

Republic of Djibouti

Country programme document 2013-2017

The draft country programme document for the Republic of Djibouti (E/ICEF/2012/P/L.9) was presented to the Executive Board for discussion and comments at its 2012 annual session (5-8 June 2012).

The document was subsequently revised, and this final version was approved at the 2012 second regular session of the Executive Board on 14 September 2012.

<i>Basic data</i> [†] (2010 unless otherwise stated)	
Child population (millions, under 18 years)	0.4
U5MR (per 1,000 live births)	91
Underweight (% moderate & severe, 2006)	23 ^a
(% urban/rural, poorest/richest)	18/27, ..
Maternal mortality ratio (per 100,000 live births, 2008)	300 ^b
Primary school enrolment/attendance (% net, male/female, 2006)	67/66 ^c
Survival rate to last primary grade (% 2006)	92 ^c
Use of improved drinking water sources (%)	88
Use of improved sanitation facilities (%)	50
Adult HIV prevalence rate (% 15-49 years of age, male/female, 2009)	2.5
Child work (% 5-14 years of age, male/female, 2006)	8
Birth registration (% under 5 years of age, 2006)	89
(% male/female, urban/rural, poorest/richest)	91/88, 90/82, ..
GNI per capita (US\$)	1 210
One-year-olds immunized with DPT3 (%)	88
One-year-olds immunized against measles (%)	85

[†] More comprehensive country data on children and women can be found at <http://www.childinfo.org/>.

^a The underweight estimates are based on the World Health Organization Child Growth Standards, adopted in 2006.

^b The official estimate is 550 maternal deaths per 100,000 live births and is taken from the 2002 Djibouti survey on family health. The Maternal Mortality Estimation Inter-agency Group (the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Bank, together with independent technical experts) provides data that are broadly comparable and adjusted for underreporting and misclassification of maternal deaths. For more information, see http://www.childinfo.org/maternal_mortality.html.

^c Survey data.

Summary of the situation of children and women

1. With a population of 818 000 inhabitants according to the 2009 census and sustained economic growth (5 per cent per year on average since 2006), the Republic of Djibouti is a middle-income country (gross national income (GNI) per capita of \$1,280 in 2010). Seven out of 10 inhabitants live in urban areas and six out of 10 in the city of Djibouti. Economic activity is largely dominated by the tertiary sector (77 per cent); the primary and secondary sectors account for only 4 and 19 per cent of GNI, respectively. The persistent drought has led to a drastic reduction in the income sources of herders and rural dwellers, a situation that is exacerbated by the 2011 humanitarian crisis in the Horn of Africa. Although significant progress has been made with regard to the Millennium Development Goals (MDGs) on gender parity in and universal access to primary education, the Republic of Djibouti must invest more and mobilize the commitment of its national and international partners in order to achieve the other MDGs by 2015.

2. The under-five mortality rate dropped from 123 deaths per 1,000 live births in 1990 to 91 per 1,000 in 2010, but this improvement is still insufficient to meet the target of 41 per 1,000 in 2015. Efforts to improve the child survival and development rates face nutritional challenges since 23 per cent of children under five are underweight. The maternal mortality rate is very high; there are currently 300 maternal deaths per 100,000 live births. This is slow progress as the indicator was estimated at 370 per 100,000 in 1990. Pregnancy-related complications, disease and malnutrition are major underlying factors that affect women's and children's health in Djibouti. They are compounded by persistent socio-cultural behaviour (such as not using colostrum and introducing nutritional supplements too late or too early), unavailability of food owing to food insecurity, low household low income and the organization and capacity of the health system itself, which often does not meet the needs of the population. Nine out of 10 people now have access to drinking water, but only 50 per cent of the population has the use of improved sanitation facilities. Poor access to water, hygiene and sanitation causes infectious diseases that cannot be treated properly because of staff shortages, inadequate services and referral systems and ignorance of danger signs during pregnancy.

