Executive Summary

Among the key achievements of the Country Programme for Djibouti in 2013 is that, thanks to the emergency response in place for the outbreak of polio in the Horn Of Africa, zero cases of polio have been confirmed in the country. The reinforcement of the surveillance systems, as well as two national campaigns and a specific campaign in the refugee camps have been key factors to this success.

At the same time, with the support of the UNICEF education team, the Ministry of Education (MoE) was able to produce their first Education Sector Strategic Plan for 2014-2017 and to prepare a sound proposal to the Global Partnership for Education (GPE) based on the plan that resulted in the approval of US$3.8 million for the education sector. In parallel, with support from ECHO, UNICEF and the Ministry of Health (MoH) completed and published the SMART (Standardized Monitoring and Assessment of Relief and Transition) survey, which gave a strong call for attention to all stakeholders on the situation of malnutrition in the country and brought partners together to find a comprehensive solution. Finally, with the support of the joint programme UNFPA/UNICEF, 62 religious leaders issued a declaration on the promotion and protection of children rights. One of the principles of the declaration is the following: “The harmful impact of FGM/C has been proven and as such it has to be abandoned in all its forms”.

The programme experienced some shortfalls, such as the irregular monitoring of the nutrition programme at the field level, due to the weak capacities of the health workers, poor transportation means and the lack of timely data on the distribution of supplies; delays in the introduction of new vaccines planned for 2013, due to the unfinished work in the main cold chamber in the country; and the decline of the activities on Prevention of Mother-to-Child Transmission (PMTCT). These three areas are key priority areas for follow up in 2014.

Finally, the country programme has initiated a partnership with Union Nationale des Femmes Djiboutiennes (UNFD: Djiboutian Women Federation), so that once the NGO Tostan has completed the first phase of the Community Empowerment programme, support to the communities and the extension of the FGM programme will continue. The Office has developed important partnerships with local and international NGOs, such as Lutheran World Federation (LWF), Association pour le Développement Intégré de Mablal (ADIM), Caritas, Ecoles Catholiques du Diocese de Djibouti, Action Contre la Faim (ACF) and Care, thus expanding the network of partners working on child rights and creating local capacities. One of the key partnerships initiated in 2013 on maternal and child health with UNFPA and WHO resulted in the organization of a national forum and executive committee that is working on a national plan of action for maternal and child health.

The achievements of 2013, the first of the new Country Programme, were made against a series of challenges: The lack of a full-time management team until August, developing capacities on the new VISION system and the late signature of the RWP (May 2013), due to elections and reshuffling of the cabinet, as well as the weak absorption capacity of the implementing partners, have resulted in implementation levels below standards. However, a dedicated and committed team in country and partners have achieved several results as per this report.

Country Situation as Affecting Children & Women

Djibouti is a middle income country (US$1350 per capita GDP in 2013). Seven out of ten inhabitants live in urban areas, out of which six live in Djibouti-City. The economic growth rate was estimated at 4.8 per cent in 2012; it is mostly driven by the tertiary sector, which represents 77 per cent of GDP while the primary and secondary sectors represent, respectively, 4 per cent and 19 per cent. The inflation rate was estimated at 3.7 per cent in 2012. Unemployment reached 48 per cent at the national level, while it peaked at 60 per cent in the interior regions (EDAM3-Poverty profile). Persisting drought in the Horn of Africa for nearly six years has severely affected herders and decreased income of rural communities.
Even if some progress has been registered against MDGs 2 and 3 in terms of gender parity in access to universal primary education, Djibouti needs to sustain its efforts and mobilize support of partners to achieve these and the other MDGs.

According to the Pan Arab Project for Family Health (PAPFAM) study in 2012, the under-5 (U5) mortality ratio decreased from 123 per thousand live births (LB) in 1990 to 67.8 per thousand in 2012, close to the 58 per thousand target set for 2015. Infant mortality follows similar lines, with an average estimated at 58 per thousand and with ratios more favourable to rural areas and to girls. Maternal mortality, although decreasing, is still estimated at 383 per 100,000 LB, markedly higher than the target of 185 set for 2015. Pregnancy complications often related to lack of knowledge of danger signs, diseases and malnutrition are the main causes of maternal mortality. According to PAPFAM, the contraceptive prevalence rate and the prenatal consultation rate (4 visits) remain low, estimated, respectively, at 19 per cent and 22.6 per cent. The proportion of deliveries assisted by qualified personnel reaches 87.4 per cent and is higher in urban areas.

Efforts aiming at ensuring child survival and development remain confronted by challenges in nutrition. According to the SMART survey (December 2013), 17.8 per cent of U5 children suffer from global acute malnutrition (GAM); those suffering from severe acute malnutrition (SAM) represent 5.7 per cent. Acute malnutrition is higher in urban areas (18.2 per cent for GAM and 6.4 for SAM). Boys are also more affected than girls and the 6 to 23 months age group is also more affected than other groups. Prevalence rate of global chronic malnutrition is estimated at 29.7 per cent and 10.7 per cent for severe chronic malnutrition. Underweight is about the same levels and is also higher for boys. The breast feeding rate reaches 49.3 per cent.

In the field of water, sanitation and hygiene (WASH), (Djibouti Household Survey (EDAM) 3), access to potable water is estimated at 86 per cent and only 56 per cent in rural areas. Water quality and effective availability in the tap remain an issue, as 15 per cent of the population considers that water quality is unsatisfactory. The sanitation rate is persistently low in rural areas, with only 16 per cent of households equipped with adequate sanitation facilities. Open defecation is still practiced by the majority of rural populations.

The country is confronted with a HIV/AIDS generalized epidemic, with an estimated prevalence of 2.5 per cent among adults. The number is an estimate by the UN in the absence of a recent sero-prevalence study in Djibouti. The HIV epidemic is characterized by its concentration in urban areas (particularly in Djibouti-City) and among women (56 per cent of people living with HIV); 10 per cent are 15 to 24 years old.

In the field of education, Djibouti has updated its sector strategy, developed its triennial education action plan for 2014-2016 and prepared a funding request to the global partnership for education, which was accepted and secured US$3.8 million in funding. The issue of out-of-school children remains of crucial importance, as they are estimated to represent more than 30 per cent of the school age population. Preschool education is not compulsory and so far has not represented a priority for the government. Most preschool education service provision emanates from private sector; it is fee paying and only affordable for upper middle class or well-off families. Consequently the preschool enrolment rate is less than 10 per cent. In the revised sector strategy and new education plan, preschool education will receive more priority, and a new pilot experience in primary schools and in communities will be initiated in 2014.

Primary education is progressing in Djibouti. According to the EDAM 3 survey, in 2012 gross enrolment rate increased from 68 per cent in 2008 to 82.8 per cent in 2012; the situation has improved in Djibouti-City, but interior regions and some suburban areas are lagging behind. Orphans and vulnerable children who often do not have a birth certificate are among those deprived of education, nomadic and disabled children also. The gender parity index is 0.88, illustrating persisting gender disparities affecting rural girls in particular. Poverty, distance to school and an undervalued social representation of the importance of education of girls are among the main bottlenecks, to which should be added the limited capacity of schools to take in all school aged children. Assessment tests show that more than half of the students don’t reach the minimal level of mastery of the competencies prescribed by the curriculum in math and science.

Child protection against violence, exploitation and abuse has still a long way to go, even if good progress has
been achieved on many fronts. For example, the prevalence of female genital mutilation/cutting (FGM/C) has decreased from 93 per cent in 2006 to 78.4 per cent in 2012 (PAPFAM study); the reduction was registered equally in urban and rural areas. The number of orphans and vulnerable children is estimated at 42,000, of whom only 2 per cent benefit from a support programme. The number of street children is increasing, particularly in suburban areas. Birth registration is progressing and reached a rate of 92 per cent; the Ministry of Interior has launched a civil registration campaign targeting rural areas to register and deliver identity cards to people presumed to be Djiboutian and their children. The Ministry of Justice has elaborated an inventory of all child rights legislations in the country; it has also drafted a law on child protection and juvenile justice. A national social protection strategy based on a social safety net approach has been elaborated with support from World Bank, African Development Bank and UNICEF. A pilot phase will be initiated in 2014.

Country Programme Analytical Overview

The 2013-2017 Country Programme responds adequately to barriers and bottlenecks for most disadvantaged children in terms of response to the Health, Nutrition, WASH, Education and Protection challenges, but it needs to be refocused at the IR/output level and for HIV/AIDS and Intersectoral at the PCR/outcome level. In the case of Health, the programme has not yet been able to fully integrate and monitor vertical health interventions (immunization, IMCI, nutrition, C4D) in a package of preventive and curative services for children.

In 2014 the programme will review with partners the possibility of developing a comprehensive approach to children that includes interventions on health prevention promotion and cure, prevention of malnutrition, provision of adequate information to caregivers for healthy practices and other interventions at the community and health centre level. Additional efforts will be put on the immunization component, due to stagnating coverage figures, and on PMTCT, in collaboration with sister UN agencies. The size of the country and the small number of pregnant women should allow for a strong PMTCT strategy to be in place, involving provision of ARVs and a link to the paediatric treatment component and to prevention. However, the Result Assessment Module (RAM) outcomes for this component show that UNICEF needs to readjust and increase its efforts in the coming year to sustain and optimize the gains.

The new Programme Information Database (PIDB) coding and the need to convert Programme Component Results (PCRs) and Intermediate Results (IRs) to Outcomes and Outputs will give the Office a chance to adjust and prioritize the outputs to be achieved and make them SMART.

For malnutrition, the programme will also be consolidated in one output, instead of the current three IRs, with a focus on the continuum of care, from the pregnancy period to the child reaching three years, and with a stronger emphasis on prevention, as well as on treatment of severe acute malnutrition. This repackaging will result in a more coherent nutrition programme, providing for greater complementarity and consistency with other stakeholders, such as WFP.

The WASH programme will continue as per the plan, on provision of water and sanitation and capacity building for the management of the facilities, as well as on hygiene promotion integrated with other health and nutrition related C4D interventions. The Education programme will continue to focus on preschool education, and access to, quality and enhanced management of education in the context of the recently approved national education plan. The Youth and HIV/AIDS programme will be merged under the Education programme and will cover the prevention of HIV among adolescents, in school and out of school.

The PMTCT component will be covered by the Health programme. The five IRs of this programme component will be translated into one or two outputs for the Education programme. The protection components will focus its efforts around FGM, birth registration, juvenile justice and street children. Finally the Intersectoral programme will concentrate on Monitoring and Evaluation (M&E), support to the revitalization of Djibouti DevInfo, the production of a Multidimensional Overlapping Deprivation Analysis (MODA) study, and the
support to the national Social Protection Strategy and National Development Planning Processes (SCAPE).

**Humanitarian Assistance**

The CO will continue to respond to the nutrition crisis in Djibouti and better target and intensify support to the most vulnerable, based on the results of the SMART survey, as well as to scale up the WASH response to the drought. The support of additional staff in the WASH section and the availability of Central Emergency Respond Fund (CERF) and Japan supplementary budget funds will enhance the response of the Office to these two critical sectors. UNICEF will continue to be the cluster lead for nutrition and WASH, and it is expected that the Humanitarian Action for Children (HAC) and the Consolidated Appeal Process (CAP) (SP) 2014-2015 will bring additional resources to respond to both crises. In 2013, the Office also supported two polio campaigns, following the Horn of Africa outbreak, and plans to continue supporting the government with its efforts on the surveillance front. UNICEF support to the education of 3,000 refugee children in the Ali Addeh and Holl camps will also be sustained and will possibly be complemented by a HIV prevention component for adolescents in and around the refugee camps.

**Effective Advocacy**

*Partially met benchmarks*

In 2013 the Djibouti Country Office initiated a process of identification of the key advocacy topics for the country programme. One of the main topics identified is nutrition, based on the SMART survey results published in December. The figures show a global acute malnutrition rate of 17.8 per cent, with important geographical disparities, while severe acute malnutrition has reached an average of 5.7 per cent at the national level, again with different rates across the country. The presentation of the results was in itself a high-level advocacy event, chaired by the Secretary General of the Minister of Health and attended by a wide range of stakeholders supporting the nutrition cause; however, the event did not reach the general public and the high-level decision making bodies. In order to address this UNICEF and WFP have called all UN agencies to a meeting on the next steps for supporting the elaboration of a national plan for combating malnutrition from the prevention perspective and to create an alliance under the SUN Initiative. It is expected that during 2014, this will be one of the key advocacy topics for the Office.

The Office has initiated the design of a Fundraising, Partnerships, Leveraging and Advocacy strategy and it will include a clear prioritization of advocacy activities for 2014. Other key advocacy events in 2013 have been the presentation of the mapping of national child rights legislation and the draft comprehensive law on juvenile justice in line with international standards for adoption by the Parliament, and a national consultation of religious leaders on FGM and Children Rights that resulted in a declaration on promoting and protecting children and women’s rights. As part of the anniversary event for the Convention on the Rights of the Child (CRC), UNICEF advocated for children with disabilities and their inclusion in all governmental programmes.

