Highlights of UNICEF’s Response with partners

**Water, Sanitation and Hygiene**
- 200,000 people affected by water scarcity, particularly in the northwest have benefitted from construction and protection of underground cisterns, the rehabilitation of 100 traditional wells and water quality monitoring, as well as the replacement of water trucking with more sustainable water supply solutions.

**Health and Nutrition**
- Djibouti held polio vaccination campaigns on 15-20 June in response to the Wild poliovirus outbreak in Horn of Africa (Somalia and Kenya): 31 cases. During this campaign, over 110,000 children under five years of age were vaccinated in Djibouti city and other regions. UNICEF contributed by vaccines, vitamin capsules for vitamin A supplementation.
- Ministry of Health’s efforts to improve the health of pregnant women and children through life-saving interventions, including measles and polio immunization, deworming, and vitamin A supplementation through community-based interventions. During the next immunization mass campaign, long-lasting impregnated mosquito-nets will be distributed for about 27,000 children and pregnant women living in malaria prone zones.
- In nutrition, UNICEF reached 5,600 malnourished children with the procurement of therapeutic milk, ready-to-use therapeutic foods and essential drugs for the management of severe malnutrition.

**Education:**
- UNICEF facilitated children’s access to education with the improvement of shelter and infrastructure for 2 schools in Ali Adeh refugee camp (solar system).
- UNICEF has developed joint strategies with the MOE, UNHCR, WFP and NGOs LWF to be able to intervene in a coordinated manner to emergencies in education. An education cluster is also being implemented. Educational support will include the development of schools for both early childhood and primary education levels in Hol Hol refugee camp and the poorest areas of Djibouti. This support will improve learning facilities (infrastructures and furniture), teacher training, school kits and communities support.

**Djibouti in numbers**

- **894,024**
  - Total population
- **382,000**
  - # of children under the age of 18
- **115,000**
  - # of children under the age of 5
- **20,340**
  - Number of Refugees
- **74% of people**
  - living less than $3 per day
- **58 years**
  - is the average life expectancy

**UNICEF HAC Appeal 2013**

- US $7,980,000
- Funded 26%
Situation Overview and Humanitarian Needs

Recurrent drought, perennial food insecurity, high unemployment and extreme levels of poverty continue to haunt children across Djibouti. In rural regions, half of all children are severely deprived of shelter, and one tenth of children are severely deprived of sanitation. These children carry the heaviest burden of deprivation. Djibouti City (where 60% of the population lives) suffers from a lack of employment opportunities, placing additional pressure on families who are already living well below international poverty rates.

According to Famine Early Warning Systems (FEWS), most rural areas in Djibouti will continue in the coming months to experience stressed or crisis levels of acute food insecurity. Dependence on food assistance remains high with more than 60 per cent of household’s food supply derived from food assistance.

Food insecurity among poor households in Djibouti City’s urban centers of Balbala, Radiska, and Boulaos is anticipated to heighten but remain within stressed levels following a substantial decline in labor opportunities. The nutrition situation remains extremely concerning worrying across Djibouti, with level of GAM (17.9%) and SAM (4.1%) recorded as above emergency threshold levels (Djibouti Rural EFSA, WFP 2013).

Water scarcity has persisted in many locations, particularly in Djibouti city and the north-western part of the country. Desertification and flash floods and climate change, combined with high food prices with negative impact on children and their families. Children in rural areas are over 8.5 times more likely to have no access to a toilet facility than urban children, and 10 times more deprived of water.

In terms of Education, the difficult situation experienced both in the poorest rural areas and refugee camps pushes families into rural exodus, or to send their children to the city to look for more opportunities. This promotes non-enrollment and dropout, particularly among girls.

In the poorest rural areas which are still suffering the consequences of drought, 6,000 children need school kits to attend classes. In urban areas, the poorest families identified (jointly with WFP in the food voucher program) also need support regarding school expenses.

A second refugee camp had to be reopened in 2012, after the Ali Adeh camp was filled to saturation point. Additional classrooms (including desks/tables and appropriate sanitation facilities) are needed to accommodate all refugee children, with rehabilitation to assure that the classrooms are adapted to the needs of the learners with disabilities. 3,500 children also need kits, and 60 teachers have to follow training for the mixed curriculum subjects.

Rates of violence against children are high and harmful practices such as Female Genital Mutilation/Cutting (FGM/C) are prevalent. While birth registration remains an issue, the number of children in contact with the law, including street children, is not decreasing.

