In response to the cyclone Sagar in May, UNICEF distributed Immediate Response WASH and dignity kits benefitting 700 affected households (including IDPs and surrounding host community) in Damerjog, an IDP site located just outside Djibouti;

Over the reporting period, 842 people in drought affected areas gained access to adequate sanitation;

UNICEF provided supplies (antibiotics, oral rehydration salts, and zinc) benefiting an estimated 5,854 children to address the increased caseload of pneumonia and diarrhoea linked with deteriorating community-based health services (reduced community-based prevention, detection and treatment of child illnesses in favour of secondary and tertiary care).

UNICEF and the Red Crescent of Djibouti conducted a large-scale hygiene promotion campaign with more than 25,000 people being reached on handwashing and household water treatment practices through multiple channels (SMS, face-to-face).

An estimated 4,500 refugee and migrant children were enrolled in the Read, Write and Count (RWC) second-chance education.

### SITUATION IN NUMBERS

- **June 2018**
  - **134,000**
    - # of children affected out of 244,920
  - **224,920**
    - # of people affected
  - **13,330**
    - # of children affected out of 27,431
  - **5,119**
    - # of refugees and asylum seekers in Djibouti-city (UNHCR, October 2017)

### UNICEF Appeal 2018:
- **US$ 1.641 million**
- **Funding Status:**
- **US $ 1,733 million**

### HIGHLIGHTS

- In response to the cyclone Sagar in May, UNICEF distributed Immediate Response WASH and dignity kits benefitting 700 affected households (including IDPs and surrounding host community) in Damerjog, an IDP site located just outside Djibouti;
- Over the reporting period, 842 people in drought affected areas gained access to adequate sanitation;
- UNICEF provided supplies (antibiotics, oral rehydration salts, and zinc) benefiting an estimated 5,854 children to address the increased caseload of pneumonia and diarrhoea linked with deteriorating community-based health services (reduced community-based prevention, detection and treatment of child illnesses in favour of secondary and tertiary care).
- UNICEF and the Red Crescent of Djibouti conducted a large-scale hygiene promotion campaign with more than 25,000 people being reached on handwashing and household water treatment practices through multiple channels (SMS, face-to-face).
- An estimated 4,500 refugee and migrant children were enrolled in the Read, Write and Count (RWC) second-chance education.

### Situation Overview & Humanitarian Needs
Djibouti is a country of 992,637 population with 27,431 refugees (UNHCR database June 2018). One of the main drivers of humanitarian needs in Djibouti is the chronic drought which affects almost 200,000 people in 2018 (FEWSNET 2017), including 20,000 children under the age of five compared to 130,000 people affected in 2016. The impact of drought is aggravated by additional pressures on already overstretched basic social services by asylum seekers (from Somalia, Eritrea, Ethiopia and recently Yemen) and migrants mostly coming from Ethiopia, Somalia and transiting through Djibouti to the Gulf countries via Yemen. The prolonged drought contributes to high prevalence of acute malnutrition, diarrheal diseases and other infectious diseases.

In May 2018, the tropical cyclone Sagar hit Djibouti causing floods in at least 15 per cent of Djibouti city. The cyclone has exacerbated fragile basic social service systems, causing damage to an estimated 10,000 households (about 150,000 people) with about 2,000 households (10,000 people) severely hit. The major concerns among affected populations focused on access to sanitation, given the damage caused to the city’s poorly designed sanitation system, reduced access to safe drinking water for the most disadvantaged families, including migrants, refugees and internally displaced people (in particular from the Damerjog area close to Djibouti City) and increased fragility of poor households in terms of food scarcity and lack of access to hygiene items. The schools and other social infrastructure have been affected with the total damage estimated at USD30 million (as per the World Bank assessment). UNICEF and other aid agencies upon a rapid assessment of the immediate needs of the affected populations, succeeded in mobilizing about $3 million to respond, with $1.296 million to be managed by UNICEF DCO.

<table>
<thead>
<tr>
<th>Estimated Affected Population (Estimates calculated based on initial figures from the 2018 Humanitarian Action for Children)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start of humanitarian response:</td>
</tr>
<tr>
<td>Total Affected Population</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
</tr>
<tr>
<td>Children Under Five</td>
</tr>
<tr>
<td>Pregnant women</td>
</tr>
</tbody>
</table>

**Humanitarian Leadership and Coordination**

From the beginning of 2018, the United Nations Country Team (UNCT) took the decision not to develop a Humanitarian Response Plan (HRP) as the country is affected by a chronic emergency. Humanitarian interventions are, however, included in the 2018-2022 United Nations Development Assistance Framework (UNDAF). UNICEF’s new country program
document (2018–2022) which aims to strengthen national systems to provide quality services both for emergency-affected population and the wider population is aligned with the UNDAF.

