UNICEF Annual Report 2014

Djibouti

Executive Summary

UNICEF Djibouti, in the second year of its Country Programme, started 2014 with a full management team and a technical team to implement the activities planned for the year.

Among the key achievements of 2014 in child survival and development was the enhancement of immunisation services, in partnership with the vaccine alliance GAVI, which led to an increase of pentavalent and measles coverage by 12.5 and 16.3 per cent respectively, and the introduction of the rotavirus vaccine in the Routine Immunisation Programme. The immunisation coverage survey supported by the United Nations Children’s Fund (UNICEF) estimated that 82 per cent of children were fully immunised. The revitalisation of the prevention of mother-to-child transmission (PMTCT) programme resulted in an increase in the number of mothers receiving antiretroviral treatment from 21 per cent to 54 per cent in one year. In addition, 80 per cent of severely malnourished children received adequate treatment in health centres or community sites. At the same time, 73,026 people improved their access to drinking water and were engaged in hygiene-promotion activities.

In education, a first set of pre-schools and community day care centres was established in 2014 after a long period of negotiations. In primary education, in order to ensure access to education by cutting the cost for families, 28,500 school kits for children in grades three to five was provided, while the Ministry of Education ensured the provision of the kits for grades one and two. At the same time, 3,000 refugee children enjoyed access to education thanks to the support of UNICEF. Life skills education with a focus on HIV prevention was introduced for the first time in the upper primary and secondary schools.

In child protection, UNICEF supported the organisation of catch-up operations for birth registration in 104 communities located in the five regions of Djibouti outside of the capital city. As a result, 3,840 children obtained birth certificates. The draft Code on Child Protection and Justice for Children was presented, discussed and adopted by an inter-ministerial committee. This brought the Code significantly closer to discussion and adoption by Parliament.

However, several shortfalls threaten the pace of implementation of the Country Programme, such as the reduction of the funding from Other Resources (OR) for 2015. UNICEF Djibouti will have to dedicate significant efforts to fundraising in 2015 in order to reach the OR targets of US$ 3.9 million per year. At the same time, the number of humanitarian crises in the world means that the resources for the chronic malnutrition and drought emergency that the country is suffering will not reach the Humanitarian Action for Children (HAC) target of US$ 5 million. The programmatic shortfalls include the need for an improved and strongly led multi-sectoral response to the malnutrition crisis. It is important that the Government make malnutrition a key national agenda item, and UNICEF will not spare efforts in advocating in this regard, together with the United Nations (UN) agencies, and will share information on evidence-based interventions that work. On water, sanitation and hygiene (WASH) there is a need to update the national strategy for the sector, define national norms and standards, and validate the updated inventory of WASH facilities in the country in order to properly assess the needs. In the
education sector, delays in the implementation of quality education interventions with some partners will compromise the results for children in the sector.

As a way to combat the shortfalls described, new partnerships were initiated or reinforced in 2014: with the Arab Gulf Program for Development (AGFUND) on the pre-school system for Djibouti; with Action Contre la Faim (ACF) for the implementation of nutrition and WASH interventions; and with the European Union (EU) on child rights, resulting in the joint launching of the Toolkit on Child Rights and exchanges on common areas of interest such as on female genital mutilation/cutting (FGM/C), prevention of malnutrition and WASH. The coordination of the education sector partners continues to be a priority for UNICEF’s education team, and the launch of the Global Partnership for Education (GPE) programme was a highlight of the year. The partnership with the High Islamic Council on the promotion and protection of the rights of children and women, and in particularly FGM/C, was further strengthened. With the UN agencies, collaboration with the World Food Programme (WFP) on the analysis of malnutrition resulted in an assessment for the Obock region. A Letter of Understanding (LoU) was signed with the United Nations High Commissioner for Refugees (UNHCR) for joint action in the refugee camps. Collaboration with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) continues to be very intensive on health issues.

**Humanitarian Assistance**

Despite slightly better rainfall at the end of 2014, seven years of drought have put Djibouti’s population under severe stress. Child survival in Djibouti remains at risk due to food insecurity, inadequate care practices, constrained basic social services and a proliferation of communicable diseases, including malaria and measles. In December 2013, 17.8 per cent of children under five were wasted, and 5.7 per cent were severely acutely malnourished, significantly exceeding WHO emergency thresholds of 15 and two per cent respectively. In November 2014, a new survey conducted in the severely affected Obock region revealed a worrying increase of wasting rates from 25.7 to 29.9 per cent. In urban areas, thousands of drought-displaced families living in illegal settlements were deprived of basic water and sanitation facilities, while in rural areas three out of five people need to walk over half an hour to reach a water source. Approximately two out of five girls and boys live in extreme poverty, making them vulnerable to exploitation and abuse. Nearly 41.6 per cent of girls and 33.3 per cent of boys aged six to ten are out of school, the majority being migrants, nomads and disabled children. Discrimination and lack of awareness hinder the fight against the generalised epidemic of the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) to which young people are particularly vulnerable. Djibouti is a transit point for 100,000 vulnerable migrants trying to cross to Yemen and Gulf countries; in November 2014, children accounted for 32 per cent of the population registered in the Centre for Migrants Support set up by the International Organization for Migration (IOM). Many of them end up begging in the streets. With the protracted conflict in neighbouring Somalia, Djibouti hosts 27,500 refugees and asylum seekers, of whom 70 per cent are women and children who depend entirely on humanitarian assistance and protection services.

With 40 per cent of the 2014 US$ 5,000,000 appeal received in 2014 (US$ 1,973,905.66), UNICEF Djibouti and partners’ response focused on life-saving interventions intensifying the response to the nutrition crisis. The number of children under five whose lives were at risk due to severe acute malnutrition greatly exceeded the 4,889 target; by the end of July, 2014, 5,091 children had been admitted for treatment. In 2014, UNICEF Djibouti provided the National Nutrition Programme with enough supplies to cover the treatment needs of 7,593 cases of severe acute malnutrition and 16,117 cases of moderate acute malnutrition in 40 health facilities.
and 35 community sites. WASH interventions prioritised 22,400 emergency-affected people from Obock, Tadjourah and Ali-Sabieh regions ensuring them access to safe water through the construction or rehabilitation of water facilities, water trucking, and distribution of water treatment products and storage materials. Moreover, 36,550 children and women received critical WASH-related information to prevent child illness. As per the plan, 154 migrant and street children benefited from a package of basic social services, 245 were enrolled in non-formal education and ten completed a vocational training course. UNICEF Djibouti participated along with WFP, the Food and Agriculture Organization (FAO) and UNHCR on the Food Security and Nutrition consultations for the Horn of Africa and developed a joint action plan to respond to the malnutrition crisis that it is integrated in the regional plan for the Horn of Africa and includes support to refugees. UNICEF also signed a LoU and developed a joint plan of action with UNHCR for three years to support refugees in the country. UNICEF Djibouti was also able to reach 213 migrant and street children with health promotion and HIV/AIDS prevention activities. Furthermore, UNICEF Djibouti participated in a joint mission of the Task Force on Mixed Migration for the establishment of a mechanism for early warning and referral of migrants. Around 3,000 children in refugee camps and 800 vulnerable children in urban areas gained access to quality education through formal or non-formal education. Life-skills and HIV/AIDS prevention activities with adolescents in refugee camps were delayed until a new partner could be identified. The new partnership with the Lutheran World Federation is on hold due to lack of available funds. Nonetheless, UNICEF was able to reach 600 adolescents by social mobilisation activities and involve more than 3,000 in the national HIV/AIDS week.

Summary Notes and Acronyms

ACF – Action Contre la Faim
CRC@25 – 25th anniversary of the Convention on the Rights of the Child
EU – European Union
FAO – Food and Agriculture Organization
FGM/C – Female Genital Mutilation/Cutting
GPE – Global Partnership for Education
HIV/AIDS – Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICT – Information and Communication Technology
IOM – International Organization for Migration
LEC - Lire Ecrire Compter
LSF - Liberté sans Frontières
LoU – Letter of Understanding
MENARO – Middle East and North Africa Regional Office
NGO – Non-Governmental Organisation
PMTCT – Prevention of Mother-to-Child Transmission
PSB - Property Survey Board
UN – United Nations
UNDP – United Nations Development Programme
UNFPA - United Nations Population Fund
UNHCR – United Nations High Commissioner for Refugees
UNICEF – United Nations Children's Fund
WASH – Water, Sanitation and Hygiene
WFP – World Food Programme
WHO – World Health Organization
External Communication and Public Advocacy

The 25th anniversary of the Convention on the Rights of the Child (CRC@25) was the umbrella concept guiding UNICEF Djibouti’s advocacy and communication efforts in 2014. Djibouti aims to fully adopt the new Global Communication and Public Advocacy Strategy, and with this goal developed a communication strategy and action plan that incorporates the guidance from the global strategy and takes into consideration the importance of building UNICEF Djibouti’s internal capacity to implement it. The UNICEF Country Office made its first incursion into social media platforms with the launch of its Facebook page in November 2014, and is in the process of updating its website with the new UNICEF layout. To build strategic alliances to drive change for children, UNICEF Djibouti reached out to the EU Delegation in Djibouti for a potential partnership in issues of common interest, such as nutrition, WASH and FGM/C. A first result was the organisation of the joint launching of the EU-UNICEF Child Rights Toolkit, done in the context of the celebration of the Universal Children’s Day. The event was organised under the patronage of the Prime Minister and received the attention of all national newspapers (La Nation and Al Qarn), the national TV channel (RTD) and the Djiboutian Information Agency. A national essay on education was published in La Nation.

CRC@25 was also used as an opportunity to reach out the most vulnerable and excluded children and give them the opportunity to learn and speak out about their rights. UNICEF worked with the Lire Ecrire Compter (LEC) centres, which are educational structures for children excluded from the official school system (poor, migrants, street children). Over 650 children were reached and given the possibility to share their experiences and express views in different formats (drawings, stories, poems, drama, etc.). Children’s voices were collected and are being shared on digital platforms (Facebook and YouTube).

The support and initiatives of UNICEF Djibouti were mentioned in 49 articles published in the French national newspaper La Nation, and in 14 articles released by the Djiboutian Information Agency. Unfortunately there is no data on the number of TV appearances, but there were at least five.

Service Delivery

In a context where the national Government lacks resources and capacities to ensure provision of quality basic social services to all its population, the need for UNICEF to provide support to the Government to enhance its capacity to reach the most vulnerable and excluded groups became part of the organisation’s mandate and is therefore included in the Country Programme. This leads to “Service Delivery” having prominent importance in the gamut of programmatic strategies used by UNICEF Djibouti in various sectors, particularly child survival and development and education.