UNICEF also supported the African Statistics Day. A workshop between key stakeholders of the production and use of data was organized and in the presence of three ministers and Paris 21 (an M&E consortium), UNICEF advocated for the production, access and use of timely, disaggregated data by gender and use of Djibouti DevInfo – the national database supported by UNICEF – for programme design.

For the Global Hand @ashing Day UNICEF together with the Ministry of Health and the UNFD, organized a week-long hand washing campaign in Djibouti and two other regions, Obock and Dikhil. UNICEF also supported the national week of fight against the HIV-AIDS around the diversified themes such as Sexual Transmitted Infections (STI), HIV/AIDS screening, unwanted pregnancies, stigma and discrimination.
Capacity Development

Partially met benchmarks

In 2013, UNICEF’s capacity development portfolio was diversified and included some good practices; it embraced both institutional development and human capacity building. Institutional development type interventions include the provision of long-term technical assistance to government institutions to train their staff in various fields or guide them in carrying out specific initiatives/projects, as, for example:

(i) the recruitment of a national consultant for three months to train and provide assistance to the Ministry of Women’s Promotion, particularly the Department of Childhood; the training covered areas such as strategic planning, M&E, Communication for Development (C4D), Roll Back Malaria (RBM) and Child Rights; and

(ii) recruitment of an international consultant to work with the State Secretariat for National Solidarity (SSNS) staff to develop technical, administrative and legal procedure manuals for the social safety nets strategy.

Capacity development also included the provision of technical assistance for six to eight weeks to guide/support implementation of studies such as “Out-of-school children” or the SMART survey; task teams set up for each study included technical staff respectively from MoE or MoH, in addition to statisticians from the Department of Statistics (DISED); the responsibility of the consultants included both the completion of the respective studies but also that the process is conducted in a way that induces a transfer of technical skills in research methodology. Along similar lines, the technical support by UNICEF programme specialists to Ministerial counterparts to prepare a GAVI/Health System Strengthening (GAVI/RSS) proposal or Global Partnership for Education request or support the revision of the Education Sector Strategy and Triennial Plan has also involved a great deal of capacity transfer. Finally, UNICEF provided IT equipment and statistical software packages to DISED and to the data collection and analysis services of several line ministries.

Of the human capacity development type interventions, the Office has supported the following:

- Training activities for various categories of MOH personnel including health workers, midwives, community workers and volunteers involved in management of acute malnutrition or from community management committees trained by Tostan on FGM/C.

- Facilitating participation of staff from different ministries to workshops and training sessions organized abroad; this was the case for officials from the SSNS trained on MODA analysis in Egypt, Ministry of Agriculture officials trained on technical aspects of WASH or on WASH in Emergencies in Burkina Faso and Madagascar, or Ministry of Education officials trained on MoRES.

- Training of Religious Leaders on Child rights violations and on FGM as part of the UNICEF-UNFPA joint program; this adopted an innovative multipurpose approach through organizing a three-day national conference which involved three key components: advocacy and alliance-building, capacity development and consensus-building.

- Training of youth facilitators on the life skills approach to build their capacity to act as trainers and peer educators for HIV/AIDS prevention. With its empowerment and multiplier effect dimension, this last initiative is somewhat innovative.

A final element to mention is that a Programme Cooperation Agreement (PCA) signed with an International NGO implementing a WASH intervention for UNICEF has integrated a skills and capacity transfer component to benefit a local NGO also implementing WASH projects.
Communication for Development

**Partially met benchmarks**

In 2013 the programme invested on C4D as one of our main strategies across the different components of the country programme. In Health, for example, support was provided to community-based committees in the management of health centres. Social mobilization has been conducted for two national polio immunization campaigns, and a hand washing with soap and hygiene promotion campaign was conducted in the second part of the year, with ongoing activities on promotion of hand washing in health centres and schools. The programme has developed communication materials to promote immunization, hand washing and nutrition.

In the area of Education, the school health programme is under revitalization, in partnership with the Ministries of Health and Education and has initiated the compiling of an inventory of all relevant existing materials. Finally, a video on FGM was translated into the Somali language in order to reach women and men in the communities; it will be aired in 2014. Thanks to the UNICEF staff’s knowledge of community mobilization, the programme was able to assist the social mobilization to generate dialogue around the national Social Protection Strategy and more specifically the debates around the safety nets at the community level and with local leaders.

The limited financial and human resources for prevention and communication interventions, the lack of dissemination of communication tools and underutilization of the communication channels (Radio Television of Djibouti and others) are factors limiting the impact of C4D actions.

Hence, in some hard to reach areas, the persistence of some social norms, such as the reluctance to send adolescent girls to secondary school, the preference for home delivery, and the diverse forms of stigmatization towards people living with HIV/AIDS, show that there are still great efforts to do to ensure the adoption of healthy and protective behaviours. UNICEF will continue to work with children at school level on the promotion of healthy behaviours, and with adolescents on the life skills approach. In 2014, UNICEF will support a C4D capacity assessment and the elaboration of a C4D strategy for health, including HIV/AIDS related topics, and using the schools as one of the entry points to reach children.

Service Delivery

**Partially met benchmarks**

In 2013, during the preparation of the Rolling Work Plan, UNICEF assisted its partners to identify gaps for basic service delivery; UNICEF also committed to support a part of the plan to remedy these gaps, mostly in the health sector. The supplies are destined to the most vulnerable children. For the health sector, the programme has provided to the Ministry of Health essential drugs like amoxicillin, paracetamol, iron, and zinc and Oral Rehydration Salt (ORS) bags to prevent and cure common illnesses. The programme also provided new-born reanimation equipment, essential drugs for the management of serious neonatal infections, and 15,000 heath monitoring cards. Other support provided includes 20,000 reagents for the PMTCT program, 8,000 Rapid Diagnostic Tests (RDTs), 52,000 Long Lasting Treated Nets (LLTN), and first and second line malaria treatment drugs for prevention and treatment. On the immunization programme all the vaccines used in the routine immunization programme (including for refugees) plus the polio campaigns and 60 vaccine carriers were provided. In order to improve the cold chain, 22 batteries and 13 freezers with solar panels were also provided. The country programme has also supported the production and distribution of 50,000 immunization cards and 50,000 schedules that were provided to strengthen data collection system.

In the area of nutrition, the programme supported the National Nutrition Programme and United Nations High
Commission for Refugees (UNHCR) by procuring and distributing the nutritional products for malnutrition management: the multi micronutrients (sprinkles), the ready to use supplementary food (plumpy doz) and the ready to use therapeutic food (plumpy nut), therapeutic milk F75 and F100 and other essential drugs. Furthermore, anthropometric equipment (scales, measuring boards and MUAC tapes) and data collection registers and cards were also provided.

For the WASH component, hand washing and hygiene kits were provided to hygiene committees to prevent diseases, along with fuel for water trucking. In Education, the country programme constructed class rooms for the refugees in the Holl refugee camp and for the nomadic populations affected by the drought in Sankal and Garabtissan. In general, the country programme supports the partners with fuel to implement and monitor all the different activities and with the cost of the travel for monitoring and supervision. For the time being, the transition towards a mode of full government ownership of service delivery is a challenge due to the inadequate budget allocations for some social sectors.

**Strategic Partnerships**

*Mostly met benchmarks*

In 2013, UNICEF strengthened existing partnerships with the Government, national and international NGOs, UN agencies and development partners and developed new partnerships. With the Government, UNICEF continues to work with a variety of departments within the Ministry of Health, for example, the Immunization programme, the National Nutrition Programme, the anti-malaria programme, and other Ministries, such as Education, Justice, Interior, Muslim affairs for FGM issues, Women Promotion, the Water Directorate at the Ministry of Agriculture, Youth and Sports, Statistics Directorate, and the State Secretariat for National Solidarity.

UNICEF has also currently project cooperation agreements with international NGOs such as Action Contre la Faim, Care International, Lutheran World Federation, Caritas, and local NGOs such as ADIM, Association La Voix de l’Est, l’Ecole Catholique du Diocese de Djibouti and association Paix & Lait. A new partnership was established with the NGO UNFD (National Union for Djiboutian Women) on the implementation of the community led programme on FGM. A strong partnership has been established with USAID and the Japan International Cooperation Agency (JICA), both working in Education and Health areas, with frequent exchange meetings, and with the UN agencies.

The relationship with UN agencies is also getting stronger and several initiatives were launched in 2013: with UNHCR, the elaboration of a letter of understanding to support basic social services for children and women in the refugee camps; with WFP, an alliance on prevention of malnutrition; with UNFPA on the joint FGM programme and on maternal health; and with UNDP, on the support to national planning processes. Constant dialogue is on-going with UNESCO on the quality of Education and with UNAIDS on the revitalization of the PMTCT programme. In particular, a weekly coordination meeting takes place between WHO and UNICEF on immunization, and mother and child health.

UNICEF is also the coordinator of the Education partners group and has been acknowledged by the Ministry and partners for the excellent support provided during the elaboration of the Strategic Plan for Education 2014-2017 and the request for funds to the Global Partnership for Education that has resulted in the approval of US$3.8 million for Djibouti. UNICEF, in the person of the Representative, actively participates in the Country Coordinating Mechanism for the Global Fund, and the Health Specialist participates in several of its technical working groups (proposal development, organization of a secretariat, and others as needed). UNICEF is also a member of the Immunization Coordination Mechanism; unfortunately this group meets rarely despite the advocacy of WHO and UNICEF to have regular meetings. UNICEF is also a member of the Joint HIV/AIDS programme and contributes actively to this group. At the same time, the CO leads the Nutrition and the WASH clusters and has been active in the coordination and compilation of inputs for the
CAP 2014-2015 for the Nutrition and WASH components. A draft document is under preparation to be finalized at the end of January. Finally the continued good partnership with the embassy of Japan in Djibouti has resulted in the approval of US$800,000 for 2014.

**Knowledge Management**

*Partially met benchmarks*

The CO conducted a SMART survey in 2013 to assess the nutritional situation of children and women. The document was presented at the national level and is being used as an advocacy tool for a renewed commitment to nutrition. UNICEF and the Ministry of Education also conducted a study on Out-of-school children to analyse their profiles and the reasons for their being out of school and to study existing policies pertaining to this question.

Internally in the Office, knowledge management functions were covered by a JPO and upon the departure of this staff member they were absorbed by the local learning and training committee. The Office organized two types of knowledge sharing:

- information sharing via email and
- information sharing internally with workshop sessions, for example on VISION, the new Strategic Plan, or on the post 2015 agenda.

Following international workshops or meetings, colleagues were debriefed in some cases and trip reports were shared with all staff. In 2014 the committee in charge of training office personnel will propose a more participatory knowledge management strategy to allow all staff members to have a better understanding of the programmes and activities of the Office.

**Human Rights Based Approach to Cooperation**

*Partially met benchmarks*

The country programme was designed with a Human Right Based Approach (HRBA) framework in mind, focusing on all the rights of children, including participation, and with a strong focus on the most vulnerable: those living in rural areas and peri urban parts of the capital. In the country programme, actions such as community management of acute malnutrition target the most affected areas. In Protection, street children, considered the most vulnerable in urban settings, benefit from a social services package. Vaccination campaigns reach children living in remote areas with limited access to services. The “out-of-school children” study conducted in 2013 significantly contributed to identifying children in sub urban and rural area not enrolled in school and in analysing the causes, barriers and bottlenecks explaining this situation. It also studied profiles of nomadic children or rural girls or children with special needs which were not given priority before. Training on life skills and leadership for boys and girls enhances their skills in claiming their rights and emphasizes their participation in programme design; its main target is out of school adolescents. The CO will review in 2014 the participation of right holders in all stages of programming to ensure that communities have a more prominent role in programmes such as health or education.

Djibouti has ratified all the main international human rights instruments and submits State reports to treaties’ bodies. In 2013, the inter-ministerial committee accountable for preparing State reports submitted three reports: on the Covenants on Economic, Social and Cultural Rights; on the Covenant on Political and Civil
Rights; and on Human Rights. With support from UNICEF, the CRC report will be prepared by the State in 2014. Celebration of events, such as the CRC commemoration (National Child Week, under the leadership of the Prime Minister), were used as opportunities to advocate for children and women rights and highlight the accountabilities of duty bearers and, in particular for the rights of children with disabilities. The country pursues its efforts on legal and judicial reforms in order to ensure children rights. For example, UNICEF supported the Ministry of Justice on mapping the national legislation on children and women rights. In 2014, it plans to undertake an analysis of these legislation in light of international instruments ratified by Djibouti. The expected outcome is the drafting and adoption of laws in line with the international standards, such as a Child Protection Code or a law on Juvenile Justice. The national conference of religious leaders focused on child rights violations including FGM.