In the aftermath of cyclone Sagar which occurred in May 2018, an Emergency Crisis Cell was established under the leadership of the Office of the UN Resident Coordinator. The Crisis Cell worked with the sectoral working groups to ensure effective coordination of the response, adequate coverage of humanitarian assistance to avoid overlaps and address potential challenges in the response. The various sectoral working groups were coordinated by the UN sector co-lead agencies in close collaboration with their Government counterparts. Together with the Government, UNICEF co-leads the Nutrition and WASH Coordination Groups and the Child Protection sub-group (under the Protection Coordination Group led by the United Nations High Commissioner for Refugees (UNHCR)). UNICEF also co-leads the Education Coordination Group jointly with UNHCR and is an active member of the Health Coordination Group led by the World Health Organization (WHO). UN agencies are jointly monitoring the effects of the drought in the Horn of Africa and mandated UNICEF to coordinate the development of a joint response plan during the first quarter of 2018 for different scenarios. The plan includes Food Security, Nutrition, Health, Water, Sanitation and Hygiene, Education and Protection sectors, in view of potential population movements from neighboring countries affected by famine.

The UNICEF 2018 Humanitarian Action for Children (HAC) includes the Refugee Response Plan coordinated by UNHCR in cooperation with the Government of Djibouti through the National Office for Assistance to Refugees and Affected Populations (ONARS). UNICEF and UNHCR have signed a Memorandum of Understanding and developed a joint action plan to address the needs of refugees during 2018. The plan presents a comprehensive set of interventions, outlining each agency’s responsibilities as well as planned resources. Quarterly monitoring meetings enable both agencies to identify bottlenecks and introduce corrective actions throughout the year. Assistance to migrants in transit, stranded migrants and Djiboutian returnees was coordinated by the International Organization on Migration (IOM) in partnership with the Ministry of Interior and all relevant central and local authorities and concerned diplomatic missions.

The UN Resident Coordinator and the humanitarian core team under the UN Country Team ensure continued and effective coordination of the humanitarian response, a total of US$3,000,000 was recently mobilized in response to the cyclone Sagar (US$1,312,000 channelled through UNICEF Djibouti Country Office).

**Humanitarian Strategy**

In general, chronic emergencies underpin the humanitarian environment in Djibouti with decades of refugees’ presence, continuous inflow of thousands of migrants, chronic and persistent drought and global acute malnutrition rates exceeding the WHO emergency threshold (GAM rate: 17.8 per cent and SAM rates: 5.7 per cent) (SMART survey 2013). More recently, cyclone Sagar has also led to a change in Djibouti’s emergency profile, triggering the need to include severe weather events in emergency preparedness and contingency planning.

UNICEF’s humanitarian strategy focuses on strengthening Government’s capacity to coordinate preparedness for and response to emergencies while also building local population’s resilience in coping with crisis and strengthening of social systems. As such, UNICEF is transitioning its humanitarian response strategy toward long-term development to help address chronic and protracted emergencies, thus also strengthening the humanitarian-development nexus. Through the development programme, support is provided to enhance sustainable access to quality basic social services for local communities and emergency-affected populations. In regions with high prevalence rates of severe acute malnutrition and above emergency thresholds of global acute malnutrition levels, UNICEF continues to provide humanitarian support through provision of therapeutic services to affected children. Furthermore, interventions to increase access to water and promote hygienic behaviours target communities affected by food insecurity in order to capitalise on the link between WASH and nutrition interventions. The humanitarian response prioritizes the needs of refugees and migrants, particularly of unaccompanied minors, education for refugee children and prevention of and rapid response to acute watery diarrhoea and potential cholera outbreaks. With regards to considerable movements of nomadic populations along the Somali and Ethiopian borders and limited capacity of the national health system, UNICEF aims to strengthen the capacity of the Ministry of Health on planning of vaccination campaigns.

