrastructure and facilities was also updated. UNICEF Djibouti continued to work closely with the UNICEF Regional Office for Middle East and North Africa and the United Nations Department of Safety and Security (UNDSS) to ensure compliance with global standards for office and residential security.

## **Financial resources management**

Budget management and financial procedures were key points of discussion during CMT meetings in 2017.

The status of funds utilization was presented monthly to ensure close monitoring of funds utilisation, expiring grants, direct cash transfers (DCT), donor reports; travel certifications and opens items. As per CMT decision, no staff could travel until previous travel authorizations were closed.

UNICEF Djibouti utilized 100 per cent of the available US\$5,918,979 during the year.

Official letters were sent to implementing partners when DCTs reached the four, five and six-month mark. This contributed to a reduction in DCTs over six months.

Following an assessment by the UNICEF Regional Office, UNICEF Djibouti was categorized as compliant with bank optimization and cash management.

Implementation of HACT assurance activities were monitored closely during programme management team (PMT) and CMT meetings. In 2017, 97 per cent of planned programmatic visits (27 out of 30) and 96 per cent of planned spot-checks (21 out of 24) were completed

A clean-up exercise was conducted, resulting in closure of un-reconciled payables worth over US\$250,000. UNICEF Djibouti continued to struggle with value added tax (VAT) reconciliation as the Government requires UNICEF to pay the Tax and then to request for reimbursement. This process that can take several years. Advocacy through the UN Country Team for the

introduction of a smoother VAT reimbursement process will be important to overcome this challenge.

## Fundraising and donor relations

In a challenging fundraising environment for Djibouti, UNICEF continued resource mobilization efforts to support the ongoing and new country programmes and monitored the funding situations in PMT and CMT meetings.

UNICEF Djibouti developed fundraising materials, met National Committees from Denmark, France, Norway and the UK and engaged directly with UNICEF Goodwill Ambassador David Beckham to support fundraising. These resulted in funding commitments from the French and UK National Committees of around US\$2.1 million. Targeted resource mobilization meetings were conducted with donors and embassies based in Addis Ababa, which have yet to translate into funding opportunities.

The European Union remained a strategic partner to support and leverage funding for children in Djibouti. In 2017, UNICEF signed an agreement for around US\$7.5 million (EUR6.0 million) for nutrition, and discussions are ongoing to request funding for WASH and child protection. Given the challenging fundraising environment, UNICEF sought to leverage investments by the World Bank in the areas of nutrition and early child development.

As of December 2017, UNICEF Djibouti had received US\$1.8 million for its development response from thematic funding, national committees and bilateral donors, including USAID. This was 46 per cent of the US\$3.9 million ceiling for 2017. For emergency response, US\$394,764 in addition to US\$298,081 carried over from 2016 was available: 42 per cent of the US\$1,640,000 requested in its the 2017 Humanitarian Action for Children appeal. Funds were used in an optimal manner, with 100 per cent utilized by the end of the year. No grants expiring at the end of the year were lost.

All six donor reports were submitted on time. For donor report quality assurance purposes, a standard operating procedure was used, in which programme specialists and officers, communications, monitoring and evaluation officer and budget focal points worked together to develop narrative and financial content, while senior management conducts final quality control and clearance.

## Evaluation and research

The integrated monitoring and evaluation plan was developed and validated by the CMT in early 2017 and subsequently entered into the online Plan for Research, Monitoring, Impact and Evaluation (known as 'PRIME'). It included two evaluations - one of the life skills programme for adolescents which is currently ongoing and the other of the child survival and development programme, which was cancelled due to shifting priorities. The findings from the ongoing evaluation of the life skills programme will contribute to shaping the adolescent development component for the 2018-22 programme cycle. The evaluation function is managed by the M&E Officer who also supervises evaluation consultants, under the oversight of the Representative.

UNICEF Djibouti used long-term agreements in place with the UNICEF Regional Office to request reviews of evaluation terms of reference and deliverables as well as ethical clearance. All evaluations are accompanied by a reference group, chaired by the M&E Officer, which includes UNICEF specialists and stakeholders from Government and civil society.

Progress on ongoing management responses were reported twice yearly to the CMT, to strengthen the accountability of programme managers to use and respond to evaluation findings. The findings from the evaluation of the programme to fight against female genital mutilation/cutting, which was undertaken in 2015, were used to inform the development of the new national female genital mutilation/cutting strategy in early 2017.

In 2017, UNICEF Djibouti strengthened its engagement in evaluation capacity-building through the establishment of a close relationship with the National Evaluation Association and by sharing UNICEF evaluation policy and tools with the Association. The Association also delegated a member to evaluation reference groups. Furthermore, UNICEF participated in the training on qualitative evaluations organized by the National Evaluation Association, in collaboration with the National Institute of Public Administration of Canada.

As part of the country programme development process, UNICEF Djibouti prepared its five-year costed evaluation plan.

### Efficiency gains and cost savings

In 2017, UNICEF Djibouti continued efforts to reduce the burden of operational costs on overall expenditures and make the best use of available resources. The activities of the Efficiency and Cost-Saving Committee, along with the continuous efforts of management and the local staff association, continued to raise staff awareness on the importance of ensuring rational use of the organizational resources.

In line with Delivering as One, UN agencies established joint long-term agreements on vehicle maintenance, air ticket procurement and transport and goods transit agencies in order to reduce costs. Since these agreements have been effective only since mid-2017, reliable estimates of cost savings are not yet available.

In terms of expenses related to electricity, water and telecommunications, total expenditure has increased compared to previous years. Spending on electricity increased by 16 per cent for electricity, on telecommunications by eight per cent and on water by under two per cent. This is explained by the fact that the number of staff members and consultants based in the office for longer periods increased by 25 per cent between 2016 and 2017: since the office received four interns, three staff members on stretch assignments and more long-term consultants.

### Supply management

Offshore and local procurement and in-country logistics support was valued at US\$6,324,964 in 2017. The total value of programmatic supplies procured was US\$5,543,622 (mostly related to health, nutrition and WASH programmes) and the value of operational supplies was US\$90,888. In-kind donations received through GAVI were worth US\$503,977. In addition, UNICEF Supply Division donated medical supplies worth US\$2.7 million to the Ministry of Health, following a visit to Copenhagen by the Minister to discuss Djibouti's ambitions to become a regional logistics hub. UNICEF Djibouti has assured its commitment to support the process and stands ready to support over the coming years. By December 2017, 98 per cent of planned supplies were delivered.

The Government continued to experience limited capacity to manage the supply chain from procurement to distribution and to centralise information on stock levels.

UNICEF Djibouti accommodated UNICEF Yemen staff and served as a hub to support in-country logistics operations for Yemen programmes in terms of human resources, logistics and administration activities. A service level agreement is currently being developed to guide the cooperation and support. The current situation in Yemen has delayed its finalization, however significant efforts have been made to reduce issues linked to managing the Yemen operations. This has been achieved through various solutions-oriented conversations between the two country offices to clarify roles and responsibilities.