Also, in 2013 the National Commission on Human Rights organized televised and radio shows discussing the protection and promotion of human rights, such as right to health, education and justice, with a focus on the most vulnerable population. Moreover, during the celebration of Human Rights Day, held on the 10th of December, the speeches by the Prime Minister, Minister of Justice, United Nations Resident Coordinator and the president of the National Commission on Human Rights all mentioned the CRC and children rights as a core part of the human rights accountabilities of the country.

**Gender Equality**

*Partially met benchmarks*

The Country Office has not conducted a gender analysis for some years, although efforts have been made to collect disaggregated data in the latest surveys supported by UNICEF (SMART and the Out-of-school children). The surveys show increased rates of malnutrition for boys, constantly across regions (GAM is 19.3 for boys and 16.2 per cent for girls, and SAM is 6.9 per cent for boys and 4.5 per cent for girls). This trend needs to be analyzed in detail and will be part of a study on the causes of malnutrition planned for 2014.

Also, routine data are disaggregated on school enrolment and attendance collected by the Ministry of Education, with girls representing 46 per cent of the total number of children enrolled in primary schools. In the child protection programme, the coordinators of two of the four networks of community child protection structures are women and in the HIV prevention programme there has been capacity building initiatives for 48 adolescent girls and young women in leadership in all the regions of the country and Djibouti City. Forty-eight female facilitators and directors of the Community Development Centres (CDC) have been trained to revitalize the CDCs and to increase participation of girls to the CDC and form girls' clubs.

Provisional results of the Out-of-school children study conducted in 2013 shows that 37.4 per cent of 6-10 year old children are out of school and 48.1 per cent of 11-14 year olds are out of school. The gender disparities are significant with a gap of about 9 percentage points in the school enrolment rate between girls and boys. Of the approximately 67,521 6-14 year old children out of school, more than 38,000 (56 per cent) of them are girls. This disparity increases with age or depending on geographical area. Analyzed by age, the study shows that only 15.4 per cent of 14 year old girls are educated against 34.6 per cent at the age of 6 years. In addition, more than two thirds of girls do not have access to primary school outside Djibouti, and this proportion reached 79.1 per cent for the age group 11-14 years (low secondary school). It is worth noting that the new Education Action Plan for 2014-2016 has adopted measures to boost girls' education particularly in rural areas.
Environmental Sustainability

Partially met benchmarks

Djibouti CO has identified environmental and climatic issues as potential risk factor for humanitarian crises and has provided a humanitarian and programmatic response to them through the Nutrition, Health and WASH programmes. The country has been facing disasters, such as desertification, in a context of extreme high temperature, resulting in a recurrent drought that is impacting the well-being of children. Hazards have hit highly vulnerable communities with limited resilience and low capacity to cope, reversing hard-won development gains, entrenching people in a poverty vicious cycle, and increasing their vulnerability and to some extent, that of the entire country. The response from UNICEF in 2013 focused on the treatment of severe acute malnutrition, WASH interventions in drought affected areas, with a population estimated at 145,000 in rural areas and 75,000 in urban and sub urban zones, and the support to Community Management of Childhood Illness. The recent SMART survey shows that malnutrition rates are very high and that the effects of drought and climate change are long to stay.

It is worth noting that in Health, WASH, and Education, UNICEF has promoted the use of equipment functioning with solar energy; this is the case for solar pumps used for wells and for cold chain material, such as refrigerators. For many interventions, solar energy reduces the energy-bill, which remains quite high due to the large quantities of fuel provided to partners for a variety of activities.

Strategic partnerships have been developed and consolidated with European Commission Humanitarian Office (ECHO) for the SMART survey and with the Japanese government on the emergency response to the drought crisis. The Nutrition and WASH clusters coordinated by UNICEF have continued to manage the emergency situation related to Nutrition and WASH. UNDP is the main partner in the country working on climate change, disaster risk reduction and environmental sustainability at the policy level, and UNICEF provides limited but continuous technical support. There is a need to develop the national capacities and strengthen the national coordination and monitoring mechanisms. UNICEF has limited expertise and resources in-house to support UNDP on this matter. Recently received minimal funding for Disaster Risk Reduction (DRR) will allow the Office to better conceptualize its DRR work, particularly in WASH and in Education and to launch a pilot project in 2014.

South-South and Triangular Cooperation

Although developing South-South cooperation is not a major objective or strategy of the country programme, UNICEF has taken 2 noteworthy initiatives in this area, one pertaining to Education and the other to WASH.

In education, UNICEF, with support from the Morocco Country Office, has facilitated contacts between the Ministries of Education, respectively, in Djibouti and Morocco. The Djiboutian MoE Secretary General held a number of meetings with various Moroccan MoE officials to discuss two cooperation projects; (ii) the first relates to the organization of pre-service training for new Djiboutian education supervisors in a Moroccan institution, and (ii) the second was about facilitating the participation of Djiboutian Education planning specialists to a series of training workshops in Educational Planning organized for provincial level education planners—from Morocco—with technical support from a renown French institute (CIEP). Agreement was reached to ensure the participation of two Djibouti MoE officials in a two-week long training workshop on educational planning in Morocco. As far as the second cooperation project is concerned, its implementation is in principle agreed between the two partners but has been postponed to 2014.

In WASH, UNICEF facilitated the participation of four officials from the Ministry of Agriculture to WASH related training workshops. The first in Burkina Faso was on WASH in Emergencies Preparedness and Response Planning, while the second was held in Madagascar and covered various technical aspects of water and sanitation provision in rural areas; both workshops were of good quality and these training opportunities in
countries of similar conditions to Djibouti were highly valued by the governmental partners. In general, UNICEF support to Djiboutian government counterparts to connect with other African French-speaking countries is well appreciated.

In terms of triangular cooperation, there have been no initiatives taken this year.
### Narrative Analysis by Programme Component Results and Intermediate Results

#### Djibouti - 6690

**PC 181 - Child Survival and Development**

- **On-track**

**PCR 6690/A0/05/091** In 2017, an integrated package of high impact interventions in child survival and development is scaled up to national level, particularly for the most disadvantaged populations.

**Progress:** Planned Health, Nutrition and WASH interventions were partially implemented.

A SMART survey conducted in Nov/Dec 2013 estimated a global acute malnutrition (GAM) prevalence rate of 17.8 per cent at the national level; the rate varies from 14.7 per cent in Dikhil to 25.7 per cent in Obock. Prevalence of severe acute malnutrition (SAM) is 5.7 per cent at the national level and it varies between 2.1 per cent in Tadjourah and 6.9 per cent in Balbala, the suburban area of Djibouti-City. These rates show clearly an emergency situation and despite the efforts of the National Nutrition Programme supported by UNICEF, they reveal a deterioration of the nutrition status of children under 5 years, as in 2010, GAM and SAM were estimated at 10 per cent and 1.2 per cent respectively. This deterioration is caused by the drought crisis peaking in 2010/2011, the increase in prices of food products and food insecurity of households which worsened the financial difficulties of families and affected their capacity to access preventative and curative health care; this adds to more structural factors pertaining to lack of knowledge of good nutritional practices. The survey has however shown that the rate of exclusive breastfeeding has significantly increased to reach 47.9 per cent.

In terms of health, on the positive side, it should be noted that data from PAPFAM 2012 study, - yet to be validated-, show a decrease in maternal and infant death. However on the less positive side, routine immunization data show that coverage rates estimated at 84 per cent for Djibouti-City and 70 per cent in the regions are at best stagnant if not slightly decreasing and evidently still far from the targeted levels.

UNICEF and WHO supported the two polio campaigns of June and October 2013 reaching over 90 per cent of their targets with another round implemented in January 2014.

In terms of WASH, no new data were published in 2013, however, results of the household poverty survey implemented in 2012 show that access indicators continue their slow but still steady progress. Government efforts are supported by UNICEF, UNDP and IOM; the EU has prepared its 4-year programme for Djibouti and the WASH sector is given relative priority; NGOs such as ACF, Care International or IR and to reinforce their level of health-related knowledge leading to positive behavioural change. The limited financial and human resources mobilized for prevention and communication interventions, the insufficient dissemination of communication tools produced, the under-utilization of communication channels (Radio Television of Djibouti and others) and the event-driven IEC activities undertaken

- **Constrained**

**IR 6690/A0/05/091/002 IR1:** By 2017, the knowledge of women in rural and sub urban areas is improved and they adopt appropriate health and nutrition behaviours.

**Progress:** With no recent survey undertaken on population’s health behaviour, it is difficult to clearly confirm the status of this IR. Nevertheless, data from the 2013 nutritional survey shows that mothers practice exclusive breastfeeding more often, compared to previous years. On the other hand, Vitamin A supplementation rate for children 6 to 59 months old (50.3 per cent) is low. In addition, the persistence of some social norms such as the ban imposed on new mothers to go out of their home for seven days after giving birth, the preference for home delivery in hard to reach areas and the diverse forms of stigmatization towards people living with HIV/AIDS, show that there is still room for improvement towards the adoption of positive health and nutrition behaviours.

A communication for development strategy will be elaborated by the Ministry of Health, with technical and financial support from UNICEF, and will help to better adapt and deliver health, nutrition and hygiene messages to communities and to build capacities in this field. The Ministry of Health has already established an intersectoral committee grouping representatives of all health stakeholders. The committee has so far been trained in the promotion of immunization.

The Ministry of Health and partners put in place community management committees to involve the community in health interventions and to reinforce their level of health-related knowledge leading to positive behavioural change. The limited financial and human resources mobilized for prevention and communication interventions, the insufficient dissemination of communication tools produced, the under-utilization of communication channels (Radio Television of Djibouti and others) and the event-driven IEC activities undertaken
are factors limiting the impact of C4D.

**Constrained**

**IR 6690/A0/05/091/003 IR2:** The immunization coverage of children under one year old, including those in rural and suburban area, is scaled up and sustained until reaching an average of 90 per cent at national level and 80 per cent at least in each district.

**Progress:** This IR will be hard to reach if corrective measures are not taken. Indeed, despite all the efforts to improve the immunization coverage at national and regional levels, the coverage rates have decreased according to the most recent estimates from the routine EPI report of the third quarter. The timely provision of vaccines and materials, the delays in the cold chain strengthening, and the lack of progression in the outreach interventions are the main challenges. Disparities persist between Djibouti City and the regions (84 per cent coverage rates for DPT3 and Penta 3 versus 70 per cent in the rural areas). The outreach strategy in the sub urban area of Djibouti City enables numerous missed children to be reached, but it is not properly implemented in the regions. The immunization strategy elaborated in 2008 and updated in 2012 is not being properly used by the programme. The delays in justifying the use of funds by the EPI slow down the execution of routine activities.

The disparities affecting rural areas relate to accessibility issues, the absence of health and immunization services, reduced activity of the mobile teams in recent years, the lack of an effective and efficient strategy to “Reach Every District”, and lack of information, knowledge and communication on immunization. Furthermore, the coordination of the programme was under capacity.

The concentration and excessive centralization of the routine EPI leads to inadequate planning and micro planning at the level of the regions and to an ineffective supervision. In terms of EPI surveillance, the situation is about the same. Indeed, the key surveillance indicators are low.

Despite these weaknesses, and given the Horn of Africa wild polio virus slow onset crisis, the EPI programme was able to prepare an epidemic response plan and conduct two polio campaigns with support from UNICEF and WHO that resulted in zero cases confirmed for Djibouti.

**Constrained**

**IR 6690/A0/05/091/004 IR3:** By 2017, more than 90 per cent of pregnant HIV+ women and their newborn babies receive a full prophylaxis in order to eliminate mother to child transmission of the virus.

**Progress:** Progress against this IR is unsatisfactory. Indeed, the prevention programme of parent to child transmission remains isolated and underperforming, despite technical and financial support from UNICEF and UNAIDS. Stigmatization remaining the principal bottleneck, as well as planned activities that were not implemented. Supplies are sporadically available and this leads to some cases of drop out. According to 3rd quarter routine data, out of 10,571 pregnant women counselled, only 4,331 (41 per cent) took the test. Among those tested, 3,411 (79 per cent) returned to collect results and of them, 54 tested positive.

Among tests taken and where the women did not collect the result, 19 cases were positive, which gives a total number of women tested positive to 73 (1.7 per cent); of this total number 29 only (39.7 per cent) have received ARVs and 41 children born to these mothers have received ARVs.

The low number of women tested could be explained by temporary shortage in reagents; however the relatively high number of pregnant women who tested positive but did not collect results is worrying. The Ministry of Health elaborated a five-year plan in 2013 jointly with partners including UNICEF; in addition, with support from UNICEF, the guide for care services has been updated in line with the 2009 and 2013 WHO protocols and 40 midwives have been trained on the guide. The existence of the five-year strategy with some reorganization, improved coordination and strengthened support could generate positive results. UNICEF in 2014 will dedicate renovated efforts to eliminate mother to child transmission, and it will be one of the priorities for the year 2014.