In 2014, UNICEF supported the country in identifying major gaps in basic service provision. UNICEF provided the Ministry of Health with vaccines and essential drugs as a ‘lifesaving package’, including reagents, rapid HIV and syphilis tests for the PMTCT programme, and rapid anaemia tests to ensure quality management of maternal health, as well as cold chain equipment and maintenance, and assisted with the production and distribution of immunisation cards and schedules to strengthen the data collection system. In nutrition, UNICEF provided nutritional supplies, drugs and micronutrients to the National Programme, procured ready-to-use therapeutic food (RUTF), ready-to-use supplementary food (RUSF), multi-micronutrients, Vitamin A, essential drugs and anthropometric measurement equipment and data collection registers and cards.
UNICEF supported the extension of the water network in rural areas, as well as the provision of spare parts for repair and maintenance of water points and fuel for operations and water trucking. In education, UNICEF provided student kits, books for all school libraries and rehabilitation of infrastructure for schools affected by storms, and schools in refugee camps and displaced communities.

In addition to support for supply, the service delivery strategy also included: (i) the design of a national communication for development strategy for mother and child health to boost the demand for quality services, (ii) extensive training programmes for doctors, midwives, health and community workers, religious leaders and teachers, (iii) the implementation of the immunisation coverage survey to assess the performance of vaccination programme interventions, and (iv) focus groups with communities and interviews with regional authorities to discuss their perception of the effectiveness of national programmes supported by UNICEF to deliver services to the population, particularly the most vulnerable groups.

**Human Rights-Based Approach to Cooperation**

Djibouti has ratified all the main international human rights instruments and regularly submits the State reports to treaties bodies. In 2014, the inter-ministerial committee accountable for preparing all State reports submitted the periodic report on the African Charter on Human and People’s Rights. The Ministry of Justice undertook an evaluation of the status of the implementation of the concluding observation on the covenant on political and civil rights. The Ministry also signed a joint work plan with the UN system on the promotion and protection of human rights.

UNICEF Djibouti continued to make efforts to implement the human rights-based approach to programming. For example, there is an effort to decentralise services such as community management of acute malnutrition, which targets the most affected areas and vulnerable children. At the same time, street children, who are considered the most vulnerable in urban settings, benefitted from a social services package. Vaccination campaigns contributed to reaching children living in remote areas with limited access to services. In education, efforts were made to ensure accessibility of school in remote areas and for nomadic populations. New classrooms were built, and prefabricated classrooms were established in the rural community of Sankal so that the existing primary school could expand and cover intermediate education, allowing girls to exercise their right to education. At the community level, training of communities on child protection issues contributed to the strengthening of families and communities’ capacities to claim their rights for the creation of social services and training on life skills and leadership for youth (boys and girls). A new code for child protection was developed that includes the obligation to report any child rights violation. The code was presented to an inter-ministerial committee and will go to Parliament in 2015. Finally, CRC@25 was an opportunity to advocate for children and women’s rights and highlight accountabilities of duty bearers.

**Gender Mainstreaming and Equality**

UNICEF Djibouti’s focal point for gender issues is the Child Protection Officer. The Office does not have a gender specialist.

On 23 July 2014, the UNICEF gender action plan 2014-2017 was presented internally and discussed at the programmatic level. UNICEF Djibouti will assess which of the recommendations of the plan can be incorporated into the 2015-2016 Rolling Work Plans and will aim to include them with a budget for their implementation.
Among the more prominent gender-focused programmatic initiatives was the joint programme on FGM, which UNFPA developed to enhance community capacity to deal with issues of early marriage, FGM/C, and child protection issues at the community level. Most of the members of the community groups are women who are participating actively in community life and providing creative and alternative solutions to traditional harmful practices. In 2014, 11 dynamic and highly participatory Community Management Committees reached 960 people through community dialogues. The programme is managed by the Child Protection team (one NOB Officer and one NOA Officer). Funds are received in tranches from the joint UNICEF/UNFPA programme in New York based on funds availability. The programme will continue at least until 2017.

Environmental Sustainability

UNICEF continued to support the installation of solar systems in health centres for the generation of electricity for cold chains and in schools. For the cold chain, 13 solar kits procured in 2013 were delivered in 2014, at a total cost of US$ 90,000. Forty-two solar batteries were distributed to health posts, and support was also provided for the maintenance of the solar systems. UNICEF Djibouti also conducted an assessment of solar installations in rural schools, and these facilities were rehabilitated in 11 schools.

In 2014, the UNICEF Djibouti team decided to put in place a Cost Saving Committee with a double objective: utilise existing resources more efficiently in order to reduce the operating expenses, and build a greener office. In a country where temperatures can reach up to 47ºC degrees in the hottest months, over 22 per cent of the operations budget used to be allocated for electricity expenses, with air conditioning (AC) equipment consuming the largest proportion. The Committee put in place several measures to address this: (i) maintain optimal temperature at 24ºC for all AC equipment; (ii) switch off the AC in cases of temporary absence of 30 minutes and more; (iii) install tools in order to always keep all doors automatically closed; (iv) sensitise all staff to be responsible for AC utilisation; and (v) reduce the utilisation of AC during the coldest period of the year (25-30ºC on average). Staff endorsement of these measures did not reach 100 per cent, but the majority of the team applied the instructions. As a result, a 20 per cent reduction on the electricity bill was recorded during the warmest period compared to 2013 consumption, and UNICEF Djibouti was able to reduce its environmental footprint.

Supplementary measures were identified and are slowly being implemented. These include the reduction of communication expenses, optimal uses of cartridges for the photocopier and printer as well as the use of recycled paper.

Effective Leadership

In 2014 UNICEF Djibouti undertook a major effort to improve programme and operations management performance. Regular Country Management Team meetings (16 in total) took place with presentations on programme and operations priorities and Key Performance Indicators. Minutes of these meetings include a rolling table of pending action points for easy follow up. The programme group met monthly to assess progress on programme implementation using an activity-by-activity monitoring matrix. The operations team used a monitoring matrix with the pending actions for the month that is reviewed at each programme meeting. In addition, UNICEF Djibouti developed a “Mega Matrix” that includes all the action points from the audit recommendations, the Enterprise Risk Management action plan, recommendations from the visits of the Regional Office, action points suggested in trip reports and actions planned in the Office Improvement Plan. An Annual Management Plan was completed in the first quarter of 2014 and was fully reviewed at mid-year for updates and to
assess progress on the key 2014 programme and operations priorities and Key Performance Indicators.

One key element in 2014 for the improvement of management in UNICEF Djibouti was the results of the audit conducted in the last quarter of 2013. The Audit Report released in June 2014 identified 18 actions and the Office prepared an action plan that was followed up by the Representative and a task force on Enterprise Risk Management/Audit issues. The first report on the progress of the audit actions was sent on 10 September, and based on that nine of the 18 actions were closed. A second report was sent on 30 November and five out of the remaining nine actions were closed. The Audit exercise was excellent for identifying the weak points in the areas of governance, programme management and operations support and helped to put in place several systems, standard operational procedures, and mechanisms to ensure that the Office has adequate and effective controls, risk management and governance processes in a number of key areas.

At the same time, in 2014 UNICEF Djibouti reviewed the Risk Assessment and Control Library and undertook a thorough exercise on the potential risks for the Office and the programme and developed an action plan to be prepared for the risks. UNICEF Djibouti had support from the Regional Chief of Operations from the Middle East and North Africa Regional Office (MENARO) to finalise the Enterprise Risk Management exercise and put the action plan in place.

Finally, on the Business Continuity Plan, the UNICEF Country Office finalised the related document and conducted a simulation in May 2014. The results of the test helped update several of the actions proposed in the Business Continuity Plan. An action plan for the upgrade of the plan and capacity building of all staff was developed and will continue to be in place for the first quarter of 2015 until the next simulation is completed to test the upgrades introduced.

Financial Resources Management

The Country Management Team maintained systematic oversight of the financial resources. Programme and operations budget reports were discussed, concerns were raised and decisions made as a result. Allocations and implementation were done as per below.

Cash assistance to partners was a high priority for the Country Management Team due to the high proportion of unliquidated direct cash transfers (DCT), for a period of more than six and nine months, that were progressively liquidated. The harmonised approach to cash transfers (HACT) will be introduced in 2015. Training was conducted for UNICEF Djibouti staff and non-governmental organisation (NGO) partners, and an informative briefing was provided to Government partners. Partners’ macro- and micro-evaluations were being conducted at the end of the year. Assessments of NGO partners were conducted in 2014 prior to programme cooperation agreement signature. Assurance plans were developed for NGOs, but no spot checks have yet been conducted.

Financial management indicators were reviewed on a quarterly basis, particularly of the open General Ledger account and vendors’ balances, and most offsetting open items were closed. Bank reconciliations were completed within the deadline set by UNICEF’s Department of Finance and Administration Management, and items were analysed and cleared. The cash forecast was closely monitored, and the monthly bank closing balance threshold of US$150,000 were mostly sustained during the year.
Fund-raising and Donor Relations

In 2014 UNICEF Djibouti submitted 12 donor reports, all on time. Comments received from donors were also addressed in a timely manner. The UNICEF Country Office put in place a standard operational procedure for donor reports in which Programme Specialists/Officers, the Communication Specialist, the Monitoring and Evaluation Officer and the Budget Focal Point work together to ensure the overall quality of the report. The Deputy Representative and the Representative are responsible for the final quality check and clearance. The standard operation procedure with templates and key documentation is used by all Programme Officers. An easy access electronic folder was developed and maintained in the shared drive for each grant with the original proposals, communications with partners, donor and funds utilisation reports, and other key information, along with a grant/donor monitoring matrix to ensure timely responses to donors. Donor reporting deadlines were monitored by the Country Management Team.

In terms of fund mobilisation from Other Resources (OR), in 2014 UNICEF Djibouti had a ceiling of US$ 3.9 million and was able to mobilise and receive US$ 1,182,760.68 (30 per cent). At the same time, the UNICEF Country Office managed to mobilise US$1,973,905.66 of emergency funds (or 40 per cent of the US$ 5 million ceiling of the 2014 Humanitarian Action for Children target). Funds were used in an optimal manner on supplies, direct cash transfers to government and NGO partners via programme cooperation agreements, and direct payments. No major funds were lost due to expiration of grants.

A Resource Mobilisation Strategy and Action Plan were finalised and the Fundraising Task Force met five times during the year to monitor implementation and will continue to do so in 2015. Funds utilisation was monitored on a monthly basis at the level of programme meetings and presented to Country Management Team meetings. The Representative’s office also used the manager dashboard extensively to monitor grant management.