<b>UNICEF Djibouti - Supply and Logistics Key Figures</b>	
<b><i>Total value in USD of supplies and services received (irrespective of procurement location)</i></b>	
Programmatic supplies including Procurement Services funded	\$5,543,622.81
Channelled via regular Procurement Services	\$1,377,469.36
Channelled via Gavi	\$503,976.88
Channelled via Programme	\$3,662,176.57
Operational supplies	\$90,888.10
Services	\$461,267.21
International Freight	\$229,185.91
<b>TOTAL supplies and services received</b>	<b>\$6,324,964.03</b>
<b><i>Procurement performed by the office, including on behalf of the other country offices</i></b>	
Procurement for own office	\$869,064.97
Channelled via Programme	\$316,909.66
Operational supplies	\$90,888.10
Services	\$461,267.21
Procurement on behalf of other country offices	0
International Freight	\$229,185.91
<b>TOTAL procurement performed by the office</b>	<b>\$1,098,250.88</b>

### Security for staff and premises

UNICEF Djibouti worked closely with the UNICEF Regional Office and UN Department of Safety and Security to ensure compliance with Minimum Operating Security Standards and Minimum Operating Residential Security Standards. The recommendations from the Regional Security Advisor's visit to Djibouti in 2016 visit were implemented throughout the year.

The security situation remains very unpredictable due to the situation in neighbouring countries. The attacks in Mogadishu in October were a reminder that Djibouti continues to be at risk of terrorism.

In order to ensure compliance of the UNICEF office building, a project of building a 3-metre-high concrete wall in front of the building was launched. As of November 2017, the construction enterprise had been contracted, however, UNICEF is facing challenges with obtaining the local administration's authorization for the construction plans. The enterprise is redesigning plans and will submit a new proposal which could lead to an increase of the cost.

Regarding security equipment, the X-ray screening system was repaired, and the CCTV system was extended with one camera at the main entrance level. Furthermore, as per Regional Office recommendations, the following measures were implemented:

- Access control system to the main building was improved and an emergency button for quick building evacuation was installed;
- Pedestrian access and screening recommendations have been implemented, including replacement of extinguisher and enhancement of the alarm system;
- The communication tree was updated and tested.

Trauma bag and First Aid training is scheduled to be delivered by the National Gendarmerie through the University of Djibouti starting in early 2018. The Administrative Assistant participated in the safe driving training of trainers and will deliver the course to drivers in quarter one of, with support from the UNICEF Regional Office on translation of training materials.

## Human resources

During the reporting period, UNICEF Djibouti successfully submitted its Country Programme Management Plan to the Programme Budget Review committee. The new office structure for the cycle 2018-2022 was approved and a recruitment plan developed for the 10 new positions (including two international professionals and eight national officer/general service positions). Six positions were abolished, reflecting strategic shifts of the new country programme.

The vacancy rate decreased from 13 per cent to 10 per cent between 2016 and 2017. The performance appraisal system process was conducted consistently during the year.

Following the global staff survey, UNICEF Djibouti identified four areas for improvement: personal empowerment, work-life balance, career and professional development and office efficiency and effectiveness. In September 2017, the staff association presented the survey results to all staff and an action plan was developed. The recommendations were included in the Office Improvement plan and Joint Consultative Committee reviewed them during its three meetings.

The 2017 Learning and Development Plan included 24 training activities (15 individual and nine group activities). As of 10th November, the implementation rate was 46 per cent completed, 29 per cent ongoing and 25 per cent not yet started. Twenty-five of the 27 staff had more than five days of training over the year, including group training on performance management and external training for specific staff members.

Regarding the HIV in the workplace, the UN Cares local team raised awareness of staff on available online training which were included as mandatory in the learning plan. The UN Cares team also made condoms available in all staff bathrooms.

UNICEF Djibouti was authorized to use Regular Resources to fund/co-fund 12 Other Resources positions, equivalent to US\$349,138, which were critical in ensuring the quality and scaling-up of the country programme.



## Effective use of information and communication technology

The use of Team Site by staff members increased significantly in 2017 with the unique user count doubling compared to 2016, through the enhancement of the workspace environment and collaboration tools deployed during the year. More than seven applications focusing on business simplification and collaboration were maintained or introduced during this period, including a tool to track reporting and recommendations emerging from HACT assurance activities.

An application was introduced to track reporting and recommendations emerging from programmatic visits and spot-checks related to the HACT assurance plan. Staff were encouraged to use OneDrive for Business as a good strategy for online backup online, however, this was also flagged as an application that consumes a lot of bandwidth.

To enhance user experience on the cloud and to be in line with the minimum bandwidth requirements to enable the office to operate, the bandwidth was doubled. This led to a significant increase in spending on connectivity due to the high cost of internet in Djibouti. While inter-agency collaboration has been considered an opportunity for cost reduction for internet services, little progress was achieved in 2017 in this regard. However, the Business Operation Standard within the UN System provides an opportunity for better ICT harmonisation with other UN agencies in 2018. In terms of Information Technology for Programmes (ICT4P), the ICT Officer participated in a Geolocalisation Information System (GIS) training organized by the Food and Agriculture Organization/FAO to enable stronger ICT involvement in programme activities starting in 2018.

In 2017, UNICEF Djibouti enhanced its social media and online engagement, leading to an increased Facebook fan-base from 1,800 to 8,500 in 2017, reaching an average of 4,000 people on a weekly basis.

## Programme components from RAM

### ANALYSIS BY OUTCOME AND OUTPUT RESULTS

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

#### **Analytical statement of progress**

In 2017, UNICEF continued to support the implementation of comprehensive health, nutrition, water, sanitation and hygiene interventions. This was in the context of an under-five mortality of 68 out of 1,000 live births (2012), with 85 per cent of these deaths occurring during the first year of a child's life and over 50 per cent during the first month. Undernutrition is the cause of death in 35 per cent of under-five mortality, with one child in three suffering from stunting and one child in six from wasting, according to 2013 data. In addition to undernutrition, diarrhoea, pneumonia and neonatal complications are further main causes of under-five mortality.

To tackle vaccine-preventable diseases, UNICEF, in collaboration with GAVI and the World Bank, continued to provide significant support to the immunization programme. Coverage of children immunized with diphtheria, pertussis and tetanus vaccine (DPT3) reached 75 per cent (administration data). UNICEF contributed to provide the necessary traditional vaccines, injection devices as well as capacity building of health staff on immunization, cold chain maintenance and vaccine management. To address the low coverage rates among the nomadic

population and communities living in remote areas, UNICEF supported the 'Reach Every District/RED' approach, including effective microplanning to reach unreached children and women.

UNICEF continued to support implementation of the integrated management of childhood illness/IMCI approach. As a result, during the first semester of 2017, over 7,940 children under five suffering from pneumonia (out of an expected caseload of 19,899 for 2017) received treatment with antibiotics, and 7,800 children suffering from acute diarrhoea (out of an expected yearly caseload of 18,572) received ORS and zinc.

In terms of maternal and neonatal care, during the first semester of 2017, 8,887 pregnant women attended their first antenatal care visit, while 4,553 attended the second visit, and only 3,328 attended the recommended third or fourth visit. This highlights the lack of continuity of demand. Out of the 8,887 women who attended the first antenatal visit, 66 per cent delivered in a health facility. A total of 342 newborns with complications were resuscitated by the newly trained qualified midwives. The quality, reliability and timeliness of monitoring data from the Health Management Information System remains a challenge, and for this reason, only first semester results are available.

