

Executive Summary

The CO focused on increasing coverage of services for the most vulnerable children and women, through addressing supply related bottlenecks to accessing basic social services.

Key achievements

Among 2011's leading achievements were:

- Community IMCI/Nutrition, access to safe drinking water and improved sanitation were scaled up in the rural and peri-urban areas reaching around 75 per cent of severely malnourished children with community screening, case management and referral; over 5,000 children under the age of five with a package of integrated vaccination, deworming and Vitamin A; 109,620 people with safe drinking water; and 1,620 people with improved sanitation.
- Community-based Early Childhood approaches were developed, piloted, evaluated and adopted to improve national policy and standards. Some 52 pre-school education centres were provided with equipment, learning materials and teacher training.
- DevInfo was adopted as a national tool (Djibouti Info) to monitor progress toward achievement of the objectives set in the INDS (the poverty reduction strategy) and MDGs. A team of 15 DevInfo Administrators from the National Statistics Bureau, 22 users from Sectoral Ministerial Departments and UN agencies were trained and the DevInfo database was installed on all trained users' PCs. The National Statistics Bureau's capacity to manage and update DevInfo database has been strengthened.
- As many as 132 communities from all five regions and Djibouti city said "halt!" to Female Genital Mutilations /Cuts (FGM/C) through a public declaration. In January 2012, the Cabinet adopted the law operationalizing the National Plan of Action for Children (PASNED) in Djibouti and created a National Council for Children whose main role is to supervise implementation of the PASNED.
- Significant progress was made toward resuming the MICS4 process deferred since 2010, and an agreement was reached with the National Statistics Bureau to prioritize launching of DevInfo and the Situation Analysis to inform the new UNDAF/CPD process.

Significant Shortfalls

Some unavoidable factors including the spill-over of the "Arab Spring", presidential elections along with installation of a new government, and the Horn of Africa Level 3 Emergency hampered regular programme implementation in some areas as seen below:

- Despite having completed the Human Rights-Based Situation Analysis and bottleneck analysis, launching of the MDG4 & 5 acceleration package with equity focus has been delayed to February 2012.
- Though Djibouti was selected and attended the Istanbul orientation workshop in accelerating progress toward universal education through reaching out-of-school children, a national strategy and plan of action on reaching out-of-schools children has not yet been developed.
- Implementation of PASNED, which was developed at the end of 2010 with UNICEF support, has yet to begin.

Most important partnerships

2011 provided opportunity to strengthen partnerships with the WFP and UNHCR in responding to the Horn of Africa Humanitarian crisis in the areas of Nutrition, Education and WASH. In regular programming, partnerships with the UNFPA (in Health and FGM) and with WHO and UNAIDS (Health and HIV/AIDS) were also strengthened. Collaboration with the USAID, JICA and the French Development Agency in the areas of health and nutrition, education and WASH sectors was expanded and consolidated. New partnerships were also established with Lutheran World Federation and Local NGOs.

Country Situation

1. Major changes in the country situation in 2011

Djibouti conducted Presidential elections in April 2011 and the new government took Office in June 2011. Six months of the year passed without much progress in programme implementation as key government partners had been involved in the electoral process. In August 2011, following severe droughts in the Horn of Africa and the famine in Somalia, the influx of refugees to Djibouti more than doubled (from 200 new arrivals in June to 500 as of end of July). By the end of December 2011, the total number of refugees had reached around 22,000. Internal displaced populations from the most affected areas in search for food and water settled in peripheral Djibouti city and other district capitals in precarious conditions, with over-stretched basic social services. The UN/Government of Djibouti (GoD) joint assessment carried out in February 2011 identified 120,000 people affected by the drought in Djibouti (almost half the rural population); out of which 60,000 people in rural areas and 17,000 refugees in the Ali Addeh Camp were in urgent need for food and water assistance (Djibouti Emergency Appeal, 2011).

Strategically located at the intersection of the Horn of Africa and the southern end of the Red Sea, Djibouti has a hot and dry climate, which does not favour intensive agricultural production. Djibouti is mostly volcanic desert and the land is among the least productive in Africa. Agriculture is limited and meets only 3% of the country's food requirements. Temperatures range between 30 degrees Celsius (during the fresh season) and 45 degrees Celsius (during the hot season), with an average rainfall of only 200 mm per year for most of the country (FEWSNET). Although rainfall fluctuations and drought are intrinsic features of Djibouti's semi-arid climate, the current drought far exceeds normal variation. Insufficient rainfall since 2005 – with less than 50% of the normal average recorded since September 2007 – has had a direct and life-threatening impact upon the most vulnerable people of Djibouti, particularly pastoralists and rural dwellers. The impact of the 2010-2011 droughts has been particularly severe. This situation coupled with the rise of staple food prices has drastically deteriorated the coping mechanisms of the most vulnerable leading to significant humanitarian needs in both urban and rural areas. Households that could not afford to migrate lost 70% to 100% of their livestock. The number of cultivated plots dropped sharply in the last four years of drought. Increased rural-urban migration has concentrated 70.6% of the population in urban areas, including 58.1% in the capital city. Most of the households affected by malnutrition and water-borne disease are from these areas. Food insecurity has been a serious issue contributing to increased prevalence of diseases among children under-five, pregnant and lactating women, reversing the positive trends on decreasing moderate and severe acute malnutrition rates, reported in the 2010 Smart Survey. In addition to the rising numbers of severe and moderate malnutrition caseload among children under five years old, recurrent outbreaks of measles and Acute Watery Diarrhoea has been reported in the Northeast region of Obock and peripheral areas of Djibouti-city.

As per FEWSNET, poor households in both urban and rural areas in Djibouti are expected to remain at crisis levels through 2012, with an estimated 210,000 people in need of urgent humanitarian assistance. The recent government ban on charcoal production and firewood collection has reduced household livelihood strategies, as 15 per cent of the rural population depends on charcoal as a main source of income. Food prices for key staples remain high at 12-40 per cent above last year's prices, making food inaccessible to the majority of affected households. Of the 210,000 people affected countrywide, 130,000 will depend on the World Food Programme's food distribution, including some 70,000 beneficiaries in drought-affected rural areas, 18,500 beneficiaries in the capital city, and around 25,000 children under the age of five years who are bound to suffer from severe acute malnutrition.

Djibouti is one of the high HIV prevalence countries in the region (2.7%) and, according to the last study of girls' vulnerability to HIV/AIDS, conducted in 2011 with UNICEF support, only 12.6% of young girls have heard about Sexually Transmitted Infections (STIs). On the other hand, though around 90% of pregnant women agree with HIV voluntary testing in their first pre-natal consultation, less than 70% collect the results and less than 30% of HIV+ pregnant women receive ARV treatment, in part due to high level of stigmatization but also to limited resources.

Although immunization coverage for all antigens has increased significantly (BGC 93.2%; DPT3 83.1%; and Measles 72.9%), child mortality remains unacceptably high due to complications of pregnancy, complication

at birth aggravated by poor emergency obstetric care. In addition, access to quality basic social services (health, water and sanitation) is still limited to the rural and nomadic populations.

According to the national education system's statistics, access to education is at 75% and gender parity at 0.88. However, the country will need to increase its efforts in order to cover the 25% of children out-of-school. The most advantaged children are rural, nomadic and migrants. Djibouti is part of the global initiative to reach the unreached and has committed to launch the initiative in 2012.

Developed in 2010, with the participation of all stakeholders and UNICEF support, PASNED will finally be operationalized in 2012 and will offer an opportunity to place children's issues high in the national political agenda, with the National Council for Children placed directly under the Office of the Prime Minister, and its implementation integrating all concerned ministerial sectors.

Who are the deprived children in your country context?

The most deprived children in Djibouti include orphan and vulnerable children, children from rural and nomadic populations, children from refugee, internally displaced and migrant families; and children with special needs. They are often deprived of the most basic social services and fundamental rights such as the right to birth registration and birth certificate, education, health care and adequate nutrition, and information. Migrant and displaced children tend to live in the streets and most of the time are subject to some sort of child labour or other forms of child abuse and exploitation. Children with special needs tend to be excluded from the education system as the majority of schools are not equipped to accommodate disabled children and/or teachers are not trained to deal with their special learning needs.

Another source of inequity is the region and zone of residence. Children living in rural areas are more likely to drop out of school before completing primary education than their urban counterparts due to higher levels of poverty of the families. Childhood illnesses and child mortality rates are higher in the Northeast regions and in rural areas. Finally, the level of poverty of the family places bigger challenges to sending children to school, and providing for their food and shelter. Children from poor households also are more vulnerable to child labour than from better off families.

According to the recently (2011) completed Situation Analysis the main causes of these inequities include inequitable accessibility to health, education, water and sanitation services; limited resources and poor redistribution of the national revenue; low levels of literacy in families and high levels of unemployment (61.4%).

Data/Evidence

A Human Rights Based Situation Analysis has been carried out to inform the new Country Programme preparation and identified the most deprived populations in Djibouti as well as the causes and determinants of their deprivation. These include children and women living in the peri-urban areas of the cities and in rural areas, orphan and vulnerable children due to HIV/AIDS, migrant children and women. Some of the inequities are lack of access to most basic services such as adequate nutrition, education, health, water and sanitation. Most of these populations are not included in the national statistics of their place of residence, as they are mainly internally displaced or deemed 'illegal' migrants, and therefore not considered eligible or counted for the supply of services.

Since 2008, Djibouti Country Office (DCO) is supporting a pilot project on Conditional Cash Transfer for Orphan and Vulnerable Children (OVC). The initiative benefits some 700 OVCs with a package that includes access to health, education, legal advice and cash to improve the family's food basket. The underlying purpose is to test and document the experience to inform evidence-based advocacy towards its adoption and scale-up by government and other partners. After three years of experimentation, the

Ministry of National Solidarity has formally requested UNICEF technical assistance to develop and implement a national strategy on social protection flow, which will include conditional cash transfer for OVC.

In 2010, UNICEF supported development of an integrated National Plan of Action for Children, addressing children's deprivations and vulnerability by sector and calling for a unified approach to children's issues. In addition, DCO works with local groups and NGOs such as Caritas to identify some of the most deprived groups in order to provide direct assistance, while advocating with the Ministry of Women and Social Welfare for the establishment of a unified database on OVC, which can be updated regularly. With the introduction of DevInfo, more data on the most deprived populations will become easily available.