Evaluation

The integrated monitoring and evaluation plan (IMEP) was developed at the beginning of the year and shared with MENARO. The IMEP was substantially reduced during the mid-year review following comments from MENARO. The study on the nomad population and the bottleneck analysis on nutrition and WASH were postponed to 2015. As for the remaining studies, all but one were conducted as planned, although the results are not yet available or have not yet been validated by the involved parties, with the exception of the analysis of school performance and quality norms. The assessment of the Community Development Centres is being finalised. A draft report of the immunisation coverage survey is already available, but not yet validated. The Multiple Overlapping Deprivation Analysis (MODA) began in December and will be concluded in February 2015. The study on children with disabilities started near the end of 2014 and will be finished during 2015. The evaluation of the National Strategy against FGM/C was the only study not initiated due to the limited number of applicants to the consultancy. In addition, UNICEF Djibouti supported a WFP survey on nutrition (AGVSAN) with a causal analysis of malnutrition in the Obock region.

The update of the online UNICEF statistical database CRING (Country Reporting on Indicators for the Goals) and mid-year and annual reviews with partners were performed as planned. In addition, several UNICEF Djibouti staff members completed an online training activity on UNICEF’s decentralised evaluation function, as recommended by the 2014 Audit.
Finally, UNICEF contributed information and data to evaluation exercises conducted by various partners, such as the external evaluation of the National Initiative for Social Development and the evaluation of the coordination mechanism in place for HIV/AIDS, malaria and tuberculosis.

**Efficiency Gains and Cost Savings**

The efforts undertaken by the Cost Saving Committee established at the Country Office level at the beginning of 2014 were fruitful. Staff was encouraged to adopt new behaviours and, as a result, the total cost of electricity consumption of the office was reduced by 20 per cent in 2014 (US$ 40,061) compared to the same period in 2013 (US$ 50,059). The team negotiated a reduction on the yearly rent from US$ 106,780 to US$ 99,305. The seven per cent decrease will be effective from January 2015. Furthermore, the enhancement of the security system conducted with the financial support of MENARO allowed for a reduction of 30 per cent in the cost of security services (the number of guards was reduced after the installation of a video camera), effective from October 2014.

In the May Programme Budget Review, four vacant positions were eliminated, allowing for savings of US$ 435,292 per year. The tasks and responsibilities of those positions were assigned to the existing staff or support staff from another UNICEF Country Office when required. For specialised expertise, the team relies on MENARO’s expertise or consultancies.

The UNICEF Country Office kept six Long Term Agreements for hotel services, maintenance of vehicles, generators and premises. Travel continued to generate savings of about 30 per cent thanks to a decision to purchase only economy ticket for all staff regardless of the length of the trip. In July 2014, the office shifted from the use of fuel coupons to fuel cards, which reduced transaction costs, thereby ensuring more efficient monitoring. In recent years, the team had refrained from purchasing a new office vehicle; however, in 2015 the financial means will have to be deployed to purchase at least one (one vehicle reached over 100,000 kilometres and maintenance costs are expected to increase in the coming years if it is not replaced).

**Supply Management**

Local procurement remains a challenge due to limited qualified suppliers, lack of quality products, and absence of competitiveness. The local subsidiaries of Total and Oil Libya, the only two fuel suppliers in-country, declared bankruptcy in November 2014 and are in the process of moving out of the country. The new supplier is yet to be determined by the Government. Several suppliers in Djibouti have proven not to have a physical office despite being registered with the Chamber of Commerce. In this context, UNICEF Djibouti continues to refer to the Chamber of Commerce and public bidding for suppliers’ references. In December, UNICEF Djibouti recruited an accounting firm to conduct a market survey and supplier evaluation in order to have a quality suppliers’ database to use in future.

In 2014, the volume of supply and services for UNICEF Djibouti reached over US$ 3 million, about 46 per cent of the total office budget. One hundred per cent of the supply plan was requisitioned and 76 per cent had been delivered by the end of 2014. Of the total procurement amount, 82 per cent was offshore (US$ 2,186,278), 1.5 per cent direct orders (US$ 45,002) and 16.5 per cent local procurement (US$ 1,159,507). The total assets purchased were US$ 16,600.
Two integrated Supply/Programme visits were conducted to monitor supplies for WASH and education.

Capacity building was promoted with the participation of the Senior Supply Assistant in Supply Chain Management Training and in the Global Supply Workshop. UNICEF participated in a UNFPA procurement training activity and UNICEF will also organise a training of partners in 2015, as recommended by the Audit team.

Security for Staff and Premises

UNICEF Djibouti strengthened its security system in 2014 following threats in the region as a precautionary measure to ensure the safety of staff and premises. The office is currently over 95 per cent MOSS (Minimum Operational Security Standards) compliant. Additional measures proposed by the Regional Security Advisor included the creation of two safe rooms and the reinforcement of security at UNICEF premises entry points. Funding from MENARO made possible the purchase of radio handsets and satellite phones; the replenishment of first aid kits and acquisition of trauma bags; the reinforcement of access control with installation of a scanner for bags, packages, boxes and other small items to be introduced in the premises; and CCTV and a metal detector. The construction of the safe room and other structural improvements measures are ongoing.

In 2014 all staff were trained on first aid practice and seven staff were trained on trauma management by the American Red Cross.

The first Business Continuity Plan simulation exercise was conducted in May 2014 in collaboration with the United Nations Department of Safety and Security (UNDSS). The lessons learned were documented, and an action plan with recommendations was put in place. The implementation of the action plan is ongoing. The UNICEF Country Office planned for a Business Continuity Plan refresher training activity for all staff and an update of the Business Continuity Plan for the last quarter of the year. However, both were postponed to early 2015. At the same time, the Communication Tree was activated in 2014. The Warden System was updated in May and October along with the mapping of the residences of all staff. Two fire drills were undertaken in 2014 and the office is satisfied with the performance of the staff and with the functioning of the warden system in general. Regular weekly radio checks took place under the leadership of UNDSS. The Representative or the officer-in-charge participated actively in the monthly Senior Management Team (SMT) meetings and reported back to staff on issues of general interest. All staff are aware and practised regular radio communications during field visits and a regular weekly radio check was conducted; UNICEF is one of the agencies with the highest response rate. The radio check response by staff was monitored in order to reach at least 90 per cent responsiveness of staff on duty each week.

The Country Office Emergency Committee was trained by Regional Emergency officers on Early Warning Early Action at the beginning of the second trimester. The team updated the Early Warning Early Action plan every six months (middle and end of the year).

Human Resources

The UNICEF Djibouti staffing structure was revised following the Programme Budget Review in May 2014 as a result of limited funds from Other Resources to cover for posts. The office eliminated only vacant positions: Administrative Assistant (GS3), Administrative Finance Officer (L2), Child Survival and Development Chief (L4) and Junior Programme Officer (L2). The revised structure now has 30 positions. In December 2014, the vacancy rate was 10 per cent.
with the positions of Communication Officer (NOC), Communication Officer (L2) and Nutrition Officer remaining vacant.

UNICEF Djibouti’s current staffing provides a good mix of competencies and capacities to achieve programme results, however the Audit recommended a formal staffing gap analysis be conducted as part of the mid-term review (MTR) process. Formal training on how to conduct the exercise was provided by the Regional Chief of Operations during his support visit at the end of 2014, and the team was completing the analysis at the end of the year. Other audit recommendations on human resources were completed and closed.

In 2014 UNICEF Djibouti recruited 13 consultants, 46 per cent more than in 2013, mostly to conduct specialised studies and assessments. In addition, a Finance Assistant from UNICEF Gambia assisted the team for a short period at the end of the year.

The overall Performance Appraisal System process, including planning and mid-year discussions, was finalised with an implementation rate of 100 per cent, although some of the deadlines had to be extended. UNICEF Djibouti requested support from MENARO on training on performance management in order to improve supervisors and supervisees’ capacity to establish SMART plans and to assess progress based on verifiable indicators and objective results. The support is expected to be received in 2015 when French-speaking trainers are available.

The training plan estimated a total of 44 activities including 24 individual training activities and 20 group training activities. The implementation rate as of December 2014 was 73 per cent. The total budget spent on training and learning was US$ 48,936. The team was trained on risk management in March, and the office risk profile was developed on a participatory process. The training in emergency preparedness was conducted by the Regional Emergency Specialist who also assisted in the review of the Early Warning Early Action plan. The UN Cares Committee organised two information sessions on HIV/AIDS in the workplace for all staff, and the ten minimum standards on HIV in the workplace were respected. A Peer Support Volunteer was elected in early 2014.

The UNICEF Country Office continued to ensure an enabling work environment, where regular open discussions took place between management, staff representatives and all staff in general during quarterly Joint Consultative Committee meetings. In early 2014, a team-building exercise was organised with a focus on communication to enhance the abilities to work as a team and clarify the code of ethics. The recommendations were carried out as planned. The staff made individual commitments and by mid-year these commitments were shared and assessed.

**Effective Use of Information and Communication Technology**

The collaboration among the team improved after the Outlook migration. All users’ databases were converted to Outlook and different training sessions were conducted with a focus on the Outlook foundation, calendars and task management. The O365 free Microsoft licenses contributed to the reinforcement of users’ equipment security when remotely accessing the UNICEF network with non-UNICEF equipment. The use of this software was promoted during staff training, and the staff members who adopted this option evaluated it positively.

A 36 per cent yearly reduction on backup connectivity fees was possible during 2014 thanks to the support of MENARO, after a successful migration to a new l-direct ISP. The UNICEF Country Office continued to explore possible partnerships with other UN agencies through a
formal and approved terms of reference. The UN interconnectivity project is one of the major projects started in 2014 with the ongoing assessment of a new local ISP.

Service support for the video conferencing system continued to be requested, which increased collaboration between UNICEF, UN agencies and partners. For example, a high-level interview with the UN Secretary-General’s office was successfully managed and highly appreciated.

UNICEF opened its Facebook account in November 2014 and has 737 followers to date. It also opened a YouTube channel for videos on the progress of programme implementation.

The Information and Communication Technology (ICT) Officer’s capacity was strengthened with the 2014 Emergency Telecom Training, which resulted in being awarded the advanced certificate in Emergency Telecom Support. ICT budgeting management was also improved with a four-year ICT supply plan for better resource and budget management. The plan will be reviewed on an annual basis. However, the team is still waiting for the delivery of some items.

