1. EXECUTIVE SUMMARY

During the year under review, UNICEF has been assisting the Government of Djibouti to consolidate and scale up interventions at the community level, namely in community based screening and management of acute malnutrition, Community Integrated Management of Childhood illnesses and treatment of Acute Respiratory Infections with antibiotics, involving Community Health Workers.

High-level advocacy and technical support provided for development of the country compact on International Health Partnership+, in collaboration with the WHO and other Health Sector Partners. To this end, UNICEF provided technical assistance to the Ministry of Health for the review of the Health Sector Development Plan and the signature of the Compact is expected this year (2011).

High-level political involvement in Prevention of Mother to Child Transmission of HIV led to development of a comprehensive scale up plan and resources mobilization strategy under the leadership of the Minister of Health. Nevertheless, coordination efforts to address Maternal, Newborn and Child Health had limited success.

Development and validation by government of the National Plan Of Action For Children in Djibouti is the major achievement of 2011. The added benefit of this plan is its multi-sectoral and comprehensive nature, rendering it a planning and advocacy tool for children's rights.

Despite the above achievements, more needs to be done to strengthen community capacity and ownership of community based screening and management of malnutrition, which is the underlying cause of childhood illnesses in Djibouti. Limited capacity of counterparts in key programme management areas (planning, budgeting, implementation and monitoring) hampered achievement of key results, as seen in the area of Youth and HIV/AIDS as stated in the CPD UNICEF Djibouti strengthened its partnerships with the sister UN agencies in Health and Nutrition (WHO, UNFPA, WFP and UNDP) and bilateral organisations (Dubai Care, USAID, AFD and JICA), which led to some funding for activities in the areas of education and child survival.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Child Survival and development is a top priority of the social development policies of the Republic of Djibouti. Djibouti has ratified all African and international conventions on child rights and has acceded to the recommendations of major international conferences on human rights, including those on the child (World Summit on Children, New York, 1990).

Despite government commitment and significant progress in the fields of education, health, access to drinking water and protecting the rights of children, social indicators require further efforts for improvement. The key issues affecting children are linked to poverty, poor access to basic social services and vulnerability due to HIV and AIDS. Together these pose a major challenge to Djibouti’s endeavours to make significant progress in achieving the MDGs. Targeted programmes are required that respond appropriately to these multifaceted problems.

A Lower Middle Income country, Djibouti had a GNI in 2009 of $1,280 per capita and a relatively modest population size (818.159 according to the 2009 census, with 71%
residing in urban areas), and an economic growth rate of 5 per cent per annum. However, significant disparities and substantial child poverty and vulnerabilities continue to affect progress in the realization of child rights. It is noteworthy that the Government of Djibouti has ratified all international treaties on children’s and women’s rights.

The country is on track to eliminate gender disparities in primary and secondary education by 2015, with gender parity of 0.99 in 2008 compared to 0.82 in 1990. The United Nations considers Djibouti as being on track also to halve, by 2015, the proportion of people without sustainable access to safe drinking water (23% in 1990 and 8% currently. Although national development priorities are well laid down in the current national development plan (INDS), and despite the large share of the social sectors in the national budget (14% for Health and 25% for Education), Djibouti is not on track in respect of any of the MDGs related to child nutrition, universal primary education, HIV and AIDS, Malaria, and sanitation, child mortality, and maternal health. Recent national surveys estimate that 29 to 33 per cent of children under the age of five years are underweight, and primary school enrolment rate stands at 66 per cent, with little progress on these indicators over the past 5 years. Under-five mortality declined from 123/1,000 in 1990 to 95/1,000 in 2008, but such a rate of progress is insufficient for the country to reduce this indicator by two thirds to achieve the target of 41/1,000 in 2015. Maternal mortality is high in Djibouti (at 300 maternal deaths for 100,000 live births in 2008, declining from 370/100,000 in 1990). HIV prevalence among youth 15-24 is 2.1 per cent for females and 0.7 per cent for males. In 2006, it was estimated that only 1 per cent of children under five slept under an ITN. According to UNICEF/WHO Joint Monitoring programme, the percentage of the population using improved sanitation has declined (from 66 per cent in 1990 to 56 per cent in 2008), well below the pace of progress required to meet the 2015 MDG target is 83 per cent.

Djibouti has been facing many hazards and disasters such as droughts, desertification, and floods in a context of extreme high temperature, climate change and high food prices with negative impact on the population, in terms of displacement from the rural zones to the capital (more than 70 per cent live in Djibouti City leading to the disruption of their traditional coping strategies and increased vulnerabilities). In addition, food security has been a serious issue contributing to higher prevalence and mortalities related to malnutrition and preventable communicable diseases such as cholera, measles, Acute Respiratory Infections (ARI), malaria and polio.

### 3. CP ANALYSIS & RESULT

#### 3.1 CP Analysis

**3.1.1 CP Overview:**

In the absence of reliable data, it is difficult to present results disaggregated by gender and equity. Certain indicators such as those on vaccination and access to health services indicate some progress. With regard to maternal and neonatal health, efforts have so far been concentrated on PMCT where some problems have surfaced. Importantly, 30% of women who are séropositive do not go back for their results and the system so far is not able to access them. **UNICEF has been assisting Government to consolidate and scale up the community based interventions in terms of screening and management of acute malnutrition at the community level and Community Integrated Management of Childhood illnesses with the involvement of Community Health workers treating ARI with antibiotics.**

The rate of primary school enrolment has reached an impressive level of 93% from 74% in 2008 and equality between girls and boys is almost reached (.0,86 in favour of boys). Existing information indicates that major progress has been made in terms of access, though considerable further efforts are necessary to attain the goals of quality and equity, not only between girls and boys but also between rural and urban areas.
HIV prevalence among young people is still very high and the information from sentinel sites indicates that it is 1.5% in Djibouti Town and 0.6 in the districts. The percentage of young people who use condoms during sexual intercourse with an occasional partner is 33% (boys 36%; girls 24%).

A judge for children has been nominated and is operational. A total of 9 out of the 54 concluding observations formulated by the committee on children rights were implemented. A national action plan of the child has been developed. A network of 33 religious leaders has been trained. An estimated 70% of Community management committees organised social mobilisation activities such as awareness on FGM, environment, birth registration, early marriage and inter community dialogue. Nationwide, 13000 OVCs benefit from social services, which include school kits, access to tutoring, vocational training, and access to micro credit for care takers.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

UNICEF Djibouti has worked with the government ministries including the Ministries of Health, Womens Affairs, Education and Religious affairs for capacity building of their staff to plan and manage organizational change and improve service delivery to families and communities, and also improve technical capacities in critical fields for development, such as planning, budgeting, programme management and monitoring and evaluation. This was done through working directly with the ministry staff or by bringing in international Consultants to work with ministry staff or by sending them out for training. To increase national ownership, UNICEF is working on building the capacity of the Ministry of Health staff at the district level by putting in place nutritional focal points to work with the community based health staff and district level ministry of Health staff.