**Summary Analysis of Programme response**

Nutrition

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1 The humanitarian core team under the UNCT consists of UNCT members (doesn’t explain much) with humanitarian activities in the country.
Nutrition is one of the major public health concerns in Djibouti. Annually, about 20,000 cases of acute malnutrition are expected of which 7,000 are severe acute malnutrition cases among children. During the first half of 2018, UNICEF has worked to secure the nutrition supplies, ensuring no stock-outs in health facilities within the country and maintaining the detection and treatment of severely malnourished children. Although the data from the routine health information system is yet to be released, it is likely that the uptake of the program will be reduced. This is due to the preference given to providing support to mobile health teams instead of strengthening the outreach and community-based systems to identify malnourished children and follow-up on the treatment of Severe Acute Malnutrition (SAM) cases across the country. This is also linked to the fact that over the past two years Djibouti’s health system has heavily shifted to focus on curative rather than preventive and promotional services. Thus, community workers carry-out only very limited active screening and case-finding to follow-up on defaulters. Furthermore, community health workers (CHWs) are not yet able to contribute to detect and refer SAM cases to health facilities. To address this issue, UNICEF is leading the Nutrition Working Group to advocate at all levels with the Ministry of Health for CHWs to play a stronger role in active screening. UNICEF has thus included interventions to strengthen community involvement in preventing and treating malnutrition in its 2018-2019 work plan which was recently signed by the Ministry of Health (June 2018). UNICEF has also played an important role in leveraging a significant investment from the World Bank to further support community engagement in the fight against malnutrition. In addition, UNICEF has initiated discussions to conduct a SMART survey scheduled to take place between November and December 2018 which will provide updated information on the nutritional status of children in Djibouti and enable improved targeting of interventions to reach the most vulnerable.

Health

In a context of a fragile health system and weak surveillance system, the likelihood of disease outbreaks as well as importation of vaccine-preventable diseases remains high. During the second quarter of 2018, the country registered an outbreak of Acute Watery Diarrhoea (AWD) in the North and the South, mainly affecting the migrants and host populations within the migrants’ corridors. Over 680 cases were registered, however, the outbreak was rapidly controlled through the support of UNICEF and partner agencies including the International Organization on Migration (IOM) and the World Health Organization (WHO). UNICEF’s contribution entailed the provision of Oral Rehydration Salts (ORS) and zinc, intravenous fluids for effective case management as well as hygiene promotion activities. In addition, UNICEF has also provided additional supplies (antibiotics, ORS and zinc) benefiting an estimated 5,854 children to address the increased caseload of pneumonia and diarrhoea linked with deteriorating community-based health services (reduced community-based prevention, detection and treatment of child illnesses in favour of secondary and tertiary care). Reportedly, 5,854 children under the age of five suffering from diarrhoeal disease were treated with ORS and zinc supplementation. UNICEF has also continued to support the national immunization program through the regular provision of vaccines, thus contributing to ensuring no stock outs at national, regional and health facility levels for diseases with high outbreak potential (measles, polio). Since January 2018, the country has recorded 48 cases of measles among which 14 cases were tested and 13 confirmed by lab. Around 1,000 children were vaccinated in mid-July as part of a targeted campaign within the City of Djibouti with the highest caseload. UNICEF is actively working with the MoH to organize a follow-up integrated vaccination campaign (measles, polio VAS) scheduled to take place in August-September 2018 (final dates to be determined). An estimated 138,469 children under-five are targeted for polio vaccination and 125,881 children 6 months – 5 years for measles vaccination. Due to the funding gap of 70 per cent in the health sector, DCO used Regular Resources to achieve programme results for the nutrition sector for example. Efforts in the health sector are hampered by the lack of data sharing from the health management information system at the Ministry of Health as well as the suspension of field visits conducted by partners.

Water, Sanitation and Hygiene

In response to the humanitarian crisis caused by cyclone Sagar, UNICEF purchased and distributed branded Immediate Response WASH & Dignity Kits3 to 700 affected households (including IDPs and surrounding host community) in Damerjog, an IDP site located just outside Djibouti. To prevent outbreaks of waterborne diseases, UNICEF is partnering with the Red Crescent of Djibouti to conduct a large-scale hygiene promotion campaign with more than 25,000 people being reached on handwashing and household water treatment practices through multiple channels (SMS, face-to-face). More than 75,000 people are estimated to be indirectly covered by these activities. More than 5,000 people living along the migrant’ routes in Tadjourah region were reached with hygiene promotion interventions aiming to limit the spread of Acute Watery Diarrhea (AWD) reported in those areas. UNICEF has also extended its partnership by engaging an additional national non-

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2 Standardized Monitoring and Assessment of Relief and Transitions.
3 Water container - 10l; bucket with lid; soap; Water purification tablets (NaDCC); torch; child potty; multipurpose cotton cloth; reusable menstrual pads.
governmental organization (NGO) (ADIM) to cover host communities, thus contributing to reduce the risk the spread of disease.

