Highlight

Since the escalation of the crisis in Yemen on 26 March, 2015, a total of 22,555 people, including 10,402 Yemeni nationals, fled from Yemen to Djibouti.

As of 15 August, UNHCR and ONARS (the government refugee entity) registered 2,551 refugees, thereof 2,410 Yemeni nationals, including 846 children.

UNICEF has been providing access to safe water to all Yemen refugees in Markazi camp, the new refugee site established to accommodate this population.

In response to a measles outbreak in Dikhil and Ali-Sabieh regions UNICEF reached 277,119 children through a massive vaccination campaign conducted countrywide.

A total of 2,592 children suffering from life threatening severe acute malnutrition were admitted for treatment. Over 29,500 children at risk of malnutrition were admitted to blanket feeding programmes and over 28,500 received micronutrient supplementation.

3,850 refugee, migrant and vulnerable children were given access to pre-, primary, secondary or non-formal education.
Situation Overview & Humanitarian Needs

Since the deepening of the humanitarian crisis in Yemen following an escalating of conflict on 26 March, 2015, some 22,555 persons have fled across the border into Djibouti, including 10,402 Yemeni nationals, 10,314 transiting nationals from other countries and 1,839 Djiboutian returnees. As of 15 August, UNHCR and ONARS (the government refugee entity) registered 2,551 refugees, thereof 2,410 Yemeni nationals, including 846 children. This adds to the 12,763 refugees and 2,614 asylum seekers from Somalia, Eritrea and Ethiopia already hosted in the country, mainly in Ali-Addeh and Holl Holl refugee camps. A new refugee camp has been established in Markazi, Obock region, to accommodate the Yemeni refugee population. Humanitarian actors strive to provide the necessary assistance against a background of temperatures reaching 47°C, strong sandstorms and winds of over 60 miles per hour.

An unknown number of non-registered Yemeni refugees have chosen to stay in Obock-city or Djibouti-city and rely on their own means, or on their Djiboutian relatives as both countries have for long been connected, to meet their basic needs. Humanitarian partners in Djibouti are concerned that, if the conflict persists, this non-registered population may run out of resources and the need for humanitarian support will drastically increase.

The influx of population from Yemen has put an additional strain on public social services in Djibouti, and is likely to further exacerbate the hardships already prevailing in a country harshly affected by climate change. With the country
going through its eight consecutive year of drought, one third of Djibouti’s total population is in need of humanitarian assistance. The Food Security and Nutrition Assessment in Rural Areas conducted in May 2015 registers a 13 per cent increase in food insecurity in comparison to the same period last year. An estimated 59.7 per cent of rural households live in food insecurity, including 21.3 per cent in severe food insecurity, and 38.4 per cent in moderate food insecurity. The most worrying scenarios are found in Dikhil and Obock regions where food insecurity rates stand as high as 74 and 63 per cent respectively. Over half of rural households have an inadequate level of food consumption, a situation that has deteriorated by 7 per cent since June last year; and over 70 per cent of households have poor food diversity, with a diet limited to cereals, oil and sugar, with little or no protein and micronutrients. In the peri-urban areas of Djibouti-city, thousands of drought-displaced families live in illegal settlements without basic water and sanitation facilities and access to social services is highly constrained.

The nutrition situation remains extremely concerning, and could worsen during the lean season, from April to September. Critical acute malnutrition rates in Obock and Ali-Sabieh regions have been reported in the Food Security and Nutrition Assessment (May 2015). The results suggest a deterioration of the malnutrition situation in all regions but one, since the last SMART survey conducted in December 2013, which had reported global acute malnutrition rates at 17.8 per cent, and severe acute malnutrition rates at 5.7 per cent – highly above WHO emergency thresholds of respectively 15 and 2 per cent.

**Humanitarian leadership and coordination**

UNICEF is working in coordination with the Djibouti Humanitarian Country Team to respond to the needs of the most affected children and women. As leader of the WASH, Nutrition and Education Clusters and key advocate for the most vulnerable, UNICEF has been coordinating partners’ efforts in these sectors. UNICEF also participates as an active member in the Health and Protection Clusters (under WHO and UNHCR leadership, respectively). The refugee response is being coordinated by UNHCR in collaboration with government.

**Humanitarian Strategy**

UNICEF’s humanitarian strategy in Djibouti seeks to respond to the humanitarian needs of the most vulnerable children and women while forging stronger links with long-term development programming to strengthen the resilience of affected communities. In light of the continuing crisis in Yemen, UNICEF is scaling-up its efforts to also address the needs of Yemeni children and families in line with the inter-agency Refugee Response Plan developed by the Humanitarian Country Team for a six-month period from April 2015 to September 2015. UNICEF supports the Health, Nutrition, WASH, Education and Child Protection components of this plan.

UNICEF’s strategy includes providing an integrated package of health and nutrition services to children and mothers through health professionals, community health workers and mobile teams; organise countrywide immunisation campaigns to respond to potential outbreaks of childhood diseases; ensure access to malnutrition screening and treatment for children under 5 years of age, pregnant women and lactating mothers; provide access to safe water for the refugee and drought-affected population; support refugee, migrant and other vulnerable children to re-enrol in the new school year; establish child-friendly spaces where refugee children can receive psychosocial support; and provide migrant and street children with continuous access to a package of basic social services in a safe and protective environment.