3. Djibouti is facing a widespread AIDS epidemic; the prevalence rate is 2.5 per cent for adults. The HIV epidemic in the country is characterized by significant discrepancies; it is heavily concentrated in urban areas (particularly in the city of Djibouti), among women (who account for 56 per cent of those living with the virus) and young people (more than one in 10 of those living with HIV are aged 15 to 24). Only 40 per cent of people living with HIV have access to antiretroviral drugs and only 3 per cent of pregnant women follow a comprehensive prophylaxis programme to prevent mother-to-child transmission of the virus. Prevention activities aimed at young people are still piecemeal; their knowledge of how the virus is transmitted and prevented is limited and condom use is rare among them. The situation of young people outside the school system is of particular concern because they lack "life skills", there is no well-developed civil society group that focuses on destigmatizing HIV and encouraging young people, and especially girls, to say "no" to early marriage.

4. Although Djibouti is on track to eliminate gender disparity in primary education by 2015, one of every four children is not enrolled in school.¹ This is largely a result of low enrolment rates among the poorest inhabitants of rural areas, particularly nomads. Of the children who are enrolled, the repetition rate for the final year of primary education remains high (23 per cent). Girls still represent a minority of first-year enrolments in basic education (45 per cent). One of the main barriers to access to education is still the high cost of school books, which leads families to spend more on boys than on girls.

5. The Government of Djibouti has ratified all the international treaties on the rights of children and women (the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women). Various child protection measures, laws and codes have been adopted by the Government, but not all of them are being implemented. For example, there is a law that prohibits the practice of female genital mutilation (FGM) and provides for the punishment of offenders but FGM is still practiced, particularly in rural areas. The

¹ According to the Ministry of Education's Statistical Yearbook, the enrolment rate in primary education is 75 per cent.

registration of children at birth is not yet systematic. Although the Penal Code prohibits violence against children, there is no specific law that prohibits such violence or that guarantees protection against corporal and other forms of punishment.

Key results and lessons learned from previous cooperation, 2008-2012

Key results achieved

6. The UNICEF programme of cooperation with the Government of Djibouti has led to significant progress in child survival. The implementation of large-scale, community-based programmes has combated malnutrition effectively. In 2011, 23,124 (75 per cent) of 31,006 children suffering from malnutrition were diagnosed and treated. An effective national network of grandmothers led to a significant increase in the exclusive breastfeeding rate, which rose from 1 per cent in 2007 to 25 per cent in 2011. The Government has promulgated implementing legislation for the Code of Marketing for Breastmilk Substitutes in order to promote breastfeeding. Djibouti has had no recorded cases of polio since 1999 thanks to continued UNICEF support for the Ministry of Health through the National Immunization Days, creation of a mobile team for problem areas in the interior of the country and strengthening of the nationwide epidemiological monitoring system. Consequently, the percentage of children under one year of age who are vaccinated against diphtheria, pertussis and tetanus (DPT3 vaccine) has risen from 56 per cent in 2006 to 88 per cent in 2010. UNICEF advocacy helped to secure Global Alliance for Vaccines and Immunization (GAVI) financial and technical support for the introduction of new vaccines to prevent rotavirus and pneumonia in children.

7. With regard to child protection, UNICEF technical support for the Government led to the promulgation of a law on sexual assault and female genital mutilation in 2009 and, in 2010, to adoption of the Juvenile Justice Act, appointment of a juvenile court judge and development of the National Plan of Action for Children in Djibouti. In 2007, the Ministry of Youth, Sport and Recreation, with the support of UNICEF, established a national policy on youth, sport and recreation for the decade 2008-2017 and developed a five-year action plan for the period 2008-2012, which was renewed for the period 2013-2015.

Lessons learned

8. The two strategies underpinning the key achievements of the cooperation programme with the Government of Djibouti during the 2008-2012 cycle were: (a) advocacy for legislative progress in the area of child survival and protection; and (b) capacity-building for stakeholders in all programme areas, particularly community-based approaches. The next programme will continue to focus on these strategies while relying on a more detailed analysis of the situation of children in terms of geographic, socioeconomic and gender disparities.

9. The significant legislative reforms adopted continue to have a limited effect on the lives of the population because of inconsistent implementation. Particular effort should be devoted to building the capacity of those in a position of responsibility to be aware of the laws adopted and to implement them. Implementation of the National Plan of Action for Children in Djibouti has been delayed considerably; it

could have led to significant progress in scaling up high-impact interventions at the national and community levels.