UNICEF supported the international training of staff from DISED to develop their capacity for the development and generation of information, data, monitoring tools and systems, disaggregated by sex, regions and population groups and the building of quality assurance systems

UNICEF will continue these efforts for capacity building of government counterparts to enable improved strategies and implementation and foster a more comprehensive approach to address child related development issues.

To achieve more success in our programmes, we have identified the need for a greater focus at the regional and district levels, and the involvement of community level counterparts. For effective programming and measuring results and outcomes, a district-based model of programme delivery and accountability for certain outcomes, especially in health, will be tested in 2011-2012.

3.1.2.2 Effective Advocacy:

In the child protection programme, UNICEF Djibouti works with various partners to raise awareness on the incidence of child abuse and violations such as rape and sexual abuse of children, which also place them at a great risk of contracting HIV/AIDS. Particularly vulnerable to abuse, violence and harmful or exploitative practices are children living without parents and/or a home. Work has been done with counterparts to ensure the establishment of a comprehensive monitoring system that accurately captures and reports on violence and abuse against children. We will seek to demonstrate more effective models to prevent child abuse, with improved co-ordination amongst service providers and links to relevant government structures.
Through the Community Development Centers (CDCs), we have worked to empower children or young people by enabling them to express their views, wishes or feelings, or by speaking on their behalf, we have sought the resolution of any problems or concerns identified by them.

We have also worked with government officials and policy makers to push through reforms in the area of justice for children, which eventually led to the appointment of a judge for children. Through our advocacy work with the Ministry of Women's Affairs on the issue FGM, the government of Djibouti has made the elimination of FGM one of the top priorities.

One area of concern is the increasing trends of the spread of HIV/AIDS in Djibouti. UNICEF Djibouti will work to advance the rights of children infected and affected by HIV/AIDS by supporting initiatives to prevent HIV/AIDS infection amongst children, with particular emphasis on changing the sexual attitudes and behaviour of boys and young men.

**3.1.2.3 Strategic Partnerships:**

UNICEF Djibouti has forged strong partnerships with international agencies such as USAID/OFDA, ECHO, Dubai Care, TOSTAN etc in the areas of child survival, Education, Protection. We intend to explore more partnerships with other organisations such as the African Development Bank.

Clearly, much remains to be done, and greater collaboration is needed between UNICEF Djibouti and CSOs in Djibouti. Civil Society organisations in Djibouti have limited experience in the area of child rights and/or limited knowledge or skills in strategic planning, governance, advocacy, fundraising, financial management, monitoring and/or using a child rights perspective in their work. In addition, they have fiscal limitations with donor funding increasingly channelled towards governments rather than non-governmental organisations. Many CSOs dedicate a great deal of their existing capacity to delivering services, rather than undertaking independent and critical research and advocacy work.

Most CSOs working for children’s rights are not membership-based or constituency-based, suggesting some limitations on their representative nature. Children are rarely directly involved in their work. By far the majority of non-governmental organisations and networks are located in the city of Djibouti.

UNICEF Djibouti will work to strengthen the role of civil society in the implementation of children’s rights. We hope to do this by supporting organisations and networks that work for children’s rights by developing their organisational capacity, knowledge, skills, systems and practices. The aim is to build a strong and sustainable civil society that is able to play an effective role in advocacy and monitoring. We will also focus on media coverage of children by assisting efforts to monitor and improve the way children’s issues are covered in the media, and to equip children with skills to interpret and produce media.

**3.1.2.4 Knowledge Management:**

UNICEF Djibouti has a knowledge management strategy but we would have to develop an associated work plan for establishing UNICEF Djibouti as a knowledge hub on children and the issues affecting them and for achieving our policy/advocacy objectives.

Several evaluations were undertaken during the year to assess results attained in the CSD, Youth and HIV/AIDS, and Child Protection (FGB) programmes. UNICEF has also facilitated access to essential information and resources to national counterparts, especially, the Ministry of Health regarding IHP+ and the National Health Development Plan (PNDS).

Knowledge management needs to be reinforced during 2011-2012. We will work towards putting in place a system to assist us to gather, extract, package, maintain, distribute and continually update evidence, data and knowledge for internal and external audiences. The system will aim at establishing and positioning UNICEF Djibouti as a knowledge centre on children and issues affecting them, informing UNICEF’s strategic policy/advocacy and
resource mobilization objectives, and developing a culture of learning and information exchange.

We will work to build an up-to-date, easy-to-access database of lessons learned and best practices in the areas of policy innovation, programme planning, design, implementation, monitoring and evaluation to influence UNICEF programme policy, official programme guidance and policy dialogue. Programmatic evidence based knowledge and evaluations will be gathered, extracted, managed and disseminated on an on-going basis.

Internal capacity on knowledge acquisition, management, and sharing, and communities of practice will be developed and strengthened. Staff and key partners will be supported as 'knowledge professionals' through the identification of learning opportunities.

3.1.2.5 C4D Communication for Development:

Advocacy activities were organized at different levels through decision-makers, religious and traditional leaders, media and communities. These actions enabled UNICEF to influence the decision making of politicians and government regarding children rights. Impressive outcomes from these efforts are the appointment of a judge for children and the elaboration and adoption of the National Plan of Action for Children. Government ministers and other high-ranking officials were regularly engaged in UNICEF activities. The use of the media to cover UNICEF activities was intensified in 2010, which contributed to better understanding of UNICEF among government counterparts and people of Djibouti and permitted us to communicate the successful achievement of our objectives.

At UNICEF DJIBOUTI Country Office (CO), social mobilization of children and women represent the basis of any approach to promote communities’ participation. Understandably, the rural communities are preoccupied by survival issues related to nutrition, water and healthcare, and are less engaged with other activities such as education and immunization. They are even more reluctant to participate in other programmes such as HIV/AIDS (PMTCT), FGM, antenatal visits and exclusive breastfeeding. The main conclusion from social mobilization efforts in urban, semi urban or rural areas is that the communities feel that they are stretched within different actors. Nevertheless, some actions were supported by the communities and were able to contribute to behavioural change.

UNICEF Djibouti continues to support the Promotion of Exclusive Breastfeeding by eliciting the support of Grandmothers in the IMCI-C programme. Grandmothers advocate for exclusive breastfeeding for the first six months through home-visits to pregnant mothers and group discussions with other lactating mother. Other C4D initiatives like Hand washing with soap are also effective in improving health behaviours in schools and villages.