**Summary Analysis of Programme response**

👩‍⚕️ **Health**

Monitoring of immunisation status is ongoing for all under-5 refugee children upon arrival, with vaccination being provided as needed. An international UNICEF Health Specialist has been temporarily deployed to Obock to support the
Health response to the Yemeni refugee population, reinforcing the coordination mechanism, the monitoring and the provision of technical support. Basic healthcare, including external consultation both for adults and children, is provided in the camp, and a referral system has been established to the Regional Medical Centre in Obock-city for the most complicated cases with evacuation to health facilities in Djibouti-city as needed (particularly surgical cases). UNICEF has supplied the Obock Regional Medical Centre and Dar El Hanan Maternity with essential drugs against childhood and motherhood diseases to respond the increasing needs, such as antibiotics, sulphamides and disinfectant products.

In response to the measles outbreak early in 2015, UNICEF managed to support a massive vaccination campaign country-wide, in which more than 277,000 children under 15 (also in refugee camps) were immunised for measles and nearly 135,800 for polio.

**Nutrition**

Malnutrition screening and treatment is ongoing for all under-5 children, pregnant women and lactating mothers, in all regions of the country including in refugee camps. From 1 January to 30 June 2015, over 29,500 children at risk of malnutrition were admitted to blanket feeding programmes and over 28,500 received micronutrient supplementation. A total of 2,592 children suffering from life threatening severe acute malnutrition were admitted for treatment.

The Nutrition Cluster has established a Nutrition sub-Working Group in Obock to institute a reliable and effective mechanism to collect information and statistics on malnutrition rates, supervise case management and ensure continuous availability of nutritional supplies. UNICEF plays a lead role in this initiative both as Nutrition Cluster lead, and as the main agency supporting the National Nutrition Programme. The Nutrition sub-Working Group has established a "Nutrition Space" within Markazi camp where all nutrition activities take place including screening and distribution of ready-to-use therapeutic food for cases without complications.

**Water, Sanitation and Hygiene (WASH)**

Throughout the country, over 17,500 emergency-affected people received critical information on hygiene practices to prevent child illnesses leading to malnutrition through focus group discussions, community dialogue and door to door activities. In Markazi refugee camp, UNICEF and ACF installed three public emergency water systems: storage drinking water tanks connected to public taps stands for distribution, covering the needs of all refugees. Water storage materials prepositioned by UNICEF and available in the contingency stock of the Direction of Rural Hydraulics were used to complement the distribution of WASH Non Food Items including jerry cans, buckets and soaps to newcomers. A total of 100 barrels (200 liters capacity) and 1,600 jerry cans (10 liters capacity) have been provided. Furthermore, The Johanniter, a German NGO has distributed water purification tablets to about 99 refugee families in the camp (450 people, including children), using a stock of the Department of Rural Hydraulics which had been prepositioned by UNICEF.

**Education**

UNICEF supported the enrolment of 500 Somalian, Ethiopian and Eritrean refugee children in preschool education; 2,500 in primary education; and 150 in lower secondary, along with the enrolment of 700 emergency-affected children in non-formal education.

A Memorandum of Understanding and joint action plan on Education for Yemeni refugee children has been developed between UNHCR, Al Rahma, UNICEF, UNESCO and Lutheran World Federation. This agreement makes it possible for the partners to organise educational services for Yemeni refugee children using the school facility of the Al Rahma orphanage in Obock. The school will cover primary education and will host both boys and girls. Classes will be conducted using the Yemeni curriculum, which is recognised by the Djiboutian Ministry of Education; however this curriculum will be complemented by adding three hours of French and of computer lab activities starting from the fourth grade.
Opportunities for vocational training will be offered through a NGO (to be identified) for adolescents in areas such as carpentry, electricity and sewing.

A catch up programme is being proposed to school children from mid-August to mid-September to allow them to refresh their learning acquisitions as the majority has stopped to go to school when the war erupted in Yemen last March.

**Child Protection**

UNICEF partnership Caritas, reached a total of 154 migrant and street children with assistance for daily access to food, healthcare, literacy, recreational activities and support in a safe and protective environment.

A Child Protection Rapid Assessment was conducted in Obock among the Yemeni refugee population by UNICEF, UNHCR and DRC, revealing a high level of distress among children (sleeping problems, constant crying, increasingly aggressive behaviours and refusal to interact with peers) and parents (lack of coping mechanisms). Girls are at risk of Sexual Gender-Based Violence due to the distance required to walk to the latrines and limited light in Markazi camp in addition to the high level of distress among young males and open, unprotected area where the camp is located.

**Security**

The Government is alert to the risk of infiltration from the hostile insurgent/extremist groups. These security concerns contributed to the government's decision to settle Yemeni refugees in the Obock region.

**Funding**

In line with the Inter-Agency Response Plan for the Yemen Crisis in Djibouti, UNICEF has revised its Humanitarian Action for Children (HAC) appeal to respond to the increased humanitarian needs in 2015 to US$6.6 million. To date, UNICEF has received US$2 million against the appeal, leaving a 69% funding gap.

<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</th>
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<tr>
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*Total funding available includes total funds received against appeal without carry-forward. 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.

**Supply and Logistics to support Yemen crisis response**

To support its humanitarian response in Yemen, UNICEF established a logistics hub in Djibouti. This Emergency Logistics team is well placed to directly support the Regional Office and Supply Division in the receipt and onward delivery of humanitarian supplies to Yemen.

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

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