At the onset of the current Horn of Africa crisis, UNICEF and partners carried out an assessment of the situation and how it affected children and women. As the results of this assessment indicated lack of water, precarious sanitation conditions and increasing trend of moderate and severe malnutrition among rural and nomadic children and their families, UNICEF along with its partners was able to structure its response towards screening, referral and case management of illnesses and provision of safe drinking water and improved sanitation facilities to the most vulnerable.

Monitoring Mechanism

The DCO supported in-country DevInfo training and equipment of the National Statistics Bureau (DISED), the State Secretariat for National Solidarity in charge of monitoring the National Poverty Reduction Strategy (INDS) and other key line Ministries (Health, Education, Women and Social Welfare, Water and Energy, Agriculture, Justice and Youth). Djibouti DEVINFO was adopted as the tool to monitor progress toward the INDS and MDG goals and will be used to improve the gathering and analysis of disaggregated data for easy identification of inequities among the population. An inter-sectoral Djibouti DevInfo committee was established to ensure the data gathered covers all relevant sectors.

The analysis of the situation of women and children (SITAN) also allowed UNICEF to analyse the causes and determinants of children's deprivation and informed the UN Common Country Assessment (CCA) as well as the development of the new UNDAF and CPD. UNICEF tried to use this exercise to identify populations suffering the most deprivations and the determinants of disparities.

The Country Programme mid-term review conducted in 2010 and the different situational analyses showed an increase in the coverage of Health, WASH and Nutrition services but the disparities between rural and urban populations and between the poor and the rich are persisting. Annual reviews of the country programme of cooperation also provide regular indication of progress being made and key challenges facing programme implementation. UNICEF strategies aim at assisting the Government of Djibouti in its efforts to achieve MDGs as per the National Framework for Poverty Reduction and the National Initiative for Social Development.

A number of studies and evaluations were conducted to track progress in specific programme areas namely, girls' vulnerability to HIV/AIDS, early child development (ECD), combating Female Genital Mutilations (FGM), and improving Water and Sanitation in Schools. UNICEF is partnering with the National Statistics Bureau to develop a multi-dimensional poverty study and the Multiple Indicators Cluster Survey (MICS) in 2012 and the results will update the Djibouti DevInfo database.

Support to National Planning

UNICEF support to partners is through training, equipping and technical assistance for specific monitoring and evaluation activities such as development and validation of survey questionnaires and tools, survey sampling methods and tools, and data processing and analysis. The support to the national statistical office

- DISED through training and the establishment of the DevInfo in Djibouti, the training of national counterparts on child mortality estimation methods, the ongoing support to the preparation of the multi-dimensional poverty study and other initiatives, are part of this assistance.

UNICEF has also discussed the need for a unified database on OVC and it is hoped that this could be done in 2012. The ongoing exercise on the elaboration of a comprehensive social protection framework would be used to reinforce the capacity of the government to gather disaggregated data on the most deprived populations.

Through sectoral ministries, UNICEF supports initiatives to build counterparts' capacity to monitor and evaluate programme implementation and establish a culture of results-based programming. In partnership with the other UN agencies and, as part of the CC/UNDAF process, UNICEF contributed to the training of government and NGO partners in results-based programming, monitoring and evaluation. Our dedicated Monitoring and Evaluation team works closely with counterparts to establish an M&E network and facilitate information sharing.

Any other relevant information related to data/evidence?

The last Multiple Indicators Survey for Djibouti was conducted in 2006, the last Household Survey in 2007, and the UNICEF supported Child Poverty Study was carried out in 2008. The country has not conducted any major surveys since 2007 and the data available is outdated. With the government's expected willingness to conduct a multi-dimensional poverty study and a MICS in 2012, UNICEF is eager to technically support both initiatives in order to improve the situation analysis of children. To this end, the CO is conducting high-level advocacy while working to strengthen the capacity of the Statistics Office.

Country Programme Analytical Overview

Given the vulnerability of the country to drought and the increase in food prices, both of which have deep impact on living conditions in Djibouti, DCO will put an emphasis on disaster risk reduction to help build the resilience of families.

With regards to Young Child Survival, DCO will put more efforts in the immunization programme to push for higher coverage percentages. The Minimum package for the acceleration of child survival and development will be used as a means of achieving the objectives of the Child Survival and Development programme.

The national nutrition programme, especially the components related to implementation of the Breast Milk Substitutes (BMS) code, supplementation with micronutrients and nutrition surveillance system have faced problems resulting in slower progress on account of inadequate existing skills among counterparts. DCO will work to resolve this by capacity building of the Ministry of Health staff to address the programme's requirements.

DCO will work to strengthen the evidence base in WASH by increasing data collection on coverage through strengthening the M&E function of the WASH programme. DCO regards hygiene as a crosscutting component and will continue to gather key governmental staff from MoH (Service Epidémiologique and Health Education department), Ministry of Water and Environment (Sanitation focal point), to work towards the formulation of a National Plan for Hygiene Education encompassing all different small scale Hygiene Promotion initiatives.

To reinforce prevention of HIV/AIDS, the DCO will work to influence key national leaders (governmental, parliament, traditional, religious.) to support prevention strategies and also to deal with stigmatisation and discrimination against People Living with HIV/AIDS. A strong C4D strategy will be developed to facilitate

this.

In the area of Child Protection, DCO will work with the State Secretariat for National Solidarity, other ministries and UN Agencies to elaborate a Social Protection Framework for Djibouti in order to provide effective care for OVC. UNICEF will try to work with the Government to convince them of the importance and benefits of collecting and regularly analysing technically sound data on vulnerable children, especially through the MICS, so as to develop policies and strategies that meet identified needs. DCO will seek to obtain accurate data on all categories of vulnerable children in Djibouti, and will support the mapping of protection systems currently in place along with the capacity of partners, particularly governmental. As a first step, the mapping and analysis of child-related legislations planned to take place in the coming months will certainly contribute to a better understanding of the legal/normative framework within which future interventions will operate.

In the Education sector, DCO will move from providing more episodic and punctual support to a number of other initiatives to focusing more on targeted key priorities and supporting those lines of actions that have a real potential for expansion, for influencing policies, and for tangible and sustainable impact. MDGs 2 and 3, EFA goals and MTSP FA2 outline the framework for Educational planning.

Effective Advocacy

Fully met benchmarks

Throughout 2011, UNICEF has undertaken several advocacy activities with the view of influencing government policy through effective communication with elected officials, the media and other influential leaders. The DCO Representative met with several government officials, especially, ministers to discuss the impact of cuts to funding for maternal and child health and the urgency to continue government investment in this sector in order to meet the MDGs.

DCO undertook strenuous advocacy to mobilize funds for responding to the drought situation that affected Djibouti both independently and as part of the collective response to the Horn of Africa Crises. In addition to traditional advocacy, DCO utilised online advocacy by posting information about the crisis online. Several interviews were given on the crisis situation and were aired on radio and online (UN Radio).

Missions from the Norway National Committee and UN Radio covered the crisis and enhanced UNICEF's visibility in Djibouti. The purpose of these actions was to give a voice to the most vulnerable, marginalized children and women in the peri-urban areas and in the drought affected regions.

With the help of the Middle East and North Africa Regional Office, a media package composed of fact sheets, questions and answers and key messages, human-interest stories on malnutrition case management, potable drinking water etcetera were shared both internally and externally. An interview of UNICEF Djibouti Representative on the humanitarian response is also available on UNICEF global site, YouTube, Facebook and Twitter.

UNICEF Djibouti finalized the donor tool kit, which is posted on the intranet and accessible for all the national committees.

Through effective advocacy and C4D, 132 communities from all five regions and Djibouti city said "Halt!" to Female Genital Mutilations /Cuts (FGM/C) through a public declaration, indicating their collective determination to abandon all forms of female circumcision, in the presence of high level government officials, parliamentarians, representatives of the United Nations agencies, the Diplomatic Corp, delegations from Somaliland and Punt land, representatives of International and National NGOs and the Djibouti and

Somali press.

Effective advocacy with the government on the need for a comprehensive approach to social protection in Djibouti culminated in a request to UNICEF for support in developing a Social Protection Floor Initiative in Djibouti. After lengthy discussions and advocating with the government, the Cabinet adopted the law operationalizing the National Plan of Action for Children in Djibouti and created a National Council for Children whose main role is to supervise implementation of the PASNED.

Changes in Public Policy

Effective advocacy with the government on the need for a comprehensive approach to social protection in Djibouti culminated in a request to UNICEF for support in developing a Social Protection Floor Initiative in Djibouti. Another important development at the policy level was the Cabinet's approval and adoption of the law operationalizing the National Plan of Action for Children in Djibouti that created a National Council for Children whose main role is to supervise implementation of the PASNED.

On data gathering and situation analysis, DCO faced some delay in conducting the MICS4 mainly on account of the presidential elections carried out in 2011, followed by the assignment of a new government. Continued high-level advocacy by UNICEF culminated with the government agreeing to conduct MICS and a Child and Maternal Mortality Study in 2012; carrying out of a Rights Based Situation Analysis; and the adoption of Djibouti DevInfo as tool to track progress toward the INDS and MDGs.

Leveraging Resources

UNICEF is an active partner of the Health Sector and Education Sector Partnership Groups. In both fora, UNICEF has contributed to leveraging government and donor funding to address children's issues. For example, in the Health sector, UNICEF has supported MoH in preparing proposals for the Global Fund on HIV/AIDS, Tuberculosis and Malaria. During the recent funding crisis for the three illnesses, when the Global Fund limited its funding to essential services, UNICEF in partnership with the UNAIDS, played an active role in helping MoH mobilize funds from the Islamic Development Bank for PMTCT. UNICEF also played a key role helping MoH mobilize GAVI funding.

A resource mobilization package covering all DCO programmes was developed and shared with the Natcoms and bilateral donors. In addition, a toolkit was developed and posted on the internet for the attention of the Natcoms and other donors. A proposal developed to deal with inequities in the area of health was also elaborated and submitted to JICA for funding. In general, it has been very difficult to mobilise resources for long-term development activities.