As a result of UNICEF support (in collaboration with UNFPA, UNAIDS and other agencies) during the first semester of 2017, 80 per cent of HIV+ pregnant women received antiretroviral drugs (ARVs) and 90 per cent of children born from HIV+ pregnant women received the first dose of ARV. This reflects general progress of the prevention of mother-to-child transmission (PMTCT) programme over recent years with a steady increase of the percentage of HIV+ pregnant women receiving ARVs (27 per cent in 2014, 74 per cent in 2015 and 80 per cent in 2016).

In terms of nutrition, according to data from October 2017, only about 67 per cent of children suffering from severe acute malnutrition had access to treatment over the first 10 months of the year. The proportion of severely malnourished children accessing treatment had previously increased from 80 per cent in 2014 to 93 per cent in 2016, before falling in 2017 to 67.3 per cent. The low performance observed in 2017 is probably linked to a weak relationship between health facilities and community health workers, women's associations and other community workers. Community workers no longer contribute to the detection of SAM cases and referral to health centres. This has led to decreased involvement by the community in prevention and treatment of malnutrition and the subsequent decline in performance by services. Throughout the year, UNICEF continued advocacy on the need to prioritize the fight against malnutrition, including at the highest level in a meeting between the UNICEF Executive Director and the Head of State.

The 2017 publication of Joint Monitoring Programme/JMP indicated that in 2015, 55 per cent of rural inhabitants had access to basic services and 14 per cent had access to limited services. This represented an increase of four percentage points for the previous two years in terms of access to water supply services. In 2017, 19 per cent of population living along the migration routes and affected by the continuous food insecurity and drought gained access to sustainable water supply services through financial and technical support from UNICEF. In terms of access to sanitation, 13 per cent of the rural population have access to basic services (improved water source outside the household, but less than 30 minutes' walk) and two per cent have access to limited services (improved water source, more than 30 minutes' walk). An increase of nine points was recorded in access to sanitation during the last two years, while three per cent of the population can end open defecation practices as a result of UNICEF support in 2017

In 2017, UNICEF continued strategic discussion with stakeholders for the development of an effective key family practices package to address the socio-cultural causes of low demand for care services, as well as to improve caregiving practices regarding the health of children, teenagers, pregnant and lactating women. A communication for development strategy, with a focus on a prioritized list of eight key family practices has been developed and implementation will start in 2018.

For the next two years, UNICEF will focus on reducing the prevalence of stunting through a multi-sectoral approach by scaling up interventions around the first 1000 days of life, strengthening community dynamics and generation of the evidence to support effective equity-based planning.

**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**

In 2017, UNICEF Djibouti continued to support the programme for the prevention of mother-to-child transmission of HIV through capacity-building, coordination, analysis and planning. UNICEF supported the programme by providing 30,000 rapid diagnostic tests for HIV and to conduct regular supervision on a quarterly basis. UNICEF also supported capacity-building sessions targeting 30 midwives (30 per cent of midwives in Djibouti). Additionally, UNICEF supported the coordination of the PMTCT programme within the Maternal, Neonatal and Child Health Directorate in the Ministry of Health and other directorates, as well as health staff (midwives) involved in the programme. During coordination meetings, UNICEF supported the PMTCT cascade analysis to identify bottlenecks in the delivery of interventions and solutions. UNICEF also supported the PMTCT programme to contribute to the HIV/Tuberculosis (TB) combined concept note for submission to the Global Fund. However, the development of the PMTCT communication strategy was delayed and postponed to 2018.

The fight against stigma remains a significant challenge, along with the limited reach of the HIV paediatric care. In 2018, UNICEF will continue to give special attention to these components, by conducting training on HIV paediatric care, enhancing community awareness on PMTCT, and supporting access to services and psychosocial support to all women and children receiving PMTCT interventions. There is a need to ensure messages are communicated in local languages, and through the most effective channels, engaging traditional and religious leaders in community sensitisation and mobilisation to attract more pregnant women to be tested and to reduce stigma.

**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-five children, women and mothers, especially in the most vulnerable areas.

#### **Analytical statement of progress**

In 2017, UNICEF continued to support the Ministry of Health to deliver high health impact interventions to mothers and children in Djibouti.

UNICEF contributed to this result through by building health professionals' capacity on

management of childhood diseases, vaccine management and neonatal care. This included training of 19 out of 42 doctors (target), 44 out of 90 nurses (target) on integrated management of childhood illnesses and 50 out of the 100 health staff (target) on cold chain maintenance and vaccine management. The remaining health professionals will be trained in 2018.

In terms of maternal and newborn care, UNICEF supported the capacity building of 32 midwives on neonatal care and resuscitation. In addition, UNICEF provided the Ministry of Health with essential medicines (such as amoxicillin, cotrimoxazole, ORS, iron, mebendazole and paracetamol) to tackle the main killers of children under five. UNICEF supported the programme to ensure a regular supervision of the maternal health interventions. In addition, UNICEF supported the development of an expanded programme on immunization communication strategy with a special focus on vulnerable populations, and supported capacity building for Ministry of Health staff and other key stakeholders on EQUIST. This knowledge has been used to better guide the development of Djibouti's new health development plan for 2018 to 2022.

UNICEF continued to support the Ministry of Health in the implementation of the GAVI Health Systems Strengthening programme, and continuously provided the technical support required and played a key role during the GAVI/WHO/UNICEF joint appraisal.

The knowledge and competencies gained by Ministry of Health professionals during various training was used effectively in the development of the national health development plan. This included using data for equity programming and delivering quality services to beneficiaries, including children and women.

A cold chain equipment inventory conducted in June 2016 showed significant gaps regarding the cold chain. For this reason, in 2017 and in collaboration with GAVI, UNICEF supported the procurement and installation of 23 solar refrigerators.

In 2017, UNICEF will focus on the improvement of the routine EPI through the enhancement of the reporting system, the update of the micro-plans and the implementation of the newly developed key family practices approach. In mother and child health, UNICEF will focus on the first 1,000 days with a special focus on newborn care and the enhancement of community approaches such as integrated community case management.

**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**

The nutrition situation remained one of the major public health concerns in 2017. In Djibouti, one child in three was stunted and one child in six was wasted. In addition, undernutrition contributed to about 35 per cent of the causes of under-five mortality. Strengthening access to quality care for children suffering from severe acute malnutrition was therefore a key priority for UNICEF support in 2017.

To tackle this high prevalence of acute malnutrition and ensure that children have access to the nutrition lifesaving interventions, the management of severe acute malnutrition was the key priority in 2017. Between January and October, UNICEF contributed to the provision of treatment for 67 per cent of children suffering from severe acute malnutrition (3,811 children,

including 1,823 girls).

During this period, the proportion of severe acute malnutrition cases recovered was 84 per cent, while the defaulters rate was 15 per cent. This poor performance of the programme observed in 2017 through these indicators is mainly related to the relaxation of the community dynamics and weaknesses in the monitoring and supervision.