Paediatric care also needs an important investment in 2014, but the limited number of paediatricians in country is a challenge to ensure adequate care of the children. Despite the lack of updated data on this subject, children born to HIV-positive mothers and receiving ARVs are estimated at 55 per cent; however the number of HIV-positive children receiving ARVs is 20 per cent only.

**On-track**

**IR 6690/A0/05/091/005 IR4:** By 2017, under 5 children, particularly from rural and suburban areas, receive a package of quality preventive and curative health interventions.

**Progress:** Under 5 children, particularly those living in rural and suburban areas, have benefited from a package of interventions,
including capacity development of health workers and community workers and the provision of necessary supplies (drugs and reagents),
regular supervision and availability of information tools. Consequently, 54,284 children have received care services, including 6,976 children with pneumonia, in the various community health centres and health facilities.

In terms of malaria prevention, 27,000 insecticide treated nets have been provided and distributed for US Children and pregnant mothers. This year, the country has registered an increase of confirmed malaria cases (1,546 cases, including 170 under 15 years old children), and thanks to UNICEF’s support both in terms of prevention and provision of rapid screening tests and antimalarial drugs, many children have been saved. Demonstration and training sessions have been organized for community members to explain to them the importance of using nets and the way of using them most effectively. In terms of diarrheal diseases, one of the leading causes of infant and child deaths, care services have been strengthened through sensitization sessions and the provision of 150,000 ORS packs.

The Clinical Integrated Management of Childhood Illness (IMCI) strategy needs revitalization and UNICEF, in partnership with WHO, has advocated with the MoH of the necessity to update the strategy. The tools have been updated and duplicated and a training plan has been elaborated.

UNICEF has actively advocated with the MoH for a firm commitment in favour of child health through the initiative: Committing to Child Survival: A Promise Renewed. A child health focal point position has been established.

**IR 6690/A0/05/091/006 IR5 :: In 2014, a national strategy for the health of newborn children is elaborated**

**Progress:** The national strategy for neonatal health has not yet been elaborated; however, terms of reference were drafted and will be jointly finalized by the Mother and Child Health Department, UNICEF, WHO, UNFPA and other technical partners; an extension of this strategy to include child health is underway. In parallel with this strategy, UNICEF continues supporting the country in strengthening mother and neonatal health through capacity development of midwives (32 midwives trained), provision of essentials medicines for newborns, five resuscitation tables for new borns and 15,000 mother and child health cards. In addition UNICEF has played a key role on the consolidation of a partners forum and a technical platform to strengthen the Mother and Child Health department at the Ministry of Health. UNICEF and other partners (WHO, UNFPA) have assisted the government in designing a triennial Mother and Neonatal Health plan.

**IR 6690/A0/05/091/007 IR6: By 2017, all malnourished children aged 6 to 59 months, particularly those of the most affected rural areas, have access to quality care services throughout the country**

**Progress:** Activities (screening, reference and malnutrition case management) are undertaken in 40 health centres and over 35 community sites particularly for severe acute malnutrition. Severely malnourished children are treated using therapeutic milks, ready to use therapeutic foods, such as Plumpy Nut and essential drugs.

Moderate malnutrition is treated mainly in health centres because of shortages in supplies. The management of moderate malnutrition covered 14,036 moderately malnourished children. The management of severe malnutrition covered 4,679 severely malnourished children. A refreshment training has been organized on malnutrition case management for 80 health workers and 175 community workers in Djibouti city and all other regions in the country.

**IR 6690/A0/05/091/008 IR7: By 2017, rural and urban populations of the most vulnerable areas defined according the programme criteria will have improved access to potable water, sanitation and hygiene (Obock, Tadjourah, Dikhil, Arta and area of Balbala & PK12)**

**Progress:**

Through construction/rehabilitation of 21 water points, water trucking and provision of fuel for water points, 60,000 people of the targeted 102,000 population (52 per cent) had access to potable water. Targeted populations have also benefited from water conservation kits and been sensitized to good water storing and conservation techniques.

The lack of a strategic plan for access to water in rural areas represents an obstacle for the definition of priority interventions and of measures to ensure water access in rural areas, financial resource mobilization, as well as coordination and effectiveness of interventions in this sector. In addition, the ownership of the process of the works for creating water points by beneficiary communities remains a challenge that needs to be examined by sector stakeholders.
In Balbala, a suburban area of Djibouti-City, Assamo village and Ali Addeh and Holl refugee camps, 706 vulnerable households benefited from family latrines, and nine neighbourhood sanitation committees were sensitized and equipped. Water insufficiency (in quantity and quality) combined with inadequate hygienic practices (according to the Emergency Food Security Assessment (EFSA) 2013, 69.4 per cent of rural households practice open defecation) contribute to further aggravated vulnerability of poor populations and to make their food and nutritional situation even more precarious.

In terms of sector policies, a strategic sanitation plan has been elaborated. The implementation of the WASH plan of action would be enhanced by dynamism of the coordination structure and the monitoring and evaluation of interventions. To be noted that the analysis of FSA reports from 2012 and 2013 highlights that the proportion of the population living less than 30 minutes from a water source has increased from 48.7 per cent in 2012 to 60.9 per cent in 2013; In rural areas, fetching water is almost the exclusive responsibility of women and children, particularly girls. Less time spent fetching water will allow women to save time for income generating activities and girls to study.

**IR 6690/A0/05/091/009 IR 8:** The capacity of national and regional stakeholders (men and women) is strengthened for the promotion of hygiene, potable water management and sanitation techniques

**Progress:** Government partners (Water Department) have benefited from training in Burkina Faso on WASH emergency preparedness, response and coordination along with a technical training on water and sanitation. 22,500 individuals had been sensitized on proper water storage and conservation techniques; 26 community focal points have been trained on the promotion of good hygiene practices among the population.

**IR 6690/A0/05/091/010 IR10:** By 2017, all mother and child couples have access to a preventive package of activities to improve their nutritional status.

**Progress:** Mothers and under 5 children benefited from a package of activities, including the control of micronutrient deficiencies, promotion of infant and young child feeding and blanket feeding for children aged 6 to 36 months using plumpy doz.

The control of micronutrient deficiencies comprises micronutrient supplementation, mainly vitamin A for children 6 to 59 months old and mothers during the post-partum, iron and folic acid supplementation for pregnant women, and household food fortification with multiple micronutrients (Sprinkles) for children 6 to 59 months old.

The promotion of infant and young child feeding comprises exclusive breastfeeding up to 6 months of age, timely and adequate supplementary feeding after the first 6 months, and the implementation of the Code of marketing of breast milk substitutes. The blanket feeding aims to prevent children 6 to 36 months old becoming malnourished by the use of Plumpy doz.

The respective coverage is estimated at 37,440 children 6 to 59 months old receiving vitamin A, 17,600 mothers receiving iron and folic acid and vitamin A, 51,240 children 6 to 36 months in the blanket feeding, 85,400 children 6 to 59 months receiving Sprinkles.

The exclusive breast feeding rate is 47.9 per cent.

**IR 6690/A0/05/091/012 IR11:** By 2017, an integrated package of nutrition activities is implemented in all regions

**Progress:** The national nutrition policy adopted in 2007 is being updated, together with the malnutrition management technical tools. Several meetings have been organized with the National Nutrition Programme and the other members of the nutrition cluster to update the national nutrition policy, incorporating a strategy for the improvement of pregnant and lactating women nutrition. Work has also been done to update the national protocol for management of acute malnutrition.

**IR 6690/A0/05/091/013 Support for PRSP, National and sub-national plans and budgets for YCSD**

**Progress:** Update of the Contingency Plan not started. Postponed to 2014.
PC 182 - Basic Education and Gender Equality

On-track

**PCR 6690/A0/05/092 By 2017, children, particularly children and adolescents from rural areas and poor urban areas have access against quality education and prevention of HIV / AIDS**

**Progress:** In 2013, intensive efforts were devoted to assist the Ministry of Education to update its Sectoral Strategy, develop the Triennial Education Action Plan for the 2014-2016 period and prepare the funding request to the Global Partnership for Education. In parallel, UNICEF played a coordination role for the Education Partners Group; in this framework, UNICEF is providing support to the Education Plan of Action through the preparation of annual work plans for each department within the Ministry of Education, integrating the support of the various technical and financial partners and at the same time identifying gaps in the plan or in its funding scheme.

UNICEF has also strengthened its partnership with the Lutheran World Federation and the Djibouti Catholic School to support the education of refugee, orphan and other vulnerable children.

The year also featured the implementation of the Out-Of-School Children study in the framework of the OOSC Initiative led by the MENA Regional Office. The report of the study is being finalized and its results will guide the definition of priority actions for 2014, including a specific focus on Nomadic children, special needs children and girls, particularly those living in rural areas or those from the poorer households. UNICEF has also started supporting special needs education through a two-pronged approach: upstream support to the Ministry to revise the national strategy and, in parallel providing direct support to school facilities hosting children who are deaf or blind or suffering from visual impairment.

UNICEF has also supported the establishment of a temporary learning space for Internally Displaced children in the Garabtisan area and the transformation/extension of the Sankal primary school (grades 1 to 5) into a basic school (grades 1 to 8); this activity will be completed in 2014.

In terms of support to the preschool component, UNICEF’s role has so far consisted in sustaining strong advocacy to ensure that priority attention is devoted to it in the sectoral strategy and in the new Plan of Action and in supporting the preparation of the launch of the pilot phase of the preschool programme in September 2014, with the creation of 20 pre-primary classes in primary schools and the initiation of community based preschool education initiatives.

**IR 6690/A0/05/092/002 By 2017, 20 per cent of the children of 5 years, especially disadvantaged children and girls, attend a programmed' pre-school education**

**Progress:** Starting September 2012, for the 2012/2013 term, classrooms in primary schools that previously hosted preschool classes were taken back to again serve primary education, particularly to allow further reduction of the double shift system. This has led to a very significant reduction in the capacity of preschool education supply during the 2012/2013 school year to the extent that in September 2013, only private institutions were offering preschool education at a fairly high cost, which excluded children from families of modest condition and exacerbated inequities.

As preschool education is not compulsory in Djibouti, no specific legislation per se exists on the subject. In 2011 and 2012, UNICEF supported the drafting of a preschool regulatory paper; a draft curriculum was also prepared along with teaching tools for two years of preschool education. Many teachers, pedagogic advisors and supervisors working in primary education have been trained. During the latter part of 2013, UNICEF supported the Ministry of Education in reviewing and finalizing this material in line with the strategy developed in the Education Plan of Action for 2014-2016.

Until now, no specific budget is allocated for preschool education; however, the Education Plan of Action for 2014-2016 integrated the budget for preschool education into that of basic education. UNICEF has advocated for the creation of a Preschool Education Service (PSE) within the Ministry of Education and is now supporting the MoE to draft a decree to this effect, to be effective in 2014.

The national strategy in the 2014-2016 National Education Action Plan (including a medium-term expenditure framework for the next three years) was prepared to develop preschool in Djibouti following different approaches: public, community and private schools. This strategy has been selected to develop preschool taking into account geographical differences and limited national resources (public preschool for poorest areas, community pilot preschools in voluntary areas and existing private schools). The strategy plans to open 20 new preschool classes in September 2014 with UNICEF and GPE support, and using the resources still available from the previous experiment of preschool education (an inventory of preschool facilities of the former pilot project is being undertaken).
IR 6690/A0/05/092/003  In 2017 the percentage of children not attending primary school has decreased on average by 10 points, with priority for the benefit of the vulnerable children and girls

Progress: Achieving this result will not be possible without a good knowledge and analysis of access disparities. This is why, in 2013, UNICEF, in cooperation with the MoE, undertook the Out-of-school children study. Preliminary results show that: (i) there is consistency between the various data sources used to estimate the percentage of out-of-school children: 37.4 per cent in primary and 47.9 per cent for intermediate schools; (ii) in primary education, children of nomadic population and what is referred to as “particular populations”\[1\] represent the majority of the OOSC; for these two groups, the proportion of OOSC reach 69 per cent at primary level and 80 per cent at the intermediate level; (iii) gender disparities are also important with a gender gap of 9 points in favour of boys, with the gap even greater in rural areas; and (iv) if, in principle, measures are planned to promote the schooling of special needs children, much still needs to be done to address this issue for other underserved groups such as refugees, internally displaced, street children and unregistered children.

UNICEF is presently getting ready to increase its support to the education of special needs children both in terms of working with the MoE to revise the national strategy and in terms of providing assistance to existing facilities, such as the pilot classes for blind or visually impaired children or the specialized classes for children with hearing impairments.

UNICEF also sustained its support to non-formal education centres and renewed its partnership agreement with the Djibouti Catholic School to support 1,000 children enrolled in the centres labelled LEC (Read, Write and Count, in French). UNICEF finances school and pedagogical materials, the expansion of a centre and improvement of capacity management.