Capacity Development

Mostly met benchmarks

UNICEF continues to work with government sectoral ministries including the State Secretariat for National Solidarity, Ministry of Women's and Social Affairs, Ministry of Education, Ministry of Justice and Ministry of Religious Affairs to build the capacity of their staff for effective planning and implementation of activities to promote child rights.

In 2011, UNICEF supported the Ministry of Justice in the training of staff for effective programming in the

area of Justice for children. A team of staff from the Ministry of Justice including the newly appointed Juvenile judge went on a study trip to Sudan to learn effective ways of programme planning and implementation. They also reviewed legislation in place in that country relating to justice for children.

In the area of health and nutrition, there has been ongoing capacity building of the community based health staff for effective community based management of nutrition. Through site visits by UNICEF staff, on the spot knowledge sharing on good practices was done for the community based health workers and Ministry of Health staff. The information management system was reinforced through training and provision of equipment such as rural satellite telephones and fax machines.

Through an international consultancy, UNICEF trained staff from the national statistical bureau (DISED) and other sectoral ministries on Dev Info and supplied equipment and software for the implementation of DevInfo in Djibouti. This will greatly enhance 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.

Communication For Development

Partially met benchmarks

The DCO organized a three-day workshop during April-May 2011 to develop a Strategy for the Acceleration of Young Child and Survival and Development Programme. At a result, a causal analysis on the violation of children's and women's rights, their manifestation, immediate, underlying and basic causes as well as the linkages between these causes was done.

The mid-term review held in 2011 and the different situational analysis showed an increase of the coverage of health, WASH and Nutrition services but the disparities between rural and urban populations, between the poor and the rich are persisting. The above-named Strategy aims to assist the Government of Djibouti to achieve MDGs as per the National Framework for Poverty Reduction and the National Initiative for Social Development.

Through the workshop and in partnership with the Ministry of Health, a minimum package of Health, WASH and Nutrition services using low cost-high impact strategies to reduce maternal and child mortality (exclusive breastfeeding, immunization, supplementation in micronutrients, health care for pregnant women, malnutrition community management, hygiene and sanitation) was formulated in two pilot regions: Obock in the North and Ali-Sabieh in the South.

Discussions were carried out with the community, engaging the regional authorities, the medical team, the traditional and religious leaders, and community actors. A questionnaire to assess the community profile, which will provide information and evidence on access to services by "hard to reach children", has been finalized. Other main phases of this initiative include an evaluation at mid-term and a possible extension to other regions. UNICEF will support the monitoring and evaluation process in partnership with national and regional authorities. The regional health centre will produce monthly reports for submission to the national level.

The initiative will empower the communities to reach their full potential and become agents of change in their own locality and sustain behaviour change.

C4D programmes such as Promotion of Early Breast Feeding by Grandmothers and promotion and protection of human rights have been successfully carried out in 2011. With support from UNICEF, the Ministry of Health organised a four-day training of trainers course on Participatory Hygiene and Sanitation

Transformation (PHAST) for 13 community health workers and 6 volunteers from the Red Crescent Society, Paix et Lait and the Djibouti Social Development Agency (ADDS). With the PHAST approach, UNICEF aims at helping people to feel more confident about themselves and their ability to take action and make improvements in their communities. Feelings of empowerment and personal growth are as important as the physical changes, such as cleaning up the environment or building latrines. Modules on hand washing with soap, water treatment, exclusive breastfeeding, nutrition and immunization were included in the agenda. This training of trainers course primarily targeted different communities in the peri-urban zones of Djibouti City (Balbala), who will benefit from the construction of latrines supported by UNICEF. Capacity building for UNICEF staff members was organized. A C4D webinar was organized for DCO by New-York C4D team to enhance the country office capacity building.

Service Delivery

Partially met benchmarks

The Government of Djibouti has made attempts at decentralization including the decentralization of service delivery to achieve the MDGs but this process has encountered several challenges. Firstly, planning for and achieving local service delivery in a large, sparsely populated country with varying technical and professional capacity at different administrative levels is difficult. Secondly, the linkages between local service delivery and poverty alleviation are not yet strongly established in Djibouti with the result that large segments of the poor are left without essential services such as water and basic health. Thirdly, the government needs to invest more in developing institutions of local governments that are effective, and fourthly, budget allocations to decentralized institutions are not yet substantial enough to encourage effective decentralized service delivery. To help achieve increased equity, responsiveness and quality of service as the declared objectives of decentralization, UNICEF will continue to work with the government to reduce the above bottlenecks.

DCO has tried to enhance service delivery by directly supporting government departments through the provision of procurement services for essential commodities such as nutritional supplements, educational materials, vaccines, water and sanitation equipment etcetera. UNICEF also supports the delivery of services to the least covered geographic areas by providing transportation services.

Strategic Partnerships

Mostly met benchmarks

In pursuance of development and humanitarian activities in Djibouti, UNICEF has developed strong partnerships with several government departments, National and International NGOs including the Ministry of Women Affairs, The State Secretariat for National Solidarity, Lutheran World Federation etcetera. Strategic partnerships have also been developed with major donors such as USAID and the Japanese Embassy.

Partnership will be extended and developed, especially with other ministries with which we have not yet had strong partnerships such as the Ministry of Finance. Other strategic alliances and regular contacts will be developed and pursued with the media and other donors such as those from the Arab Countries. We will reinforce our partnerships with the decentralized entities in Djibouti and with the local communities. UNICEF Djibouti will continue the work to strengthen the role of civil society in the implementation of

children's rights. We hope to do this by supporting organizations and networks that work for children's rights by developing their organizational 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 of the fulfillment of rights for all Djibouti's children.

Mobilizing Partners

In addition to the traditional partners mentioned above, UNICEF will continue to mobilise other partners for the promotion of child rights in Djibouti. DCO will undertake a mapping of Community Based Child Protection structures and work with them to enhance their capacity as a way of ensuring the respect for child rights within the communities. Communities play a primary role in the creation of a protective environment and should be engaged through a participatory approach that takes into consideration age, gender and diversity. Investing in community-based networks/mechanisms in particular, is imperative for ensuring both, sustainability of protection interventions and their coverage in remote/inaccessible areas (e.g. engagement of child protection networks and women's associations in emergency preparedness and response beyond routine community mobilization activities).

The PASNED will be used as an effective platform for the mobilisation of partners across all sectors for the promotion of child rights in Djibouti.

Knowledge Management

Mostly met benchmarks

A knowledge management (KM) strategy and plan was developed in 2011 that promoted effective knowledge sharing in the office. UNICEF staff is regularly updated on new and emerging issues and documentation regarding the rights of children. Programme sections have regularly shared information about their programmes with other staff and with the office as a whole. The knowledge of DCO staff in areas such as Social Policy and Social Protection has been enhanced through a visit by the Regional Advisor on Social Policy and through regular Webinar sessions.

As part of the Representative's Senior Leadership Development Learning, the Office KM group was enhanced to address the issue of establishing a culture of innovation in the country office. Following a questionnaire on the importance and practice of innovation administered to all staff, an innovation team was established on a voluntary basis and merged with the KM group. The new Innovation/KM team's aim is to gather innovative ideas and bring them to discussion by a larger group in the interest of their operationalization. Hopefully this initiative will improve KM in the country office, while fostering a culture of open discussion of innovative ideas.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The Assessment and Analysis of the situation of Djiboutian Children and Women (SitAn) was done using a

Human Rights Based Approach (HRBA). HRBA allowed us to do a comprehensive analysis of the situation of all children and women who are residing in the country, and focused as much as possible on those hardest to reach. Special attention was paid to the situation of the most marginalized and disadvantaged groups. The SitAn was conducted to analyse the situation of children and women and do a causality analysis of immediate, underlying and structural or root causes that prevent the child's enjoyment of all his or her rights. The above analyses helped in identifying all the key actors that are responsible for ensuring that children's rights are respected, protected and fulfilled and to assess to what extent they possess or lack the capacity to meet their obligations.

The above process, which was largely participatory, was used to understand the causes of problems and to analyze the capacity of duty bearers at all levels in addressing the causes, including social and economic environment. The SitAn also did a comprehensive analysis of disparities (geographic, ethnic group, gender etcetera), and their immediate, underlying, and root causes. It helped to identify the country's capacities in each of these areas, as well as the capacity gaps at different levels, and the needed actions. The Millennium Development Goals and Millennium Declaration, CRC and CEDAW formed the framework for guiding the SitAn. It also presented views of children and women from different groups by including them in participatory research activities.

DCO continues to 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.

Gender

Fully met benchmarks

UNICEF Djibouti has undertaken some concrete initiatives that clearly enhance the lives of disadvantaged girls and women (such as, the Community based FGM programme) and to ensure equity between the sexes in our programming. However, further data are required before definite outcomes can be presented. In addition, while we have endeavored to ensure a substantive approach to gender issues from the outset and throughout the planning and implementation stages of our programmes, a lot remains to be done. Among others, we expect to sharpen our gender-based analysis to better inform and refine our decisions in order to make our work more equitable. The DCO also expects to support its counterparts in the government to generate more reliable gender disaggregated data for informed decision making.

There is a need for more capacity building for our counterparts and UNICEF staff in gender mainstreaming, which requires an ongoing process and focus 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

Environmental Sustainability

Fully met benchmarks

Strategically located at the intersection of the Horn of Africa and the southern end of the Red Sea, Djibouti has a hot and dry climate, which does not favour intensive agricultural production. Djibouti is mostly volcanic desert and the land is among the least productive in Africa. Agriculture is limited and meets only 3% of the country's food requirements. Temperatures range between 30 and 45 degrees with an average rainfall of only 200 mm per year for most of the country (EIU, 2008). Although rainfall fluctuations and drought are intrinsic features of Djibouti's semi-arid climate, the current drought far exceeds normal variation. Insufficient rainfall since 2005 – with less than 50% of the normal average recorded since September 2007 – has had a direct and life-threatening impact on the most vulnerable people of Djibouti, particularly pastoralists and rural dwellers.