UNICEF support focused on strengthening the capacity of 188 health workers on acute malnutrition case management, and on procuring 50 per cent of the country's requirements in RUTF, F100 and F75 milk, ReSoMal and Vitamin A (800 cartons of RUTF, 307 cartons of F100 milk, 428 cartons of F75 milk, 100 cartons of ReSoMal, 231,200 capsules of Vitamin A including 38,700 capsules of 100,000 IU and 192,500 of 200,000 IU). Furthermore, UNICEF supported the procurement of antibiotics and essential equipment.

During 2017, 91 community and health workers in the refugee camps were trained on community-based management of acute malnutrition and infant and young child feeding in emergencies with UNICEF support. Vitamin A supplementation for children from six to 59 months remained high and reached 82.6 per cent of the targeted children (98,307 of the expected 119,000). UNICEF also conducted high-level advocacy, including with the President of the Republic, for Djibouti's participation in the global SUN movement.

UNICEF support was critical to strengthen the capacity of health centres through the continued availability of nutritional products, as well as capacity building of health workers. However, the targeted severe acute malnutrition treatment coverage levels of 90 per cent, the target rate in terms of recovered and defaulters were not achieved. This was due to the Ministry of Health's enhanced emphasis on clinical services at the expense of strengthening community-based support to prevention and treatment of malnutrition. Therefore in 2018-2019, UNICEF will advocate with the Ministry of Health to revitalise the community component as a key to improve supply of and demand for services and a stronger focus on the prevention of malnutrition through a multi-sectoral approach.

**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**

To strengthen the policy environment for the WASH sector, UNICEF supported the development of the strategy for the participatory management of water points in rural areas with the involvement of sector stakeholders and regional authorities. The main interventions proposed in the strategy focus on local governance of water points, introducing payment for water supply services with specific measures to ensure affordability and access for the most vulnerable users, and efficiency of operating and maintenance services.

UNICEF provided technical support to the updating and validation of the Strategic Plan for Individual Sanitation which will strengthen Government's efforts to be on track for Sustainable Development Goal (SDG) 6, through the introduction of social marketing strategy. In partnership with the NGO Action Contre la Faim, UNICEF supported a pilot on social marketing for individual sanitation in suburban areas. WASH is the first sector to adopt social marketing in Djibouti with UNICEF support.

As a result of UNICEF support, some 6,460 people (78 per cent of the annual target and 19 per cent of the rural population without access to water in the three regions exposed to high food insecurity), among them 2,552 children, have sustained access to safe drinking water through the rehabilitation, extension and construction of improved water facilities. Water supply services in Holl Holl refugee camp were reinforced to ensure provision of safe drinking water as per agreed standards for up to 2,500 additional people (about 54 per cent of the camp occupants). 1,546 vulnerable people, including 773 girls and women (38 per cent of the annual target) gained access to latrines on the migration road through the construction of household and multifamily toilets.

In addition, through UNICEF support, 3,540 pupils from seven schools along the migration route benefitted from the rehabilitation of their water supply and sanitation services, raising the proportion of primary schools with improved WASH services from 71 to 75 per cent. Furthermore, 190 members of 11 community management committees had their communication skills and knowledge on key hygiene practices reinforced through a series of trainings organized with UNICEF support. These committees oversee regular community dialogues and door-to-door activities to increase the knowledge of the 12,000 people living in rural areas along migration routes and at high risk of waterborne diseases. In addition, 4,976 rural inhabitants were reached by community dialogues and focus group activities on key hygiene practices in the same regions through a partnership with a local NGO. Open defecation is no longer practiced by these targeted population and water treatment at household level has become an everyday practice. The total of population targeted by awareness-raising activities represents around 25 per cent of the sedentary rural population living in the most vulnerable regions.

Due to the limited capacity of local sub-contractors, the rehabilitation and construction of WASH services were completed with some delays compared to initial planning. Around 22 per cent of expected beneficiaries were not reached.

**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**

In Djibouti the education sector is relatively strong in terms of evidence-based planning, coordination with partners and Government budget allocation. However, participation in pre-primary education is a private urban phenomenon. Only seven per cent of boys and girls are enrolled in preschool and there is no national policy addressing early childhood education. The disparities remain in access to primary education where at least 20 per cent children are out-of-school. These children are primarily nomadic, migrants, refugees, or those with disabilities. The transition rate in secondary education is low for girls in rural areas and learning outcomes are inadequate. In addition, many adolescents, in particular, girls, drop out of school, exposing them to multiple risks, including the risk of contracting HIV. Djibouti hosts over 27,000 refugees and asylum seekers from neighbouring countries, among them around 50 per cent are out of school. UNICEF is the coordinating agency in the country and the leader of the education working group. UNICEF has played a key role in advocating for access to early learning and education for vulnerable children, including refugees, migrants, nomad which has been prioritized in the ESSP-PAE 2017 -2019.

In 2017, UNICEF Djibouti and education working group members continued to strengthen the capacity of the Ministry of National Education and Vocation Training (MENFOP) in strategic

planning. UNICEF has supported MENFOP to request Global Partnership for Education funding to develop the ESSP-PAE 2017 -2019. The GPE funding request has been developed with a team composed by UNICEF and MENFOP. Under UNICEF leadership the document was validated by the education working group and successfully submitted. The funding is estimated at US\$229,519 with UNICEF as the grant agency. UNICEF has used the funds to recruit an international consultant who assisted the MENFOP in the development of the ESSP-PAE 2017 -2019. The development of the plan has been participatory and has considered the feedback of the MENFOP staff and the education partners. The ESSP-PAE 2017 -2019 was finalized in April and endorsed in July by all education partners in Djibouti who committed to support the implementation and monitoring. The plan is focused on equity in access and quality of teaching and learning. The GPE funding was also been used to trained seven MENFOP planning staff in sectoral policies and management of education systems and publication and dissemination of key documents.

In partnership with the Ministry of Women and Families, UNICEF supported the establishment of community-based kindergartens and the functioning of preschools with the MENFOP. At the country level, UNICEF is the only agency which supported the two ministries to extend and improve access to early learning. There are 29 community-based kindergartens and 20 preschool classrooms currently operational in the country, providing early learning services to approximately 1200 children ages three to five years.

UNICEF established partnerships with Lutheran World Foundation and the Catholic Schools to support education for refugee children (preschool, primary and secondary education), second-chance education for nomadic, migrant and street children, as well as inclusive education for disabled children through direct intervention. To scale up this initiative, UNICEF advocated and succeeded to introduce the development of non-formal education programme as well as the revision of out-of-school children study as an output in the ESSP-PAE 2017-2019.

In partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF supported the participation of the MENFOP team in two regional workshops. The first was related to SDG4 for the validation of the Djibouti SDG4 Roadmap which was used as guidance in the development of the ESSP-PAE 2017-2019. The second workshop was on the deployment of teachers. In partnership with UNHCR, IGAD, GIZ, UNESCO, the European Union and MENFOP, UNICEF provided technical support for the preparation and organization of the regional conference on refugee education in IGAD countries. This culminated in the signing of a declaration on the integration of refugee education into national education systems.

Finally, UNICEF, in partnership with the Executive Secretary to fight against HIV/AIDS, malaria and tuberculosis continued to support the prevention of HIV/AIDS amongst adolescents. An evaluation of the programme was conducted to identify lessons learnt and best practices to guide the upcoming education and adolescent development programme.