To remove stagnant water in flooded sectors following the cyclone, financial support was provided to the National Authority of Water and Sewage (ONEAD) to acquire pumping equipment and fuel. In terms of coordination, UNICEF supported national partners to facilitate WASH working group meetings to efficiently plan the emergency response. Furthermore, UNICEF assisted the government by providing technical support to conduct the humanitarian needs assessment in the IDP camp affected by disaster.

**Education**

During the first half of 2018, UNICEF continued to support 697 vulnerable children of which 391 are girls, in addition migrants and refugees, enrolled in the Read, Write and Count (RWC) second-chance education centres. The recent cyclone Sagar caused damage to 17 schools affecting 17,096 school children of which 8,048 are girls and in response, UNICEF is supporting ongoing resource mobilisation efforts under the leadership of the Minister of Finance and the RCO to raise funds to support reconstruction / rehabilitation efforts within the education sector.

As of September 2017, as part of its commitment to the Comprehensive Refugee Response Framework (CRRF), the Ministry of Education has taken over the management of primary and secondary schools in the 3 refugee sites. With technical support from UNICEF and UNHCR, the Government is gradually introducing the national curriculum to schools in the refugee villages. Furthermore, UNICEF support has continued to cover incentives for six secondary school teachers in Markazi village.

Nevertheless, there are still significant challenges, with an enrolment rate of only 47 per cent (2017/18) among refugee children mostly due to lack of secondary school provision in Holl Holl camp as well as challenges in estimating enrolment rates for refugee children who live outside the camps. While there is a strong commitment by the Government regarding the integration of refugee children into the national education system, there are significant challenges, for example translation of Djiboutian curriculum into English; recognition of school certificates from Kenya of pupils who are not yet under the Djiboutian curriculum (previously refugee children were educated following the Kenyan curriculum); ensuring quality of teaching and learning in the refugee schools. In collaboration with UNHCR, UNICEF is supporting the Ministry of Education to overcome these challenges by providing technical support and facilitating high-level dialogue with Kenya on recognition of certificates.

**Child Protection**

As a result of UNICEF’s partnership with Caritas, 441 migrant street children benefited from a package of basic social services, including food distribution, hygiene kits/services, literacy training, healthcare and para-counselling. Since January 2018, UNICEF supported 3,000 vulnerable children, including children living on the streets (both from migrant and non-migrant backgrounds). Through the participation in workshops and recreational activities including sports, 385 children benefited from psycho-social support (39 girls and 346 boys), 28 children (seven girls and 21 boys) received support to attend school. An analysis of 109 social profiles and home visits resulted in the reunification of eight boys with their families within Djibouti-City. In addition, 26 refugee and migrant children benefited from voluntary repatriation to Ethiopia in collaboration with IOM. Family tracing is still ongoing for the remaining 75 children. Also in collaboration with UNHCR, UNICEF conducted a two-day training on psycho-social support for 30 front-line workers and for refugees’ children in July 2018 as well as a workshop to develop SOPs for agencies conducting child protection interventions in the refugee camps.

The key challenges in child protection relate to the limited number of actors who have the capacity to provide direct services to children on the move (Caritas is the only stakeholder to do so) with the number of children in need largely exceeding the services available. Furthermore, there is still a gap regarding the provision of night-time services for children on the move which is politically sensitive. UNICEF is continuing to advocate with government counterparts to play a stronger role in coordinating interventions for children on the move and to lead the discussion on how more holistic services can be provided to these very vulnerable children.

**Social Protection**

As part of the Sagar cyclone response, UNICEF in collaboration with the World Food Programme (WFP) provided an immediate response in the form of cash vouchers. Following an initial needs assessment by social workers from the State Secretariat for Social Affairs (SEAS), around 2,000 most affected households (10,000 people) were identified as eligible for food and non-food assistance in the form of cash vouchers. Voucher distribution was conducted through the SEAS social service points based on the WFP cash voucher system. Three types of vouchers were distributed: 1) A food
assistance voucher valued at 56 USD per household for a period of three months (funded by WFP); 2) Non-food items assistance voucher valued at 100 USD per household (funded by UNICEF) and 3) Non-food vouchers for mattresses and kitchen equipment financed by SEAS. UNICEF contributed with 104,000 USD, which represents 33 per cent of the total amount of the immediate response. The national social protection system provided the framework for rapidly identifying and responding to the urgent and critical needs of the most vulnerable families among the population affected by the cyclone. This was the first time that cash vouchers were successfully used as part of an emergency response in the Djibouti context.