Djibouti is suffering from its fifth consecutive year of drought and its sixth consecutive year of rainfall deficit. Since 2007, rainfall has been less than 75% of average. The impact of the 2010-2011 droughts has been particularly severe. The 2011 Karan/Karma (July –September) rains were again below normal in intensity and spatial distribution and ineffective in regenerating pastures and water points. This situation coupled with the rise of staple food prices has drastically deteriorated the coping mechanisms of the most vulnerable, leading to significant humanitarian needs in both urban and rural areas. In addition, Djibouti has seen a significant influx of refugees during 2011.

The drought has led rural households to migrate within their region or through neighbouring regions principally towards the capital, Djibouti City. Households that could not afford to migrate suffered a loss of 70% to 100% of their livestock. The number of cultivated plots dropped sharply in the last four years of drought.

Increased rural-urban migration has concentrated 70.6% of the population in urban areas, including 58.1% in the capital city. The recent drought-induced rural to urban migration has led to an increase in settlements around the cities. Most of the urban households affected by malnutrition and water-borne disease are from these areas.

South-South and Triangular Cooperation

UNICEF Djibouti participated in the assessment and development of a coherent DRR strategy for the Horn of Africa and is part of a proposal submitted to ECHO for a regional DRR project, which will use Djibouti and Kenya as pilots.

DCO also worked with the Horn of Africa countries to respond to the drought crisis that hit the Horn of Africa. Following the Level 3 drought emergency, DCO will continue to work with the countries in the Horn of Africa. 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.

Country Programme Component: Child survival and development

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR1: A la fin de l'année 2012, les enfants et les femmes de la ville de Djibouti et des régions y compris les zones rurales, ont un meilleur accès et utilisent davantage les services promotionnels, préventifs et curatifs de santé et de nutrition de qualité, dans un contexte de politique de santé favorable et renforcée	2	FA1OT1, FA1OT4, FA1OT6, FA1OT7, FA1OT8, FA1OT10
PCR2: D'ici 2012, 75% des populations rurales ont accès à l'eau potable et 30 % à un service et hygiène amélioré ainsi que 50,000 personnes additionnelles auront accès à un assainissement et hygiène améliorés dans les centres peri urbain	2	FA1OT12, FA1OT13 (b), FA1OT13 (c)

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	4168503.50	2861022.20	68.63
OR-R	1700000.00	360908.05	241718.66	66.98
RR	250000.00	658408.36	404520.83	61.44
Total	\$1,950,000.00	\$5,187,819.91	\$3,507,261.69	

Results Achieved

Community based interventions were scaled up. Some 66 communities regularly screen malnutrition among children U5 and 26 communities correctly manage acute malnutrition cases without complications while referring cases with complications to therapeutic feeding centers. A total of 23,124 (out of 31,006 expected) malnourished children were screened and managed, representing a malnutrition case management coverage of around 75%. The performance indicators for severe acute malnutrition are: cured 68%, deaths 1, 7% and defaulters 12%. Community IMCI has been extended from 2 to 5 districts, reaching above 5,000 children. Some 109,620 additional people have access to safe drinking water (84,700 through water trucking); 1,620 people have access to improved sanitation through the construction of family latrines and 18,270 households have been sensitized on best hygiene practices notably hand washing with soap and household water treatment and storage techniques. In addition, 20 water management committees were established and were provided with training aimed at making communities responsible and accountable for water management and water point protection and maintenance. The WASH and Health Clusters were established and a mapping exercise helped to avoid overlaps in activities.

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

The on-going NIDs vaccinated more than 95% of U5 against polio and measles, and more than 100,000 children U5 were dewormed and received Vitamin A. In addition, the approval by GAVI alliance of the very critical vaccines for Djibouti in 2011 will contribute effectively to child mortality reduction.

Radio and TV regularly broadcast programmes addressing harmful practices for Mother and Child Health as

well as Young Child Feeding Practices. Around 134 grandmothers support Early Initiation to breastfeeding and exclusive breastfeeding amongst lactating mothers countrywide. In addition, the Female Counsellors – Femmes Conseilleres (FC) – and Community Health Workers (CHW) continue to promote good health practices, Early Breastfeeding, Improved Young Child Feeding, good hygiene and immunization.

Through advocacy in which UNICEF is involved, the Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS benefits now from high-level political commitment and involvement. Integrated activities of maternal and reproductive health contribute to the improvement of the mothers' health through the improvement of antenatal care.

The sensitization of Community and religious leaders by the FC and CHW contributes effectively to the fight against stigma. These communication and promotional activities led to a high rate of acceptance of the Voluntary Counselling and Testing (VCT) for pregnant women. However, despite this high rate of acceptance, stigmatization remains a major obstacle and is one of the causes of the low percentage of women who come back for their results (70%).

Most Critical Factors and Constraints

- Health system decentralization is not yet effective to ensure the functionality of the Health Districts. In addition, MoH capacity in terms of qualified manpower does not meet WHO standards to deliver MCH minimum packages of services
- More than 55% of the Accelerated Young Child Survival and Development (YCSD) programme funds were garnered from emergency funds. As funding for long-term sustainable programming is hard to obtain, it becomes difficult to meet the planned results of the YCSD programme.
- The approach to fighting malnutrition is still largely medical and UNICEF and other development partners' efforts to place malnutrition above the Ministry of Health within a broader legal and rights (i.e., right to food security) framework have yet to yield fruits.
- Stigmatization and discrimination against People Living with HIV/AIDS (PLWHA) is still a constraint to scale up PMTCT interventions.
- Lack of sufficient synergy between partners tends to cause some duplication and waste of resources.
- Limitations of the National M&E system affect the assessment of service delivery and outcomes.
- Inadequate technical capacity affects delivery and quality of services at the health facilities level; in particular, limited national logistics capacity hampers the system's ability to adequately manage nutritional products and essential drugs (including HIV tests and reagents, Anti-Retroviral drugs (ARVs), and anti-malarial drugs);
- Insufficient coordination between national and regional levels of governance.

Key Strategic Partnerships and Interagency Collaboration

The DCO engaged in the following key partnering activities and initiatives:

- Partnerships with UN agencies such as, the WHO, UNFPA, UNHCR, WFP, and FAO continue in the areas of health, nutrition, WASH, food security and other domains. With WHO, UNICEF has been advocating for the Improved Health Partnerships (IHP+) as well as for the National Policy for Women and Child Health. With FAO and WFP, UNICEF is jointly dealing with management of moderate acute malnutrition.
- UNICEF actively participated in the Global Fund Country Coordination mechanism, which involved MoH, MoF, civil society and PLWHA.
- UNAIDS and UNICEF have been working to influence high political commitment to PMTCT interventions. Jointly UNICEF and UNAIDS supported MOH to operationalize the president's commitment to eliminating Mother To Child Transmission of HIV and the JUNTA.
- UNICEF collaborated with the World Bank to support the implementation of Djibouti's individual sanitation strategy.

- UNICEF collaborates with MSF-Switzerland in management of malnutrition
- Programme Cooperation Agreements signed with 3 local NGOs helped to improve the implementation of drought emergency response.
- Establishment of Health, Nutrition and WASH clusters both of which are led by UNICEF and function with the participation of UN agencies, international NGOs and governmental partners.

Humanitarian Situations

In the context of the ongoing Horn of Africa Drought Crisis (L3 emergency), DCO is coordinating its response with other agencies such as WFP and UNHCR as well as with local and international NGOs. UNICEF, other UN agencies and the Government assessed the impact of the long lasting drought on vulnerable populations and an estimated 120,000 people were found affected and in need of urgent food and water assistance.

Following the consolidated emergency appeal submitted by the UN System and the GoD, UNICEF mobilized US\$ 3.7 million to respond to the needs of the affected populations on Health, Nutrition and WASH. In addition, DCO has contributed to a regional proposal to ECHO. The overall objective of the project is to reinforce the capacity of the GoD as well as of the children and the communities in Disaster Risk Reduction and its integration into practices, programme development and implementation at national, regional and local levels as per Hyogo Framework. It is also meant to support the GoD to develop nationally owned comprehensive programmes for disaster risk management in Djibouti.

Summary of Monitoring, Studies and Evaluations

The DCO undertook at the end of 2010 and beginning of 2011, a nutrition survey using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) to measure the nutritional status of children under-five and mortality rate of the population as well as the prevailing infant feeding practices. The study showed that the nutrition status of children under five is still a concern in Djibouti in terms of high rate of acute and chronic malnutrition. Exclusive breastfeeding rate has increased from 2% in 2006 to 24.5% in 2011.

Future Work Plan

DCO will continue supporting the adoption of 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. This will entail: Support for Health Promotion for children's well-being with focus on early and exclusive breastfeeding for the first six months of life as well as complementary infant feeding, the implementation of the code regulating marketing of breast milk substitutes, improved sanitation and hand washing with soap and household water treatment

- Continued support to the National Nutrition Programme for the management of acute malnutrition, providing supplies, monitoring tools, strengthening the logistic capacities of MoH, and supporting data collection and analysis
- Implementing interventions to prevent chronic malnutrition and micronutrient deficiencies
- Strengthening the nutrition surveillance system through scaling up the rural telephone network, and the community workers network.
- Supporting efforts to build self-reliant rural communities in water supply management
- Setting up a reliable M&E system to track and monitor progress in the WASH sector
- Preventing diseases and malnutrition with focus on Immunization, Expanded antenatal care and Prevention of mother to child transmission of HIV
- Case management of childhood illnesses at community and health facilities levels with antibiotics, skilled attendance at birth + emergency obstetric care.

Country Programme Component: Basic education and gender equality

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR 2: les enfants sont préparés et achèvent le cycle primaire	2	FA2OT1, FA2OT2, FA2OT4, FA2OT5, FA2OT6, FA2OT7, FA2OT8
PCR1:d'ici décembre 2012, 93% des enfants bénéficient d'un accès équitable à l'éducation de base	2	FA2OT2, FA2OT3, FA2OT5, FA2OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	444901.21	21449.98	4.82
OR-R	1000000.00	34756.88	33646.22	96.80
RR	170000.00	1682441.27	466823.24	27.75
Total	\$1,170,000.00	\$2,162,099.36	\$521,919.44	

Results Achieved

With regards to access, support was given to render schools child- friendly and increase access to primary education. As planned, Early Childhood Development (ECD) has been experimented and approved by the Ministry of Education (MoE). The number of classrooms in rural areas was increased from 23 in 2010 to 51 in 2011 in order to allow vulnerable children to benefit from ECD programme. In the Quality Education Component, 300 primary school teachers acquired competencies to impart knowledge and to prevent drop out through support given to children with learning difficulties.