Finally, UNICEF is working with the MoE to develop an innovative programme called “the open school,” aimed at promoting positive relations between the school and the community.

[1] Particular population: population is composed of people living in collective households, i.e., a set of people, often unrelated, living in community (boarding, orphanage, prison, military barracks, hospital, hotel, construction sites etc...) and persons of special status (homeless, refugees, etc.).

IR 6690/A0/05/092/004 Quality Primary Education – Child Friendly Schools and Other Models

Progress: Starting in 2010, the quality of Education became the priority of the MoE, because a national study on learning outcomes showed that only one child out of two in primary education had adequate mastery of the minimal competencies defined for reading and math. In order to contribute to an improvement of this situation, UNICEF has supported the updating of the national quality standards so as to prepare for the assessment, in 2014, of all schools against these standards. A detailed strategy to strengthen leisure reading was developed and will be launched in January 2014; in parallel, a guide for school health and hygiene will be developed in 2014 to promote a healthy school environment.

UNICEF is supporting the extension of the Sankal school to help limit double shifting and prepare its transformation into a basic education school (grades 1 to 8), which is important in this rural area.

In the framework of the Sectoral Strategy and the Education Plan of Action for 2014-2016, quality has received priority attention, and UNICEF, as coordinating agency, has being coordinating the future interventions of the different partners, which will ensure that this result is reached by 2017. Activities prepared and/or implemented in 2013 serve to strengthen quality monitoring as of 2014. For example, the national quality standards will be used to develop school report card for all schools of Djibouti. This tool will be developed with UNICEF CO financial and technical support.

IR 6690/A0/05/092/005 Victims of emergency situations children receive a basic education

Progress: Refugee camps have existed in Djibouti for more than 20 years; consequently, the presence of populations coming from neighbouring countries has become an ordinary matter. Refugee populations are partially integrated, which mean they are accepted by the local population but with limited access to work or social services.

During 2013, a coordination group was established between partners working in the refugee camps, particularly the National Agency for
the Refugees and Crisis Affected Populations (ONARS), UNHCR, Ministry of Education, Lutheran World Federation, UNICEF and CARITAS. In each of the two camps, a school was set up for refugee children from first to 8th grade. For urban refugees in Djibouti, in principle, their access to public schools is allowed; however, there are important disparities due to a number of bottlenecks: civil registration (birth certificates are required to enrol children in a public school but until 2013 it was not possible for refugees to obtain this document. Moreover it is still impossible for refugees who are still waiting for acceptance of their application for asylum), poverty, status as street children were among the restrictions. Furthermore there is a persisting problem with the Kenyan curriculum being used at the camps, for which certificates cannot be issued. As far as the education of children of internally displaced populations is concerned, limited information is available.

In 2013, UNICEF gave some attention to the elaboration of a strategy pertaining to the education of refugee or displaced children; joint monitoring visits were undertaken with UNHCR or with the MoE to assess needs, capacities and gaps. It is in this framework that a decision was taken to set up a temporary learning space in Garabtisan and to extend the Programme Cooperation Agreement (PCA) with LWF as key implementing partner.

**PC 183 - Preventing HIV/AIDS among young people**

| On-track |

**PCR 6690/A0/05/093** By 2017, the prevention and treatment of HIV/AIDS in women of childbearing age, children and the young is strengthened.

**Progress:** In 2003 UNICEF worked in the area of HIV prevention among adolescents and young people. The programme in 2014 will be refocused around the “window of hope”, children 10 to 14 years old and adolescents, and will have a strong component in schools while continuing the work around out-of-school children and adolescents. Since the work of this programme is mainly focused on prevention of HIV among adolescents, the PCR and IRs will be transformed into one or two outputs under the Education programme for 2014 and this PCR and IRs will be cancelled. PMTCT actions are covered under the CSD programme.

In 2013 the programme progressed slowly but steadily:

900 youth were trained on life skills. There is anecdotal evidence that the youth trained have adhered more easily to voluntary anonymous and free testing. Among them, 70 per cent have voluntarily taken the test and advised their friends to do the same. In addition, the discussions and debates also show that stereotypes, misconceptions and wrong notions around HIV/AIDS and STIs are diminishing; these young people declare that they are better informed and more knowledgeable now than they were before and confirm their intention to use a condom for any risky or occasional sexual intercourse. At the same time, 48 young girls and women have been trained in leadership skills and on management of the community development centres to attract more girls to the centres and encourage the creation of girls clubs.

Discussions are underway with UNHCR to launch a HIV/AIDS prevention programme directed at young people in and around refugee camps. In preparation for the refocusing of the programme to reach school children, discussion was initiated with the Research and Information Centre of the Ministry of Education to initiate the development of health education booklets for distribution to school-based health clubs.

The expected renewed contribution of the Global Fund to HIV/AIDS initiatives in Djibouti represents an opportunity for boosting HIV/AIDS prevention and treatment and will bring a much needed complement to partners’ efforts. In order to improve coordination, the CCM and the Executive Secretariat for control of HIV/AIDS, Malaria and Tuberculosis are being re-strengthened and their roles and responsibilities further clarified:

* USAID PEPFAR funding supported HIV/AIDS prevention for most at-risk population (youth, vulnerable women, sex-workers, truck drivers and people living with HIV/AIDS).
* UNAIDS is fully engaged in supporting HIV/AIDS response and in capacity development of national partners;
* WHO is supporting the development of guidelines and protocols for voluntary testing centres, for HIV/AIDS treatment and for co-infections HIV/AIDS-Tuberculosis.
* UNFPA is focusing its interventions on sexual and reproductive health for high school & university students.

However, some areas of the country are not covered due to the interruption in funding by the World Bank and the Global Fund. In terms of challenges, the most noteworthy are the persisting discrimination and stigmatization of HIV positive people along with limited funding which represent major obstacles to sustainability of HIV/AIDS prevention programmes among adolescents.
**IR 6690/A0/05/093/002 By 2017, adolescents and young people have access to HIV knowledge, skills and services**

**Progress:** In 2013, 900 youth were trained on life skills. There is anecdotal evidence that the youth trained have adhered more easily to voluntary anonymous and free testing. Among them, 70 per cent have voluntarily taken the test and advised their friends to do the same. In addition, the discussions and debates also show that stereotypes, misconceptions and wrong notions around HIV/AIDS and STIs are diminishing; these young people declare that they are better informed and more knowledgeable now than they were before and confirm their intention to use a condom for any risky or occasional sexual intercourse. This will need to be further confirmed by surveys. All the elements above show that these young people are adopting more responsible behaviours and outreaching to others. The effort must, however, be continued and strengthened in order to fight stigmatization and discrimination and prevent any drawbacks.

The programme is present in only four of six regions, including Djibouti and would need additional resources in 2014 in order to sustain the gains and scale up.

- **On-track**

**IR 6690/A0/05/093/003 HIV prevention for at risk populations and adolescents**

**Progress:** UNICEF provided support to the CDCs by training 48 young girls and women in leadership and by training an additional 48 facilitators and directors of Community Development Centres in the HIV/AIDS and community development management. The interruption of support by the Global Fund for HIV/AIDS resulted in the discontinuation of a number of preventive services at their level. However, the signing of the work plan between UNICEF and the State Secretary for Youth and Sports and the capacity development of CDC’s personnel represent an opportunity for setting up services better adapted to the needs of young people in CDCs. Indeed, the involvement of Youth Information Facilitators and of young women trained in leadership in CDC management and in HIV/AIDS issues can boost the level of use of services by young people, particularly young women. This capacity building effort will need to be continued.

The limited availability of funding and the absence of contributions by the state to HIV prevention are real obstacles to programme sustainability.

- **Constrained**

**IR 6690/A0/05/093/004 By 2017, HIV knowledge, skills and services for adolescents and young people**

**Progress:** Discussion were initiated with the research and information Centre of the Ministry of Education to initiate the development of health education booklets for distribution to school-based health clubs; HIV/AIDS will be one of the health issues dealt with in the series of booklets that will be ready in 2014. For 2014 there is a plan to implement prevention activities in schools, the development of communication tools and the revitalization of health clubs in schools.

- **Constrained**

**IR 6690/A0/05/093/006 HIV Prevention in Humanitarian Action**

**Progress:** Discussions are underway with UNHCR to launch a HIV/AIDS prevention programme directed at young people in and around refugee camps. The identification of a national NGO that will be entrusted with the responsibility of implementing the programme in the two refugee camps of Ali Addeh and Holl Holl is also underway and being discussed with UNHCR and the national partner. Funding issues are being looked at.

The humanitarian profile is regularly updated however no work has been done on the contingency plan on HIV.

**PC 184 - Child protection**

- **On-track**

**PCR 6690/A0/05/094 PCR 4: Child Protection: By 2017, the most disadvantaged children and women have protective rights’**
environment, with a particular focus on the registration of births, female genital mutilation and the prevention of violence.

**Progress:** According to latest family health survey (PAPFAM-2012), Djibouti made progress in the areas of female genital mutilation (FGM) and of birth registration. FGM prevalence is estimated at 78 per cent among women aged 15-49, corresponding to a decrease of 15 percentage points since 2006 when the prevalence was 93 per cent (MICs-2006). Age group analysis shows that prevalence is lower among younger generations (97.6 per cent among women aged 40-49 years to 79.6 per cent among women aged 10-19 years and 18.9 per cent among girls under age 5). Regarding women’s opinion, 47.8 per cent are opposed to FGM. Djibouti is one of 17 countries implementing the joint UNFPA/UNICEF programme initiated in 2008 to accelerate abandonment of FGM. In 2013, thanks to UNFPA/UNICEF advocacy, new INGO actors, such as the Italian Institute for the Promotion of the Health of Immigrants, funded by Italian Cooperation, and Johanniter German, launched a community dialogue programme on early marriage and FGM/C in 20 sites not covered by the joint program, adding to the 33 sites covered by UNICEF in urban and rural areas. In 2014 these new actors will be integrated in the planning of the joint programme.

Continuing challenges pertaining to FGM include the non-application of the legislation prohibiting this practice and a risk of medicalization, as surveys and discussion with communities suggest that it is being conducted by midwives in home settings.

PAPFAM 2012 also showed a 3 points increase in birth registration coverage, reaching 91.3 per cent vs. 89 per cent in 2006 (MICs 2006) with virtually no gender gap. Two years ago, the government of Djibouti endorsed the African agenda on strengthening civil registration and vital statistics (CRVS) led by the African Union in partnership with ECA, ADB, UNFPA, UNICEF, WHO, and UNHCR. Progress made to date includes computerization of civil registration in maternity wards and at the municipal level, facilitating systematic registration and information sharing between services. Furthermore, in 2013, the Ministry of Interior mobilized US$300,000 in order to organize a “catch up” operation and distribute birth certificates and identity card to unregistered children and their parents, with priority given to rural areas. Thanks to the UNICEF and Ministry of Interior partnership, 2,750 school children without birth certificates were identified and will benefit from the catch up operation in 2014. The Ministry of Interior and the Population Division were supported with computer equipment. At the community level, the Community Management Committee (CMC) sensitized families on the importance of birth certificate. Furthermore, these CMC succeeded in obtaining birth certificates for 25 children out of 307 identified.

Continuing main challenges are access to civil registration and justice services, especially in rural areas, and birth registration for street children. There is a perception among government officials that street children are migrant coming from Ethiopia and Somalia, therefore they are not eligible for birth certificate even if they are born in Djibouti. The reluctance of registering the most marginalized children could be attributed to misunderstanding and confusion between birth registration and access to nationality. Most of people believe that if these children benefit from birth certificate, then they will claim the nationally once they reach the require age. Lack of birth certificate hinders their access to school.

Thanks to UNICEF support, the Ministry of Justice drafted a comprehensive law on juvenile justice, which awaits a process of review, validation and formal official endorsement by Parliament.

**IR 6690/A0/05/094/002 By 2015, prevent harmful traditional practices (Female Genital Mutilation, child marriage), violence and sexual abuse.**

**Progress:** Thanks to the UNICEF, Tostan and the Ministry of Islamic Affairs partnership, capacity building and organization of 576 community dialogues on child rights and protection issues, such as violence, FGM, early marriage, and abuse, contributed to strengthening and intensifying activities of the 29 Community Management Committees (CMC) and the network of religious leaders. Around 22 220 people were directly covered and 45,000 indirectly in Djibouti City and the five regions. Four networks of CMC were established, two in rural areas (Tadjourah and Ali-Sabieh) and two in Djibouti City. These networks, which serve as a partnership platform between communities, local government and development partners, designed action plans and monitoring tools. These networks, together with the community dialogues, have contributed to awareness raising of cases of child rights violation. For example, CMCs reported that, at the birth of a baby girl, a small group of women organize home visits to monitor the situation and provide advice including on FGM prevention. For the first time, CMCs detected and oriented cases of violence; two cases of young girls raped and many cases of abuse have been identified and referred to appropriate services. This reflects the translation of awareness in concrete actions and solutions to problems identified by communities.