**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:**
According to the latest survey (PAPFAM 2012), the child mortality rate in Djibouti stands at 67.8 per 1,000 live births, while the maternal mortality rate is 383 per 100,000 live births. In 2014, the drought affecting the country since 2008 continued to impact the food security and nutrition situation, contributed to the proliferation of communicable diseases and restricted access to water. Nevertheless, thanks to steady efforts from Government and partners, the country managed to slowly progress in the provision of an integrated package of high-impact interventions. The highlights linked to UNICEF’s programme of cooperation in the child survival and development area are as follows:

- In the health sector, the enhancement of immunisation services with a focus on hard-to-reach children led to an increase of penta and measles coverage by 12.5 and 16.3 per cent respectively; consequently, the vaccination rate for 12 to 23 month olds stands at 90.7 per cent for penta 3 and at 83.1 per cent for measles. As a result of the partnership established between Government and GAVI Alliance – extensively advocated for by UNICEF and WHO – the rota-virus was integrated in the routine Expanded Programme of Immunisation (EPI) to combat diarrhoea, a leading child killer in Djibouti, accounting for 13 per cent of under-five deaths. The immunisation coverage survey (conducted with UNICEF support) established a new and much more reliable baseline for measuring the impact of interventions. Another cornerstone for the health component is the PMTCT programme for HIV, which after years of unsatisfactory performance was significantly boosted by improved collaboration and coordination between Government and stakeholders.

- In the nutrition domain, the rate of malnutrition case management increased from 75 to 80 per cent in 2014, but the situation remains worrying. According to the December 2013 SMART survey, 17.8 per cent of children under five were wasted and 5.7 per cent were severely acutely malnourished – significantly exceeding WHO emergency thresholds of 15 and two per cent respectively. In June 2014, a new survey conducted by WFP and
supported by UNICEF in the severely affected Obock region revealed a worrying increase of wasting rates from 25.7 to 29.9 per cent. UNICEF continued to be a key partner of the National Nutrition Programme, ensuring the provision of all nutrition supplies and equipment. UNICEF coordinated with WFP, UNHCR and FAO to expand advocacy efforts regarding food security and nutrition and reach potential donors in Djibouti and the region. UN agencies also developed a joint action plan to optimise resources, increase coordination and enhance the impact of interventions. Regarding the WASH component, 73,000 people benefitted from UNICEF interventions implemented in the framework of the programme of cooperation with the Government or with NGOs; this include nearly 23,000 who gained access to improved drinking water within the community or in school, while the others benefitted from maintenance of existing water facilities, water trucking or distribution of water storage material or treatment and purification supplies. However, due to the lack of reliable mechanisms to monitor national achievements, the WASH sector is unable to measure current access rates to improved drinking water. The SMART survey conducted at the end of 2013 highlighted Obock region and the suburban area of Balbala as being among the most affected by acute malnutrition. Special attention was given to these two areas in 2014: 17 per cent of beneficiaries were from Obock region (the Obock population is 4.63 per cent of the total population in Djibouti) and all WASH interventions at the level of health facilities with malnutrition treatment units were implemented in the Balbala area.

The increased access to quality health, nutrition and WASH services are among governmental priorities, as clearly formulated in the country’s long-term social and development perspective “Djibouti Vision 2035”. The document was officially launched in June, and its strategies include the implementation of a health policy based on prevention and education / sensitisation, quality service delivery, and promotion of food security and nutrition interventions. Overcoming thirst and drought is stressed as a main challenge to achieve the vision, and access to safe water is a cross-cutting issue that needs to be more resolutely addressed, particularly through significant investment on desalination and water supply from neighbouring Ethiopia.

Nevertheless, Government’s leadership needs to be further developed, particularly in the nutrition sector. The malnutrition case management protocol needs to be updated, and challenges remain at the level of the capacity and motivation of health workers, especially those operating at the community level. The domain of prenatal, postnatal and neonatal care needs to be strengthened both in terms of service delivery and demand. In addition, the health and nutrition surveillance system is underperforming. The programmatic framework and strategy for WASH dates back to 2000, and its priorities and expected achievements need to be revised. WASH interventions remain difficult to monitor as norms and standards are not officially defined and no budgeting / costing reference is available. Furthermore, the latest comprehensive inventory of improved water points was conducted in 2010. There is no mechanism in place to collect and record the results from different partners and stakeholders, and the Department of Water continues to use 2008 data as a reference despite the availability of a 2012 survey with updated results.

**OUTPUT 3**

By 2017, more than 80 per cent of pregnant HIV+ women and their newborn babies receive antiretroviral treatment to eliminate mother-to-child transmission of the virus.

**Analytical Statement of Progress:**

In 2014, Djibouti made significant progress in eliminating HIV infections in children and keeping their mothers alive. Thanks to intensified efforts from government and partners, 79 per cent of women who were counselled accepted to do the voluntary testing against 37 per cent last year.
The number of pregnant women with HIV engaged in the programme to prevent mother-to-child transmission and receiving antiretroviral treatment increased from 21 per cent to 54 per cent between June 2013 and June 2014.

This boost is probably linked to the effective and synergistic support of different actors to the national PMTCT programme. The coordination mechanism was reinforced through coaching, capacity building and monitoring. UNICEF Djibouti called for the establishment of an effective coordination body with all stakeholders, which is now meeting on a quarterly basis to monitor programme activities under the leadership of the Secretary General of the Ministry of Health. As well, the technical committee on the Elimination of Mother-to-Child Transmission was strengthened with effective quarterly meetings. To ensure an optimal offer of services at this level, UNICEF provided 30,000 HIV rapid tests, plus 30,000 tests for testing anaemia and 30,000 tests for syphilis. In addition, 60 midwives were trained on the new HIV treatment protocol for HIV+ pregnant women. Awareness-raising sessions on the PMTCT programme were organised at the health facility and community level by midwives and community health workers to combat stigma and prejudicial attitudes.

In the so far overlooked area of HIV paediatric care, UNICEF Djibouti also supported the design of training modules and the organisation of training sessions for 25 medical doctors and on the recognition of the HIV signs for 30 nurses. This activity was also supported by the United Nations Development Programme (UNDP) and WHO. Nevertheless, less than 50 HIV+ children are monitored, reflecting the existence of bottlenecks that hinder implementation. This will be an area of focus for 2015.

In terms of constraints, similar to other health programmes, PMTCT suffers from an insufficiency of highly qualified personnel, particularly in the regions, and from the limited capacity and resources allocated to formative supervision particularly by the central level.

**OUTPUT 4** By 2017, at least 80 per cent of mother and child couples have access to a package of preventive and curative health care interventions, especially in the most vulnerable areas.

**Analytical Statement of Progress:**

According to the results of the immunisation coverage survey conducted by UNICEF in late 2014, 82 per cent of under-five children are fully immunised. UNICEF contributed to this result by supporting the Expanded Programme of Immunisation (EPI) with provision of vaccines, implementation of an outreach strategy for hard-to-reach children, organisation of a multi-antigen catch-up campaign, mop-up campaigns, immunisation days and active research of defaulters. A total of 3,250 children received the penta vaccine (12.5 per cent increase in coverage rate) and 4,254 children were immunised against measles (16.3 per cent increase). In addition, UNICEF also supported maintenance of cold chain equipment extended to three new health centres, as well as training of 220 nurses on immunisation activities, contributing to expanding the reach and enhancing the quality of the routine programme. Close collaboration with WHO allowed for programming synergies. With GAVI Alliance support, the rota-virus vaccine was introduced in the routine immunisation calendar. At the end of 2014, the Ministry of Health with support from both agencies began to prepare for expanding this partnership to also include the injectable polio vaccine.

Over 89 per cent of children with pneumonia and 61 per cent of those with diarrheal diseases were treated. UNICEF contributed through supply and distribution of oral rehydration salts and essential drugs against major child killers, continuing the implementation of the Integrated Management of Childhood Illness Programme at the community level. Capacity development of
community health workers through training and the extension of rural telephony significantly contributed to improving access for hard-to-reach children to high-impact interventions. Malaria prevention was also promoted among 25,000 mother and children, through distribution of long-lasting insecticide-treated nets.

Behavioural change in favour of mother and child health is being promoted through implementation of the national strategy on communication for development, and its operational action plan, both designed by UNICEF. Thirty national trainers from different ministries and 25 community health workers were trained on this participatory approach. In addition, communication activities through usual media channels were regularly conducted. Social mobilisers trained during vaccination campaigns facilitated health promotion sessions.

The scale up of the home-based care for newborns approach to two regions improved the continuum of care and hence newborn and maternal health. Key staff (32 midwives, nurses and community health workers) were trained to implement this approach. To further strengthen this domain, in collaboration with the Ministry of Health, a strategic and operational document on reduction of neonatal deaths is being designed and will be implemented in the coming years.

OUTPUT 6: By 2017, all malnourished children aged six to 59 months, particularly those in the most affected rural areas, have access to quality care services throughout the country

Analytical Statement of Progress:
Through UNICEF support to the National Nutrition Programme, children suffering from or at risk of malnutrition benefited from therapeutic or supplementary foods and/or from enhanced capacities at the health facility and community level for malnutrition screening and management. Results for 2014 show that more than 80 per cent of severely malnourished children under five were admitted and treated in hospitals, health centres and community sites. UNICEF contributed to improving service delivery through (i) training of 150 community health workers on acute malnutrition case management; (ii) continuous provision of necessary supplies such as ready-to-use therapeutic food (RUTF), Amoxicillin, Vitamin A; Mebendazol, and anthropometric measurement equipment (scales and tools for measuring mid upper-arm circumference [MUAC]); and (iii) strengthening data collection and reporting through rural telephony. Despite this good level of service coverage in quantity, illustrated by an increase in the rate of malnutrition case management from 75 to 80 per cent, the three main indicators to monitor the quality of severe acute malnutrition case management (rate of death, cured and defaulters) were often below acceptable standards and agreed targets.

The prevention component was strengthened with the development and beginning of implementation of the national strategy on communication for development, designed by the Ministry of Health with UNICEF support. The participatory processes promoted by this strategy ensure the full involvement of mothers, fathers, influential leaders and the overall community. This is expected to lead, in the medium to long term, to a sustainable change of behaviours. On the supply component of malnutrition prevention, UNICEF provided the National Programme with the needed quantity of Plumpy doz and micronutrients (sprinkles).

Challenges remain linked to the need to: (i) reinforce Government leadership; (ii) strengthen the capacity of health and community workers on holistic approaches to managing severe malnutrition cases; and (iii) motivate community health workers. In addition, the national protocol for acute malnutrition case management that was elaborated in 2009 needs to be revised to reflect state of the art knowledge on nutrition. The annual work plan for 2015 will need to address these challenges as well as continue the effective implementation of the
communication for development strategy, promoting counselling on infant and young child feeding practices during antenatal care, exclusive breastfeeding among children aged 0–6 months and adequate complementary feeding among children aged six to 23 months. The fact that WFP has had to reduce the food ration of Djiboutian vulnerable populations and might be forced to do the same for refugees is also a severe contextual challenge for food security and malnutrition.