A draft communication strategy was developed with the help of MENA-RO, which has yet to be finalised. Djibouti has contributed to the August issue of ‘C4D In Practice Newsletter’ sharing its experience with Grandmothers on Promotion of Exclusive Breastfeeding. Communication tools were developed in close collaboration with the communities.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach to Cooperation:

UNICEF Djibouti did a study on child poverty, which serves as a basis for analyzing disparities between children in Djibouti, and which informs our programming. We have also worked with the Government of Djibouti to write and submit the reports to the Committee on the Rights of the Child and Alternative reports on the implementation of the CRC.

Increasingly, we use a results-oriented programming approach to ensure that all our projects are subject to rigorous problem analysis to determine whether the stated problem is part of a bigger problem, and whether the proposed solution will be adequate to address
the challenges. We try to determine what other actions are needed by different partners to solve that problem.

We also plan our capacity building exercises with the aim of ensuring that the capacities of duty bearers to fill their duties and of claim holders to claim their rights are enhanced. The community-based work undertaken in collaboration with TOSTAN is an example. There is participation of claim holders (girls and their mothers) and duty bearers (community leaders) in all stages of the activities.

UNICEF Djibouti will continue to focus on working to advance the monitoring of children’s rights and to promote a child rights perspective in programming and advocacy. This will be ensured by supporting civil society organisations and networks that monitor the delivery of children’s rights and advocate for improvements in this regard.

By ratifying the CRC and other conventions related to children, the Government of Djibouti has undertaken to create or amend laws, develop programmes, allocate resources and implement services that will deliver children their rights. A number of factors have posed obstacles to the rapid and universal realisation of children’s rights in Djibouti.

3.1.3.2 Gender Equality and Mainstreaming:

UNICEF Djibouti has undertaken some concrete programmes that clearly enhance the lives of disadvantaged girls and women (the Community based FGM programme) and to ensure equity between the sexes in our programming. However, in the absence of reliable data, we cannot clearly demonstrate this.

We have also made some efforts to ensure a substantive approach to gender issues from the outset and throughout the planning and implementation stages of our programmes. However, a lot needs to be done in this area.

We need to sharpen our gender-based analysis in order to make our work more effective and to refine our analysis and support our decisions. We need to support our government counterparts to generate more reliable gender disaggregated data to improve decision making.

There is a need for more capacity building for our counterparts and UNICEF staff in gender mainstreaming, which requires an ongoing process that needs to be incorporated into our programmes.

We will work to build capacity and apply gender perspectives in a consistent and substantive way. We will aim to do this by using more disaggregated data in programming and monitoring and evaluation. We will also highlight gender perspectives in research to assess whether both female and male children and adults access and benefit from the programmes we are implementing.

3.2 Programme Components:

Title: Child survival and development
Purpose:
In line with the National Initiative for Social development, and compliant with the MDG 1, 4, 5, 6 and 7, Djibouti YCSD contributes to the achievement of the UNDAF 2008-2012’s second outcome. This is aimed at ensuring that all the vulnerable population will have high quality social services in the areas of health, education, water and sanitation by 2012. The main objective is to reduce the child mortality rate from 67 to 55 per 1,000 live births, the Under five (U5) mortality rate from 94 to 85 per 1,000 live births, and maternal mortality from 546 to 400 per 100,000 live births.
The expected outcomes are; i) 80 per cent children U5 have access to a minimum package of health and nutrition curative and preventive quality services; ii) 75 per cent of rural households have access to safe drinking water and 40 per cent to sanitation services and use good hygiene practices; and iii) 80 cent of pregnant women and children U5 have access to quality services, including prevention services to HIV transmission from mother to child. The young child survival and development programme has five components: i) expanded programme on immunization; ii) community IMCI; iii) nutrition; iv) neonatal and maternal health including PMTCT; and v) water, sanitation and hygiene.

The activities were implemented in 2010, through a Work Plan jointly signed by UNICEF and GoD through the Ministry of Health, the Ministry of Agriculture for water sub-component and the Djibouti Agency in charge of social development for sanitation activities.

Resources Used:

Child Survival & Development
- GC/2007/0173-01 UNICEF 434,415.34 USD
- GP/2009/004-00 UNICEF 503.22 USD
- GS/2009/057-00 UNICEF 45,000 USD
- GS/2010/031-00 UNICEF 200,000 USD
- SC/2006/9902-37 Young Child Survival & Develop. 270,283.88 USD
- SC/2008/0621-00 Hong Kong Committee 20,533.34 USD
- SC/2008/0842-00 USA USAID 23,918.65 USD
- SC/2009/023-00 French Committee for UNICEF 416,782.00 USD
- SC/2010/0247-00 CIDA/HAND 74,161.17 USD
- SC/2010/9902-00 Young Child Survival & Development 255,000 USD
- SI/2009/040-00 The GAVI Fund

Results Achieved:
The community-based interventions have been scaled up. A total of 50 communities regularly screen malnutrition among children U5 and four communities correctly manage acute cases without complications. Community IMCI has been extended from 2 to 5 districts, and more than 5,000 children have benefited from the programme. As far as WASH is concerned, 90,000 additional people have access to safe drinking water (25,000 w/ water trucking); 12,085 households have been sensitized on best hygiene practices notably hand washing w/soap, and household water treatment and storage techniques, and 8,000 households have been sensitized on best sanitation practices.

Djibouti has been polio free since 1999; and Health and Nutrition Early Warning system has been reinforced with the establishment of a nutrition community based surveillance system and the development and implementation of a new NHIS. Progress on health services nutrition coverage (EPI, ANC, attended deliveries and nutrition) has been maintained or consolidated.

Radio and TV regularly broadcast programmes addressing harmful practices for Mother and Child health as well as YCFP. A total of 134 grandmothers support Early Initiation to breastfeeding and exclusive breast-feeding amongst lactating mothers all around the country.
Important steps towards the signature of the compact have been taken. Through advocacy in which UNICEF is involved, the PMTCT of HIV/AIDS benefits now from a high-level political commitment and involvement.

**Constraints**
- Health system decentralisation is not fully effective to ensure the functionality of the Health Districts. In addition, MoH staff numbers do not meet WHO standards to deliver MCH minimum packages of services. Staff capacity is also somewhat limited.
- Some reluctance in publicising the issues of access linked to the vulnerability of population tends to limit the pace of progress in tackling them.
- More than 55% of the CO YCSD funds were from emergency funds that cannot address sustainability of the programme.
- The approach to malnutrition is still medical while UNICEF and other partners’ recommendation is to give malnutrition a high priority supported with a legal framework.