Communication for Development (C4D), Community Engagement & Accountability

In 2018, UNICEF signed a programme cooperation agreement with two NGOs to implement behavioural change programs on positive hygiene practices such as handwashing with soap and treated water targeting 130,000 people. As part of the humanitarian response to cyclone Sagar, an SMS broadcasting was implemented to promote key messages on hygiene (see further details above under WASH section). UNICEF provided technical support to formulating the health messages that were broadcasted as part of the campaign, as well as in identifying target groups.

Supply and Logistics

UNICEF has continued to support the procurement of nutrition supplies ($300,000), essential drugs ($20,000) and emergency WASH kits ($125,000) required to address emergency needs of an estimated 150,000 individuals, including those affected by the cyclone, IDPs, refugees, and people affected by disease outbreaks. UNICEF contributes to the reduction of the gaps in health supplies, by covering the needs for Oral Rehydration Salts (ORS), essential medicines and water treatment products. UNICEF also continues to support the logistical hub for Yemen in Djibouti. The main challenge has been linked to ensuring timely distribution of supplies to affected populations against the background of multiple and fragmented government coordinating mechanisms with unclear leadership, resulting in delays in responses within the required 72 hours and beyond.

Media and External Communication

The recent visit of the UNICEF Executive Director in Djibouti (22-25 June 2018) provided an opportunity to draw the government’s and other stakeholders’ attention to the need for adequate preparedness and response to recurrent emergencies (AWD outbreak, refugees, internally displaced populations) and to natural disasters (cyclones/flooding). During this visit, ED Fore met with several high-level officials in Djibouti, including the President of the Republic, the Prime Minister, the Minister of Foreign Affairs and several key sectoral ministers, highlighting Djibouti’s role in hosting refugees and displaced population from neighbouring countries and the facilitation of humanitarian aid to Yemen. Furthermore, ED Fore had the opportunity to meet young refugees from Yemen and to discuss their situations and aspirations. The visit was covered by the different national media and several articles were published on the main newspapers: http://www.lanationdj.com/le-chef-de-la-diplomatie-djiboutienne-sentretient-avec-la-directrice-executive-de-lunicef/ and http://www.lanationdj.com/djiboutiunicef-des-politiques-convergentes/
The National Djiboutian TV (RTD) also covered the visit and broadcasted the event during the main news program of the day (https://www.youtube.com/watch?v=Jwfb2_maF8c). Over 21,560 Facebook users were reached by the messages shared during the visit with a participation of 4,500 people (comments, share and reactions) and on Twitter a total of 396 retweets from ED Fore and UNICEF Djibouti were registered in addition to 1222 likes and 32 comments. Furthermore, the UNCT has been co-leading joint advocacy and fundraising efforts with the Government in order to support a recovery programme focusing on reconstructing infrastructure damaged through the cyclone, strengthening the population’s resilience and creating a link to development programs.

Funding

A total funding target of US$1,461,300 was estimated in the Djibouti HAC 2018 and as of June 2018, a total of US$1,733,962 have been received, 119 per cent of the target amount, with 68 per cent of these funds being mobilized to respond to cyclone Sagar (EPF and CERF). While there is no funding gap in relation to the 2018 HAC ask, some sectors remain underfunded. Funding needs in the WASH and social protection sectors are largely covered through recently allocated CERF funds, whereas the Health, Nutrition and Education with funding gaps of 70 per cent, 46 per cent and 32 per cent respectively remain underfunded. The funds mobilized will enable UNICEF Djibouti to optimize coverage of the
basic social services for the most vulnerable children and populations affected by emergencies with planned lifesaving interventions during the second half of the year.