OUTPUT 7 By 2017, the rates of access to potable water, sanitation and hygiene of rural and peri-urban populations improve by 20 per cent

Analytical Statement of Progress:
In 2008, only 52.5 per cent of rural population had access to improved drinking water and 17.3 per cent to improved sanitation. In 2014, 73,026 people benefitted from Government and NGO interventions conducted with UNICEF support. Out of this total:

- 22,896 people gained access to water they did not have before. A total of 3,504 of these beneficiaries were targeted and reached through water supply facilities installed in the premises of six primary schools and available for the use of surrounding communities. Sanitation facilities in these schools were also either built or rehabilitated for the benefit of over 2,251 students and teachers.
- 41,040 people were supported through the provision of fuel for thermal energy pumps, ensuring the continuous functioning of wells, so children and women were not required to walk long distances under the sun to search for other water sources.
- 9,090 people living in the most arid areas benefited from water trucking. However, this group remains in the “no access” category since water trucking is not considered an “improved source”. Unfortunately, in these areas water trucking remains the optimal response as hydro-geological conditions require a significant investment for improved facilities. Water treatment products and water containers were distributed to 6,390 persons for use at the household level, ensuring the quality of water provided by trucks and increasing household storage capacity.

All these beneficiaries benefitted from hygiene promotion activities, learning about hand washing, water treatment and safe water storage, as did another 14,300 persons from refugee camps and host communities. WASH facilities in six health centres in the suburban area of Balbala were rehabilitated through UNICEF cooperation with a partner NGO. These centres all include a malnutrition treatment unit, as malnutrition is prevalent in Balbala.

In terms of active partners in the sector, FAO and IOM dig a number of wells every year.

The sector faces several challenges. The existing WASH programmatic framework dates back to 2000 and no longer fits the current context. The mapping of improved water points in rural areas is also outdated (2010). Monitoring remains weak, and there is lack of clarity about the baseline. No WASH sectoral coordination platform is in place except for the WASH cluster, which was reactivated with UNICEF support. However, the country operates with a draft WASH Contingency Plan developed in 2014.

OUTCOME 2 By 2017, children and adolescents, particularly those living in rural and poor urban areas, have access to quality education and HIV/AIDS prevention

Analytical Statement of Progress:
The year 2014 was the first year of the implementation of the Education Action Plan (2014-16)
developed by the Ministry of Education with its partners’ support. It was also a year of restructuring for the Ministry of Education, with changes in the organigram and the development of an annual work plan for each department. Yet the country managed to make some slow progress in terms of children’s access to quality education.

Throughout the year, UNICEF Djibouti prioritised issues related to access and quality of education for over 30,000 children. Until 2014, the pre-school education system was only provided by the private sector, therefore accessible to only a privileged few. With UNICEF Djibouti support, the Ministry of Education launched the first set of public pre-school classes making this service accessible for all children. The Ministry of Women’s Promotion also revitalised the community kindergartens, increasing young children’s chances to access structures specialised in the promotion of their cognitive, psychomotor and emotional development, and establishing a platform for mothers’ awareness-raising on child-bearing issues. Based on the results of the study on out-of-school children and guided by an equity focus, UNICEF Djibouti advocated for and promoted the enrolment of children with disabilities and children from poorer backgrounds, particularly girls, who remain amongst the most excluded, especially when it comes to enrolment in secondary school.

Quality education is a right of all children in school. In line with the National Plan of Action and the bi-annual work plan signed between UNICEF Djibouti and the Ministry of Education, the focus was put on the development of national standards for quality education and on decentralised monitoring of schools performance.

Finally, emergency issues remained a priority for UNICEF Djibouti, which continued to support school enrolment for approximately 3,000 refugee children, working closely with the UNHCR, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Government of Djibouti to try to find better solutions to respond to the needs of these children.

Due to a discrepancy between the figures used by the Ministry of Education and those used by UNICEF Djibouti, the monitoring of some education indicators remains challenging. Indeed, while UNICEF uses data from the last Population Census (2009), this source is questioned by the Ministry of Education, which considers that certain population groups should not be taken into consideration in the calculation of the indicators. For this reason, estimates of the gross enrolment rate for primary education oscillate between 60 and 70 per cent, depending on the source and the denominator used. This situation calls for a reinforcement of the statistical system and its close monitoring even if the issue goes beyond mere statistical considerations. In addition, UNICEF’s coordination role must be reinforced in 2015, particularly with the organisation of the education sector review planned for the first quarter. In 2014, the working relationship between the Ministry of Education and many of its traditional partners was characterised by numerous challenges, which slowed down the implementation of many aspects of the Education Plan of Action. The implementation of the GPE programme was initiated in November 2014.

In a context of widespread poverty, limited access to education and few opportunities for self-development, lack of awareness of some health risks and high discrimination and stigmatisation, HIV/AIDS has spread in a worrying way to reach the stage of a ‘generalised pandemic’. According to a survey conducted in 2010 with UNICEF support, the level of accurate knowledge on HIV does not go over 10 per cent. Lack of awareness and stigma hinder dialogue within the family, and only 15.3 per cent of adolescents mentioned having learned about HIV risks and ways of prevention from their parents. For this reason, UNICEF Djibouti centred its interventions on building knowledge and skills of adolescents and youth but also targeted
families and community members. An action plan was designed in 2014 for school-based interventions and pedagogical support materials were developed in partnership with one of the Ministry of Education specialised centres (Centres de Recherche, d’Information et de Production de l’Éducation Nationale – CRIPEN). Prevention activities are ongoing to cover all intermediate and secondary schools in-country. In parallel, preventive interventions were undertaken in partnership with the Executive Secretariat Against HIV, Tuberculosis and Malaria, and the State Secretariat for Youth and Sports, allowing for significant numbers of out-of-school adolescents and youth to be reached nationally. As in previous years, national and international NGOs acting as Facilitation Agencies (Agence d’Encadrement) implemented the programme using the life-skills approach. In addition, UNICEF supported the National Network of Djiboutian People Living with HIV/AIDS and the Ministry of Health for the celebration of National HIV/AIDS Week.

The interruption of funding from the Global Fund and the World Bank, along with the strong stigma and discrimination attached to HIV/AIDS, remain the major obstacles to the sustainability of prevention interventions. UNICEF is the only partner supporting prevention programmes targeting adolescents and youth.

**OUTPUT 1** By 2017, 20 per cent of five-year-old children, particularly those from unprivileged backgrounds and girls, are enrolled in a pre-school education programme

**Analytical Statement of Progress:**
In 2014, UNICEF adopted a two-pronged approach with the Government to promote early childhood development and pre-school education:

- **UNICEF resumed its partnership with the Ministry for the Promotion of Women for the revitalisation of community kindergartens and day care centres in the framework of an integrated project targeting children aged two to four years and their mothers. Implementation started in November 2014 with only five kindergartens, though it is planned to expand the reach to 1,150 children by 2016. The project aims to create a positive interface between kindergartens and breastfeeding centres. On the one hand, it intends to promote young children’s cognitive, psychomotor and socio-emotional development through stimulating and age-appropriate activities at kindergarten; on the other hand, it seeks to increase the knowledge of breastfeeding mothers on adequate childrearing practices – particularly focusing on nutrition, health and hygiene – and sensitisise them on the importance of early stimulation and pre-school education. The project also includes the development and adoption of a regulatory framework for these community-based kindergartens, which will help ensure the sustainability of such initiatives.**

- **UNICEF’s strong advocacy in 2012 and 2013 resulted in the inclusion of a pre-school education component in the Education Plan of Action for 2014-2016. In 2014, the UNICEF Country Office supported the Ministry of Education to prepare for the initiation of this new public pre-school education system. Up to 2014, only private schools offered pre-school programmes with high school fees limiting access only to children from privileged families. This explains why the gross enrolment rate for pre-primary education is lower than 10 per cent. In line with the provisions of the National Action Plan for Education, UNICEF supported the Ministry to establish a Pre-School Education Department and to open 20 new classrooms to host this new programme, which will target up to 500 five-year-old children for the present school year. UNICEF Djibouti financed the rehabilitation of the buildings, the equipment and pedagogical material for these new classrooms. A project to ensure initial and continuous training to pre-school
As both components were initiated nearly from scratch, a number of constraints had to be dealt with, including the difficulties identifying adequate classroom space to host these community kindergartens or pre-school classes, and the need to undertake required rehabilitation, together with heavy recruitment procedures for educators to work in these structures. Most of these difficulties were overcome and provided lessons learned to prepare for the expansion phase as of the coming school year.

**OUTPUT 2** By 2017, the percentage of children not enrolled in primary education is reduced by 10 per cent (on average), with priority for vulnerable children and girls

**Analytical Statement of Progress:**
The results of the study on out-of-school children undertaken in 2013 were validated in 2014 and revealed that excluded children fall into four main categories: (i) children from specific population groups, particularly nomadic children; (ii) children with disabilities; (iii) children from poorest backgrounds; and (iv) girls, particularly those living in rural areas, especially in intermediate and secondary education.

In 2014, UNICEF Djibouti strengthened its assistance to children from poorest families and to those with disabilities. A total of 28,500 children from the poorest neighbourhoods of the capital and rural areas, including nomadic children, were targeted for distribution of school kits for primary education. UNICEF provided school kits to children in grades three to five, while the Government secured kits for grades one and two. New classrooms were built, and prefabricated classrooms were established in the rural community of Sankal so that the existing primary school could expand and cover intermediate education, allowing girls to pursue their education. In other circumstances, many of them would have dropped out because of the long distances to intermediate schools.

UNICEF support to the education of disabled children operated with a short-, medium- and long-term perspective: (i) short-term: UNICEF financed the rehabilitation of a public school specialised in the education of visually impaired children and the opening of a second classroom to increase hosting capacity. Adapted furniture and pedagogical materials were delivered to the Ministry of Education and the Child Protection Centre, an institution providing education for children who are deaf or have a hearing impairment; (ii) medium-term: a study on children with disabilities and their access to basic social services was launched in December 2014. Results will be available in April 2015; and (iii) long-term: on the basis of this study, a strategy will be developed with the Ministry of Education and other relevant ministries in order to promote truly inclusive education.

Through the provision of financial support to the ‘Read-Write-Count’ centres, UNICEF Djibouti continued to support non-formal education opportunities for children who never attended school or dropped out early and are now too old to join the regular education system. Approximately 1,000 children and youth benefitted in 2014. In the framework of the CRC@25 initiative, these centres were also a stage for the promotion of children’s rights. Students benefited from pedagogical and artistic activities (education on rights). They held discussions about the convention and its application in Djibouti, and prepared children’s rights communication materials.