In partnership with the Ministry of Islamic Affairs, a three-day national consultation on child rights, Islam and Culture was organized, facilitated by an international expert and attended by 62 religious leaders (men and women). The objective of the consultation was to discuss child rights violation and renew religious leaders’ commitment and social responsibility. This has resulted in a public joint declaration on the promotion and protection of children and women rights, covering 10 points including stopping FGM practice. Furthermore, an action plan was developed for 2014, listing actions such as including issues of child protection from all forms of harm such as FGM and abuses in their Friday prayer preach. This is an important achievement in Djibouti, because based on PAPFAM survey, 58 per cent of women aged 15-49 believe that the continuation of FGM is based on the teachings of religion.

Continuing challenges include monitoring and data collection regarding girls saved from FGM, limited protection services and referral system for cases of violence against children in sub-urban and rural areas.
IR 6690/A0/05/094/003 By 2015, strengthen national child protection Systems

Progress: While there is no comprehensive protection system in Djibouti some activities comprise the elements of a future system. A mapping of national legislation and a draft law on juvenile justice in line with international standards was presented at a workshop organized on 30th October 2013. This legislation is expected to be presented to and adopted by the Parliament. In its Article 26, the law establishes the obligation of everyone, including those bound by professional secrecy, to report to the competent authorities all situations that could constitute a threat to child health, or physical or moral integrity. This is a significant step forward for the country.

IR 6690/A0/05/094/004 By 2015, 10 protection services in rural and urban areas are reinforced

Progress: While there is no comprehensive protection system in Djibouti some activities comprise the elements of a future system. Thanks to UNICEF’s partnership with the Ministry of Interior, 2,750 school children without birth certificates were identified and will benefit from a catch up operation in 2014. The Ministry of Interior and the Population Division were supported with computer equipment. At the community level, the Community Management Committees raised awareness on the importance of birth certificate and referred families to the nearest civil registration service. In some areas, the community structures have mapped 307 children without birth certificate and have undertaken administrative procedures in order to regularize their situation. Thanks to this community support to families, 25 children have obtained their birth certificate.

For the most vulnerable children, through a partnership with Caritas, 245 street children in Djibouti City benefited from a package of social services, namely feeding, literacy classes, vocational training, medical care, counselling services and leisure activities. Thanks to UNICEF advocacy, a partnership was established between Caritas and the training institution Al-Rahma for the vocational training component. Through this partnership, 15 boys aged 15 to 17 were enrolled in October and are being trained in electricity and auto-mechanics. At the end of this training, UNICEF will advocate for these youth to access micro finance and start small businesses.

Continuing challenges are the insufficient coordination of interventions between all the various stakeholders intervening on birth registration and the lack of services in rural areas. The lack of birth certificate particularly for the most vulnerable children is also a barrier leading to their exclusion from school.

IR 6690/A0/05/094/005 By 2015, the child protection contingency plan is updated

Progress: The Child protection section organized a meeting with UNHCR child protection team, with the objective to explore partnership opportunities. After an exchange of information, birth registration and gender based violence were identified as areas of potential collaboration. The Letter of Understanding will be signed in 2014. Since UNICEF has interventions in the area surrounding the refugee camps, developing a joint intervention targeting the refugee and host community population will be pursued in 2014.

For urban migrant and refugee’s children, UNICEF intervention for street children contributes to protecting these children who are the most marginalized and excluded due to limited access to social services and risk related to their coping strategies.

PC 185 - Cross-sectoral costs

On-track

PCR 6690/A0/05/095 Cutting costs: included cross-cutting programmes

Progress: Statistics and the wider field of monitoring and evaluation are objects of interest and attention from many technical and financial partners of Djibouti. In this framework, UNICEF, since 2011, has supported the capacity development of the Department of Statistics and the monitoring of the National Initiative for Social Development, along with the establishment of a steering committee for DevInfo. A key results of this effort is the setup of an online statistical data base including country’s socioeconomic indicators. UNICEF has advocated for DevInfo to become the key statistical reference for Djibouti. The recently conducted external evaluation of the 2008-2012 UNDAF has taken note of this support and recommended that the tool be used to monitor the 2013-2017 UNDAF.

UN-system wide, there is a desire to better coordinate support the different agencies provide to strengthen the statistical apparatus and M&E system. UNICEF. UNDP and Paris 21 supported the Department of Statistics in the organization of a workshop for statistics’
producers and users. The workshop recommended better data dissemination and that databases are made available to research and development institutions. To this effect, DISED initiated a partnership with the University of Djibouti and is working on the design of a standard database exchange protocol which would ensure their availability for partners, while setting up control mechanisms to avoid inappropriate/unreliable data use.

Other partners directly support the production of specific statistical data, for example, the National Census is supported by USAID, poverty data generation and analysis by the World Bank and African Development Bank (ADB), and pre-service training of statisticians/demographers by the European Union.

If DISED seems ready to move towards facilitating data dissemination and open access, other public actors seem more reluctant to publish their statistics and accept potential criticism; advocacy will be needed to persuade them of the validity and added value of such an option. It will need to be complemented by further investments in capacity development so that data produced gains in quality and reliability and confidence is built in the system.

UNICEF supports the State Secretariat for National Solidarity in producing tools for the social safety nets strategy also supported by WB and ADB.

C4D interventions gained importance in UNICEF’s portfolio and specific details are reported against in relevant CSD and Education PCRs/IRs of this Annual Report.

Staff cost in general (programme and sectoral support functions) is representing a higher proportion of programme throughput and of the office budget. Sustaining this level will be challenging.

IR 6690/A0/05/095/002 IR1: Monitoring and Evaluation: standard indicators

Progress: In 2013, Djibouti’s DevInfo database was updated with data and indicators generated by various surveys implemented with direct support from UNICEF, such as PAPFAM, the Djibouti Household Survey and the 2009 population census, along with data published in the statistical yearbooks of some sectors such as Education and Health. Beyond the updating of existing indicators, the database was enriched with 220 new indicators, for a total of 550, most of which are disaggregated to at least two levels (Djibouti-city and the Interior Regions or Urban/Rural). Gender and age desegregation is also ensured, where relevant, for a substantial number of indicators.

Among the challenges, it is to be noted that a culture of producing and using statistics and M&E is not widely prevalent among some public institutions; this, to some degree, explains why there are some concerns with the quality and reliability of the data generated by the routine information system. All these issues and concerns have been widely debated during a national workshop organized to mark the celebration of the African Day of Statistics and intended to serve as a forum for discussion on M&E issues and for dialogue and exchange between data producers and users (public institutions, university, media, NGOs, private sector and other stakeholders). The workshop was organized by the Department of Statistics with support from UNICEF, UNDP and Paris 21 and yielded interesting recommendations in terms of coordination and data dissemination and use to inform planning and policy formulation.

UNICEF has also supported the capacity development of the Department of Statistics on MODA and of six ministries that are involved in DevInfo database updates, in terms of training on statistic and national budget elaboration process and provision of IT equipment including laptops, tablets and statistical software packages.

IR 6690/A0/05/095/003 IR2: By 2017, improved research and analysis on politics, law and budgets for women and children’s rights.

Progress: A national strategy of social safety nets was developed and validated and is being implemented by the State Secretary for National Solidarity, in partnership with other ministries and technical and financial partners. In the framework of this strategy, a single, unified listing of households living in poverty is being elaborated, together with geographic targeting strategies. This strategy, even if it is expanding its geographic coverage, focuses mainly on food aid and cannot yet amount to a full-fledged social protection strategy. A global poverty analysis is being undertaken with support from the ADB. UNICEF is providing assistance to the State Secretary to develop a manual for technical, administrative and juridical procedures Of the implementation of the national strategy of the safety nets. The MODA training initially agreed to with UNICEF has been postponed to 2014 and will be conducted jointly with a MODA analysis planned right after the ADB global poverty analysis is completed.

It is worth noting that the larger framework for social protection in Djibouti includes two major cornerstones; the first is global, namely the National Initiative for Social Development, and the second is more specific to children and is named the National Strategic Plan of Action for Djiboutian Children (NSPADC). UNICEF has provided technical support to the Ministry of Women which is responsible for the coordination and monitoring of the NSPADC. The main challenge for the Plan of Action is that no specific resources are devoted to it in
the budgets of the sectoral ministries. On the other side, a recent evaluation of the National Initiative for Social Development has shown that its level of implementation is below expectations, it has limited ownership by officials in ministries, and suffers from a high level of staff turnover particularly for key officials whose careers are sometimes conditioned by results of elections and resulting cabinet reshuffling.

**On-track**

**PCR 6690/A0/05/800 Improved Management of Resources in Pursuit of Effective and Efficient Results in Support of Programme Operations**

**Progress:** During a staff retreat in February 2013, the Office discussed and agreed to the list of priorities and results to be achieved in 2013. During the mid-year review the list was recognized as somewhat unrealistic given the available resources, heavy workload and other constraints. Absence of a full management team and other key staff early in the year were some of the constraining factors.

Nevertheless, globally, activity implementation and results achieved were satisfactory. The budget implementation for IB was over 95 per cent, the mechanisms of governance worked in a satisfactory and progressively improving manner. The Senior Management Team, Country Management Team, Programme Team and Operations Team monitored progress on the basis of relevant indicators and made pertinent decision as needed on the follow up of deliverables or on adjustments to be introduced. Still, VISION is an area that needs further attention in terms of capacity development for enhance financial and budgetary operations.

Among key improvements in 2013 were the review and adoption of standard operating procedures, the set up of a cost saving task team, improvements in ICT equipment and operations, the recruitment of new staff for a number of previously vacant positions, the revision of the AMP and the streamlining of procedures pertaining to the functioning of statutory committees, particularly the CMT and the signing of a number of LTAs. A team building exercise and an ethics and integrity training planned for early 2014 will be major milestones in this process of overhaul and enhancement of the office management and overall performance. Limited resources both for programmes and operations may well be the most constraining factor.

**On-track**

**IR 6690/A0/05/800/001 Effective and Efficient Management of Governance and Systems**

**Progress:** With the new senior management in place, a number of improvements were progressively introduced in governance and assets management of the Office. All statutory governance mechanisms are well in place and functioning (CMT, JCC, Statutory committees), with regular well prepared and well documented meetings. The Operations team and Programme team hold monthly meetings to improve planning of activities, coordination and review performance against key indicators. SOPs and work flows have been reviewed and mostly finalized for a number of internal processes, such as travel, management of incoming or outgoing correspondences, annual and progress reporting, supply, leave. etc. This activity will continue into 2014.

A number of existing LTAs from 2012 have been extended to 2013 and few more have been concluded. The Business Continuity Plan (including ICT component) has been updated and finalized; ERM analysis has also been partially updated but will need a substantial revision in 2014. Security and MOSS compliance have received a great deal of attention from the senior management team and a number of arrangements have been taken or planned for early 2014. Lack of funds has often been a bottleneck. VISION is better mastered by the Office as a whole; some aspects continue to be challenging; further training will be needed to enhance VISION performance of newly recruited staff. The Office is presently undergoing an audit, which has added to the workload of the Office, especially as its timed at the end of the year; its recommendations will be most useful for the Office to further improve its management, planning and overall performance.

**On-track**

**IR 6690/A0/05/800/002 Effective and Efficient Management of Financial Resources and Stewardship**

**Progress:**

Resources available are being effectively utilized through planning and regular analysis by the CMT and efficiency and effectiveness concerns are being addressed including through the setting up of a special working group on cost saving. The CMT monitors budget and financial operations, accounting and liquidation of cash assistance and takes action to ensure value for money. A major effort has been put starting September 2013 in clearing a large backlog of unliquidated DCTs. A cash forecasting by IR/activity system has been introduced and has allowed to improve on realism and timeliness of CF. Effective implementation of HACT has started late 2013 with a training session for staff and with the decision to start with NGOs as implementing partners under PCAs; 4 NGOs operating in WASH and Education have been assessed and trained on the use of the face form. An assurance plan is being elaborated. HACT implementation with government partners planned to be initiated in 2014. Coordination with other UN agencies on this
matter and others will need to be enhanced. Travel planning, reporting and processes in Vision are improving notably thanks to the discussion and adoption of an SOP. inventory update and reconciliation continues to be a challenge for the Office.

