As a result of eight years of drought and limited access to services, an estimated 126,000 children in Djibouti are at risk of malnutrition, disease or lack of water. Even if seasonal rains return in 2016, they are unlikely to compensate for these deficits.1 Approximately one in every three children is stunted and 17.8 per cent of children are affected by global acute malnutrition.2 The influx of more than 30,000 arrivals from Yemen in 2015,3 including 54 per cent Yemeni nationals, 40 per cent third-country nationals and 6 per cent Djiboutian returnees, has placed additional pressure on already constrained access to social services and food. Nearly two thirds of Yemeni arrivals have not registered as refugees. The majority of the 5,800 registered Yemeni refugees have settled in the drought-affected region of Obock, where food insecurity and malnutrition rates are high. These refugees joined the 15,000 refugees and asylum seekers from Eritrea, Ethiopia and Somalia that were already residing in the country.4 Refugee children are entirely dependent on humanitarian aid to access basic services, such as education, health, water, nutrition and protection. In urban areas, thousands of migrant children living in the streets are deprived of their most basic rights.

**Humanitarian strategy**

In collaboration with the Government and partners, UNICEF is promoting a multi-sectoral strategy and working to boost the resilience of the most vulnerable children and families. As co-lead of the nutrition, water, sanitation and hygiene (WASH) and education coordination groups and the child protection sub-group, UNICEF continues to advocate for child-centred approaches. Essential nutrition supplies, drugs and equipment will be made available for all health centres (55) and community nutrition sites (56). To reduce the impact of drought on the most vulnerable children and families, UNICEF is strengthening existing water facilities, providing water treatment and storage supplies at the household level and improving sanitation facilities. Through the provision of school kits, teaching materials, furniture and equipment, UNICEF will help refugee, migrant and other vulnerable children enjoy their right to education. In partnership with the United Nations High Commissioner for Refugees (UNHCR) and international non-governmental organizations, UNICEF will prioritize the provision of psychosocial support, as well as the establishment of a multi-sectoral community-based child protection mechanism to detect, prevent and respond to all forms of violence against children and women in refugee camps. In urban areas, migrant and street children will receive legal and social assistance.

**Results from 2015**

As of 31 October 2015, UNICEF had received 33 per cent (US$1.87 million) of the US$5.64 million 2015 appeal. In addition to US$298,979 carried forward from 2014, UNICEF reached 4,285 children under 5 years suffering from severe acute malnutrition (SAM) with therapeutic food, drugs and equipment in health centres and community nutrition sites. Following two measles outbreaks in 2015, 277,000 children were vaccinated. In the drought-affected areas of Dikhil, Obock and Ali-Sabieh, 4,808 vulnerable people benefited from the rehabilitation of water and sanitation facilities (including new latrines for 216 rural households in Obock). Through a UNICEF-UNHCR partnership in Ali Addeh, Hall Holl and Markazi camps, more than 3,300 refugee children enrolled in pre-primary, basic or upper-secondary education. Access to safe water was ensured in the new Markazi camp and the water distribution network was expanded in Ali Addeh camp. With the onset of the Yemeni crisis, priorities shifted and highlighted the importance of sexual and gender-based violence programmes, psychosocial support and child protection. In urban areas, 750 migrant and street children enrolled in non-formal education and 154 benefited from daily access to food, health care, literacy, recreational activities and vocational training. The life-skills programme for HIV prevention reached more than 380 at-risk adolescents and youth in Djibouti city, Obock and Tadjourah regions. UNICEF contributed to a capacity-building programme for non-governmental organizations on the vulnerabilities of unaccompanied migrant children.
NUTRITION

<table>
<thead>
<tr>
<th>Cluster 2015 target</th>
<th>Cluster total results</th>
<th>UNICEF 2015 target</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 years with SAM admitted into therapeutic feeding programmes</td>
<td>5,450</td>
<td>4,265</td>
<td>5,385</td>
</tr>
<tr>
<td>Children aged 6 to 23 months receiving micronutrient supplementation</td>
<td>62,670</td>
<td>49,101</td>
<td>62,032</td>
</tr>
<tr>
<td>Children aged 6 to 36 months admitted to blanket feeding programmes</td>
<td>61,000</td>
<td>42,125</td>
<td>60,428</td>
</tr>
<tr>
<td>Pregnant and lactating women who access support for appropriate infant and young child feeding and micronutrient supplements</td>
<td>44,100</td>
<td>36,088</td>
<td>43,885</td>
</tr>
</tbody>
</table>

HEALTH

<table>
<thead>
<tr>
<th>Cluster 2016 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
</tr>
<tr>
<td>Child protection</td>
</tr>
<tr>
<td>Education</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Results are through 31 October 2015 unless noted

Funding requirements

In line with the country’s inter-agency 2016 Humanitarian Response Plan, UNICEF is requesting US$3,508,234 to meet the humanitarian needs of children in Djibouti in 2016. Without additional funding, UNICEF will be unable to support the national response to the country’s continuing nutrition crisis or provide critical WASH services to the drought-affected population. Lack of funding will also undermine the provision of basic formal and non-formal education services, and will impede the provision of child protection services, including psychosocial support to help refugee children coping with exposure to violence and displacement.
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5 Due to the funds shortage, deworming medication distribution was not conducted in 2015. The health toolkit developed for Djibouti includes this activity which, along with vitamin A supplementation, is usually conducted jointly with immunization campaigns.
6 Some 9,808 additional emergency-affected people will benefit from access to safe water by the end of February 2016.
7 The 9,808 additional beneficiaries of safe water will receive critical WASH-related information to prevent child illness by the end of February 2016.
8 No achievements due to the lack of funds and limited technical capacities among implementing partners.
9 No achievements due to the lack of funds and limited technical capacities among implementing partners. UNICEF established a partnership with the Democratic Republic of the Congo to create a child protection committee among the refuge community to act as a watchdog for child protection and sexual and gender-based violence issues.
10 No achievements due to the lack of funds and limited technical capacities among implementing partners. Same additional comments as in footnote 9.