Partnerships and cooperation constraints have been covered earlier in the report on the outcome. One constraint needs to be re-emphasised; it pertains to the difficulty in assessing the
potential impact of UNICEF Djibouti interventions in terms of improvement on the level of enrolment or gender parity indicators.

**OUTPUT 3** By 2017, 70 per cent of Djiboutian school children, especially those in disadvantaged areas and girls, benefit from basic quality education within a quality learning environment, which ensures them a level of learning achievement according to national standards.

**Analytical Statement of Progress:**
Together with access, quality of education in Djibouti is a major challenge. Results of ‘Terminal Integrative Goals’ tests reveal serious weaknesses in students’ learning achievements in reading and mathematics; the percentage of repeaters at the end of grade 5 further confirms this analysis. In the Education Action Plan, improving quality of learning achievements was considered a priority, and the Ministry of Education coordinated the support that partners would contribute to this objective. UNICEF Djibouti committed to supporting the development of quality standards for education building on the Child-Friendly School experience. Consequently, in 2014, a mechanism was developed to evaluate school performance and management taking into account school teams’ work conditions. This mechanism provides the basis to develop a strategy for strengthening the team and finding solutions to difficulties faced by the school such as upgrading learning environments and ensuring support and training of school teams so as to improve quality of education for learners. This mechanism was used to conduct a survey of all schools.

School children can now access books more easily to improve their reading abilities and cognitive skills. UNICEF Djibouti provided the Ministry with 56,000 educational and recreational books to enrich the libraries of all primary schools (this was partially done through a donation obtained from a French NGO –Liberté Sans Frontières (LSF) and partially through procurement). The Working Group for ‘Promotion of Reading’ from CRIPEN was supported to implement its work plan including revitalisation of libraries and reading corners in schools.

A quality school environment is also safe and healthy. UNICEF Djibouti provided technical and financial support to the development of a guide and educational posters on health and hygiene in schools. First aid kits were also purchased for all basic and secondary schools.

The UNICEF Country Office also conducted an assessment of solar installations in rural schools, and these facilities were rehabilitated in 11 schools. Housing facilities for teachers in school were rehabilitated in two remote rural communities. In terms of capacity building, UNICEF Djibouti supported the development of a training module for multi-grade class teachers, who are widely prevalent in rural areas where teachers are also less experienced. Finally, it facilitated the participation of two Ministry officials to a training programme on educational planning in Morocco.

Many educational partners such as the World Bank, GPE, the United States Agency for International Development (USAID), and French Cooperation planned interventions to improve educational quality; unfortunately many of these interventions were delayed or their implementation was constrained.

**OUTPUT 4** Emergency-affected children benefit from basic education

**Analytical Statement of Progress:**
School enrolment is a challenge for emergency-affected children in Djibouti, either refugees
by 2017, 40 per cent of in and out-of-school adolescents have improved their knowledge and skills on HIV prevention.

Analytical Statement of Progress:

Refugee children are completely dependent on humanitarian assistance. In partnership with UNHCR and the Lutheran World Federation, UNICEF Djibouti pursued its support to the education of 3,000 refugee children in the two refugee camps of Ali Addeh and Hol Hol. The UNICEF Country Office purchased furniture and school materials for all students in both camps, and supported teachers’ training and the construction of three classrooms at Hol Hol camp. A medium-term strategic plan for the education of refugee children was developed by UNHCR with support from UNICEF Djibouti. The strategic partnership between the two UN agencies was reinforced through the signature of a LoU as a framework for collaboration and coordination.

School curriculum remains a challenge as refugees follow a hybrid Kenyan-based curriculum that does not secure them any valid certification. Discussions are underway between UNICEF, UNHCR, UNESCO and the refugee community to try to find a solution.

With regard to the situation of displaced children, UNICEF Djibouti focused on the isolated community of Garabtisan, which was created years ago from the agglomeration of drought-displaced people from different areas of the country. In 2013, UNICEF Djibouti established a temporary school in order to give children access to education. In 2014, advocacy efforts continued with the Ministry of Education so that a lasting solution can be found for these children.

As an emergency intervention, UNICEF Djibouti funded the replacement of the roof of the classrooms at the Charles de Foucauld intermediate school, which had been partially destroyed by summer storms and presented a real danger to children. Finally, in line with UNICEF Djibouti’s Early Warning Early Action plan, a stock of two tents, ten school-in-a-box kits and two early childhood development kits were pre-positioned in order to respond to a potential emergency to ensure that education resumes quickly for affected children, giving them a sense of normalcy that can help relieve the stress generated by the crisis.

In addition to UNHCR and UNICEF, and Lutheran World Federation as implementing partners for the two agencies, only WFP provides support to the school feeding programme in the two camps.

OUTPUT 5 By 2017, 40 per cent of in and out-of-school adolescents have improved their knowledge and skills on HIV prevention.

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OUTPUT 5 By 2017, 40 per cent of in and out-of-school adolescents have improved their knowledge and skills on HIV prevention.

Analytical Statement of Progress:

Djiboutian adolescents and youth are widely unaware of how HIV/AIDS is transmitted and how it can be prevented, and therefore are at high risk of infection. For this reason, UNICEF Djibouti partnered with the Ministry of Education to engage 400 students from four intermediate and secondary schools in discussions to deconstruct misconceptions and promote protective behaviours. An informative brochure was developed, and 2,000 copies were disseminated. Continuing its partnership with the Executive Secretariat on HIV/AIDS and the facilitating agencies, the UNICEF Country Office supported the launching of phase II of the Life Skills Approach in Djibouti City and three regions. As a result, 600 in and out-of-school adolescents and youth were empowered to reach others with key HIV-prevention messages and help break the stigma. Sixty youth were trained on gender and are now better able to identify and fight gender stereotypes and discriminatory behaviours. One hundred young people were engaged in awareness-raising sessions on the importance of HIV/AIDS screening and 10,500 condoms
were distributed in two regions. In addition, 100 parents were sensitised on this question and can better guide their daughters and sons. Implementing partners report that 300 adolescents and youth were referred and voluntarily tested for HIV. Finally, National HIV/AIDS Week provided an opportunity for UNICEF Djibouti and other partners (UNFPA, UNAIDS) to raise awareness among 5,000 adolescents and youth.

Through its partnership with UNICEF, the NGO Family Health International (FHI 360) reached an estimated 3,300 persons with knowledge and skills regarding gender-based violence and on the consequences of drugs and alcohol consumption; another 7,930 community members increased their knowledge on family planning and sexual reproductive health. A total of 39,540 condoms were distributed. The referral of 170 individuals and 18 among them – and probably more – testing for HIV shows that positive messages are being disseminated with an impact on behaviours. A guide on gender-based violence was developed and 20 peer-education kits were produced along with 20 image boxes. Good practices were documented.

With UNICEF’s support, the State Secretariat for Youth and Sports conducted an assessment of 27 Community Development Centres to understand their role in terms of disseminating the culture of human rights in the communities they serve; a video-reportage was also prepared. Assessment results will be used to discuss ways in which these centres can more actively promote child rights.

Two constraints are worth noting. Limited available funding resulted in two of the six regions not being covered by these interventions, and there was limited synergy between the work of facilitating agencies and community development centres.

**OUTCOME 4** By 2017, children and women, particularly the most vulnerable, benefit from an environment protective of their rights with specific attention to birth registration, FGM/C and violence

**Analytical Statement of Progress:**
With no recent survey undertaken on child protection issues, it is difficult to clearly confirm the status of this outcome. However, progress can be reported as a result of the continuous efforts led by UNICEF and partners to strengthen the child protection system.

The last decade has seen a significant reduction in the prevalence of FGM/C in Djibouti. In 2006, FGM/C was estimated to affect 93.1 per cent of women aged 15 to 49 years. In 2012, age group comparisons revealed that while 95 per cent of women above 20 years had been cut, the same was true only for 79.6 per cent of the 10-19 year old group – a group that might be considered risk free, as FGM is seldom performed after age nine. Overall FGM/C prevalence (0-60 years) was estimated at 78.4 per cent. In 2014, UNICEF continued working with UNFPA to implement the Joint Programme for Accelerating FGM/C Abandonment. Community dialogues – facilitated by religious leaders or community management committees – raised people’s awareness on girls’ right to physical integrity and the negative consequences of FGM. The pool of influential religious leaders mobilised against FGM was further strengthened. A declaration promoting the abandonment of the practice was endorsed by the High Islamic Council and represents a strong opposing argument. The First Lady presided over the launching of Phase II of the UNFPA/UNICEF Joint Programme, demonstrating again the Government’s commitment to the cause. At the close of this event, a ‘Djibouti Declaration’ was endorsed by Government and other stakeholders as proof of renewed commitment. The declaration provides a platform for further advocacy and promotion of girls and women’s rights. Building on the momentum, a new partnership was established with the High Islamic Council. Efforts continued to develop the
capacity of religious leaders, media networks and community actors. However, the non-
implementation of the existing legislation against FGM/C and the risk of medicalization (already
reported by community structures) remain matters of concern. The development of monitoring
and evaluation tools at Headquarters level for Phase II of the Joint Programme will contribute to
strengthening the monitoring and evaluation system for this component of the programme.

With regard to birth registration, the last survey highlighted a three point increase of the rate
between 2006 and 2012, going from 89 per cent (MICS 2006) to 91.3 per cent (PAPFAM 2012).
In 2014, the birth registration campaign organised by the Ministry of Interior with UNICEF
support boosted the efforts. However, disparities persist with the most vulnerable children, such
as migrant and street children, continuing to be denied birth certificates due to political
considerations. Advocacy led by UNICEF and UNHCR continued in order to change this
situation. Support will be sought from the UN Resident Coordinator to further strengthen this
advocacy.

In 2014, an important step towards strengthening the child protection system was made through
the signature of the draft Child Protection Code by the inter-ministerial committee. This
signature corresponds to the first level of approval before passing the draft Code to Parliament.
South-South cooperation with Morocco facilitated by UNICEF is providing direction to re-
think/reform Djibouti’s Justice for Children System. A protocol agreement between the Ministries
of Justice of the respective countries was established, providing a platform for capacity building
and experience sharing.

Community dialogues organised by religious leaders or community actors reached 9,485 people
with an important increase in the participation of youth (18 per cent) and men (38 per cent). This
increase is encouraging, as it may indicate a new commitment on the part of youth and men in
the identification and referral of cases of violence against children, and therefore the expansion
of community-based child protection networks.