### On-track

**IR 6690/A0/05/800/003 Effective and Efficient Management of Human Capacity**

**Progress:** The rate of PER completion is satisfactory as CMT/HR monitor the PER completion process and alert concerned sections on the timely performance discussions and inputs in the system. The Learning Committee started activities quite late in 2013 and the implementation was low in general due to high number of activities planned for the short period and limited resources available. Staff elected a PSV in 2013 and the mechanism was fairly well functioning. The UN Cares conducted a training session for staff on HIV in the Work Place. The Staff Association was dynamic and collaborates well with Management on issues related to staff concerns and welfare. Three JCC meetings took place in 2013. With reduced OR funding, the risks of the need to review the structure impacted staff moral despite open discussions and transparent communication in the last quarter 2013. Vacant positions of 15 per cent are mostly due to limited resources available to initiate the recruitment process. The process for leave requests and approval (in and out of the system) is well in place particularly thanks to preparation and discussion/approval of an SOP; there is, however, still room for improvement, particularly for uncertified sick leave. The consultants recruitment process is in many cases handled by the government partner; the Office is reviewing the procedures in place and the overall performance and where risks or insufficiencies are registered, adjustments will be introduced for greater effectiveness and efficiency.
Effective Governance Structure

In 2013 the Office priorities were defined by the AMP and discussed with all staff in the Annual Management Plan retreat; however, the list of priorities was extensive and during the mid-year review it was recognized that for 2014 the priorities need to be focused, better defined and reduced in number in order to be achievable.

Seven CMT meetings took place in 2013 and minutes were shared regularly during the year to all staff. The Programme Monthly Coordination Meetings support the Management Team with reviews of various management priorities and indicators and address areas of concern that required the attention of the CMT. The monthly meetings of the Operations Team allowed for monitoring of the management and operations results and review of operational indicators. Section Meetings were also conducted. The Senior Management Group, chaired by the Representative, discussed the progress of key priorities and was a forum for consultation on bottleneck areas including security issues and staff concerns.

During the Mid-Year Review of the AMP completed in September 2013, a review of the oversight structures was conducted and it was decided to maintain the existing structure with some minor changes: the Emergencies coordination group was absorbed by the CMT and a standing agenda item on Emergencies was introduced to the CMT meetings. Also, the Knowledge Management Focal Point functions, under the responsibility of the JPO M&E who left the Office, were absorbed by the Local Learning and Training Committee. New staff was also assigned to existing groups in substitution of former staff. The Office had three Representatives in 2013, as well as OICs for the period. As a result the CMTs changed leadership for the first part of the year, with stabilization arriving in August. Since then, meetings have taken place with a structured agenda following up the performance progress from programmes and operations and the development of Standard Operating procedures for several managerial issues such as DCT, travel, contracts, and donor reporting, to respond to VISION work-processes and others such as management of incoming/outgoing mail.

The last audit was conducted in 2006 and recommendations were not included in the 2013 CMTs; however, an audit started in November 2013 for the Office and the results are expected to be ready by February 2014. Recommendations will be reviewed at CMTs during 2014.

Three JCC meetings took place, providing support to management to address staff concerns and kept staff abreast of developments in the Office. The Office’s limited resources for staff salaries was of concern for management over the last trimester. This was widely discussed at CMT, JCC and with all staff to understand the impact and the potential changes in the future structure of the Office. A risk management action plan was developed; however, it will be revised at the Annual Management Retreat for 2014.

Strategic Risk Management

In May 2013, UNICEF Djibouti reviewed and updated its Risk Control Library and completed the development of Action Plan for risk management, in line with the new simplified risk procedures. The updated document was shared with the Regional Office and the ERM Focal point in HQ. The Office awaits feedback.

The Office faced challenges integrating actions to mitigate risk into the work plans since the AWP and AMP for 2013 were already approved. Therefore, the Office Risk Library is to be reviewed in the first trimester of 2014. The Office continued to address the areas of risks identified in the global staff survey, such as work-life balance, internal communication, staff association, and risk assessment/risk management and the Office Improvement Plan to respond to the priority areas was updated in September 2013. The Office also updated
the Early Warning and Early Action web based portal for emergency preparedness. In the last quarter of 2013
the Office updated and posted the Business Continuity Plan to the BCP Website.

Evaluation

The Office elaborated an integrated monitoring and evaluation plan (IMEP) in 2013. The plan was reviewed at
the AMP mid-year review in September. A number of activities have had to be postponed for 2014, (studies
on school environment, vaccination survey, children with special needs, WASH construction costs, or the
CRING update). Several other activities were cancelled, such as the study on child sensitive budgets due to
the need to develop a common understanding on this question with the counterpart, lack of internal capacity
and competing priorities, as well as the update of the Situation Analysis. Rather than conducting a full-
fledged up date of the pre-MORES Situation Analysis, the decision was taken to undertake several in-depth
bottleneck analyses in 2014 on key priority sectors to identify key bottlenecks and barriers to children's rights
for better informed planning and advocacy with government partners.

Activities completed include (i) the UNDAF 2008-2012 Evaluation, which was undertaken as a joint effort by
the UN (a last draft was circulated in December 2013 prior to final approval), and (ii) a Study on Out-of-
School Children, with the draft report already presented by the Ministry of Education to all partners; and
(iii) the SMART survey was also successfully completed, presented and validated by the government, and
data are already being used by the nutrition cluster. Activities such as the update of Devinfo are ongoing and
will continue in 2014, as well as the work initiated around MODA, with partners trained and a plan to conduct
the study in 2014. The Office did not conduct any evaluations in 2013.

UNICEF contributed information and data to evaluation exercises conducted by various partners, such as the
external evaluation of the National Initiative for Social Development or the evaluation of the coordination
mechanism in place for HIV/AIDS, Malaria and Tuberculosis.

Effective Use of Information and Communication Technology

The UNICEF ICT system was maintained at a high level of availability and integrity during the year. ICT
resources were maintained in accordance with UNICEF standards and policies. Deployment of all HQ releases
were completed in a timely manner. ICT support was provided quickly and effectively to the different
business demands and challenges. The ICT governance tool was used (only one meeting of the ICT
governance Committee, 120 Helpdesk requests, mostly for VISION requests) and a new M&E ICT reporting
initiative was implemented to keep ICT weakness and failures on track and to streamline the ICT
communication with the decision makers.

UNICEF was designated as the lead agency of the ICT working group, and four objectives were proposed
(better collaboration among UN system, cost reduction, emergency preparedness and green ICT strategies)
but due to the weak interaction and participation between UN agencies on the matters, no activities were
implemented.

Backup, replication and remote communication tools were installed for all staff. Nine training sessions were
conducted, mainly on Remote Connectivity Tools and Teamsite. The ICT office conducted briefings to new
staff in order to strengthen and to build staff capacity. The implementation of the Djibouti TeamSite was a
great success, in terms of improvement in the collaboration and information sharing among the team,
although in the future, effort needs to be maintained to ensure continuity of usage and to avoid duplication of
other existing communications channels.

The local market is poor and doesn’t provide enough suppliers to develop a strong local LTA. In 2014 the ICT
section will collaborate with Supply to identify additional suppliers.

The ICT asset inventory process was maintained in parallel to the UNICEF inventory to avoid redundancies and to double check the data. Regarding the disposal process, all obsolete equipment was regularly proposed to the PSB committee and disposed as per UNICEF rules and regulations. In 2013, only one PSB was completed.

ICT emergency preparedness is linked to the ICT Disaster Recovery Plan and the Business Continuity Plan. The tracking approach and regular evaluation of actions in place have helped to ensure alignment of these strategies and take proactive and corrective measures. The last simulation was conducted in 2010 and the BCP, updated in 2013 does not foresee any major changes. The Office planned a new simulation exercise at the end on 2013 but it was not completed due to heavy workload and audit process underway and was postponed to 2014.

### Fund-raising and Donor Relations

In 2013 the Office sent 14 donor reports, four of them late; however, three were sent within three days and only one was submitted much later.

The Office participated in the quality assurance exercise of donor reports conducted by the Regional Office. The randomly selected report received a rating of 57 per cent, or “Satisfactory”, while the self-selected report received a rating of 65 per cent, or “Good”.

In terms of mobilization of OR the Office in 2013 had a ceiling for OR of US$3.9 million and was able to mobilize US$2,851,827 (73 per cent of the ceiling). At the same time the Office managed to mobilize US$3,753,806 or 65 per cent in ORE against the 2013 CAP amount of US$5,710,000. Funds were utilized as best as possible; however, US$51,834 were not utilized before the grant expiry date, less than 1 per cent of the total OR and ORE allocated for the year. In many instances this was related to system problems. A fund raising tool kit was developed and is being updated and improved by a fund raising task force set up in the final quarter of 2013. Since August 2013 a mechanism to monitor the use of funds has been in place and is regularly monitored at the monthly programme meetings and presented at the CMT. The Representative's office also uses the manager dashboard extensively to monitor grant management.

UNICEF, through its participation as coordinator of the Education partners group and as main technical assistance to the Ministry of Education, supported the preparation of a proposal for the Global Partnership for Education that resulted in the approval of US$3.8 million for the education sector, mostly for access and quality of primary education. The Country Office was also fully involved in the GAVI proposal. A first draft was submitted in August and feedback was received from EMRO and GAVI. A last version is to be sent in January 2014. For this proposal UNICEF has coordinated efforts with WHO and the Ministry of Health. In 2013 UNICEF has continued to secure funds from the Joint UNFPA/UNICEF Programme on FGM and the programme has been extended to 2017.

### Management of Financial and Other Assets

The last audit of the Djibouti Office was completed in 2006 and a new audit was initiated in mid-December 2013 to conclude in early February 2014.

The Office received in 2013 US$750,000 RR, US$2,095,622 in Thematic and Set Aside Funds, US$904,025 in OR and US$3,753,206 ORE, as well as US$284821 for the Support Budget.
The budget for the planned operating costs was US$556,318 in 2013 and the initial available funds were US$195,300 (Cross Sectoral and BMA). Several activities of the budget were not completed due to lack of funds, especially those on computer equipment and furniture; consultancies for a Market Survey, inventory review and other maintenance and repairs related activities. The Office utilized 99 per cent of the initial allocation of US$92,377 of non-post funding as well as the additional funds of US$194,444 received from Regional Contingency Funds (RCF), most of which was a transfer from IB local post savings. The Office continues to rely on programme funds, mostly regular resources, to compensate for the budget shortfall. In 2013 US$183,422 from RR was transferred to Cross Sectoral for office running costs.

The programme budget regular resources, including thematic and set aside funds, reached a utilization rate of 73 per cent, Other Resources, 64 per cent, and Other Resources Emergency, 80 per cent.

The Office managed 31 PBAs in 2013 and a programme budget of US$ 7,502,853. Internal problems such as the late signature of the RWPs (May 2013), novice VISION skills, absence of a management team for half of the year and external constraints, such as the limited absorption capacity, reporting and liquidation of the partners were at the heart of these underperforming implementation rates.

The status of unliquidated DCT in the Office at end of the year for over 9 month’s category is 15 per cent and for over 6 months category is 2 per cent. This situation has been a constant along the year but the Office is working closely with the partners to reach the global indicator by the second trimester of 2014.

Only one PBA was extended for an additional one month period (Japan Supplementary funds), and the Office lost less than 1 per cent of the total amount of OR and ORE allocated to 2013 as unutilized funds.

The CMT monitored funds utilization through the VISION performance reports and also by manual reporting shared by the Budget Focal point at the Programme and CMT meetings. The budgetary controls and financial procedures were in place and Budget Owners were in charge of their respective roles as per the TOA established limits.

The Office faced challenges on VISION transaction management skills, despite the trainings received, and will continue the training in 2014 for current as well as new staff.

The Office was almost full compliant with Bank Reconciliation (an error occurred for the month of February and it was not posted on time). The Bank Reconciliation Focal point and the Finance section are now more experienced and no further problem is foreseen in this domain.

Role mappings and authorities are regularly reviewed and improved as staff understands the system better. The Office adjusted the work processes, revisited the role mapping, updated the TOA and took action to mitigate risk related to existing conflicts. The priority in 2014 is to continue to review and refine key processes in a participatory manner and continue debriefing the staff on the new policies to consolidate knowledge.

In terms of efficiency and gains, a code for telephone communication was established which allows identifying personal and private numbers with automated deduction in the payroll, the agreement of staff to use economic class tickets for all travel, and an LTA has been created for maintenance and repair services. More efforts are planned for 2014 as per the new established cost efficiency action plan.

In regards to the fixed assets, following the migration to VISION and IPSAS concept, the Office has made efforts to rationalize the fixed assets in line with the Financial Rules and to monitor relevant “attractive” items. However, the accuracy of the reconciliation of the physical counts in the system is still under review. This action should be closed during the first trimester 2014 for accuracy.

HACT will begin implementation in 2014 with international NGOs and will move progressively to reach government partners. Assessments using the "Simplified Financial Management Assessment Checklist" have already been conducted for 4 NGOs and assurance plans are being developed.
Supply Management

UNICEF Djibouti Office continued to procure a wide range of goods and services for children.

In 2013, the volume of Supply and Services increased and reached a total of US$3.1 million, about 40 per cent of the programme budget. The Supply and Distribution Plans were completed by early in the second trimester and by end of the year the Office reached an excellent supply implementation rate of 96 per cent: 89 per cent of it being offshore (US$2,773,155.23); and 11 per cent local procurement including services (US$346,079).