10. Like other countries in the Horn of Africa, Djibouti is facing a chronic drought that threatens the survival of the population, especially the most vulnerable. In light of the relationship between the country's vulnerability to drought and rising food prices and the combined effect of these two factors on children's lives, the country programme will continue to advocate a holistic approach to combating malnutrition with the participation of all stakeholders. Drought is a recurrent phenomenon in Djibouti and people must learn to take charge of their own lives. The 2013-2017 cooperation programme should promote a natural disaster risk reduction approach in order to help vulnerable peoples become more resilient.

11. The water supply programme for rural schools has led nomadic peoples to settle near these institutions and facilitated the education of their children.

Country programme, 2013-2017

Summary budget table

<i>Programme components</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	1 350	8 650	10 000
Quality education for all	800	5 550	6 350
Children, young people and HIV/AIDS	375	2 550	2 925
Child protection	225	2 050	2 275
Cross-sectoral	1 000	700	1 700
Total	3 750	19 500	23 250

Preparation process

12. This country programme is the outcome of a long participatory process that began with consideration of the common country assessment carried out during preparation of the United Nations Development Assistance Framework (UNDAF), in cooperation with the Ministry of Foreign Affairs and International Cooperation and with the effective participation of the sectoral ministries, civil society, the private sector, non-governmental organizations (NGOs) and development partners. The strategic planning workshop held on 30 November and 1 December 2011 led to formulation of the UNDAF. The UNICEF country programme is guided by the UNDAF, but it also takes into account the primary recommendations of the Committee on the Elimination of Discrimination against Women on the first and second reports [of Djibouti]. This document was approved by the country's partners and by the representatives of bilateral and multilateral cooperation and of the United Nations system at the workshop held on 12 January 2012.

Programme component results and strategies

13. The cooperation programme for the period 2013-2017 aims to contribute to effective enjoyment of the right of Djiboutian children, adolescents and women to

survival, development, protection and participation. The programme will thus contribute to achievement of the national objectives set out in the National Initiative for Social Development, including the MDGs. UNICEF will support the efforts of the Government of Djibouti to achieve by 2017 the following results: (i) scale up to the national level a comprehensive package of high-impact interventions in the areas of early childhood survival and development, particularly among the poorest population groups; (ii) strengthen the prevention and treatment of HIV/AIDS in women of childbearing age, children and young people; (iii) ensure access to quality education for children, especially from rural and poor urban areas; and (iv) carry through important progress made in the area of child protection, especially with regard to the registration of births, FGM and juvenile justice. In view of the recurring drought in Djibouti, UNICEF will adopt an approach that links emergency humanitarian interventions to long-term development activities through a natural disaster risk reduction strategy. The programme will mainstream implementation of the Core Commitments for Children in Humanitarian Action (CCC). In order to contribute to environmental protection, UNICEF will continue to promote the use of renewable energies in programmes on health and access to water, sanitation and hygiene and will continue to support the efforts of the Ministry of Water and Energy to build its capacity to monitor water quality.

14. The programme will build on the rights-based programming approach, and particularly on the following strategies: (i) capacity-building at the national, regional and community levels; (ii) improvement of the legal and regulatory framework in a manner consistent with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (iii) results-based management. Particular attention will be paid to gender equity and to ensuring equity regardless of place of residence and household income. The country office will continue to use advocacy to promote enjoyment of the rights of children and women.

15. **Child survival and development.** This component of the programme, which is aligned with the National Health Development Plan, will speed up the decline in the rates of maternal, neonatal and infant/child ill health and death as a result of acute respiratory infections, diarrhoea, malnutrition, HIV, complications associated with pregnancy and childbirth and vaccine-preventable diseases. This component focuses primarily on: (i) extending access to quality maternal, neonatal and child health care; (ii) combating malnutrition; and (iii) providing drinking water, hygiene and sanitation services.