Major challenges remain for the protection of migrant and street children, who are among the
most vulnerable, as they are deprived of any social protection mechanism. According to IOM,
the number of migrants is increasing (nearly 100,000 this year) and so is the proportion of
minors among them, which reached 15 per cent. Many migrant and urban refugee children end
up begging in the streets of Djibouti exposed to the risks of violence and exploitation. With the
deadly attack on a restaurant of the capital (May 2014) claimed by the terrorist group Al-
Shebab, police tightened up security measures leading to the arrest and imprisonment of scores
of migrant and street children. In order to be better positioned to support these children,
UNICEF Djibouti joined the UNHCR, IOM and DRC in the Mixed Migration Task Force.
UNICEF’s strategic partnership with UNHCR was further strengthened through the signing of an
LoU with a child protection component that covers awareness-raising activities and established
the need to put in place a ‘best interest’ determination mechanism for unaccompanied and
separated children. UNICEF also pursued supporting Caritas, the only organisation in-country
providing direct assistance to migrant and street children and covering their needs in terms of
food, healthcare, recreational activities and vocational training in a protected environment. The
State Secretariat for National Solidarity initiated a study on street children that will provide useful
data that will help UNICEF improve its programming in this field.

In 2015, further efforts will be made to raise awareness on physical and sexual violence against
children. Anecdotal information from the court and police services report cases of rape and
sexual violence against girls and boys in urban areas.
OUTPUT 1 By 2015, Community Management Committees and the pool of religious leaders adopt positive social norms preventing violations of the rights of girls and boys both in urban and rural areas, including in emergency situations

Analytical Statement of Progress:
The pool of religious leaders supporting efforts for the abandonment of FGM/C is now more actively engaged. The Ministry of Muslim Affairs with UNICEF support organised several workshops targeting 73 religious leaders, including the 33 religious leaders collaborating with the Community Programme against FGM/C and 40 religious leaders from the High Islamic Council. This allowed for the building of individual capacities and strengthened the cooperation between the two groups, culminating in the validation and renewed adoption of the joint statement issued by community religious leaders on the promotion and protection of the rights of children and women, and in particularly FGM/C abandonment. The members of the High Islamic Council learned more about international human rights instruments (e.g. Convention on the Rights of the Child and Convention to Eliminate All Forms of Discrimination Against Women) and their operationalization in Djibouti. As for the 33 community religious leaders, they were trained on communication skills and facilitation techniques and used these abilities to promote positive child protection messages during the community dialogues organised with the Ministry of Muslim Affairs with UNICEF’s support. A total of 8,525 people were reached by religious leaders’ messages on the prevention of FGM/C, forced marriage, child marriage, violence against children and women, birth registration, drugs, unwanted pregnancies, family planning, hygiene and sanitation. These dialogues are platforms to sensitize communities, promote positive social norms and also to identify violations of children and women’s rights and collectively propose appropriate solutions.

In addition, 11 dynamic Community Management Committees reached 960 people through community dialogues. These results show that the level of engagement was not affected too much by the change in the leadership of the Community Programme and the months-long transition period between the end of TOSTAN’s intervention (mid-2013) and the hand over to UNFD through an agreement signed with UNICEF entrusting the NGO with responsibility for programme implementation. UNFD successfully organised refresher workshop involving 135 members of Community Management Committees. Following these workshops, each committee developed a monthly action plan, and the implementation is being monitored by UNFD. Moreover, UNFD with UNICEF support conducted a Review of Good Practices and Lessons Learned in an effort to document experiences and innovations from Community Management Committees that can guide future interventions.

One of the constraints was highlighted by the Community Management Committees, who wish to have the legal status of associations, which would help them in their public relations and fundraising efforts.

OUTPUT 2 By 2015, the most vulnerable children and women benefit from a legal and political framework aligned with international standards

Analytical Statement of Progress:
Prepared in 2012 and 2013 with UNICEF’s support, the draft Code on Child Protection and Justice for Children was presented, discussed and adopted by an inter-ministerial committee, which brought it significantly closer to discussion and adoption by Parliament. The endorsement of this Code represents a huge step forward for building a protective legal environment for children in line with international standards. One provision included under Article 26 is worth highlighting: it states that “every person, including those bounded by professional secrecy,
the duty to report to the competent authorities all issue that constitutes a threat to the health, or the physical or moral integrity of the child”.

Activities aimed at strengthening the Justice for Children system were delayed. A bottleneck analysis of the Justice for Children system was planned for 2014, but the drafting and validation of terms of reference and the identification of a consultant took longer than expected. This exercise was postponed to early 2015. The International Bureau of Children’s Rights in Canada will collaborate with UNICEF and the Government on this task. UNICEF will use this opportunity to introduce and use the Monitoring Results for Equity System (MoRES) approach in the area of justice for children. The provision of technical assistance to the Judge of Children will start on January 15 2015.

A South-South cooperation partnership in the area of justice for children was established with Morocco following a field visit to this country supported by UNICEF. The Djibouti delegation included the Director of Judicial Reform at the Ministry of Justice, the (only) Judge for Children, the Substitute to the Prosecutor General and representatives from the Police Department, detentions centres and UNICEF. The team learned about the Moroccan legal framework and system and its application, along with very useful data and information on case management and coordination mechanisms among keys actors in the field of justice for children. A protocol between the two Ministries of Justice was prepared and will allow the two countries to develop partnerships and exchange experiences in capacity building and technical assistance areas.

In terms of partnership, the Ministry of Justice is also supported by UNDP, but in areas other than that of justice for children. Coordination between the two sister agencies will need to be improved.

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

**Analytical Statement of Progress:**
The institutional development of specialised social protection services was further pursued by UNICEF and partner Ministries, but some constraints persisted. Significant progress was made in birth registration. As a result of UNICEF’s extensive and sustained advocacy efforts, a birth registration campaign was launched in February 2014 by the Ministry of Interior with UNICEF support. The Ministry mobilised substantial funds from public sources to provide birth certificates and national identity cards nationwide, showing clear dynamism to address the issue. UNICEF supported the organisation of catch-up operations in 104 communities located in the five regions of Djibouti outside of the capital city. As a result, 3,840 children obtained their birth certificate. However, it was not possible to extend the exercise to Djibouti City due to the presence of a high number of migrant and urban refugee children in this area whose targeting by such a ‘legalisation’ campaign is still not supported by all within the government in spite of UNICEF advocacy and recommendations from the Child Rights Committee and other UN bodies.

In the framework of its partnership with the NGO Caritas, UNICEF continued assisting street children with a social services package including a daily meal, hygiene, medical care, access to non-formal education, vocational training, recreational activities, psychosocial support and information on prevention of HIV/AIDS and drug abuse. A total of 154 children benefitted from this package, but the cumulative number of children who used the services in 2014 reached 13,632. The team followed these children closely, keeping records of their health status and conducting outreach to identify families and promote family reintegration. Moreover, 213 youths participated in awareness-raising sessions on health, HIV/AIDS and other sexually transmitted
diseases; 315 children benefited from literacy classes; and 872 children benefitted from sewing classes organised by Caritas. Of those having graduated from vocational training, 20 per cent were hired by local companies and work in the informal sector – a great achievement taking into consideration that unemployment reaches nearly 75 per cent of youth and that street children do not have birth certificates and cannot legally be given a work permit. Challenges constraining the expansion of these results are linked to the fact that Caritas remains the only organisation working with this population group, and being affiliated with the Catholic Church, it is tolerated but not openly supported. UNICEF is its only source of sustained funding and no other partners intervene in the area of street children.

OUTPUT 4 By 2015, the child protection plan is updated

OUTCOME 5 By 2017, a National Social Protection Strategy targeting the most vulnerable population groups – particularly children and women – and centred on a social safety net approach is implemented and progressively improved using a better performing national and sectoral monitoring and evaluation system generating reliable statistical data and indicators conforming to international standards

Analytical Statement of Progress:
In the areas of social protection and monitoring and evaluation, 2014 featured six significant milestones concerning the overall context of the two sectors and UNICEF Djibouti cooperation in these areas:

i. The first milestone pertains to the adoption by the Government of the Strategy for Accelerated Growth and Employment (SCAPE). This strategy is to some extent equivalent to a five-year Development Plan, and strongly reflects the Government’s commitment to set up an inclusive policy to fight poverty and unemployment, especially among young people.

ii. The second milestone concerns the official launching of the universal health public insurance system. This will help to significantly improve the access to health care services by the poorest population groups who have so far not been able to benefit from them in part due to their unaffordable cost.

iii. The third and no less important milestone concerns the finalisation of the recalculation of new poverty lines, and the official validation of these results. This allowed for agreement on new estimates for the proportion of people living in relative or absolute poverty.

iv. As for the fourth milestone, it is directly related to the cooperation between UNICEF and the Government of Djibouti. The Government’s green light to the completion of the Multiple Overlapping Deprivation Analysis (MODA) was given, an area which up to now had been a relative stumbling block in the cooperation between the two partners.

v. The fifth milestone refers to the area of monitoring and evaluation. It consists of the ‘Assessment of the Government’s Action’ and the upgrading of the national monitoring and evaluation system now considered a priority within SCAPE. Several requests for support from Governmental partners in this domain confirm its importance in the country's development policies.

vi. The sixth milestone concerns UNICEF’s support to national studies, specifically the Immunisation Coverage Survey and the Comprehensive Analysis of Vulnerability, Food Security and Nutrition led by WFP; and to completing individual households’ social surveys conducted to build a Social Register for vulnerable populations and improve the targeting of social protection beneficiaries. UNICEF was also supposed to support the development of a monitoring and evaluation system for the National Strategy of Social
However, and despite the progress at different levels, it is clear that one of the main constraints identified earlier still persists. It concerns the absence of a platform for exchange, coordination and dialogue among all actors contributing to the social welfare sector and the monitoring and evaluation sector. In addition, these two sectors are still suffering from the absence of certain data, in particular that pertaining to the ‘share of social expenditures’ in sectoral budgets and the extent to which children and women are truly taken into consideration in these budgets. Moreover, the contribution of NGOs (particularly charities) and its actual weight in the social protection system is quite unknown; these partners should be adequately taken into consideration in the planned improvement of coordination mechanisms.

By 2017, the national and sectoral monitoring and evaluation system produces and uses indicators compliant with international standards to regularly inform on the situation of children.