The following key results were achieved at the end 2011: (i) the development of national framework including standards (national curriculum) for ECD and its implementation (ii) enhanced access to education especially for marginalized children and refugees; and (iii) enhanced quality education through the printing of learning materials and development of approaches for school quality improvement. Around 10,000 children in grade 9 and 1,500 in ECD institutions benefited from the programme.

The programme substantially contributed to increasing access through: (a) the Child Friendly Schools (CFS) environment by allowing 35 rural primary schools to have electricity and drinking water; (b) the establishment of 51 Early Childhood classrooms; (c) the strengthening of existing Alternative Basic Education Centres, providing educational services to over 3,000 vulnerable children and refugees who had missed out on the right to basic education of good quality.

Main strategies/ activities of the programme:

In order to address the issue of access and high demand for primary schooling, UNICEF supported the Ministry of Education (MoE) to install pre-fabricated classrooms donated by DUBAI Cares in the semi-urban area of Djibouti, Balbala, to increase enrollment rate in this low enrollment rate area. PCA agreements were signed with the Lutheran World Federation to improve access to quality basic primary education and early childhood development education for 2,500 Refugee children in the refugee camp. In support of non-formal education, ECDD (Ecoles Catholiques du Diocèse de Djibouti) provided alternative basic education for the most marginalized populations: particularly girls and boys, who acquired their birth certificate thanks to this UNICEF-supported initiative.

Through the Child Friendly School (CFS) initiative, UNICEF supported provision of safe drinking water to 40 schools, construction of separate latrines for boys and girls, and solar electricity power. Assessment and maintenance of solar system has been carried out in 35 rural schools. Efforts to improve the Quality of Education were aimed at scaling up the Competency Based Approach to grade 9. As part of this effort, UNICEF supported the printing of 67,500 textbooks for pupils.

Community-based testing and validation of new approaches and initiatives to improvement of early childhood policy and standards was supported; equipment and materials for 51 preschool education centres and for training of 100 preschool teachers were provided.

As an active member of the Education Sector Partners' Group (GPE), UNICEF plays an important role in supporting the government to monitor the implementation of the Fast Track Initiative – which constitutes FTI's last installment to increase access to quality education. As part of this initiative, three new rural schools have been constructed.

Most Critical Factors and Constraints

- High turnover of Ministry of Education staff following the Presidential elections hampered programme implementation.
- Community Participation is not widely developed and is yet to be fully recognized as a vital ingredient for efficient implementation of educational activities.
- The planned educational reforms are ambitious and require significant financial and human resources for their implementation, particularly ECD.
- Ministry of Education (MoE) and Ministry of Women's Affairs (MPF) have yet to develop a strategy to quickly ensure recruitment and training of teachers and management personnel and mobilize funds, especially for ECD.

Key Strategic Partnerships and Interagency Collaboration

UNICEF is one of the key partners supporting the MOE to implement their Action Plan, together with the World Bank, Agence Française de Développement (AFD), WFP, JICA, USAID, and International and local NGOs. Education Sector stakeholders and partners meetings are held regularly and minutes circulated in a timely manner. The Education Partners Group (EGP) led by the French Cooperation (chair) and UNICEF (secretariat) include all key education sector partners such as USAID, UNICEF, AFD, World Bank, WFP, WHO. A key partnership has been developed with Lutheran World Federation (LWF), an international NGO, through a PCA to ensure access to quality education for refugee children. UNICEF continues to work with a variety of community groups – parents associations, local associations, NGOs such as LWF, and other community based organisations to establish models for Early Childhood Development (ECD) services that are appropriate to the local context, and to support non-formal primary schools for children that were not admitted to formal schools.

Humanitarian Situations

In the context of the ongoing Horn of Africa Drought Crisis (L3 emergency), DCO is coordinating its response with other UNHCR in order to increase the capacity of the primary school in the Ali Addeh Refugee camp to take in more children. DCO is also supporting the Early Childhood component of the camp school. It has contributed to a regional project proposal to ECHO. The overall objective of the project is to reinforce the GoD's as well as children' and communities' capacity in Disaster Risk Reduction and its integration into practices and programmes development and implementation at national, regional and local levels as per Hyogo Framework. It is also meant to support the GoD to develop nationally owned comprehensive programmes for disaster risk management in Djibouti.

Summary of Monitoring, Studies and Evaluations

Major assessments, studies and evaluation activities relating to the education sector were initiated in 2011. These include a Systemic Analysis of the ECD pilot project whose main recommendation was to advocate for the legal framework of the ECD policy such as norms, standards and regulations, with an emphasis on community participation.

Future Work Plan

Priority actions:

- UNICEF will, in collaboration with other partners, continue to support the MoE to make schools Child Friendly, provide access to safe drinking water, proper sanitation, solar power in rural schools and promote Hygiene education.
- Priority will be given to non-formal education policies for the street children and other vulnerable children particularly refugee children.
- UNICEF will support MOE to scale up ECD services for preschool children.

Country Programme Component: Child protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
D'ici 2012, les communautés cibles promouvoient des normes sociale positives en faveur de la protection des enfants		2 FA4OT4, FA4OT5, FA5OT6, FA5OT7
PCR1:D'ici 2012, le système de protection des filles et garçons contre toutes les formes d'abus, de violences, et d'exploitation est renforcé		2 FA4OT1, FA4OT2, FA4OT4, FA4OT5, FA4OT7

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	200000.00	143704.20	71.85
OR-R	550000.00	750377.71	524162.07	69.85
RR	90000.00	467524.89	385119.03	82.37
Total	\$640,000.00	\$1,417,902.60	\$1,052,985.30	

Results Achieved

Promotion of children rights

A total of 14 Community Management Committees were trained on monitoring and reporting on child rights violation as enshrined in the CRC and African charter. They also participated in the promotion of child protection, birth registration, and inter community dialogue. These are fora where community members are encouraged and able to express their opinion on issues affecting them and their children such as early marriage, Female Genital Mutilation (FGM), violence against children, education.

Partners from all concerned sectors such as the police, gendarmerie, justice and courts have been trained for

setting up an information system for juvenile justice. A practical guide for legal professionals to address violence against children, including FGM and a pool of legal professionals to support judicial process against violence were finalized. Through active advocacy by UNICEF, a judge for children has been nominated and is now operational.

Abandonment of FGM

Some 3,132 communities in Djibouti city and five regions made a public declaration to abandon all forms of female circumcision. This event is an important step towards winning the fight to eliminate violence against women and through this initiative, a social dynamic of positive change has been established. Communities made their declaration before an audience of government officials and representatives of the NGOs, parliamentarians and representatives of the UN, delegations from Somali land and Punt land, ambassadors and members of the diplomatic corps, and the Djiboutian and Somali national press. At the end of this process, 99 communities established a network and continue to carry out social mobilization activities with the support of UNICEF and the international NGO TOSTAN.

Within the framework of a partnership between UNICEF, Ministry of Women and Social Affairs, Ministry of Islamic Affairs and NGO Tostan, UNICEF worked closely with 33 Community Management Committees to impart knowledge on human rights, health, hygiene, conflict resolution, literacy, and project management using the human rights based approach. In all, 33 religious leaders have been trained and will participate in continuous community dialogue. The Community Management Committees organized social mobilization activities such as awareness generation on FGM; following these open discussions, action plans were developed in order to tackle issues of concern to the community and facilitate dissemination of knowledge about these sensitive issues. Thanks to the continuous capacity building of these Communities Management Committees, communities now are more aware of the rights of their children and of their own obligations as duty bearers. They act upon the newly gained knowledge and initiate interventions such as identifying all children without birth certificate or orphans in their communities.

Within the framework of the UNFPA and UNICEF Joint Programme on FGM/C and as part for capacity building efforts, a delegation of religious leaders and counterparts in the Ministry of Islamic Affairs benefitted from an exchange visit on FGM/C programming in Sudan.

Care and protection of orphan and vulnerable children

Some 700 orphan and vulnerable children (328 girls and 372 boys) benefited from the social protection initiative including the provision of school kits, clothing, conditional cash transfer and vocational training. Through partnership with Caritas, 265 street children are benefiting from informal learning opportunities, school meals, leisure activities, and awareness raising on prevention of HIV/AIDS.

Most Critical Factors and Constraints

- Lack of social workers to provide professional guidance to the Ministry and NGOs implementing activities and monitor compliance with international standards by NGOs.
- Insufficient coordination between partners at all levels, central and decentralized.
- Limited capacity in government counterparts to provide strategic guidance to stakeholders in the area of Protection and coordinate actions by all stakeholders.

Key Strategic Partnerships and Interagency Collaboration

- The DCO collaborated with UNFPA for the joint programme for the abandonment of FGM/C.
- For the care, support and protection of OVC, it maintained a close collaboration with four local NGOs, the Ministry of Women and Social Affairs, and the Executive Secretariat for fighting against HIV/AIDS.

- CARITAS partners UNICEF and plays a very important role in the OVC programme. It is the only agency that runs drop in centers that take care of street children.

Humanitarian Situations

DCO is involved in a joint initiative with UN agencies and government to assess the impact of the long lasting drought on a population estimated at 120,000 people. UNICEF has contributed to the appeal by submitting a proposal on Conditional Cash Transfer (CCT). The CCT programme was scaled up to cater for the additional needs of vulnerable children caused by the Horn of Africa drought. Some 217 households were targeted for CCT for OVCs and received cash assistance to enable them to meet the needs of a total of 700 children. These households are seriously affected by the drastic increase in food prices in Djibouti.