**Future Workplan:**
CO will adopt and select effective strategies to accelerate child survival and development by addressing the three levels of child deprivations and reaching most marginalized and hard to reach groups,
- Promotion of behaviours/practices for children’s well-being with focus on Early & exclusive breastfeeding for first six months of life as well as Complementary infant feeding, and Sanitation and hand washing with soap and Household water treatment
- Prevent diseases and malnutrition with focus on Immunization, Expanded antenatal care and Prevention of mother to child HIV transmission
- Treatment/curative services: These include management of childhood illnesses at community and health facilities levels, administering of antibiotics, skilled attendance at birth and emergency obstetric care

The WASH future Work Plan will focus on ensuring that the entire WASH sector is geared towards providing quality and sustainable services that are sufficiently pro-poor through rural water expansion using solar systems as well as water retaining structures to enhance replenishment of ground water resources. In sanitation, expansion of services will be achieved through fostering a Community Approach to Total Sanitation. Water quality monitoring will be supported and promotion of hand washing will continue within a larger approach to hygiene education"

**Title:**
**Basic education and gender equality**

**Purpose:**
The main purpose of the Education Programme is that “in 2012, 93% of children of school age (6-11 years old), with equal access to both boys and girls, are receiving a good quality basic education”. This implies that they have access to primary school and acquire essential skills and knowledge needed for their future life.

According to CPAP, this programme will continue the efforts undertaken to ensure the enrolment of all children, with broad-based social mobilization and partnership activities. Consistent efforts will be made to reduce disparities in access based on gender or affecting children from underprivileged backgrounds and specific geographic areas. Access to
preschool education, including for children from disadvantaged families, will be enhanced in tandem with efforts to promote universal enrolment to ensure a better transition to and preparation for primary school, including early instruction in the mother tongue. Efforts will be made to improve the quality of education, including through the promotion of child-friendly schools, which offer support for a better school environment through water, energy, sanitation and hygiene and for the decentralization of school management. In the area of non-formal education, support will be provided for initiatives capable of serving as gateways to formal education or providing for second-chance schools to children. Efforts will be made to establish auxiliary after-school training programmes for children.

**Resources Used:**

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<tr>
<th>Code</th>
<th>Description</th>
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<td>SC/2003/9901-30</td>
<td>Global - Girls Education (Thematic)</td>
<td>44.23 USD</td>
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**Results Achieved:**

Progress was made in achieving the results planned in the 2010 Annual Work Plan, even though not all the planned targets were met.

With regard to the improving Access of Education component, the expected output in the Annual Work Plan was to improve school environment, increase school capacities and mobilise communities that aim to increase school enrolment and to reduce gender and other disparities.

School environment improvement through the WASH programme was achieved by providing safe water, sanitation facilities and hygiene education in selected schools. In order to increase school capacities, 18 prefabricated classrooms were installed in collaboration with Dubai Cares.

To raise awareness on the importance of Girls’ Education, the National Day for Girls’ Education and Education For All Week were organized on December 11th and in April. Radio and Television messages were produced and transmitted by RTD (Radio et Television de Djibouti).

In the Quality Education Component, according to the planned output, formal school curriculum was adapted and supplementary reading materials were developed for use in schools. Adequate pre-service and in-service teacher training is essential to improve learning. The teachers’ training institution (CFPEN) trained teachers and headmasters for learning-centred methodologies and developed appropriate textbooks and learning materials.

The capacity of the Ministry of Education was strengthened to monitor and supervise schools resulting in improved EMIS with disaggregated data by sex, age and region as contained in the 2010 Annual Work Plan. MoE staff at national level received advanced database training.

Assisted by UNICEF, the Ministry of Education and the Ministry of Women and Family Affair were able to sustain the progress in implementing the national policy on holistic care for young children. A total of 30 pre-school rooms were created in elementary schools and in childhood community centres, 50 teachers from private and public preschool were better trained to supervise children, and good practices were collected, worked and widely disseminated.

Among the constraints that affected programme performance and results are:

- The MoE has limited capacity to face the challenges of rising enrolment. There is understandable concern about generating demand for schooling that cannot be
readily met in a context of limited resources, lack of sufficient trained teachers and inaccessible terrains.

- Insufficient managerial and technical capacity of partners responsible for implementation is another constraint.

**Future Work plan:**
As agreed during the midterm review, the programme will support the implementation of the new national plan in its efforts to reduce disparities and improve completion rates. Specifically it will support

- social mobilisation in favour of education particularly that of the most vulnerable children (demand side);
- developing school capacities to attract more children of both Primary and LOWER-secondary school age, with priority given to the most underserved rural and sub-urban areas;
- addressing all the obstacles hindering access or retention of girls and the most vulnerable children to school;
- mainstreaming of the Child Friendly School (CFS), which is UNICEF’s main model for promoting systemic educational quality. National ownership of the CFS initiative by MoE and the community is being ensured through the elaboration of Djiboutian CFS standards, which were formulated after a widely participatory process involving all Education stakeholders including children, parents and local communities;
- support to innovative initiatives;
- support to preschool education.

**Title:**

*Child protection*

**Purpose:**
According to the CPAP, the main objective of the programme is to promote a protective environment for children against abuse, violence and exploitations through: (i) Development of protective social and legal environment for children and women; (ii) Strengthening of national capacity to promote children’s and women’s rights at all levels (government, communities, families and children), and positive initiatives such as abandonment of female genital cutting; and (iii) Monitoring implementation and internalization i.e., national ownership of the international conventions such as CRC and CEDAW. This objective is in line with the third UNDAF outcome, the national priorities and goals of the poverty reduction strategy labeled in Djibouti “the National Initiative for Social Development” (INDS), the Millennium Declaration and MDG 8. Protection programme has three components: (i) Advocacy and promotion of human rights, the rights of children and women, and monitoring of the implementation of relevant international conventions, (ii) Accelerated abandonment of female excision, interventions will focus on areas relating to social communication, human right seduction and research, monitoring and assessment; and (iii) The care, support and protection of orphans and vulnerable children. The programme is supported by three annual work plans developed and signed with the Ministry of Women Promotion, Ministry of Islamic Affairs and Endowment (MOIAE), Ministry of Justice and 3 PCAs with NGOs namely TOSTAN, UNFD and CARITAS.