**Analytical Statement of Progress:**
In 2014, national and sectoral monitoring and evaluation systems were strengthened and produced tangible results in four main intervention areas:

- Capacity building of sectoral departments in the area of statistical data processing and analysis, in collaboration with the Directorate of Statistics and Demographic Studies (DISED). Most of these departments produced statistical yearbooks that were compiled and published by DISED.
- Increasing knowledge about the situation of children in Djibouti through two studies conducted with UNICEF support: the Immunisation Coverage Survey and the Comprehensive Assessment of Vulnerability, Food Security and Nutrition, in partnership with WFP. The latter served as a framework to conduct a causal analysis of malnutrition in the severely affected region of Obock (north of the country). This helped to analyse the determinants of malnutrition related to health and access to water and sanitation.
- Advocacy for "open access to data", which was the theme of African Statistics Day, which was celebrated in mid-November. The highlight of this event was the validation by
the Government of Djibouti of the new poverty lines estimate, and the analysis carried out on this basis.

- The update, with UNICEF support, of the national database Djibouti DevInfo by integrating all newly collected or validated data.

The strengthening of technical capacities of four UNICEF Djibouti staff members in the Monitoring of Results for Equity System (MoRES) and Decentralised Health System Strengthening (DHSS) approaches prepared the ground for the initiation of implementation. In 2015, the MoRES approach will be applied to the justice for children sector, while the DHSS approach will be implemented in the underprivileged region of Obock.

UNICEF Djibouti also undertook the process of mid-term review of its Programme of Cooperation, which was combined with the 2014 Annual Review. One of its objectives is the improvement of the monitoring and evaluation system in place. Designed to be participative, this review process included a component of dialogue with beneficiary communities and regional authorities that resulted in very enlightening and rich information about the perception of UNICEF and the impact of its work on the different target groups.

Despite the progress, some constraints persist, especially regarding the publication and sharing of data, an area that remains sensitive; the limited funding available for national and sectoral monitoring and evaluation systems; and the fragmented and insufficiently coordinated support provided by development partners. The UN system’s initiative to design and implement a joint programme of support to the statistical system is not yet completed.

**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 2014, the global social policy environment in Djibouti was characterised by the adoption of the Strategy for Accelerated Growth and Employment (SCAPE), which establishes as Government priorities employment promotion and poverty reduction; and by the launching of the universal public health insurance system, making access to health care services easier for the poorest population groups who previously were facing access difficulties due to their unaffordable costs.

The main achievement of UNICEF cooperation concerns the launching of the Multiple Overlapping Deprivation Analysis (MODA), a study long negotiated with the Government. The poverty analysis done through the lens of deprivation is particularly relevant in the Djiboutian context in which 40 per cent of the population is “poor” in the monetary sense. The results of this study will enable a better targeting of the most vulnerable population groups by the National Strategy of Social Safety Nets. Its results will also be used as an advocacy tool for the development of policies favourable to children and concerned with their rights and interests.

In addition, UNICEF supported the National Social Safety Nets Strategy at two levels in 2014. First, the strategy was shared among several audiences such as journalists, students and other local stakeholders including civil society. The strategy was also translated into English in order to facilitate advocacy and fundraising efforts with Anglophone donors. Second, targeting was improved. UNICEF supported the social surveys used for the selection of Food Voucher Programme beneficiaries and for the completion of the Social Register that is being put into place by the State Secretariat for National Solidarity.
UNICEF efforts were complemented by those of several partners who supported various aspects of the National Strategy. The World Bank, African Development Bank, EU and WFP played important roles. A description of their respective areas of intervention has been provided in the Outcome section. Optimising coordination among partners remains one of the challenges to be addressed in the upcoming months.

The partnership between UNICEF and the State Secretariat for National Solidarity is surely appreciated by both partners, but it is also still somewhat fragile and intermittent, probably due to its recent inception. The 2015-2016 Action Plan will seek to transform it into a long-term and consistent partnership. Furthermore, it will strive to continue the effort initiated to strengthen the State Secretariat team, which needs to grow in order to be able to perform its role in the social protection domain in Djibouti.

**OUTCOME 6** Improved management of resources in pursuit of effective and efficient results in support of programme operations

**Analytical Statement of Progress:**
The Annual Management Plan was developed and approved in March 2014, and reviewed in September. The plan provided an effective tool to adequately manage the office and achieve programme results. The Country Management Team played a dynamic role in the oversight of overall performance, linking up with other coordinating and advisory committees to monitor office management indicators and VISION performance reports. The Senior Management Team kept up excellent communication with the local staff association, and this exchange helped keep a harmonious work environment.

The effectiveness of the governance mechanism in place was confirmed in the 2014 Audit report. The report highlighted the Programme and Financial Management areas in need of improvement and provided 18 recommendations. By the end of 2014, UNICEF Djibouti had managed to close 14 of these recommendations, and efforts are ongoing to ensure the closure of the remaining ones by February 2015 and guarantee their sustainability.

One of several measures to enhance efficiency included the identification of new risks and risk control measures for mitigation through the review of the Enterprise Risk Management plan. The risks profile will be regularly reviewed and updated yearly to ensure that all risks are covered.

The Business Continuity Plan is in place, and was tested in 2014. Security was enhanced and the office is 95 per cent Minimum Operational Security Standards (MOSS) compliant.

Funding continued to be a challenge, and in 2014, UNICEF Djibouti revised the staffing structure to eliminate four vacant positions and reduce overall staff costs. Significant fundraising and partnership efforts were put in place with positive results. In order to reduce office operating costs, a Cost Saving Plan was put in place and showed results in the areas of soft utilities, office rent and security, and travel.

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

**Analytical Statement of Progress:**
The Audit exercise conducted at the office at the end of 2013 resulted in a report released in May 2014. The Audit recommendations opened a window of opportunity to enhance the efforts already in place to mitigate or control risk areas. Of the 18 recommendations, UNICEF Djibouti
The good management practices of developing Office Management Plans and undertaking participatory Mid-year Management Reviews prevailed in 2014. The governance structure and mechanisms are in place and functioning. In 2014 UNICEF Djibouti finalised the terms of reference for all statutory committees as well as for other committees in place. The Country Management Team, Senior Management Team, and Programme and Operations teams met regularly as planned, and constructive dialogues helped to improve planning, monitoring and implementation. These meetings were also the forum to evaluate performance against key indicators.

UNICEF Djibouti now has 17 Standard Operation Procedures with respective workflows in place, which facilitated the understanding and application of rules and regulations. This practice will continue in 2015. Furthermore, the UNICEF Country Office maintained six Long Term Agreements for services in place, and is working in collaboration with the UN Operations Management Team to establish joint arrangements for procurement in 2015.

The Country Office conducted its first testing of the Business Continuity Plan and completed the Enterprise Risk Management action plan, and monitored its implementation at least once in 2014. The Office is 95 per cent MOSS compliant, largely due to the financial support from MENARO, which was key to updating the office security standards in order to ensure the safety of staff and premises.

OUTPUT 2 Effective and efficient management of financial resources and stewardship

Analytical Statement of Progress:
With a total budget of US$ 7,497,294 (for both Programmes and Operations) in 2014, UNICEF Djibouti managed to ensure quite satisfactory funds utilisation, as follows: Regular Resources: 97 per cent; Other Resources-Ordinary: 91 per cent; Other Resources-Emergency: 99 per cent; Institutional Budget: 100 per cent; Institutional Budget-Security: 81 per cent. The ratio of funds lost at year end was reduced from five per cent in 2013 to one per cent in 2014, revealing an improvement of the Country Office’s financial performance.

The operating costs continued to be high, but the team’s efforts led to a reduction in the electricity costs by 20 per cent and in the security services and travel costs by 30 per cent. A seven per cent reduction in the rent was negotiated, which will be effective in January 2015. Other initiatives from the Cost Saving Plan will continue in 2015. UNICEF Djibouti also did well in terms of reducing the outstanding direct cash transfers (DCT) over nine months from 15 to seven per cent between January and December. However, the outstanding DCTs over six increased from two to seven per cent within the year. The adoption of the harmonised approach to cash transfers (HACT) by the United Nations Development Group (UNDG) group agencies was highly advocated for by UNICEF Djibouti. The UNICEF Country Office started its implementation in 2014 with NGO partners and expects full implementation by 2015. In order to ensure full internal and external capabilities and promote a smooth transition, 80 per cent of UNICEF Djibouti staff participated in refresher training. More than 80 per cent of staff at selected NGO partners were also trained. These partners (about 40 percent of all partners) are already operating under this new approach.

All 12 bank reconciliations were completed on time. Open trips were systematically monitored as well as the General Ledger account and vendors’ balances, resulting into a great reduction of outstanding items. The monthly bank closing balance threshold of US$ 150,000 was mostly
maintained during the year (nine months), which corresponds to a 50 per cent improvement compared to 2013. The Role Mapping and Table of Authority were updated and mitigation measures provided. All users with control functions signed a delegation-acceptance memo.

Finally, under asset management, UNICEF Djibouti conducted the physical count, which was validated by the Property Survey Board (PSB) and approved by the Representative. The actions proposed are in the process of implementation.

OUTPUT 3 Effective and efficient management of human capacity

Analytical Statement of Progress:
UNICEF Djibouti continued to ensure an enabling work environment, where regular open discussions take place between management, staff representatives and all staff in general. In early 2014, a team-building exercise was organised with a focus on communication to enhance team work and clarify the code of ethics. Four Joint Consultative Committee meetings were conducted, along with informal consultation meetings on issues of staff concern. The team had several opportunities to socialise at informal get-togethers organised by both management and the staff association.

Awareness on HIV/AIDS in the work place was raised in two sessions organised by the UN Cares Committee with participation of all staff. UNICEF Djibouti ensured the implementation of the ten minimum standards on HIV in the workplace, and extended its support to the overall well-being of staff in general. A new Peer Support Voluntary focal point was elected and is due for training in 2015.

The Country Office structure changed following the Programme Budget Review in May 2014 as a result of limited funds from Other Resources. The office strategically eliminated positions that were vacant, and therefore no staff member was affected. The revised structure now has 30 positions, but the vacancy rate stands at ten per cent due to budget constraints. The current staffing provides a good mix of competencies and capacities to achieve programme results. A staffing gap analysis was initiated at the end of 2014 and will be completed in 2015, in order to identify areas that need to be strengthened to empower the team to better meet the challenges and maintain a fluid operating environment. Throughout the year, UNICEF Djibouti recruited 13 consultants, 46 per cent more than in 2013. All staff and individual service contracts were signed prior to the service end date.

The overall Performance Appraisal System process, including planning and mid-year discussions, was finalised with an implementation rate of 100 per cent. Despite this good rating, only 22 per cent per cent of staff met the end of February deadline. With regard to training, the office training plan implementation rate was 73 per cent. The total budget spent on training and learning was US$ 48,936.

Staff were encouraged to plan for their leave ahead of time, and liaise with their respective officer in charge to ensure continuation. The rate of staff members with leave over 50 days was 27 per cent throughout the year.
### Evaluation

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<tr>
<th>Title</th>
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