Summary of Monitoring, Studies and Evaluations

An external evaluation of Community Based Programme for the Promotion of Human Rights was undertaken in March 2011, which highlighted some of the key factors that contributed to the success of the programme including community participation and mobilization, and capacity building for coordination. It also provided recommendations for the second phase of the programme as follows:

- Agreement between UNICEF, Ministry of promotion of Women, and TOSTAN to clarify specific roles of each stakeholder to ensure harmonization and coordination.
- Expand the number of partners within GoD, and among local NGOs to ensure comprehensive and complementary government and civil society involvement towards the abandonment of all forms of FGMs.
- The need for recruiting a national programme coordinator aiming at sustainability of the programme in view of TOSTAN (an international NGO) pulling out.

Future Work Plan

- Advocacy on new legislation for birth registration
- Harmonization of care practices by the various stakeholders involved in the care of OVCs
- Harmonization of the package of services by all stakeholders
- Implementation of the National Action Plan for Children in Djibouti
- Mapping of the protection system in place to facilitate identification of gaps and suggest areas of strengthening.
- Collecting data on violence against children and mapping of the different type of vulnerabilities in order to identify the most disadvantage children.

Country Programme Component: Preventing HIV/AIDS among young people

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR1:D'ici fin 2012, la politique nationale de la jeunesse est effective et les services jeunes ainsi que les compétences psycho-sociales sont renforcés afin de ralentir la propagation du VIH-SIDA	1	FA3OT6, FA3OT7, FA3OT8

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	50000.00	0.00	0.00
OR-R	500000.00	368948.50	145181.87	39.35
RR	80000.00	287887.77	80329.77	27.90
Total	\$580,000.00	\$706,836.27	\$225,511.64	

Results Achieved

Through the life skills approach, 450 young boys and girls were trained as trainers on prevention of HIV-AIDS, harmful effects of khat, Female Gender Mutilation and Gender Violence, in Djibouti city and three districts. This training was done with active collaboration between UNICEF and local NGOs.

These 450 young people cascaded the training of others in life skills education in their respective communities. As a result, 1800 youths applied the Life skills approach and developed strategies on behaviour change against HIV-AIDS, Sexually Transmitted Diseases and other harmful practices such as consuming khat, shisha, tobacco and other drugs. Knowledge and skills of 225 young girls and 225 boys in 15 communities have been strengthened on how to prevent HIV/AIDS and other sexually transmitted diseases.

Life skills education is seen as an innovative approach by young people who have understood that it can be applied to other areas of life. Young people would like to develop life skills to cover other aspects that promote self-esteem, living amicably with others, strengthen general knowledge and serve as a new methodology to improve learning.

After 36 guided visits conducted as part of the promotion of screening for HIV-AIDS, 305 young people (180 girls and 125 boys) were referred for screening and eventually went for their results. This is a significant change from past practices whereby young people were reluctant to find the results of their screening for fear of possibly being stigmatized.

The capacities of the three local NGOs implementing life the skills approach were strengthened benefiting 450 young people (250 Girls and 250 Boys), in planning, implementation and monitoring of their activities in the communities. The interventions of the National Week for the fight against HIV-AIDS were identified by the three local NGOs as an important opportunity to scale up their activities with the youth. ICT equipment and other communication equipment were also provided to the National Tennis Federation and to two local NGOs to promote youth activities.

Most Critical Factors and Constraints

- High staff turnover and changing leadership in the State Secretariat for Youth, as a result of Presidential elections and establishment of new government hampered the process of negotiation and agreement on priorities for 2011.
- Djibouti has been facing a financial crisis due to the Global Fund's decision to limit its support to 'essential' activities. As a result, traditional activities targeting the prevention of HIV/AIDS among young proposal are under-funded.
- Insufficient capacity in the State Secretariat for Youth and Sports to ensure effective coordination of the activities of the various stakeholders involved with Youth Djibouti
- The lack of a work plan signed jointly by UNICEF along with the State Secretariat for Youth and Sports.
- Unavailability/inaccessibility of condoms for young people.

- Lack of communication support specific to Life skills (flyers, posters and boites à images)

Key Strategic Partnerships and Interagency Collaboration

The key partners involved in the implementation of the programme are the following:

- Three local NGOs (Cabinet Conseil Appui et Formation, Union pour le Development Culturel, l'Union Nationale de Femmes Djiboutiennes) are involved in implementing the life skills interventions included in the AWP jointly signed with the Executive Secretariat for fight against HIV-AIDS.
- Other partners involved are UN Agencies through the establishment of a joint UN plan.
- UNAIDS and UNICEF have been working to support the national actors in the development of strategic interventions related to HIV-AIDS.

Humanitarian Situations

N/A

Summary of Monitoring, Studies and Evaluations:

The Study on Adolescent Girls' Vulnerability to HIV/AIDS has indicated a very low level of STI/HIV/AIDS-related knowledge among youth, with only 12.6% confirming having heard about STI (boys: 14.8%, girls: 9.8%). In addition, only 27% of young people consider that their point of view is taken into account by the adults in their community. Among the study's recommendations are:

- Maintain and enhance knowledge on preventing new HIV infections especially among young girls
- Build strategic consensus for the distribution and accessibility of condoms and screening for young people
- Organize advocacy and awareness sessions targeting religious leaders
- Strengthen and involve youth associations in the implementation of HIV-AIDS related activities and programmes.

Future Work Plan

- Develop and implement a strategy to reduce the risks and the vulnerability among youth
- Continue the interventions promoting Life skills in youth
- Develop interventions that will raise the level of knowledge of teenage girls and young people
- Create a strategic consensus for the distribution and accessibility of condoms and screening
- Improve access to and quality of basic social services for youth
- Establish the partnership with Family Health International and the State Secretariat for Youth and Sports to implement HIV/AIDS preventions in PK12 as well as in the Djibouti-Ethiopia corridor
- Maintain the community interventions in fight against HIV-AIDS that are geared towards informing and empowering teenagers and young people
- Teach HIV prevention in schools with standardized modules developed for teacher training
- Mobilize financial resources for the fight against AIDS and promote more dynamic linkages among the sectors involved in the fight against HIV-AIDS.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
PCR: D'ici 2012, la communication et les mécanismes de suivi et évaluation en faveur des droits de l'enfant sont renforcés dans les programmes de développement		1 FA5OT2, FA5OT3, FA5OT5, FA5OT6, FA6OT9

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	5600.00	0.00
OR-R	50000.00	13762.25	13762.65	100.00
RR	200000.00	338825.56	325345.83	96.02
Total	\$250,000.00	\$352,587.81	\$344,708.48	

Results Achieved

Communication for development (C4D)

Through the workshop and in partnership with the Ministry of Health, a minimum package of Health, WASH and Nutrition services using low cost-high impact strategies to reduce maternal and child mortality (exclusive breastfeeding, immunization, supplementation in micronutrients, health care for pregnant women, malnutrition community management, hygiene and sanitation) was defined in two pilot regions: Obock in the North and Ali-Sabieh in the South.

Discussions were carried out with the community, engaging the regional authorities, the medical team and the traditional and religious leaders and community actors. A questionnaire to assess the community profile, which will provide information and evidence on access to services by "hard to reach children", has been finalized. Other main activities include an evaluation at mid-term and a possible extension to other regions. C4D programmes such as Promotion of EBF by grandmothers and promotion and protection of human rights have successfully been carried out in 2011. With support from UNICEF, the Ministry of Health has organized a four-day training of trainers course on Participatory Hygiene and Sanitation Transformation (PHAST) for thirteen community health workers and six volunteers from NGOs. Modules on hand washing with soap, water treatment, exclusive breastfeeding, nutrition and immunization were included in the agenda.

Capacity building for UNICEF staff members was organized. A C4D webinar was organized for DCO by New-York C4D team for capacity building of DCO staff.

Monitoring and Evaluation

The DCO formulated a Monitoring and Evaluation Plan. Apart from specific support to evaluations, studies and other programming related research, four notable activities were undertaken to support monitoring and evaluation (M&E) at the national level:

1. The DCO signed a PCA with the National Directorate of Statistics and Demographic Studies (DISED) to provide an institutional base to the database Djibouti DEVINFO and creating a coordination unit that has been fully funded by UNICEF for a period of one year. A technical committee composed of focal points of different ministries has been working on the finalization of the national database with the official launch coinciding with the African Statistics Day. We succeeded in maintaining the same committee for sectorial

monitoring and evaluation of the National Initiative for Social Development (INDS) and for monitoring Djibouti DEVINFO with analysis of the national M&E system.

2. DCO'S M&E team led the analysis of the situation of women and children (SITAN) with the full participation and commitment of national counterparts.

3. The M&E team contributed significantly to the development of the Common Country Assessment (CCA) and the development of the new UNDAF, working with the framework already established for Djibouti DEVINFO and INDS.

4. Importantly, the M&E team has begun a partnership with the Ministry of Finance and Economy in charge of decentralization and the State Secretary for National Solidarity. This partnership will enable the integration of M&E within the country's budgeting, social policy and governance processes.

Most Critical Factors and Constraints

- Absence of the NOC-Communication Specialist
- Djibouti's lack of visibility during the HoA drought crisis
- Leave of the UN Communication Chief
- Presidential elections and nomination of a new government
- Difficulty to obtain and disseminate disaggregated data, particularly data on 'sensitive' issues.-

Key Strategic Partnerships and Interagency Collaboration

In 2011, UNICEF continued to participate actively in the UN Communication Group and sometimes, assumed the leadership. As a result, UN Radio successively undertook a mission on UN humanitarian response to the drought. United Nations Day was celebrated and the local press advocated for UN activities especially in the areas of nutrition, immunization, potable water etcetera. The celebrations included a press conference at the University and meetings with high-level decision makers.

From the onset of the drought crisis, UNICEF reinforced the partnership with UN sister agencies and sectorial local and international NGOs. Some communication activities were carried out based on a joint UNICEF-WFP-UNHCR action plan to respond to the drought crisis.

UNICEF established a partnership between DISED and the State Secretary for National Solidarity, in charge of INDS through the common national database DJIBOUTI DEV INFO.

By establishing a partnership at national level, UNICEF expects to coordinate the UN Monitoring and Evaluation team's efforts to link national and UNDAF priorities.