**Resources Used:**
- GC/2007/0173-01UNICEF 86,702.29USD
- GS/2008/04-00UNICEF 37,557.10USD
- SC/2006/9901-75Basic Education and Gender 5,000USD
- SC/2006/9904-37Child Protection from violence, exploitation and abuse 771.43USD
- SC/2006/9905-00Policy Advocacy and Partnership 92,306.71USD
- SC/2008/098-00UNFPA - USA 275,656.96USD
- SC/2009/023French Committee for UNICEF 212,824.57USD
**Result Achieved:**

**Promotion of children’s rights**

Partners from all concerned sectors such as the police, gendarme, justice and court have been trained for setting up an information system for juvenile justice. Following UNICEF advocacy a judge for children has been nominated and is operational. Nine out of the 54 concluding observations formulated by the committee on children rights were implemented. A national action plan of the child has been developed using a participatory approach. In addition, a law was proposed in parliament for ratification of the two optional protocols of CRC and the African charter on rights and wellbeing of the child. A new partnership was developed between UNICEF/UNHCR and the University of Djibouti for promoting children rights in academic environment and encouraging research.

**Abandonment of Female Genital Mutilation**

A network of 33 religious leaders has been trained and will regularly participate in the community dialogue. As many as 70% of Community management committees organised social mobilisation activities such as awareness on FGM, environment, birth registration, early marriage and inter community dialogue. These intercommunity dialogues constitute a forum for communities to express their opinion on issues affecting them and their children such as early marriage, female genital mutilation, violence against children, conflict between youth etc. Also following these open discussions, action plans have been developed to tackle issues of concern and facilitate diffusion of knowledge learned. Communication with and capacity building of these community management committees, has led to greater awareness in communities about their children rights and their obligation to fulfil them. They act upon the new knowledge and initiate interventions such as mapping of all children without birth certificate and orphans, building a network with surrounding communities, identifications of potentials partners and submission of project proposals. For example, in one of the peri-urban areas, the community management committee identified vocational training for young girls vulnerable to prostitution as a project to undertake.

**Care and protection of orphan and vulnerable children**

A new partnership has been developed with NGOs such as Diwan Al Zakat intervening in providing assistance to the most vulnerable. Links with other organisations such as Secours Islamique have been pursued and UNICEF will start financing a micro project for caretakers of OVCs assisting them to manufacture soap as an income generating activity. Nationwide, 13,000 OVCs benefit from social services, which include school kits, children’s access to tutoring and vocational training, and access to microcredit for care takers. Orphan and vulnerable are considered most disadvantaged children.

About 265 street children visit a drop in centre of Caritas and are provided with leisure’s activities, learning and awareness of HIV Aids.

**B. Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints**

- lack of social workers to support identification and follow-up of OVCs
- insufficient coordination between partners at all levels - central and decentralised

**Summary of monitoring, studies and evaluations in 2010; how these results were used and summary of knowledge gained in this programme component**

Following the sectoral review where regional advisors participated actively, some adjustments have been proposed such as aligning the component of the protection
programme to the regional strategy on protection. Accordingly, three new areas of the protection programme will be evidence-based programming, advocating for social change and strengthening building of protection system.
Starting from 2011, the country office (CO) will be engaged in bi-annual work plan. The focus will be implementation of the national action plan, collecting data on violence against children and mapping of the different type of vulnerabilities in order to identify the most disadvantaged children. Mapping of the protection system in place will facilitate identification of gaps and suggest areas of strengthening.

Title:

Preventing HIV/AIDS among young people

Purpose:

According to the CPAP, the Objectives of the programme are to: (i) promote the national youth policy and provide support to the reinforcement of national youth organizations (ii) improve adolescents’ and young people’s access to services adapted to their needs (iii) support life skills development among adolescent and young people. These objectives are in line with UNDAF, the national priorities and goals of the poverty reduction strategy (INDS) and MDG 6. They fit in the National Inter-sectoral strategic HIV/AIDS Plan and are also in line with the targets defined in the declaration of UNGASS 2001 and 2006 special sessions for universal access to HIV/AIDS fighting as recommended by UNAIDS. This programme has three AWPs: (i) "HIV/AIDS prevention among youth" implemented by the Ministry of Youth; (ii) "HIV-AIDS prevention among youth with a special accent on vulnerable girls and HIV-Aids prevention along the corridor Djibouti-Ethiopia" with Family Health International and (iii) Life-skills implemented by the national Executive Secretariat to combat HIV-AIDS with the help of two national organizations.

Resources Used:

- GC/2007/0173-01UNICEF 80,000 USD
- SC/2006/9903-0HIV-AIDS and Children 2,04.64 USD
- SC/2008/025United Arab Emirates 37,808.47USD
- SC/2009/023French Committee for UNICEF 304,645.10 USD
- SC/2010/9903-0HIV-AIDS and Children 160,000 USD
- SI/2007/0164UNAIDS 15,066.08 USD

Results Achieved:

(i) The mechanism for the coordination of the national youth policy was created;
(ii) The mechanism of Monitoring and Evaluation was reinforced;
(iii) At least 12 youth organizations were assisted to build their capacities for identifying and implementing socio-cultural projects appropriate to the local context and to promote enhanced commitment in favour of young people;
(iv) The management of 22 Communities of development centers was supported;
(v) Youth-friendly services of quality were offered in the youth centers;
(vi) The activities of the youth centers were known better by the community;
(vii) The centers of community development were assisted to offer knowledge about life skills to the girls and boys;
(viii) About 1100,000 adolescent boys and girls sensitized during summer sports tournaments held countrywide;
(ix) Capacity building for some government counterparts and for 300 girls and boys was supported and aimed at reinforcing life skills;
(x) A qualitative survey on vulnerability of adolescents and young girls was undertaken with the participation of local organizations;
(xi) 1200 boys and girls were oriented to participate in fighting FGM and their knowledge reinforced about FGM, the abuse of Khat and gender and other discrimination practices;
(xii) About 700 young girls developed their skills for negotiating safer preservatives;
(xiii) Communication materials and strategies were developed for promoting life skills with the participation of boys and girls;
(xiv) The monitoring and evaluation mechanism was reinforced.

**Future Work plan:**

Policies, guidelines and protocols regarding PMTCT need to be reviewed and updated. A mapping of the training of staff should follow to ensure proper adjustment and up-to-date targeting of health care providers involved in the PMTCT. In addition, paediatric care will need to be addressed.

To reinforce prevention, there is a need to influence key national leaders (governmental, parliament, traditional, religious) to support prevention strategies and to deal with stigmatisation and discrimination against Persons Living with HIV/AIDS. A C4D strategy is needed.

Collaborate with the World Bank and American University to come up with a clear picture of the needs of HIV/AIDS OVCs and to set up long-term assistance to facilitate therapeutic education as well as positive prevention.