Despite progress made in 2017 in improving access and quality, challenges remain to reach the most vulnerable children and improve their access to quality early learning, primary and secondary education. In the country, limited hosted capacity in schools, distance to school, inexistence of a preschool strategy and mix migration are the key issues.

Funding and availability of data, especially on HIV prevention amongst adolescents, are additional key challenges. In fact, the coverage is limited. The completion of All-In rapid assessment in 2018 will provide disaggregated data and enable the planning of activities for

adolescents on life skills education.

As part of the new country programme, the focus of the education programme component will be widened to include adolescent development. It will include a focus on equitable access to education including for early childhood and adolescents, improved quality of teaching and learning as well as systems strengthening, including coordination and education sector planning and financing.

**OUTPUT 1** By 2017, the capacities of the education system are reinforced to improve the enrolment 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**

Throughout 2017, UNICEF continued its support to disadvantaged children including refugees, migrants, nomadic and those with special needs in partnership with Catholic Schools, Lutheran World Federation, the MENFOP and the Ministry of Women and Family.

As a result of UNICEF advocacy, equity in access has been highlighted as a priority in the new ESSP (PAE 2017-2019) through the development of non-formal education to reach the most vulnerable children. This is based on the model of the UNICEF-supported informal educational centres (LEC centres) implemented by Catholic Schools. In line with the Comprehensive Refugee Response Framework, a national refugee action plan aligned with the national education strategic plan was developed in collaboration with UNHCR. This plan will be considered when the refugee education strategy is developed in 2018.

The LEC provided non-formal education services to 756 children and adolescents (392 girls), as well as inclusive education to including 37 children with disabilities (including 17 girls) and vocational training to adolescents in four regions and Djibouti City. These children are predominantly refugees, migrants, street children and nomads. During 2017, 83 children (42 girls) from the LEC centres were successfully integrated in grade five (45) in public primary schools, lower public secondary school (21) and vocational training (17).

Through a partnership with Lutheran World Federation, UNICEF supported pre-primary, primary and secondary education for a total of 4,301 (2025 girls) refugee children in the three refugee camps. UNICEF supported the payment of allowances for six secondary school teachers, the construction of one semi-permanent pre-school classroom in Holl-Holl camp and one classroom in Ali Addeh camp, and a four-day training on child-centred pedagogy for 24 teachers (including four female teachers).

For female students, inadequate clothing and lack of personal effects are the main causes of drop-out. To address this issue, UNICEF provided support to Lutheran World Federation to set-up a girl's mentorship programme. In July 2017, the MENFOP and UNHCR signed a MoU related to refugee education and the Government is committed to introduce national curriculum in the schools in refugee camps to enhance the quality of education.

In support of the Government's free education policy, UNICEF provided 38,000 individual school kits for children from grade three to grade five (69 per cent of children enrolled in primary schools) in all the 136 public primary schools in the country. With the MENFOP, UNICEF has also supported transport services for 20 visually impaired to facilitate their access to school.



The revision of study on out-of-school children which was planned for 2017 was postponed to 2018 due to a change in priorities for the MENFOP.

**OUTPUT 2** 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**

While access and coverage in education have improved, Djibouti still faces challenges in the quality of education. The PAE 2017-2019 which is aligned with the ten-year education plan, is focused on quality education through the improvement of teachers, including in-service and pre-service training on reading skills, teaching practices, early grade reading and the revision of the curricula.

UNICEF has supported teachers training and supervision in the management of multi-grade classrooms, and, headmasters training in planning and implementation of school project. Eighty-one teachers and 30 headmasters in 30 rural schools were trained during two sessions by the centres for teacher training. These schools have multi-grade classrooms. The training will help teachers tailor their teaching practices and better manage their time between children at different levels in the same multi-grade classrooms. The headmasters who were trained have strengthened capacity to oversee the organization of meetings with parents, teachers and children to identify the needs in the schools and develop a school projects focused on equity and quality.

UNICEF contributed to improved reading skills in grade five with the organization of the competition 'Defi Lecture' which target all the 136 public primary schools in the country. A total of 13,897 children (6460 girls) in grade five participated in the competition. For the current academic year, the competition was decentralized with each region having a winner. This increased participation levels, especially from schools in rural and disadvantaged areas. About 20 schools were declared winners of the competition in the 10 inspections. An assessment conducted in Arta region showed that 66 per cent of the pupils involved in 'Defi Lecture' read and understood the tales studied in classrooms.

UNICEF supported the Education Management Information System through updating of tools, school-based data collection and analysis.

The double shift (52 per cent of classrooms in primary education) and the high student-teacher ratio are the main challenges for quality education. In 2018, UNICEF will work with the MENFOP to develop a funding request to GPE to solve this issue.

UNICEF supported the MENFOP to identify 30 rural schools with multi-grade classrooms which have been targeted for capacity-building over the upcoming programme cycle to improve the quality of teaching and learning through a package of activities. These will include teacher training and supervision, school-based monitoring, identification and financing of school' projects, provision of school materials and improvement of the learning environment.

**OUTPUT 3** 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**

Djibouti has a generalized HIV epidemic, with 1.6 per cent HIV prevalence among pregnant women aged 15 to 24 and an estimated rate of mother-to-child transmission of HIV of 29 per cent. According to the UNAIDS database, the HIV prevalence rate among teenagers and young people (15-24 years) is 0.4 per cent for boys and 0.7 per cent for girls. The number of adolescents (10-19 years) living with HIV in Djibouti is estimated at above 1000 (2015).

During the year, UNICEF continued its efforts to prevent HIV transmission and the risk of infection among adolescents and youth, both in and out-of-school. The interventions are currently being implemented with one institutional partner (CRIPEN: Centre de Recherche, Information et Production de l'Education Nationale) and three civil society organizations (Cabinet Conseil Appui et Formation, Union pour le Developpement Culturel, and the Union Nationale pour les Femmes Djiboutiennes). UNICEF was also actively engaged in the UN Steering Committee coordinating the HIV/AIDS, Tuberculosis and Malaria programme in the country.

The life skills programme supported by UNICEF reached 11,891 out-of-school adolescents and youth living in disadvantaged areas of Djibouti city and in Tadjourah, Obock, Arta. The lifeskills programme goes beyond HIV prevention. It aims 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, resisting negative pressures, and avoiding risk behaviours. As a result of the sessions, 16 per cent of targeted out of school adolescents and youth decided to get tested for HIV - an important step in the fight against stigmatization. Around 10,040 out-of-school adolescents and youth were indirectly reached by their peers who received training and have thus been sensitized on HIV prevention and others key issues including key family practices, preventive and protective behaviours.

Additionally, the life skills programme was implemented in 38 secondary schools. Forty-six teachers (15 women and 31 men) underwent training and 80 per cent of them have improved their knowledge on life skills. Around 85 per cent of the 2,431 students (1,150 girls and 1,281 boys) improved their knowledge and were sensitized on HIV/AIDS transmission, Khat consumption, undesirable pregnancies and female genital mutilation/cutting, and key family practices. Approximately, 36,465 additional students (17,250 girls and 19,215 boys) were indirectly reached through life skills sessions.