### Funding Situation (as of 30 June 2018,)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements (US$)</th>
<th>Funds available* (US$)</th>
<th>Funding gap (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Carry forward</td>
<td>Funds received during current year (2018)</td>
<td>$</td>
</tr>
<tr>
<td>WASH</td>
<td>0</td>
<td>963,771</td>
<td>0</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>205,158</td>
<td>188,842</td>
</tr>
<tr>
<td>Health</td>
<td>0</td>
<td>45,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Nutrition</td>
<td>0</td>
<td>36,538</td>
<td>297,062</td>
</tr>
<tr>
<td>Protection &amp; Social Inclusion</td>
<td>0</td>
<td>291,500</td>
<td>0</td>
</tr>
<tr>
<td>Programme Support</td>
<td>0</td>
<td>78,153</td>
<td>0</td>
</tr>
<tr>
<td>Communication</td>
<td>0</td>
<td>113,842</td>
<td>0</td>
</tr>
<tr>
<td>Cluster (Working Group) Coordination</td>
<td>0</td>
<td>0</td>
<td>20,000</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>1,733,962</td>
<td>0</td>
</tr>
</tbody>
</table>

* 'Funds available' includes funding received against current appeal as well as carry-forward from the previous year. Also 68% of the total funds mobilized for emergency response by UNICEF are linked to the cyclone Sagar response – not flexible enough to cover most of the initial needs expressed in the HAC 2018, therefore creating a strong bias in the status of resource mobilization against Djibouti’s 2018 HAC (showing over-mobilization while in reality 68% of funds mobilized are earmarked for cyclone Sagar response).

Next SitRep: 31/12/2018

UNICEF Djibouti Facebook: [www.facebook.com/UNICEFdjibouti](https://www.facebook.com/UNICEFdjibouti)


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### SUMMARY OF PROGRAMME RESULTS (January - June 2018)

#### DJIBOUTI

<table>
<thead>
<tr>
<th>Overall needs</th>
<th>Sector Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018 Target</td>
<td>Total Results</td>
</tr>
<tr>
<td>WATER, SANITATION &amp; HYGIENE</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people with access to sufficient quantity of safe drinking water in humanitarian situations</td>
<td>99,197</td>
<td>5,000</td>
</tr>
<tr>
<td># of people with access to adequate sanitation in drought affected areas</td>
<td>57,224</td>
<td>1,000</td>
</tr>
</tbody>
</table>

EDUCATION
<table>
<thead>
<tr>
<th>Category</th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>Data Status</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of refugee children accessing quality pre-primary, primary and secondary education</strong></td>
<td>7,789</td>
<td>6,000</td>
<td>4,500</td>
<td>N/A</td>
<td>6,000</td>
<td>4,500</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 5 and under received measles vaccines</td>
<td>15,000</td>
<td>5,000</td>
<td>1,000</td>
<td>N/A</td>
<td>5,000</td>
<td>0^i</td>
</tr>
<tr>
<td># of children aged 5 and under suffering from pneumonia and receiving antibiotics</td>
<td>25,000</td>
<td>25,000</td>
<td>N/A^*</td>
<td>N/A</td>
<td>15,000</td>
<td>N/A^*</td>
</tr>
<tr>
<td># of children aged 5 and under suffering from diarrhoea and receiving ORS and zinc</td>
<td>26,758</td>
<td>25,000</td>
<td>5,854</td>
<td>N/A</td>
<td>15,000</td>
<td>5,854</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under 5 suffering from severe acute malnutrition admitted into therapeutic feeding programme</td>
<td>12,588</td>
<td>5,665</td>
<td>N/A^*</td>
<td>N/A</td>
<td>5,665</td>
<td>N/A^*</td>
</tr>
<tr>
<td># of children aged 5 and under provided with vitamin A supplementation</td>
<td>31,392</td>
<td>31,392</td>
<td>N/A^*</td>
<td>N/A</td>
<td>31,392</td>
<td>N/A^*</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># refugee children and caregivers supported with psychosocial activities</td>
<td>700</td>
<td>700</td>
<td>385</td>
<td>N/A</td>
<td>700</td>
<td>385</td>
</tr>
<tr>
<td># Unaccompanied refugee children benefited from risk awareness activities</td>
<td>200</td>
<td>140</td>
<td>139</td>
<td>N/A</td>
<td>140</td>
<td>139</td>
</tr>
</tbody>
</table>

Footnotes:

1 Construction activities are currently ongoing to provide 5,000 people with access to safe drinking water. By the end of the year, the result will have been achieved.
2 Measles campaign is pending in (August-September 2018).
3 Data not available/not released by MoH.
4 Monitoring visits in health facilities to gather routine data prohibited by MoH and HIS data not yet released by the MoH.