**Title:**

*Cross-sectoral costs*

**Purpose:**

Cross-sectoral results are being achieved by ensuring effective support by individual sectors to the country programme’s implementation, mainstreaming the monitoring and evaluation function, and effective communication within CO and with counterparts about UNICEF programming.

**Result Achieved:**

**Social Policy:** DCO was among the first countries to complete the Child Poverty Study. Efforts are underway to promote acceptance of its recommendations by counterparts in government and elsewhere.

**Communication:** DCO may consider reviewing the tools and findings of the regional UN image survey conducted by regional UN offices (including UNICEF/MENARO) and the partners’ satisfaction surveys completed by JCO and TCO and envisage a modest cost-free exercise to gauge Government and partners’ perception of UNICEF in Djibouti. This may be a valuable input into the MTR discussions.

**Monitoring and Evaluation:** For some time now, DCO has been without a dedicated M&E staff. As a result, the M&E function was mainstreamed into each programme section. A
The national M&E network and the new Institute of Public Health are two important levers that UNICEF Djibouti could support enabling them to serve as the future national resources for M&E capacity building (human resources capacity as well as M&E systems strengthening). This may not involve huge investments from UNICEF if DCO can play the role of a convener to leverage commitment and resources from other UN agencies and bilateral organizations (DFID, USAID, French Cooperation, JICA, etc).

**Future Work plan:**

**Social Policy:** Clarification of UNICEF’s role and strategy on Social Policy.

**Communication:** Review the tools and findings of the regional UN image survey conducted by regional UN offices (including UNICEF/MENARO) and the partners’ satisfaction surveys completed by JCO and TCO and envisage a modest cost-free exercise to gauge Government’s and partners’ perception of UNICEF in Djibouti. This may be a valuable input into the MTR discussions.

**Monitoring and Evaluation:** Restructuring of M&E function in the office; Reinforcement of sectoral ministries’ M&E functions; support to DevInfo (DISED)

4. OPERATIONS & MANAGEMENT

4.1 Governance & Systems

4.1.1 Governance Structure:

At the beginning of 2010, DCO organized a 3-days staff retreat from 25 to 27 Feb 2010 enabling staff members to (i) assess the 2009 overall management performance including programme achievement and staff development and wellbeing, and (ii) participate in the elaboration of the office objectives and priorities for 2010 in terms of programmes activities, CCCs, and ways to enhance achievement of results for children and women in Djibouti. During the above-mentioned retreat, the office structure, programme and staffing as well as main work processes and tools for effective internal control to mitigate risks were reviewed on an open participatory basis.

Through the weekly programme and or monthly coordination and operations meetings, as well as CMT, JCC and staff association meetings, the office identifies and puts in place adequate strategies to address weaknesses by reviewing the work processes (mainly SSA, Supply, DCT/CAGs, Travel and DAT/ToA). We also organised a 1-day refresher training on Internal Control process, segregation of roles, accountabilities. In addition, the Operations Manager shared with all staff members, the most common mistakes list issued by UNICEF Auditors.
The office completes and submits to MENA RO, the management indicators and quality insurance matrix on a regular quarterly basis. Adequate mechanisms are in place internally to address weaknesses.

The last audit took place in 2006 and the office satisfactorily completed the implementation of the recommendations.

4.1.2 Strategic Risk Management:
At the level of the office, the Annual Management plan, the BCP, EPRP and the overall UN Contingency planning process constitute the main structured approach for the identification of risks and opportunities to address and mitigate these risks and for the protection of UNICEF staff and assets as well as programme implementation. UNICEF Djibouti has fully adopted the Early Warning Early Action platform, which permits us to have access to real time information for crisis management.

At UNCT level, the common UNDSS periodic risk assessments also provided clear analysis and guidance on the likelihood of risks in the country and control mechanism to mitigate risks.

The frequent updating of the EPRP, BCP, UNDSS and other reports is used as a basis to strategically manage risks. The office maintains a standing minimum level of readiness for emergency and crisis in the country based on regular UNDSS updates. BCP is an integral part of office AWP and is routinely updated. The alternate office site, however, has not been identified so far. Sample tests and refresher training are in place to guarantee timely response to measure internal and external operating environment. A full-scale simulation of the BCP was carried out this year in collaboration with the Regional office.

4.1.3 Evaluation:
The integrated monitoring and evaluation plan as described in the CPAP is regularly updated at the office, and presented at various programme meetings. The budget in this plan, including funds for research, was underestimated.

Since September 2010, the office has been undergoing a midterm review of its programme of cooperation 2008-2012. A number of independent external evaluations were conducted by the office to strengthen and guide the discussions at the sector reviews. Monitoring and evaluation are undertaken with the principal objective of strengthening results-based programming and to serve as a means of building the capacity of partners and staff. These activities are conducted in a participatory manner.

The evaluation function is not fully developed in Djibouti. The public and private institutions generally make use of external international expertise. However, some private firms and individuals are beginning to emerge in the field of evaluation and UNICEF will determine how to use them as required.

The Bi-annual work plan for 2011-2012 is based on the recommendations of all assessments and sector reviews and seeks to use the recommended actions to address and overcome the shortcomings identified.

The monitoring and evaluation plan will support the creation of networks of evaluators through a national association of evaluators, and of the Sectoral Monitoring and Evaluation Committees (within the ministries). For building the capacity of national institutions, the
UNCT is studying a proposal from the Directorate of Statistics and Demographic Studies for strengthening national capacities in statistics.

**4.1.4 Information Technology and Communication:**

**ICT SECURITY & STANDARDIZATION**
1. All equipment follows UNICEF standards.
2. The 2010 procurement plan has been designed to help replace obsolete equipment and to plan for the upgradation of ICT service.
3. The Electronic Attendance record system has been put in place and is being tested for validation.

**GLOBAL CONNECTIVITY:**
1. We have yet to identify a new Safe haven area as alternative site in accordance with the BCP and the DRP global strategies.
2. I-direct and 2 BGANs are in standby and ready for any emergency deployment.
3. The local Telecom market is not allowing any other competitors and therefore the Djibouti Telecom is still the only ISP (Internet Service Provider) in the country.
4. The PBX is maintained by the local Telecom provider with whom we have succeeded in activating the call accounting software. This is now being tested for validation.

**Relocation:**
The security system has been designed to ensure the physical security of the ICT system and put in place an efficient information security plan for UNICEF Djibouti for the safety of its equipment and data.

**BCP:**
BCP simulation was done in early August of this year but BCP has not yet been updated and validated.

**UN partnership:**
Technical solution was provided to UNDSS for a centralized CCTV remote monitoring system for the whole UN system in Djibouti.