16. UNICEF will support the efforts of the Government of Djibouti to draft and adopt a national strategy on neonatal health and to implement and monitor a comprehensive package of high-impact interventions, including: (i) pre- and post-natal preventive care and treatment for all women; (ii) immunization; (iii) deworming; (iv) micronutrient supplementation; and (v) periodic preventative treatment of malaria and provision of insecticide-treated nets for pregnant and breastfeeding women and children under five. UNICEF will continue to support implementation of the national nutrition policy, and particularly the scaling-up of treatment of severe acute malnutrition, in order to establish partnerships and strategies for combating chronic malnutrition and increasing the resilience of populations threatened by natural disasters and hazards. Effective implementation of the Code of Marketing for Breastmilk Substitutes and the promotion of exclusive breastfeeding will be supported.

17. With regard to water, sanitation and hygiene, UNICEF will continue to contribute to achievement of the national objectives concerning access to drinking water, sanitation and hygiene (WASH). Hygiene education and the installation of WASH infrastructure in schools and community centres will help to reduce diarrhoeal diseases. UNICEF will help the Government find solutions to water shortages, particularly in areas where drinking water is supplied by tankers. A special effort will be made to increase access to sanitation services, particularly in peri-urban areas of the city of Djibouti. These actions will contribute to child survival and development and build the capacities of central, regional and community entities, including women's associations.

18. **Children, young people and HIV/AIDS.** This programme component will strengthen the strategies and efforts of the Government of Djibouti and other partners to combat HIV/AIDS. It will focus on preventing mother-to-child transmission (PMTCT) of HIV and HIV prevention among adolescents and young adults. The PMTCT programme will support efforts to expand access to and use of counselling, testing and treatment services to include 80 per cent of pregnant women living with HIV and their children. The sub-component of HIV prevention among adolescents and young adults seeks to develop life skills and will focus on cross-cutting educational aspects as they relate to daily life, and particularly to combating HIV/AIDS. The aim will be to provide 90 per cent of children and young people aged 12 to 24 with correct information on the prevention and transmission of HIV/AIDS and sexually transmitted infections. The prevention of early marriage and the various forms of gender-based violence and abuse will be integrated into the life skills training, educational curricula and youth associations. A strategy for encouraging and promoting young peoples' participation and involvement in development programmes that concern them will be supported through youth associations and schools.

19. **Quality education for all.** This programme component will support the Government's national objective of improving the quality of education and achieving universal primary education by 2015. As specified in the education master plan, the focus will be on improving quality, making learning relevant and reducing disparities. It will promote access to preschool and primary education through projects in schools and target areas with low enrolment rates. The programme will seek to improve girl-boy parity in the transition to secondary school both by continuing to support the "book policy" and by advocating for subsidized or free books and for the systematic involvement of communities in educational projects. In consultation with the Ministry of Education, UNICEF will take specific steps to increase girls' secondary school enrolment, particularly in rural areas. Nomadic peoples in rural areas, migrant families and disadvantaged groups in urban areas will be specifically targeted.

20. The "child-friendly school" initiative will be pursued by promoting learning quality and student-centred teaching methods and improving the school environment. Projects will be launched in educational areas such as teacher training, the provision of textbooks and improvement in teaching methods. The teaching of life skills, including good hygiene practices, such as washing hands with soap, and skills that make the educational environment healthy, safe and inclusive, such as access to drinking water and separate latrines for boys and girls, will also be supported. The goal of ensuring access to quality education for all children will be

pursued and advanced through social mobilization activities to promote the education of children, especially girls and other vulnerable children.

21. **Child protection.** This programme component aims to strengthen the protective environment for all children by: (a) formulating new legislation to expand and strengthen the legal system for child protection and establishing standard procedures for recording births in the civil registry and regularizing the status of children without birth certificates beyond the statutory time limits through social mobilization activities to reinforce behaviour changes; (b) promoting community empowerment by improving communities' human rights competencies so that they are able to monitor violations of children's rights; UNICEF will support the establishment of an awareness-raising committee composed of members of the Community Management Committee, religious leaders and elected local officials in order to conduct participatory monitoring as a strategy for ending all forms of violence, including harmful practices such as FGM; (c) strengthening the enforcement of legislation for the protection of children in contact with the law; implementation and harmonization of such legislation; research and data collection; and monitoring the implementation of international conventions. This component will also involve substantial investment in protection systems and services in order to ensure that children are protected against all forms of violence, exploitation, discrimination, abuse and neglect and that the enjoyment of their rights is promoted and ensured by: (i) improving access to and the quality of child protection and justice services by building the capacities of stakeholders (the courts, police and social services); (ii) strengthening birth registration services; and (iii) strengthening the child protection information system within justice, police and child protection departments.