In the 2018 - 2022 country programme, the scope will be widened to cover adolescent development, going beyond HIV/AIDS. The programme will be based on the findings of the evaluation of the life skills programme and the All-In Analysis. These will allow for identification of specific areas of intervention and the development of a programme package for adolescents based on the conceptual and programmatic framework of the Life Skills and Citizenship Education concept.

**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 over the course of 2017. This was through

better understanding of the birth registration system, provision of legal aid to children in conflict with the law, advocating for partnership on children on the move. UNICEF supported the Ministry of Justice in the preparation of the third periodic report on the implementation of the Convention on the Rights of the Child (the first since 2008) and the initial report on the African Charter on the Right and Wellbeing of the Child. Both reports were developed in a participatory manner including discussions with communities in rural and urban areas.

In promoting behaviour change and protecting the physical integrity of the girl child, Djibouti registered progress in the last 20 years in the abandonment of female genital mutilation/cutting. Rates decreased from 93 per cent in 2006 among women aged 15 to 49 years to 78 per cent among women of all ages in 2012. The UNICEF-supported evaluation of the National Strategy for the Abandonment of Female Genital Mutilation (2016) highlighted significant progress made by Djibouti in terms of changing perceptions favouring the abandonment. For example, 90 per cent of community members interviewed could cite the negative health consequences of female genital mutilation/cutting, indicated improved knowledge on the harmful effects of female genital mutilation, a trend towards the less severe form commonly known as 'Sunna', and social demand for medicalization of the practice. Based on the findings of the evaluation, UNICEF provided technical and financial support to the Ministry of Women in the development of a new national strategy with a five-year action plan on accelerating abandonment of female genital mutilation. The new strategy through prioritizes engagement and empowerment of new agents of change, including adolescents and youth, as well as the development of a communication strategy sensitive to human rights.

In 2017, the engagement of communities was further demonstrated through the surveillance groups established in 2016 who saved 60 per cent of girls identified as at risk of female genital mutilation. In addition, throughout the country, 55,674 persons - including 16,981 men and 4283 youth and 13,636 children - showed increased awareness or change in behaviour in relation to female genital mutilation/cutting and other forms of violence against children. This was primarily as a result of the 890 community dialogues organized by community management committees, the network of religious leaders and youth representing (100 per cent of target).

In order to strengthen the legal framework on birth registration, UNICEF supported the Ministry of Decentralisation to conduct a bottleneck analysis. It highlighted the lack of alignment of the existing legal framework with international standards, particularly in terms of universality of birth registration for all children born in Djibouti and the fact that birth registration should be free of charge. The analysis also emphasized the lack of civil registrar services in rural areas, the variable quality of the services, discrepancies in the registration process in different regional or district of the country and the lack of skilled human resources.

Access to child protection services to children on the move, street children and refugees was further strengthened. As a result of UNICEF support, 35 children (15 girls, 20 boys) were reunited with their families in Djibouti city which represent 50 per cent of targeted children; 1,238 refugee children in the three camps benefited from psychosocial support activities exceeding the target of 800 children; and 66 per cent of the 50 targeted children in conflict with the law and victims benefited from psychosocial support and legal aid services.

The services were provided by NGOs and consist of access to day care services, nutrition, school, psychosocial support and family reunification. Strategic discussions are ongoing with the Ministry of Women and Family on a continuum of services to vulnerable children, including children on the move. There is great interest from the Government to respond, using a holistic approach, and involving country of origin such as Ethiopia and Somalia. The Government has

proposed to organize a regional conference early 2018 and reflect with countries on an appropriate response.

Challenges include the use of religious terms such as Sunna to define the least severe form of female genital mutilation/cutting, the limited involvement of key stakeholders such as the Ministry of Education and the Ministry of Youth, the lack of a monitoring and evaluation system, limited evidence on change in the norms of the practice and the lack of social workers in the child protection services. One of the focus areas of the new country programme is to address those bottlenecks.

**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 reporting period, UNICEF continued to support community engagement as one of the main pillars of the national strategy on accelerating abandonment of female genital mutilation/cutting. Throughout the country, UNICEF supported Community Management Committees, networks of religious leaders and youth to organise 890 community dialogues. As a result, 55,674 persons - including 16,981 men and 4283 youth and 13,636 children - showed increased awareness in relation to female genital mutilation/cutting and other forms of violence against children. Thus, communities started to denounce and refer case of violence to the National Union for Djiboutian Women which has a centre responding to gender-based violence.

In addition, under the leadership of the Ministry of Women and Families, social mobilization activities targeting students in high schools were launched covering 250 students (64 per cent girls and 36 per cent boys) in public schools in Djibouti city and rural areas.

UNICEF supported the National Union for Djiboutian Women and the Ministry of Muslim Affairs to empower 27 community management committees and a pool of 33 religious leaders to adopt innovative and targeted approaches to identify girls based on their individual risk of being cut. These risks are linked to ethnic origin, trends in time of cutting in the year and using entry points in reproductive health services. For example, in Afar communities where baby girls are cut in the first month after birth, the surveillance committee identified women in the early stages of pregnancy, accompanied them to pre-natal consultations, and established trust with the mother through home visits. In the Somali ethnic group, the age of the cutting is estimated between five to 10 years. Therefore, the committees focused their interventions on the period of summer and primary school entrance. Thanks to this approach, eight surveillance committees (out of 12 existing committees) saved 564 girls among 964 girls at risk. This represented an increase compared to 223 girls saved in 2016 (in all three districts of Djibouti city).

To amplify the voices calling for female genital mutilation/cutting to end, UNICEF supported the National Union for Djiboutian Women and a new NGO called Voix de l'Est to broadcast six radio shows, produce 17 articles and run a mobile theatre addressing the practice from legal, social and religious perspectives.

Overall, the movement against female genital mutilation/cutting has made good progress. The post-public declaration surveillance mechanism established in 2016 succeeded in increasing the number of girls saved from being cut and referring cases of violence against children. The community empowerment is contributing in expanding the prevention of violence against

children. The lack of consensus among religious leaders to speak publicly for the abandonment of all forms of female genital mutilation/cutting, the semantics used in describing the least severe form of female genital mutilation/cutting, social demand for medicalization of female genital mutilation/cutting as well as messaging focused on the health consequences of female genital mutilation/cutting remain challenges. In the third phase of the joint programme, communication tools will be revised and newly developed to ensure that misperceptions are countered.

**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**

UNICEF supported the Ministry of Justice in partnership with other ministries to prepare the third periodic report on the implementation of the Convention on the Rights of the Child and the initial report on the African Charter on the Rights and Wellbeing of the Child. Both reports were developed in a participatory manner and documented progress made by the country in the realization of children rights, as well as highlighting gaps.

The Convention on the Rights of the Child report highlighted progress made in the last nine years by the country based on the Concluding Observations of UN Committee. The report was disseminated in local languages through 11 awareness raising sessions organized by child protection committees and covered 400 participants representing local authorities, communities and youth. These sessions enabled communities to raise concerns on access to education and high dropout rates, the right to a legal identity, the right to health, especially for disabled children, limited opportunities for employment, lack of leisure activities for youth, discrimination against migrants and street children. Communities also expressed their concerns on the increasing numbers of abandoned babies, the inexistence of foster families and detention of children for minor offenses.