**4.2 Fin Res & Stewardship**

**4.2.1 Fund-raising & Donor Relations:**
Out of a total of 16 reports due, only 2 were not submitted on time.

The CO has successfully mobilized resources that are 199% over the amount approved in the ceiling. It was able to mobilize U.S. $ 2,787,188 (constituting 70% of the total amount of U.S. $ 4 million requested as revised in June 2010)

All expiring PBAs were absorbed at more than 95%.

A schedule for monitoring PBAs entitled "Programme Budget Status" is presented at programme meetings (twice a month) and CMT (once per month). A flash message recalling the date of expiry of the PBA programme is broadcast on staff computers.

Djibouti Rotary Club provided an amount of U.S. $ 10,000 to the Ministry of Health especially in support of promoting hygiene and hand washing. This donation was the
subject of a Memorandum of Understanding between Djibouti Rotary Club, the Ministry of Health and UNICEF. The funds were paid directly to the Ministry of Health.

**4.2.2 Management of Financial and Other Assets:**

The last Audit took place in 2006 and all recommendations are fully implemented. The weekly/monthly programme meetings are strong internal control mechanisms put in place by the office to monitor and to ensure that planned resources match planned results. The CMT and programme meetings are also mechanisms for providing clear advice and steps to improve programming and operational management. Internal control measures are examined to see if they worked or not.

The revised work processes and the training on internal controls, segregation of roles and accountabilities, including risk management are the main tools for monitoring and ensuring proper improvement in the budget and financial management. Also included are procedures for timely submission of monthly bank reconciliation reports and financial reports.

Despite close follow up of DCT/CAGs, difficulties arise in obtaining supporting documentation to clear some long outstanding DCTs/CAGs (some dating back to November 2008). A request for write offs for such DCTs was made for appropriate action in compliance with UNICEF rules and regulations.

**The obligated RR amount is US$ 2,541,154 and of OR is US$ 1,515,428. Expenditure is US$ 2,335,236 for RR and US$ 1,401,180 for OR.**

The rate of DCTs over 9 months to date is 4.40%. The office obtained clear efficiencies and gains in resource use. Costs savings and reductions were achieved by prioritizing programme/projects with real impact on children and women, encouraging joint programmes and by not supporting unimportant training and field mission trips. For tackling operating costs, the office set up a cost mitigation committee to analysis and make suggestions with a clear action plan to reduce operating expenditures, mainly telecommunication fees and electricity consumption. However, frequent increments in telephone and electricity rates did not allow the office to achieve expected results.

**4.2.3 Supply:**

(a) A well-functioning supply system is in place that enables timely delivery of supplies to CO Programmes including emergency interventions, mainly in the nutrition programme. (b) Although local market share has increased, reliable sourcing is still somewhat limited. Also the office continues to use the privilege the use of offshore procurement via Supply Division as much as possible. (c) In general, timely delivery rate is as satisfactory for offshore and regional as for local procurement. (e) UNICEF does provide supply in-kind but the most important part of the supply assistance over the last years has been fuel coupons issued mainly for WASH programmes, and at the second level, for nutrition activities. (f) UN, through the Operations Management Team (OMT), has conducted an extensive bidding process in the following areas: office supplies, software/computer accessories, office clean products, vehicles tires, travel agency/ticketing, and service provider in coffee break. Following the bidding processes, common UN LTAs were signed in 2008 and extended in 2010. This has resulted in good transparency/governance, money savings, and timely delivery. (g) Government partners have warehousing facilities and/or adequate trained staffs to handle warehousing and supplies dispatching issues. (h) Government and other partners have insufficient logistics means for ensuring delivery to users across the country.
Accordingly, logistics of moving supplies continue to be supported financially by UNICEF. A constraining factor is that District Governors do not permit private transporters outside their zone to do business in their districts. (i) Except monitoring form UNICEF side, the Government partners did have staff central region to monitor the proper use of supplies delivered to regions. (k) As in past years, good relationship and efficient communication exist between the CO and Supply Division. (l) Our new recruited Sr. Supply Assistant participated in a 2-weeks training session held in Copenhagen in September 2010. (m) The main lessons learnt are viz., the need for simplification of rules and procedures, and for improvement of risk management in supply area.

4.3 Human Resource Capacity:

Since 2008, the CO has introduced Results and Competency Based Assessment (RBA) in the Office Training and Learning Programme and ensures that RBA is understood and applied by all staff in their respective assignments, and is reflected in each PER. It is also important to underline that all professional staff (IP and NO) as well as main GS supporting Staffs received adequate training to enhance their knowledge and professional competence to improve the Result based delivery in their daily tasks.

With the effective implementation of E-PAS in 2010, the performance management cycle is used during the determination of main tasks and regular evaluation of staff performance at all levels. There is a culture to share the quarterly performance evaluation report with all staff and the Regional Office.
In the past year, the office has updated its 2010 EPR Plan including strength and weakness of staff and has put in place a strategy to ensure effective humanitarian aid and early recovery in the line of the CCCs and the staff quarterly received training on emergency risk management and response.
Although there is no adequate counseling resource available in Djibouti, the CO has put in place an internal counseling committee constituted by some experienced UNICEF staff (medical doctors and senior staff) and the UN Cares committee to address stress consequences.
UNICEF continues to play a strong and important role in UN Cares committee, and actively participates in UN Cares activities including staff training on HIV/AIDS and celebration of common UN staff day on HIV/AIDS. During 2010, two sessions on HIV/AIDS were held, and a third session was scheduled for mid-Dec 2010. In addition, the Staff Members are recommended and encouraged by the Office Management Team to regularly update their knowledge on HIV issues through the UNICEF intranet and documentation received from UNICEF HQs.

4.4.1 Management Areas Requiring Improvement:
An office committee was set up to review office cost and determine ways of reducing it. Meetings were held with staff to explain ways of reducing the office running costs, and mechanisms put in place to reduce costs. However, due to continual rising prices and inflation, the cost reduction efforts did not achieve expected results.

UNICEF Djibouti leads the Operations Management Team of the UNCT, which tries to obtain economies of scale by having collective agreements and LTAs with some supplier and service providers such as security companies and travel agencies.
In 2011, UNICEF Djibouti will put in place measures to reduce the excessive use of paper and printing in the office. We will also consult staff on how to reduce the cost of electricity and telephone use. These will be discussed during the staff retreat in January or February 2011.