22. **Cross-sectoral.** This programme component covers the operational and logistical aspects of the country programme and improvements to the management capacities of the country office. It will cover implementation of the programme and some of the country office's operating costs and expenses related to monitoring and evaluation, gap analysis in support of Government social policies (including survey and census data analysis), and emergency preparedness and response.

Relationship to national priorities and the UNDAF

23. The cooperation programme will contribute to achievement of the national results outlined in the National Initiative for Social Development (INSD), launched by the President of the Republic in 2007 and updated in 2011, which seeks to tackle rampant poverty, improve peoples' living conditions and promote the employment and integration of the most underprivileged young people through four strategic aims: (i) growth, competitiveness and employment; (ii) access to basic social services; (iii) reducing poverty and vulnerability; and (iv) public governance. The cooperation programme is aligned with and contributes to each of the UNDAF strategic aims: (i) governance and gender; (ii) basic social services; and (iii) climate change and disaster risk reduction.

Relationship to international priorities

24. The programme results are aligned with the Millennium Declaration and the MDGs and focus on equity and gender. They take into account the priorities of the UNICEF medium-term strategic plan 2006-2013. The programme will help to

develop the country's capacities to respect, protect and promote the rights of children and women as set out in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, focusing in particular on the most underprivileged and the most vulnerable. UNICEF will coordinate the drafting of the next report and ensure follow-up to recommendations.

Major partnerships

25. With regard to partnerships, in addition to France, the most active donors are the European Union, the World Bank, the African Development Bank (ADB), the United States of America, Japan, China and some Arab countries. Most of the internationally known NGOs are not established in the country. There is little participation and involvement of private companies in the financing of activities that seek to improve living conditions and reduce poverty. Most of the funds raised by UNICEF are earmarked for emergencies; this does not allow for resources to be made available permanently for development.

26. In the context of the UNDAF and of implementation of the country programme, UNICEF will strengthen its relationships and consolidate its synergies with other United Nations agencies. Joint programming in the areas of HIV/AIDS, human rights, maternal health and reduction of vulnerability to risks and natural disasters will be implemented within the framework of the existing thematic groups. The partnership forged with the United States Agency for International Development (USAID) and the Agence française de développement (AFD) will be strengthened in the fields of education and health. Partnerships will be developed with the World Bank, the ADB, the International Organization for Migration (IOM) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) in support of the establishment of a strategy for social protection and expanded access to education for nomadic and migrant children. Civil society, women's associations and national and local media will play a key role in achieving the programme goals. The partnership with opinion-makers and political, parliamentary, religious, traditional and administrative authorities will be strengthened. Children, adolescents and young adults will be key actors throughout the process of implementing, monitoring and evaluating the 2013-2017 cooperation programme.

Monitoring, evaluation and programme management

27. Coordination, monitoring and evaluation of the programme will be in synergy with the mechanisms set out in the UNDAF and the INDS. The Djibouti DevInfo database, implemented in collaboration with all sectors, will be the monitoring tool for the programme, the UNDAF and the INDS. UNICEF will support the establishment of decentralized services to collect and analyse disaggregated data that take into account differences between the sexes, the geographic regions and the most vulnerable population groups in order to address equity issues. The monitoring and evaluation system will focus primarily on collecting and analysing data on bottlenecks. The mid-term evaluation will be held in the second quarter of 2015; to that end, the programme will conduct behavioural surveys in the areas of HIV, water, hygiene and sanitation in collaboration with other United Nations agencies, competent sectoral departments and the Department of Statistics and Demographic Studies (DISED). In particular, the programme will work with the Ministry of

Health, the Office of the Secretary of State for National Solidarity and DISED to conduct household health and poverty surveys. A multi-phase approach to analysis of the situation of children and women will be developed with a view to its dynamic update.