The total services procurement only accounts for only 5 per cent (US$143,814.40) and GAVI Vaccines (23 per cent, US$729,593). Key areas of procurement included: water pumps, water treatment kits, cold chain equipment, therapeutic food, vaccines, Rapid Malaria Tests and reagents (reagents), mosquito nets, solar refrigerators and freezer, printing, conference services, office supplies and stationary, ICT equipment, fuel and other consumables.

The Office developed new Long Term Arrangements (LTAs) for essential services, such as office maintenance, vehicle maintenance and repair, maintenance of office generators, logistics, lodging and services for programmatic workshops, conferences and training sessions.

The implementation of the Supply plans was closely monitored throughout the year, in collaboration with the Programme sections and during the Programme and CMT meetings. The Contract Review Committee members were briefed on CRC procedures and held a total of 10 meeting for all procurements of US$ 15 000 and above.

The Djibouti Office uses the suppliers’ data base from the Djibouti Chamber of Commerce. During bidding processes, the Office has managed to identify additional potential local suppliers. UNICEF uses approved global and regional suppliers for offshore procurements. The plan to carry out a market survey and evaluation of suppliers did not take place due to financial constraints from UN agencies.

Regular programme supplies were delivered directly to partners as UNICEF has no warehouse in place. Challenges in logistics observed in 2013 are related to the capacity of the government to stock large quantities of supplies. This was observed at end of the year and negotiation with partners to identify new stocking spaces were key to clear the situation. UNICEF will enhance the coordination and monitoring to minimize similar situation in the future.

In 2013 no Procurement Services for third parties activities took place. The Ministry of Health that benefitted from this service in the past to procure hospital equipment and essential drugs, discontinued using UNICEF and justified that the process was long and expensive. Advocacy actions to sensitize the government on the benefits of the UNICEF quality procurement services will be considered in 2014.

In terms of capacity, the Office provided in job training for the newly recruited Supply Assistant for three weeks in Supply Management and Vision, facilitated by the Supply Manager of the Eritrea Office and the Operations Manager, e-learning and Webex sessions and continuous contact with Copenhagen Support Centre for support. The Office expects to promote greater exchange with government in the area of supply by contributing to capacity development of government partners in 2014. Tracking of the execution of the Supply Plan and systematic end-user monitoring of supplies are areas of greater opportunity for Djibouti Office to conduct integrated field visit of programme and operations in the future. Please find below a table with the data on the procurement of goods and services:

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Local</td>
<td>Offshore</td>
<td>DPO</td>
<td>Services</td>
<td>Totals</td>
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<tr>
<td>Health</td>
<td>26,887</td>
<td>1,383,510</td>
<td>36,047</td>
<td></td>
<td>1,446,444</td>
</tr>
</tbody>
</table>
Human Resources

Of the 33 existing posts in the office structure, 27 were occupied. The staffing mix and profile will be reviewed in 2014 vis-à-vis the funding situation and the prioritization of actions for 2014. Recruitment for the positions of Administration Finance Officer, Communication Specialist, Nutrition Officer and Receptionist are frozen pending availability of OR funds. A process to recruit a consultant to support the fundraising and advocacy strategy of the Office has been completed, and is to be on board in February 2014. A WASH Specialist position is under recruitment and shall be completed in early 2014. A surge mission from the Cameroon Office for 3 months supported the WASH programme during the dry season. Vacancy rate at end of year was 19 per cent, while gender parity was 45 per cent female.

All staff completed part 1 of the PER in 2013 and about 90 per cent completed the mid-year review. Learning needs for 2013 were identified during PER discussions; however a clear analysis of capacity gaps needs to be conducted beforehand to identify the gaps.

No global training budget was provided for in 2013. The training plan, completed with delays, had an implementation rate of 44 per cent and a spent budget of US$41,353. EPRP training is planned for March 2014, as well as a training on Ethics and a teambuilding exercise. The UN Cares committee conducted training on HIV in the work place with participation of staff and non-staff (eg. office housekeepers). A Peer Support Volunteer (PSV) was elected in a transparent process and staff regularly used his services. With his transfer to a new office, an election is planned in the first quarter of 2014 to ensure continuity in view of emerging HR related challenges.

The Office has followed up on the 2011 Global Staff Survey on specific questions, for example, the option for flexible working hours, 3 JCC meetings in 2013, and improvements in the staff dining room. With staff concerns in relation to the effectiveness and efficiency initiative and short-term renewal of contracts due to funding, the Representative maintains constant communication with the team to keep the team informed about all new developments related to resource constraints for the country programme and the impact on positions. The Staff Association has carried out recreational activities for staff to releases stress and enhance communication and work relationships.

On security, the MORSS and MOSS recommendations were implemented in liaison with the UNDSS. The warden system is in place and active. Two training sections conducted in 2013 and visits to staff residences for mapping the locations and concentration zones were completed. Furthermore, the Office also conducted two building evacuation simulations.

Efficiency Gains and Cost Savings
One of the Office priorities in early 2013 was to improve efficiency and minimize the operating cost by at least 10 per cent, taking as baseline the expenditures from 2012. The key areas proposed were mainly electricity and communications; however no important reduction was achieved despite the measures in place. By mid-year, a strategic plan document was developed and approved by the CMT. The document identifies additional areas for cost reduction and efficiency targeting on fundraising, procurement, budget and financial transactions, monitoring and reporting and “Green Office”. The new strategy action plan will be integrated in the 2014 AMP and monitored by the CMT.

Other actions already implemented for cost reduction and/or efficiency are the following:

1) Travel: it was agreed by all staff that all, including consultants, would travel in economy class regardless of the duration of the trip.
2) Procurement: an LTA for maintenance and repair services for the office and vehicles was completed. This has brought a reduction on processing time, however the savings have not been quantified.
3) Training: the Office benefitted from e-learning modules on language training, Management skills, VISION, Webexs on programmatic and operations issues, and internal training facilitated by experienced staff. This has increased staff knowledge with a positive impact on the efficiency of the Office.
4) ICT: the use of scanner and electronic files to minimize the use of printing paper. The quantity of paper utilized has decreased by about 9 per cent when compared to 2012.
5) Vehicle: the fleet has been maintained regularly and no new purchases have been made in 2013.
6) HR: the Office benefitted from the use of the free regional conference bridge for interviews or conference calls, and a recruitment mailing address has been designated only for authorized users, to avoid mixing it with other emails and losing information.

In terms of overall efficiency, the CO elaborated in 2013 the following SOPs to accommodate them to VISION: Travel, Cash Transfer, Donor Reporting, Payment Process, Annual Leave, and Overtime. It is worth mentioning that VISION is not yet mastered by some staff and this creates some inefficiency in processing transactions. It is hoped that in the 2014, with the arrival of a subject matter expert to the MENA Regional Office the Office can benefit from this specialized knowledge and improve the Office performance.

**Changes in AMP & CPMP**

2013 was the first year of the country programme. An Annual Management Plan was prepared during the first quarter of 2013 and was reviewed in September 2013. During the review it was noted that the priorities for programme and operations were too many, in some cases not concrete or SMART, especially for the programme components. It was decided to have an early AMP retreat in 2014 to change, focus and prepare coherent priorities that could be monitored through 2014. The review also noted that the priorities in 2014 need to be linked to the PERs and to the fundraising and advocacy strategy for 2014, and be framed in the Outcome-Outcome language. A significant change in 2014 is expected to be the frequency of the CMT meetings and the programme language. In 2013 the two groups met every 2 months, however in 2014 they will meet once a month at least and on an ad-hoc basis where necessary. The number of committees will remain the same since some changes were already introduced in the mid-year review of 2014, such as the absorption of the emergencies group by the CMT with emergencies as an standing agenda item, and the merging of the Local learning Committee and the knowledge management function. The update of the members with departing and new staff was completed and it will be updated again in 2014. Other significant changes expected are the Management Indicators to elaborate a list that is adjusted to the reality and the needs of the Office and reporting requirements. The current list is taken from the Regional Office and some of the indicators are not relevant to the CO.

UNICEF will continue to participate in all UNDAF groups; however, the leadership of the OMT will be with UNDP in 2014. UNICEF has taken the responsibility of leading the Communications group, and maintains the leadership of the ICT subgroup. The IMEP for 2014 will follow up on the revised version of the 2013 with fewer activities but with higher quality and impact. The Caring for Us plan was also revised in 2013 to focus
on fewer but high impact and achievable activities. Other management tools that were updated in September 2013 will remain with the same format: Learning plan, Plan of the Staff Association, Leave Plan and Events Plan.

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
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<tr>
<td>ADIM</td>
<td>Association pour le Développement Intégré de Mabla</td>
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<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
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<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
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<tr>
<td>BCP</td>
<td>Business Continuity Plan</td>
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<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CAP</td>
<td>Consolidated Appeal Process</td>
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<tr>
<td>CDC</td>
<td>Centre de Développement Communautaire (Community Development Centre)</td>
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<tr>
<td>CERF</td>
<td>Central Emergency Respond Fund</td>
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<tr>
<td>CIEP</td>
<td>Centre International d’Etudes Pédagogiques</td>
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<tr>
<td>CMC</td>
<td>Community Management Committees</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>CSD</td>
<td>Child Survival and Development</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DISED</td>
<td>Department of Statistics and Demographic Studies</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<tr>
<td>ECHO</td>
<td>European Commission Humanitarian Office</td>
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<tr>
<td>EDAM</td>
<td>Enquête Djiboutienne Auprès des Ménages (Djibouti Household survey)</td>
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<tr>
<td>EFSA</td>
<td>Emergency Food Security Assessment</td>
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<tr>
<td>ePAS</td>
<td>Electronic Performance Appraisal System</td>
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<tr>
<td>EPRP</td>
<td>Emergency Preparedness and Response Plan</td>
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<td>FGM/C</td>
<td>Female Genital Mutilation/Cutting</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<tr>
<td>HAC</td>
<td>Humanitarian Action for Children</td>
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<td>HRBA</td>
<td>Human Right Based Approach</td>
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<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
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<tr>
<td>IMCI</td>
<td>Integrated Management of Childhood Illness</td>
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<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>IR</td>
<td>Intermediate Result</td>
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<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>JPO</td>
<td>Junior Professional Officer</td>
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<td>JCC</td>
<td>Joint Consultative Committee</td>
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<tr>
<td>LB</td>
<td>Live Births</td>
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<tr>
<td>LLTN</td>
<td>Long Lasting Treated Nets</td>
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<tr>
<td>LTA</td>
<td>Long Term Agreement</td>
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<tr>
<td>LWF</td>
<td>Lutheran World Federation</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MODA</td>
<td>Multidimensional Overlapping Deprivation Analysis</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoRES</td>
<td>Monitoring Result for Equity System</td>
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<tr>
<td>MORSS</td>
<td>Minimum Operating Residential security Standards</td>
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<tr>
<td>MOSS</td>
<td>Minimum Operating security Standards</td>
</tr>
<tr>
<td>NSPADC</td>
<td>National Strategic Plan of Action for Djiboutian Children</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>OMT</td>
<td>Operation Management Team</td>
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<td>ONARS</td>
<td>National Agency for the Refugees and Crisis Affected Populations</td>
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<tr>
<td>OOSC</td>
<td>Out-Of-School Children</td>
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<tr>
<td>OR</td>
<td>Others Resources</td>
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<tr>
<td>ORE</td>
<td>Others Resources Emergency</td>
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<tr>
<td>ORS</td>
<td>Oral Rehydration Salt</td>
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<tr>
<td>PAPFAM</td>
<td>Pan Arab Project for Family Health</td>
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<td>PBA</td>
<td>Programme Budget Allotment</td>
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<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<td>PCR</td>
<td>Programme Component Result</td>
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<tr>
<td>PER</td>
<td>Performance Evaluation Report</td>
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<tr>
<td>PIDB</td>
<td>Programme Information Database</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>PSV</td>
<td>Peer Support Volunteer</td>
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<td>RAM</td>
<td>Result Assessment Module</td>
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<td>RBM</td>
<td>Roll Back Malaria</td>
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<td>RCF</td>
<td>Regional Contingency Funds</td>
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<td>RDT</td>
<td>Rapid Diagnostic Test</td>
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<tr>
<td>RSS</td>
<td>Renforcement du système de santé (Health System Strengthening)</td>
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<tr>
<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<tr>
<td>SCAPE</td>
<td>Stratégie de Croissance Accéléré Pour l’Emploi (national development planning processes)</td>
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<tr>
<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transition</td>
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<tr>
<td>SSNS</td>
<td>State Secretariat for National Solidarity</td>
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<tr>
<td>STI</td>
<td>Sexual Transmitted Infections</td>
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<td>TOA</td>
<td>Table Of Authorities</td>
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<td>U5</td>
<td>Under Five</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Fund</td>
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<tr>
<td>UNFD</td>
<td>Union Nationale des Femmes Djiboutiennes (Djiboutian Women Federation)</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commission for Refugees</td>
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<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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