In February 2017, with technical support of the UNICEF Regional Office, UNICEF Djibouti supported the Ministry of Justice to hold a workshop on child-friendly justice for social service actors and representatives from local NGOs. This forum was an opportunity to present the outcome of a regional study on the system of juvenile justice covering 10 countries, including Djibouti. It also allowed participants to exchange experiences on case management for children in conflict with the law who are above the minimum age of criminal responsibility, diversion, alternative measures to detention, post-detention, reintegration and informal law. In addition, the link between the formal and informal system and the way forward for Djibouti were discussed. The need for strengthening the existing system to ensure development of child sensitive procedures respectful of international standards, development of by-laws and standard operating procedures for children in conflict with the law as well as the development of vocational training and reintegration interventions for children in detention were discussed. UNICEF started discussion with partners on the roll out of the systems-strengthening approach, with a series of actions proposed, including the development of standard operating procedures.

Around 300 participants (parents, youth, representatives from local government and police/gendarme) from vulnerable suburban communities were reached through eight awareness session on justice for children and collaboration between formal and informal law. These awareness-raising sessions provided an opportunity for families to exchange with justice for children actors, understand the system and initiate collaboration between communities and police structures. They allowed communities to establish partnerships, identify the leaders in

communities in order to facilitate mediation and diversion from the judicial system.

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

### **Analytical STATEMENT OF PROGRESS**

In 2017, UNICEF continued its support to strengthening child protection services for children on the move and justice for children. As a result of UNICEF's partnership with the local NGO APPDEM, five police and gendarmerie stations in urban and rural areas (55 per cent of services specialised on justice for children) were trained on children's rights with a focus on procedures for justice for children. It also facilitated the analysis of the social profile of 30 children in conflict with the law. Some 66 per cent of the 50 targeted children in conflict with the law and victims benefited from psychosocial support and legal aid services. Among the cases followed by NGO social assistants were cases of rape, which resulted in the arrest of perpetrators and adoption of the child of one of the survivors. Following the analysis of the social profile of all 30 children in detention, the authorities of the Detention Centre initiated vocational training for 10 boys.

As a result of UNICEF's partnership with Caritas, 100 per cent of the targeted 260 migrant street children (234 boys and 26 girls) benefited from a package of social services, including food, hygiene, and literacy, healthcare and para-counselling. Following an analysis of their social profiles, 35 children (15 girls, 20 boys) were reunited with their families in Djibouti city and 29 boys were voluntarily repatriated to Ethiopia. The process is still ongoing for other children. ,

In line with the Core Commitment for Children in Humanitarian Action, UNICEF partnered with the Lutheran World Federation to establish child protection committees in the refugee camps (Ali-Addeh, Holl-Holl and Markazi, as well as the establishment of a safe space for girls in the Markazi camp. As a result, 139 unaccompanied or separated refugee children (23 girls and 116 boys) were placed with foster families within their communities. Furthermore, 46 teachers and 85 community leaders and youth were trained on child protection risk and response in the camp. A total of 1,238 refugee children in the three camps benefited from psychosocial support activities. Moreover, 8,969 refugees (1,256 men, 1,505 women, 3,163 boys and 3,045 girls) participating in awareness-raising sessions on child protection issues in the camp.

UNICEF Djibouti, in partnership with IOM and the Ministry of Women and Families are in the process of developing a MoU for the care and protection of children on the move and to develop cross-borders interventions with the countries of origin for a holistic response to ensure the safety and protection of children.

**OUTCOME 4** By 2017, a National Social Protection Strategy targeting the most vulnerable population groups - particularly children and women- and centred on a Social Safety Nets approach is implemented and progressively improved using a better performing national and sectoral M&E system generating reliable statistical data and indicators conforming to international standards.

### **Analytical statement of progress**

In 2017, the thematic areas of social policy, social protection and monitoring and evaluation received growing interest by Government and development partners in Djibouti. This was manifested through the establishment of monitoring and evaluation and social protection aid coordination groups within the wider aid coordination system. Jointly with other development partners, UNICEF undertook advocacy for the establishment of a national monitoring, evaluation

and coordination mechanism.

By November 2017, the national social protection programme had reached 5,597 people out of the targeted 5,930 (94 per cent) people through prevention interventions for malnutrition and for labour-intensive public works interventions. Through the national cash transfer programme in 2017, 3,305 households benefited from the cash out of 3,362 targeted households (98 per cent). UNICEF contributed to these results by strengthening the capacity of social workers to effectively register and refer beneficiaries. Furthermore, UNICEF's technical support to the development of a new national social protection strategy, which includes provisions for the introduction of a child grant, will contribute to a favourable enabling environment for a child-sensitive social protection system.

In 2017, UNICEF Djibouti supported capacity-building for national stakeholders, including the National Statistics Office and the National Evaluation Association on conducting Multiple Indicator Cluster Surveys and evaluation. UNICEF also provided support to capacity building of social workers on the foundations of their profession.

The World Bank is one of the main development partners on social protection in Djibouti and provided significant inputs to the national social protection strategy and supported the national household poverty survey through the National Statistics Office. Other development partners who play an active role on social protection include WFP, UNDP and the European Union.

The production, use and sharing of reliable data remained a significant challenge to development actors in Djibouti and for evidence-based planning by Government and development partners alike. The Demographic and Health Survey which was planned for 2017 and would have provided updates for a range of indicators regarding the situation of children and women in Djibouti, was postponed.

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

### **Analytical statement of progress**

Through the Accelerated Growth for Employment Promotion (SCAPE) strategy 2015-2019, monitoring and evaluation has become a national priority, as evidenced through the establishment of the aid coordination group of which UNICEF is a stakeholder.

The reporting year was marked by the finalization of the planning process of the new 2018-22 Country Programme and Programme Strategy Notes in a collaborative process with sectoral ministries, under the leadership of the Ministry of Foreign Affairs and International Cooperation. In a linked process, UNICEF contributed to the development of the 2018-22 United Nations Development Assistance Framework (UNDAF).

UNICEF continued to invest in national capacities for research and evaluation by funding the participation of a UNICEF-Department of Statistics and Demographic Studies delegation in a training on Multiple Indicator Cluster Survey design. Additionally, UNICEF provided technical expertise and participated in the planning process for fourth national household poverty survey (Enquete Djiboutienne auprès des Ménages - EDAM4). UNICEF also established a partnership with the National Evaluation Association with the aim of strengthening their capacity through the sharing of tools and best practices.

An evaluation on the life skills programme was initiated in 2017, including submission of all deliverables to UNICEF quality control and ethical review processes. The report is expected to be finalized in early 2018. Finally, UNICEF Djibouti provided technical support to the participation of Djibouti as a case study in the data gap analysis initiated by the UNICEF Regional Office. The result of the analysis will form the basis for the development of a national data strategy. Despite the increasing political commitment to strengthen national monitoring and evaluation systems and provide access to data regarding priority national development actions, sensitivities around validation and sharing of national data persist. UNICEF is advocating either directly or through the coordination of the United Nations system to address this barrier.

In the new country programme, UNICEF Djibouti will continue to invest in national capacities in monitoring and evaluation and advocate for enhanced coordination with other UN agencies in this regard. UNICEF also plans to strengthen collaboration with universities and other research institutions.