Humanitarian Situations

DCO undertook strenuous advocacy to mobilize funds for responding to the drought situation that affected Djibouti either as part of the collective response to the Horn of Africa Crises or independently as a country office. In addition to the traditional advocacy efforts, DCO included a special focus on online advocacy by posting information about the crisis online. Several interviews were given on the crisis situation and were aired on radio and online (UN Radio).

Summary of Monitoring, Studies and Evaluations

See programme section.

Future Work Plan

- Put in place a programme communication and a C4D strategy
- Harmonize the community-based interventions within each focus area
- Launch the YCSD Acceleration Package
- Evaluate the YCSD Acceleration Package and if possible ensure its scale-up to the other regions
- Establish and build the capacity of a C4D multi sectoral committee
- Develop communication materials in line with UNICEF priorities
- Implement the M&E Plan.

Effective Governance Structure

Office Objectives - Priorities – Initiatives: The office Annual Management Plan (AMP) was developed following the Country Management Team retreat, which was extended to include all personnel. The retreat was a forum to evaluate the office performance, programme management and recommendations of the preceding year, propose new recommendations for performance improvements at all levels in 2011. This participatory forum is a definitive means to include staff in the decision-making and to jointly establish key objectives and priorities.

During the first and second quarter of 2011, the CMT's attention was dedicated to the relocation of the office to the new office site and the blast project. In mid-July, with the declaration of level 3 Emergency in the Horn of Africa, attention was shifted to planning and responding to the emergency.

The office emergency preparedness response plan was regularly updated through the early warning early action (EWEA) site. The Emergency Response Committee met regularly during the year under the leadership of the Representative to monitor the emergency situation and to review response. Key points discussed related to the appropriateness of the response, coverage, funding and review of the key actions indicated in the EWEA site.

The governance committees functioned satisfactorily in general and the frequency of meetings was as follow: 6 CMTs, three JCCs, two PSBs, 28 CRC cases, and two PSBs. In addition, Programme and Operations team met at least once a month.

CMT: This governance committee monitored the office management indicators described in the 2011 AMP and guided the implementation of the annual management plan, PBR and MTR submissions, budget implementation, DCT and donor reporting, programme management, HR issues, such as leave planning, overtime and recruitment; implementation of the training plans for the ERM and BCP as well as of the office training plan. Security measures and MORSS compliance were closely monitored because of the security risks posed from the threats from Al-Shabab to the UN in Djibouti. The CMT made a sound decision to terminate the services of Djibclean security company because of lack of professionalism and hire G4S as a replacement, which has led to improved quality of services in 2011.

The JCC: This committee was very proactive during the year and worked efficiently with management in the resolution of issues concerning staff wellbeing and conflict resolution. The JCC maintained continuous contact with management on a routine basis in addition to convening the three formal meetings. The focus was on the improvement of communication among staff and improvement of office space to promote better work environment.

Strategic Risk Management

Structure Approach: The CMT coordinates the office risk profile and monitors the control mechanisms in place to mitigate the office risks. The risk profile was developed with the participation of all sectors and representation of staff at all levels. The action to mitigate the risks have been identified, but not fully implemented in 2011. The office plans for a review in early 2012.

Preparedness: Office keeps the early warning system updated and all personnel are briefed on their responsibilities in the event of an emergency. The programme work plans signed with the sector ministries contain results for emergencies. The emergency preparedness plan for the office is also based on the UN wide contingency and national contingency plans.

Business Continuity Plan (BCP): The BCP was partially updated in 2011. Additional review is planned

for the second quarter of 2012 and elements of the plan were reflected in the AMP and programme Annual Work plans for 2011. This practice will be reinforced in 2012.

Evaluation

A Monitoring and Evaluation Plan (MEP) for two years (2011-2012) was elaborated for DCO. The plan describes the way different M&E components are implemented. (Although it is intended to be regularly updated, it was not possible to update it for all programmes during 2011).

Apart from specific support to evaluations, studies and other programme related research, four notable activities were undertaken to support monitoring and evaluation (M&E) at the national level:

1. The DCO's M&E department signed a PCA with the National Directorate of Statistics and Demographic Studies (DISED) to provide an institutional base to the database Djibouti DEVINFO and create a coordination unit that has been fully funded by UNICEF for a period of one year. A technical committee composed of focal points of different Ministries has been working on the finalization of the national database with the official launch coinciding with the African Statistics Day. UNICEF M&E Officers have received several capacity building training sessions with support from MENARO. Furthermore, UNICEF M&E department has reinforced the capacity of national partners.

The implementation of Djibouti DEVINFO offers a dual benefit. Firstly, the national database now contains the latest information of the country and is available online. Secondly, it has resulted in the setting up of a working group to discuss issues concerning data collection and quality of data on an ongoing basis. This is of critical importance in a country where current information is not readily available or accessible, and there is dearth of data on some key indicators pertaining to children. The DCO succeeded in ensuring that the same committee that is responsible for sectorial monitoring and evaluation of the National Initiative for Social Development (INDS) is also entrusted with the responsibility for monitoring Djibouti DEVINFO. Importantly, we expect to see an early establishment of a national monitoring and evaluation plan and implementing mechanism.

2. DCO'S M&E department led the analysis of the situation of women and children (SITAN) with the full participation and commitment of national counterparts. Indeed the SITAN was conducted under the chairmanship and leadership of the Ministry for the Promotion of Women and Social Affairs responsible for relations with parliament supported by the DISED. There was clear statement in terms of ownership of the process but also of the analysis itself. M&E department has provided technical support for conducting all the evaluations, studies and analysis undertaken 2011.

3. UNICEF through its M&E staff and activities has contributed significantly to the development of the Common Country Assessment (CCA) and the development of the new UNDAF. UNICEF is also trying to emphasise and foster close UN collaboration on monitoring and evaluation of the UNDAF including working within the already established framework for Djibouti DEVINFO and INDS.

4. The M&E department has begun a partnership with the Ministry of Finance and Economy in charge of decentralization and the State Secretary for National Solidarity for improved understanding of and participation in the budget formulation process to help achieve a strategic budgetary focus on M&E component in the formulation of social policy

Effective Use of Information and Communication Technology

Compliance: ICT resources were maintained in accordance with UNICEF standards and policies. The Annual Work Plan was developed with the integration of ITSSD global rollout plan. As a result, a VSAT, with Globecom, was installed as a backup connectivity for business continuity purposes.

A major rollout in 2011 was the migration to windows 7, which was done successfully. Another major event was the relocation, but with the close collaboration with the Regional Office and ITTS Division, the Office was able to overcome the ICT challenges and to continue functioning without major disruption.

To provide remote access to network and promote use of technology for collaboration and Programme results, Citrix is fully used over the Internet.

Windows Server 2008 – HyperV (virtualization) is not yet implemented in the Country Office, as we are still waiting for the delivery of the server.

For emergency purposes, and in preparation of VISION implementation, the Office increased the office LAN speed based on a new network cat. 6 deployment and new cisco catalyst switch 3560 (1000Mbps instead of the 100Mbps), and has continued to opt for laptop purchase instead of desktop, in order to increase staff mobility and their emergency preparedness. An Uperform server was locally installed to help users to access training and documentation more effectively.

Capacity: In 2011, the ICT operations were managed by the Senior ICT Assistant, the only ICT staff in the office and in his absence, the Finance Assistant acted as alternate. As a good practice, a committee was put in place to monitor the ICT developments and effectiveness of response to users. The ICT position was upgraded in response to the complexity of the new communication and telecommunication requirements. During the last quarter of 2011, the Office nominated the Communication for Development Officer as a backup, effective January 2012 and the selected staff will receive adequate training to effectively respond to office demands in the area of information and technology.

MOSS: The status of MOSS has been reinforced. All staff members have been issued with VHF radio and participate in weekly radio check every Sunday evening. The Office is equipped with other communication devices such as BGAN and satellite phones (Thuraya). These communication devices are part of the strategic response to the emergency and BCP Plan. In terms of telecommunication, it has been improved, with support of Regional office, and allows for a more dynamic interaction with offices worldwide.

Challenges: Communication and telecommunication system in Djibouti is controlled by government. UNICEF uses the national telecom services for regular communication. UNICEF VSAT only works as backup and for VOIP calls within UNICEF offices. In 2012, UNICEF plans to make an assessment of the existing systems.

Fund Raising and Donor Relations

- a) DCO mobilized 75% of resources of OR ceiling in CPD: 40%
- b) CO mobilized adequate resources to meet appeal needs (at least 45% of HAR/CAP appeal): 92%
- c) Funds available are utilized optimally (PBAs expiring during the reporting period should have 95% utilization level): 91 %
- d) Mechanisms to monitor use of funds and avoid unnecessary extension of PBA durations is in place: 3 PBAs requested extension
- e) CO is mobilizing resources and participating effectively in new modalities such as MDTF, Joint Programmes, Public-Private partnerships, South-South and Triangular cooperation, emerging donors (such as Singapore) etc.

Management of Financial and Other Assets

The country was audited in 2005 and all recommendations have been reported as closed. A new Audit is planned for 2012. The relocation to a new building made the office vulnerable and in mid-year, the office was subject to cases of fraud, which were reported to the office of Internal Audit (OIA) for due process. The increased risk level was due also to the absence of the Operation Manager during the first three quarters of the year. From the last quarter of 2011, the office started the review of the existing control measures and this exercise will be consolidated in the first quarter of 2012. In terms of financial procedures the personnel has been briefed as needed and in general, the rules are applied and processes are in place.

The resources were generally implemented as planned. The programme budget was overstretched to support a significant portion of operations. About US\$ 67, 000 was transferred to the cross sectoral budget in 2011.

The planned support budget in 2011 was USD 395,550.81 and the expenditure was USD 361 276.14. , amounting to 91% of budgeted expenditure.

In 2011 the Regular Resources, set aside funds included, reached 96% expenditure and OR 63%. For Emergency PBA which expired in 2011.

CMT meetings were held as planned in the AMP, once every two months. The CMT and Management Team provided clear guidance on the areas of management. The budget was reported and reviewed quarterly, the DCT monitoring team followed up on DCT and in particular the liquidation of advances greater than 6 to 9 months and as result the office achieved less than 1% of DCT over 9 months and less than 5% of DCT over 6 months.