4.4.2 Changes in AMP:
The programme structure remains the same as in the original CPMP. However, more efforts will be made to ensure greater coordination and synergy with programmes that contribute to the achievement of common PCRs in the areas of C4D, Monitoring and Evaluation, Equity and Gender.
No major changes in staff competencies are proposed. Based on lessons learned from 2008 till now and the results of the sectoral reviews and pre-MTR meeting, efforts will continue to further enhance staff competencies and skills to achieve the results outlined in the CPD.
Based on lessons learned so far the following adjustments are required:
- Creation of the following new posts:
  1. Nutrition Specialist - P3. This position is proposed to be established in order to strengthen the coordination and complementarily of UNICEF interventions in the area of Nutrition.
  2. Education and Adolescent Development - P3: The position will ensure that the basic education programme has more focus. This position will also partially provide oversight to the Prevention of HIV/AIDS programme
  3. Child Protection Officer: NOA: The position will be responsible for the implementation of the child protection activities with the partners. In addition, the position will oversee gender related interventions with partners and within the office.
  4. HR/Admin Officer: NOA. This post is needed to strengthen the operations section in the office and to stand in for the Operations Officer in his or her absence.
  5. IT Officer: NOA: This position is justified by the increased level of professionalism required for the IT function in the office.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:
1. KAP survey on hygiene in school
2. Evaluation of the YCSD programme
3. Evaluation of Preschool programme
4. KAP survey on youth and HIV/AIDS and harmful substances
5. KAP survey on Community for Development
6. Evaluation of the Community based IMCI programme
7. Evaluation of hygiene promotion approaches used by the National Hygiene Committee
8. Evaluation of UNICEF logistical support to the MoH with regards to nutritional inputs

5.2 List of Other Publications
1. National Nutritional Information Bulletin
2. Advocacy kit

6. INNOVATION & LESSONS LEARNED:
Title: Elaboration of a National Plan of Action for Children in Djibouti
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Abstract:
The added value of this national action plan is its comprehensive scope and the potential for it to serve as a planning tool for promoting children's rights in their totality. In addition to its importance as an advocacy tool, it can also serve as a tool for leveraging funds for children. It is relevant to share such innovation to enable its replication in any country endeavouring to advance children's rights.

Innovation or Lessons Learned:
The main lesson learned is that even though the process is difficult and time consuming, once the rights holders are involved in the planning process, we can ensure their ownership. Importantly, the document reflects their perspectives and their analysis of their situation and of what is needed for the fulfilment of their rights and for filling gaps in the capacity of duty bearers.

Potential Application:
This national action plan is comprehensive in terms of issues and geographic coverage, and within its framework, we now have the capacity to develop local and regional actions plan.

Issue/Background:
The government of Djibouti submitted their periodic report on implementation of CRC in 2008 to Geneva committee on children rights. Following presentation of this report, the committee formulated several concluding observations and recommendations, among them, the development of a national action plan of the child. Consequently, a comprehensive national plan of action for children has been adopted that addresses fully all of the rights of the child enshrined in the Convention, and takes into account the outcome document “A World Fit for Children” adopted by the United Nations General Assembly at its special session on children held in May 2002 and its mid-term review of 2007.

Strategy and Implementation:
Two committees have been established, at the decision making level and at the technical level.
1. A situation analysis based on desk review of latest evidence and policies was undertaken. Consultative process started with all sectors on situation of children’s rights using the concluding observation of the CRC committee and identifying gaps. Focus groups were organised with children and communities representing different categories (different quintiles, children going to school, street children, religious and traditional leaders, local government etcetera).
2. Policy analysis
   Analysis of existing policies on children's rights was undertaken. The aim was to identify the gaps using the concluding observation of the CRC committee as a guiding tool and basis for planning.
3. Development of the national action plan
   The ministry of Social Affairs coordinated the organisation of national dialogue in order to present the plan and have feedback at all levels.
   National level: The national action plan was presented at different meetings involving all sectors and the UN and donors.
   Local level: The national action plan was disseminated in all six regions and presented in local languages to communities and children. Feedback was integrated and the validation of the national plan was organised under the leadership of the Prime Minister
**Progress and Results:**

The implementation of the national action plan will start in 2011 and for the first time in Djibouti, we have a comprehensive document where all children’s rights are addressed with special focus on filling gaps and on the most vulnerable children. Djibouti is in the process of reviewing its national initiative for development, which is the poverty alleviation document. This document does not clearly lay down the vision of Djibouti in terms of fulfilling children’s rights and especially for the most disadvantaged. The national action plan of the child presents an opportunity to feed into this process and strengthen children’s issues and provisions in the national policy.

**Next Steps:**

The national action plan will be implemented and a national coordination mechanism will be put in place starting from 2011.

**7. SOUTH-SOUTH COOPERATION:**

(i) UNICEF Djibouti advocated for the training in social work of staff from the Ministry of Women Affairs in Tunisia. Consequently, 10 staff of the ministry are currently undergoing training in Tunisia as social workers. We also discussed the possibility of seconding staff from Tunisia to the Ministry of Health as UNVs to support capacity development for mother and neonatal health.

(ii) UNICEF Djibouti participated in the assessment and development of a coherent UNICEF Horn of Africa strategy for programming in Arid and Semi Arid Lands by sharing and taking part in the analysis of strategic documentation of recent CO level experience in this area. UNICEF Djibouti will also pursue discussions already started with ESARO on cross border programming in child protection and continue discussions with Tunisia Country Office on training of Social workers from Djibouti.

(iii) Given the similarities of issues facing the region’s children, UNICEF Djibouti recognizes the importance of working together more closely with other country offices in the Horn of Africa region to promote the rights of all children in the region. We are anxious to explore ways to share experiences and good practices in order to advance child rights in Djibouti. Countries in the region could also work together in achieving the MDGs with Equity by engaging in and collaborating on strategies to improve the collection and use of data and building evidence for enhanced understanding of disparities, their underlying causes and ways of addressing them. Djibouti, Ethiopia and Somalia, for instance, could meaningfully share their experience in assessing needs and developing effective actions to address disparities children experience in accessing their rights and services. Research, evaluation and other knowledge building instruments could be jointly promoted and their findings shared for replication.

(iv) In support of the above, we would like to explore the possibility of establishing a regional repository of knowledge, expertise and data on equity issues. We would also like to propose the development of a regional strategy for South-South cooperation programmes for advancing child rights in the Horn of Africa Region.

(v) In the area of Disaster Risk Reduction, UNICEF Djibouti could discuss with IGAD on how to pursue concerted strategies, at national and regional levels, to encourage closer
coordination among the range of governance, development and risk management institutions. The aim would be promoting more regular, systematic and results-oriented exchanges of knowledge, skills, resources, technology and information on disaster risk reduction with special emphasis on child-centred interventions.