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

#### **Analytical statement of progress**

In 2017, UNICEF Djibouti provided technical support to the child-specific aspects of the development of the new national social protection strategy which was validated in November. The new strategy makes provisions for the establishment of a social protection floor and the introduction of a child support grant. Furthermore, the Ministry of Budget strengthened the sectoral ministries' capacities in result-based budgeting in early 2017 which contributed to strengthen the enabling environment for social policy.

UNICEF provided technical and financial support to the State Secretariat of Social Affairs to organize a national forum on social affairs and an assessment of the national social protection system which provided an important baseline for the development of the national social protection strategy. UNICEF supported the training of all social workers (22) and decentralized social services coordinators (29) on the fundamental skills of their profession, which enabled them to register and refer beneficiaries more effectively. As a result, 3,305 households in Djibouti city and regions benefited from the cash transfer through social services. UNICEF also ensured the participation of the State Secretary in a regional child poverty conference, after which a commitment was made to conduct a new child poverty study (the previous study was not validated by partners).

UNICEF also participated in social protection coordination initiative under the leadership of the State Secretary for Social Affairs. In collaboration with WFP, UNICEF advocated for social protection to remain high on the political agenda, including through the establishment of an aid coordination group on social protection, and to develop an outcome related to social protection within the new 2018-2022 UNDAF.

The upcoming country programme will focus on the implementation of interventions outlined in the Programme Strategy Note on Social Inclusion. This links UNICEF's social protection programme to the child protection programme, as it focuses on the establishment on a social workforce to carry out both social and child protection interventions. UNICEF Djibouti will also seek to expand its work on public finance for children.



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

**Analytical statement of progress**

Providing efficient and effective support to programmes was the main focus of the operations team in 2017. The operations team in collaboration with the country management team introduced various collaborative tools, based on ICT, to strengthen planning and results monitoring. For example, consultancy plans, vehicle planning and invoice management tools were used throughout the year to enhance forecasting of demands and plan efficient support. The supply plan was also closely monitored, resulting in 98 per cent of requests fulfilled by the end of the year.

Additionally, the operations team led the development of the Country Programme Management Plan 2018-22 as well as the development of documentation required for the Programme Budget Review process and approval. A current priority is the recruitments for two international professionals, five national officers and two general service positions.

Key performance indicators were monitored by the team during monthly CMT and PMT meetings to ensure timely clearing of critical transactions, such as outstanding DCTs, open travel authorizations or property survey items. Weekly sessions were initiated to brief staff on standard operating procedures. All staff members were trained on effective performance management in accordance with the ongoing human resource reforms and policies. A client survey including 26 questions on supply, finance, administration, ICT and security management was conducted in December 2017 to assess the satisfaction of programme staff regarding support provided by Operations. The results will be further analysed in early 2018, and an action plan will be developed in response with targets to be reflected in annual management priorities.

A review of the 2014 audit recommendations was conducted to ensure continuity and sustainability of the implementation of action points. Implementation of HACT assurance activities was also monitored closely during PMT and CMT meetings. In 2017, 90 per cent of planned programmatic visits (27 out of 30) and 87.5 per cent of planned spot-checks (21 out of 24) were completed.

UNICEF Djibouti continued to provide support to UNICEF Yemen in the areas of logistics, finance, administration and human resources. In this regard, both offices agreed in 2017 to develop a Service Level Agreement between to clarify roles and responsibilities for more efficient management of activities. While a number of discussions took place, also involving the UNICEF Regional Office, the activity was delayed and postponed following the most recent crisis in Yemen. Nevertheless, significant efforts were made during the reporting period to improve support provided to the Yemen Office and find ad-hoc solutions to problems.

**OUTPUT 1** Effective and efficient management of financial resources and stewardship

**Analytical statement of progress**

The status of funds utilization was presented monthly to ensure close monitoring of funds utilization, expiring grants, direct cash transfers, donor reports, travel certifications as well as Key Performance Indicators. With a budget of US\$6,360,756 available, UNICEF Djibouti utilized 92 per cent as of 31 December 2017. Regarding DCT management, the new eZHACT module was successfully implemented. In order to reduce unliquidated DCTs over six months, UNICEF

Djibouti instituted a system whereby official letters were sent to implementing partners when DCTs reached the four, five and six-month mark.

Following an assessment by the UNICEF Regional Office, UNICEF Djibouti was considered compliant with bank optimisation and cash management. Implementation of HACT assurance activities were also monitored closely during PMT and CMT meetings. As a result of internal control measures, the table of authority showed no role violations, and the Property Survey Board was conducted regularly to ensure timely monitoring of asset status and disposal. As per CMT decision, staff were unable to travel until all their previous travel authorizations were closed. In 2017, 97 per cent of planned programmatic visits (28 out of 29) and 96 per cent of planned spot-checks (23 out of 24) were completed (compared to 83 per cent and 75 per cent in 2016 respectively in 2016). A customised application developed by UNICEF Djibouti also enabled the office to follow up on recommendations emerging from spot-checks and programmatic visits and track them up to closure. Activities related to the monthly closure of accounts were conducted in a timely manner in line with organisational instructions. The existing standard operating procedures and related work flows were reviewed in line with those from the UNICEF Global Shared Services Centre and presented during weekly all staff meetings to ensure ownership of these procedures.

## **OUTPUT 2** Effective and efficient management of human capacity

### **Analytical statement of progress**

During the reporting period, UNICEF Djibouti successfully went through the Programme Budget Review process. Ten new positions will be recruited (including two international professional and eight national officer and general service positions). Six positions were abolished to reflect strategic shifts for the new country programme. The vacancy rate decreased from 13 per cent to 10 per cent between 2016 and 2017. At the end of 2017, the team includes 26 staff, 48 per cent females and 52 per cent males. Over the course of the year, the office received six interns and four staff members on stretch assignment. Two UNICEF Djibouti staff members went on stretch assignments, to Algeria and Yemen.

Following the global staff survey, UNICEF Djibouti identified four areas for improvement: personal empowerment, work life balance, career and professional development and office efficiency and effectiveness. In September 2017, the Staff Association presented the survey results to all staff and an action plan was developed accordingly. The recommendations were integrated in the office improvement plan and Joint Consultative Committee reviewed them during the three meetings that were held throughout the year. The 2017 Learning and Development Plan included 24 training activities (15 individual and nine group activities). As of 10th November, the implementation rate was 46 per cent completed, 29 per cent on going and 25 per cent not yet started. About 93 per cent of the staff (25 out of 27) had more than five days of training over the year, including group training on Performance Management and external training for some staff members.

## Document Centre

### Other publications

Title
Improving children's lives in Djibouti: stories from the field
Partnering for the well-being of women and children in Djibouti

### Lessons learned

Document Type/Category	Title
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### Programme documents

Document Type	Title	Name
Fact Sheet	Partnering for the well-being of women and children in Djibouti	Djibouti CO Advocacy Booklet.pdf
Fact Sheet	Stories from the field booklet	Stories from the field booklet.pdf
CPD	UNICEF DJIBOUTI KIT CPD 2017	FR CPD UNICEF DJIBOUTI KIT 2017.pdf
CPD	UNICEF DJIBOUTI CPD KIT 2017	ENG UNICEF DJIBOUTI CPD KIT 2017.pdf