Bank reconciliation was done in a timely manner and reconciling items closely monitored and cleared; CMT monitored the implementation of VISION activities, recruitment process, cost reduction; management indicators, office risk profile, development of the new country programme 2013-2017, relocation and security.

In consultation with the RO, UNICEF relocated to a new building despite the higher cost of rent which increased by 50%, and additional cost related to MORSS compliance on the new building and end of contract arrangements on the old building which added up to US\$ 22, 000.00. The decision to move was taken in 2010 following an assessment of the UNICEF premises by a security company hired by the Regional Office.

Inventory process under Lotus was handed over by the ICT Assistant to the Administration section. Efforts have been made to reconcile UNICEF assets with the actual physical data. Improvements will continue in 2012.

The cost of doing business in Djibouti is extremely high and the strategies for reducing cost will be further refined in 2012. Gains are likely from the LTAs signed for office furniture and equipment with suppliers and vendor at the UN level, which is cost-efficient.

Supply Management

The office procured local supplies of a value of US\$ 985,744 and offshore supplies of US\$ 1,066,440. A significant component of supply activity was emergency related procurement, worth US\$1,071,130. Procurement for partners in 2011 (mostly cold chain equipment and supplies requested by Ministry of Health) was worth US\$ 35, 000.

The volume of supply increased from US\$ 1, 912, 379.19 to US\$ 2, 052,184 7 the past year), mostly due

to emergency supplies. During this period and in response to the unplanned demands, the office recruited at the end of the year, a former staff to assist with supply management. Though in general the supply operation is functional, this area needs to be strengthened for more efficient response to recurrent emergencies in the country.

The Office relies basically on regular local market suppliers, Copenhagen Supply Center and Direct Order LTAs available as key sourcing references. Contact with MENA office for security equipment started in late 2011. The supply strategy for the office is planned for 2012 along with market survey and supplier evaluation. These activities will help the office establish the sourcing per category of supply.

The completion of the supply and distribution plans in the first quarter was not fully achieved in 2011. Supply plans were not submitted on time and when available, they were not co-signed by partners. Lack of clear specifications in some cases delayed processing of requests for supplies.

Regular field monitoring of supply was done by the programme team. Integrated supply/programme visits only took place in the Djibouti city. Quarterly monitoring supply report was not shared with the programme team during the earlier part of the year, but steps were taken to ensure more regular sharing of reports during the last three months of 2011. Emergency supplies were reported in a timely manner and integrated as part of the weekly Sitreps.

The UN initiative to put LTAs in place was effective and created savings in terms of money and procurement time. This activity will continue and will expand to other services in 2012 under the leadership of UNICEF as Head of the OMT.

In 2011, no specific training was conducted in the area of procurement services or supply chain management. UNICEF continues to assist its partners in the clearing and dispatching of programme supplies. Training on the preparation of supply and distribution plans, supply chain management and procurement services will enhance procurement and supply efficiency and collaboration with partners in 2012. These aspects are under consideration by the programme team.

The Senior Supply Assistant benefited from Vision training and he is the office Super-User for supply. One Programme Assistant participated in warehouse management training and will be supporting the office on supply related matters from 2012. The Senior Supply Assistant has been encouraged to review book G, strengthen knowledge and to keep abreast with new policies.

Human Resources

The office learning and training plans focused on capacity development and encourage career development. It is important to underline that all category of staff (GS, NO and IP) received adequate training during the year to enhance their performance and deliver quality results. IPSAS and Vision were the key focus in 2011 and in Djibouti, about 50% of staff, VISION users, benefited from the Global/Regional training. By year-end, all users received some level of training in different areas of programme and operations. The office invested a total of US\$ 66, 243 on training activities, 90% from regional and global budget and about 5% from the local budget. The culture of learning is growing and several staff members have taken the initiative to pursue their studies. The Child Protection Officer took a year's study leave abroad, while the Administrative Assistant and the Education Officer both completed advance degrees in late 2011 through distance learning. The training plan was implemented to a level of 55% and the low implementation rate was due to emergency situation needs and other activities such as the preparation for Vision and relocation to new building.

The performance discussions were monitored and staff was encouraged to ensure a minimum of two formal interim reviews during the year. The completion of the PAS 2010 was reported at 100% and PAS planning was completed on time. The office is expected to achieve 100% PAS reporting for 2011 by end of February

2012.

The EPR plan has defined human resources strategies in response to humanitarian crises in Djibouti and in line with the CCCs. Competencies not available in country were offset by the recruitment of external consultants or staff identified from the global humanitarian network. In 2011, the office recruited three consultants, P3, Water and Sanitation, two GS to support emergency in addition to regional visits of Chief of Emergency from MENARO and ESARO. Members of the Emergency Committee and staff in general were regularly briefed about emergency risk and responses. With increased risk level in Djibouti due to proximity of Somali, reinforcement of the staff capacity in security matters will be required in 2012.

The UN Caring for Us (CFU) committee is in place. In 2011, training was conducted to enhance their knowledge on the management of the caring for us activities. Two UNICEF staff are members of this team. The internal counselling committee is in place and staff members are encouraged to keep abreast with new HIV aids developments through intranet and documentation shared by headquarters. Though HIV prevalence is quite low in Djibouti, the DCO plans to reinforce the monitoring of the 10 minimum requirements with greater focus on communication for prevention. Other activities to promote staff wellbeing in 2011 included the creation of a tea space where staff can have a quick meal and take a short tea break, partitioning of open offices for better work privacy, and hosting of dinners to celebrate staff achievement and welcome new staff.

Efficiency Gains and Cost Savings

The office has established a cost reduction committee whose task is to identify measures and propose strategies to reduce office and programme operating cost. The committee was not fully operational in 2011 mainly due to relocation and emergency activities. Two items (electricity and communication cost) have been identified as priority, which will be addressed in early 2012.

The UN initiative to put in place common LTAs since 2008 is ongoing for office furniture and office equipment. In 2011, the OMT was mostly dormant due to leadership gap caused by the departure of UNICEF Operations Manager who was the chairperson. In 2012, UNICEF has been designated once again to chair the committee and cost saving will be on the agenda.

Property control was established in the fourth quarter as a mitigation measure to counter the misuse of vehicles. Special authorization to move any UNICEF item from the office is required and verified at the security checkpoint.

An electronic attendance record has been activated to facilitate HR monitoring of staff attendance.

Changes in AMP and CPMP

In 2012, the structure will remain the same. Changes proposed to CPMP 2008-2012 during 2011 mid-term review have been mostly implemented resulting in the following recruitment: Nutrition Specialist- L3, Education Specialist-L3, Child Protection Officer- NOA, and Communication for Development Officer-NOA, Information and Telecommunication Officer – NOA.

Reinforcement of capacity at the operational level in response to the country programme's growth and greater requirements of the management and financial systems is under consideration for the new Country Programme (CP) 2013-2017.

Summary Notes and Acronyms

ADDS	Agence Djiboutienne pour le Développement Social
AFD	Agence Française de Développement
ARV	Anti-Retroviral
AWP	Annual Work Plan
BCP	Business Continuity Plan
BMS	Breast Milk Substitutes
CEDAW	Convention on the Elimination of All forms of Discrimination
CHW	Community Health Workers
CERF	Central Emergency Relief Fund
CLTS	Community Led Total Sanitation
CMT	Country Management Team
CPAP	Country Programme Action Plan
CPD	Country Programme Document
C4D	Communication for Development
CO	Country Office
CRC	Convention on the Rights of the Child
DCO	Djibouti Country Office
DCT	Direct Cash Transfer
DPT	Diphtheria, Pertussis, Tetanus
MICS	Multiple Indicator Cluster Survey (Enquête Djiboutienne Indicateur Multiple)
EFA	Education For All
EMIS	Education Management Information System
ENOC	Emergency Neonatal and Obstetric Care
EPI	Expanded Programme of Immunization
EPRP	Emergency Preparedness and Response Plan
FA	Focus Area
FAO	Food and Agriculture Organisation
FGM/C	Female Genital Mutilation/Cutting
HACT	Harmonized Approach to Cash Transfer
HRAP	Human Rights Approach to Programming
HIS	Health Information System
ICT	Information Communication Technology
INDS	Initiative Nationale pour le Développement Social (National Initiative for Social Development)
GAVI	Global Agency for Vaccines and Immunisation
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IMCI	Integrated Management of Childhood Illness
ITC	Information Technology Communication
JICA	Japanese International Cooperation Agency
JPO	Junior Programme Officer
KM	Knowledge Management
MDG	Millennium Development Goals
MENA	Middle East and Northern Africa
MENARO	Middle East North Africa Regional Office (also RO)
MoE	Ministry of Education
MoH	Ministry of Health
MoU	Memorandum of Understanding
M&E	Monitoring and Evaluation
MSF	Medicin sans Frontiers

MTSP	Medium Term Strategic Plan
NIDs	National Immunisation Days
NGO	Non Governmental Organisation
NOC, B, A	National Officer C, B or A
OCHA	Office Coordination Humanitarian Affairs
OFDA	Office of Foreign Disaster Assistance
OR	Other Resources
OVC	Orphan and Vulnerable Children
PCA	Protocol Cooperation Agreement
PBA	Project Budget Allotment
PPTCT / PMTCT	Prevention from Parent (Mother) to Child HIV Transmission
PRSP	Poverty Reduction Strategy Paper
S/M	Staff/Member
RBM	Results Based Management
RO	Regional Office (also MENARO)
RR	Regular Resources
TFT / TA	Temporary Fixed Term / Temporary Assistance
UN	United Nations
UNAIDS	United Nations AIDS Programme
UNCT	United Nations Country Team
UNDAF	United Nations Development Agency Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNHCHR	United Nations High Commission for Human Rights
UNHCR	United Nations Refugees Agency
UNICEF	United Nations Children's Fund
US	United States
USAID	United States Agency of International Development
USD	United States Dollar
VPO (OPV)	Vaccine Polio Oral (Oral Polio Vaccine)
WASH	Water Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation
WFP	World Food Programme

Evaluation

Other Publications

Lessons Learned

Programme Documents