Djibouti is suffering from the harsh consequences of climate change, with the country entering its eighth consecutive year of drought. Child and maternal survival remains tenuous due to food insecurity, inadequate care practices, constrained access to basic social services and a proliferation of communicable diseases. Above-critical threshold, acute malnutrition rates were reported in Obock and Ali-Sabieh regions by the Food Security and Nutrition Assessment in May 2015 and suggested a deterioration of the malnutrition situation in all-but-one of Djibouti’s regions. In early 2015, a measles outbreak in Djibouti and neighbouring countries heightened concerns about further morbidity and mortality. Approximately one out of four girls and boys live in extreme poverty, making them vulnerable to exploitation and abuse.1 Nearly 41.6 per cent of girls and nearly 33.3 per cent of boys of primary school age are out-of-school.2 Since the onset of the Yemen crisis in March 2015, over 25,000 people have fled across the border into Djibouti and 3,125 people have registered as refugees (as of 30 September), adding to the 15,000 refugees and asylum seekers from Eritrea, Ethiopia and Somalia already hosted in the country. This influx has put an additional strain on public social services and exacerbates the hardships already experienced by one third of Djibouti’s total population of 950,000. A large proportion of the population fleeing Yemen has settled in Obock, the region most affected by the drought, with high food insecurity and malnutrition rates.

Humanitarian strategy (July to December 2015)
The Humanitarian Country Team estimates that the number of Yemeni refugees might exceed 4,000 by the end of the year. To respond, the UN along with the Government of Djibouti and partners, developed a two-year inter-agency Refugee Response Plan targeting around 27,000 people by 2015 and 37,000 by 2016 (including Yemen refugees, third country nationals, Djiboutian returnees and members of the host communities). UNICEF is supporting the health, nutrition, water, sanitation and hygiene (WASH), education and protection components of the plan and has revised its 2015 HAC targets accordingly. To support its humanitarian response in Yemen, UNICEF established a logistical hub in Djibouti.

In the two existing refugee camps, UNICEF will increase access to safe water while opting for more sustainable rehabilitation of systems. In the new Yemeni refugee camp, UNICEF will be developing entirely new water systems to access safe water, as well as sanitation facilities. In order to prevent disease outbreaks and mitigate malnutrition levels, hygiene promotion activities will be conducted in all the refugee camps, as well as in the drought-affected areas, thereby accounting for most of the vulnerable children. In the drought-affected areas, UNICEF will also include the distribution of water storage and treatment materials.

Efforts will be placed on scaling-up the nutrition and health surveillance system to provide integrated health and nutrition packages of life-saving interventions to children under-five and pregnant and lactating women. Given the measles outbreak in the first half of the year, a new immunisation campaign will be conducted before the end of 2015.

UNICEF will provide access to preschool, primary and lower secondary education for refugee children by supporting teachers’ recruitment and training and providing school materials. In partnership with non-government organizations, child-friendly spaces will be established to offer psychosocial support to refugee children in several refugee camps.

Results to date (1 January to 30 June 2015)

1 Estimation based on Country’s Poverty Profile 2012.
2 Out-of-School Children report 2014.
UNICEF is addressing the most pressing needs of Yemeni refugees, while continuing to respond to the humanitarian needs of the other refugees, as well as drought-affected Djiboutians. As of 30 June 2015, US$1.9 million has been received against the original 2015 US$4.6 million appeal. Constrained by lack of funding (66 per cent funding gap as of 30 June), UNICEF is prioritising life-saving interventions. Almost 30,000 children at risk of malnutrition were admitted to blanket feeding programmes and received micronutrient supplementation. A total of 2,592 children suffering from life-threatening, severe acute malnutrition have been treated. UNICEF also supported the Government in the provision of health care and in the treatment of malnutrition affecting Yemeni refugee children under-five, pregnant women and lactating mothers.

Using its own funds, UNICEF supported a significant, country-wide vaccination campaign, in which more than 277,000 children under 15 were immunised for measles and nearly 135,800 for polio. Deworming will be conducted in the second half of the year.

UNICEF works with partners to ensure access to safe water in the newly established camp for Yemeni refugees. Throughout the country, 17,508 emergency-affected people received critical information on hygiene practices to prevent child illnesses leading to malnutrition.

As the lead of the education coordination group, UNICEF is working with UNHCR and partners on a back-to-school campaign for Yemeni refugee children. Psycho-social support for these conflict-affected children has not been provided during the first half of the year due to funding shortages.
Funding requirements
Given the evolving Yemen crisis, the number of refugees in country, the continuous drought, the food insecurity situation and the malnutrition crisis, UNICEF Djibouti has revised its funding requirements from $4.6 million to US$5.6 million in order to meet the additional humanitarian needs of children. As of 30 June 2015, a total of US$1.9 million was available against the appeal. Without additional funding, UNICEF will not be able to support the continuation of key nutrition interventions, including provision of therapeutic food and other nutritional supplements for affected children, and the implementation of more sustainable WASH activities and systems. Lack of funding would also undermine the provision of basic formal and non-formal education services, and will impede the provision of psychosocial support to help refugee children fleeing the war in Yemen to cope with trauma and stress.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2015 HAC Requirement (US$)</th>
<th>Revised 2015 HAC Requirement (US$)</th>
<th>Funds Received Against 2015 HAC (US$)</th>
<th>Funding gap (US$ / %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>200,000</td>
<td>565,120</td>
<td>441,800</td>
<td>123,320 22%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,000,000</td>
<td>2,085,320</td>
<td>579,585</td>
<td>1,505,735 72%</td>
</tr>
<tr>
<td>WASH*</td>
<td>1,800,000</td>
<td>2,120,920</td>
<td>464,800</td>
<td>1,656,120 78%</td>
</tr>
<tr>
<td>Education</td>
<td>200,000</td>
<td>237,900</td>
<td>0</td>
<td>237,900 100%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>100,000</td>
<td>100,000</td>
<td>43,200</td>
<td>56,800 57%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
<td>480,800</td>
<td>43,200</td>
<td>437,600 91%</td>
</tr>
<tr>
<td>Monitoring, Evaluation &amp; Communication</td>
<td>50,000</td>
<td>50,000</td>
<td>26,000</td>
<td>24,000 48%</td>
</tr>
<tr>
<td><strong>Sub-Total</strong></td>
<td>4,550,000</td>
<td>5,640,060</td>
<td>1,598,585</td>
<td>4,041,475 72%</td>
</tr>
<tr>
<td>Carry-forward**</td>
<td></td>
<td></td>
<td></td>
<td>298,979</td>
</tr>
<tr>
<td><strong>Total funding available</strong>*</td>
<td></td>
<td></td>
<td></td>
<td>1,897,564</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>4,550,000</td>
<td>5,640,060</td>
<td>1,897,564</td>
<td>3,742,496 66%</td>
</tr>
</tbody>
</table>

* The need for infrastructure investments have resulted in higher costs.
** The carry-forward figure is the unutilised budget that was carried forward from the prior year to the current year, available as of 1 January 2015.
*** Total funding available includes total funds received against appeal plus carry-forward

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