Djibouti, together with Yemen and Sudan, has among the lowest child well-being indicators in the region. The emergence of wild polio virus type 1 cases (WPV1) in Somalia and Kenya demonstrate the fragility of the region and has necessitated in vaccination campaigns in June in Djibouti.
Programme response

WASH:
- Construction of wells and installation of pumps and solar panels to provide over 23,000 persons with safe water; hygiene promotion by training and awareness programs, promotion of family latrines; strengthened monitoring capacities of partners.
- In anticipation of the 2013 drought season, equipment has been prepositioned in order to repair and/or replace defunct pumps and generators.

Nutrition:
- 3,850 children under 5 with severe acute malnutrition admitted to therapeutic care were treated.
- 34,140 children under 5 access micronutrient supplements.
- 25,265 children 6 to 36 months of age were admitted to the blanket feeding programme.
- 18,500 pregnant and lactating women access support for appropriate infant and young child feeding and micronutrient supplements.

Child Protection:
- UNICEF child protection programme continues building upon progress made in the establishment of community-based systems for the detection, referral and reporting of child rights violations and supporting 2,000 children with recreational kits.
- UNICEF supported 33 community management centers to promote and protect human rights with collaboration from International NGO Tostan. During the reporting period, four networks have been established and UNICEF supported to build the capacity of these networks to detect and refer cases of human rights violation. UNICEF supported the professional training of 16 children living in the street. The children received professional kits at the end of the training. UNICEF and the Ministry of Promotion of Women conducted some consultative meetings on the National Child Plan of Action in all five regions and Djibouti with strong participation from local authorities and communities. Plans were formulated by the communities on how to better support the implementation of the Plan at the local level.

Education:
- UNICEF facilitated children’s access to education with the improvement of shelter and infrastructure for 2 schools in Ali Adeh refugee camp (solar system).
- UNICEF has developed joint strategies with the MOE, UNHCR, WFP and NGOs LWF to be able to intervene in a coordinated manner to emergencies in education. An education cluster is also being implemented.

Health:
- UNICEF supported the Ministry of Health’s efforts to improve the health of pregnant women and children through life-saving interventions, including training of the health workers, measles and polio immunization, deworming, vitamin A supplementation and ITN distribution through community-based interventions. Over 110,000 children have been covered.

<table>
<thead>
<tr>
<th>Estimated Affected Population</th>
<th>(<em>Estimates calculated based on initial figures from (</em>))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>(*) 894,024</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
<td>382,000</td>
</tr>
<tr>
<td>Pregnant women (estimate: 4% of the total population)</td>
<td>35,761</td>
</tr>
<tr>
<td>Total Internally Displaced Population due to Drought</td>
<td>(*) 50,000</td>
</tr>
<tr>
<td>Estimated number of migrants in 2013</td>
<td>130,000</td>
</tr>
<tr>
<td>Number of refugees</td>
<td>20,340</td>
</tr>
</tbody>
</table>

(All figures are rounded to the nearest 1000 or 10000 if the number is greater than 10000.)
HIV/AIDS:

- Preventive measures have been taken for 5,500 girls and 5,000 boys against HIV/AIDS and sexual gender base violence through the support of three local associations, identification of youth and teen-agers, training of the group identified, organization of the social mobilization actions (Dramas, players, discussions and the promotion of healthy services)

Inter-Agency Collaboration and Partnerships

UNICEF in collaboration with the Ministry of Health co-leads the nutrition cluster in collaboration with UNHCR, WFP, FAO, Care International, Johanniter, Djibouti Red Crescent and other local NGOs. During the first six months of 2013, the key focus of the nutrition cluster was strengthened support the National Nutrition Programme and mitigation against the forthcoming lean season.

In coordination with the Ministry of Water and Energy and the Ministry of Health, UNICEF and partners continue to improve access to safe water, sanitation and promotion of hygiene for populations in urban, peri-urban and rural areas affected by drought, and strengthening of national partners and local NGOs capacities.

UNICEF has developed joint strategies with the MOE, UNHCR, WFP and NGOs LWF to be able to intervene in a coordinated manner to emergencies in education. An education cluster is also being implemented.

The Djibouti Country office in collaboration with ESARO have supported by the European Commission Humanitarian Aid (ECHO) has received 278,000 USD to strengthen systems to respond to Disaster Risk Reduction and enhance resilience and coping mechanisms through WASH, Education and Nutrition Programmes. UNICEF has been responding to the impact of drought and volatile food prices through emergency response to meet the needs of the population in terms of Community Management of Childhood Illness including malnutrition, scaling up of activities in Maternal and Neonatal Health and WASH interventions in drought affected zones targeting an estimated population of 120,000 in rural areas and 60,000 in urban and peri-urban zones.

Additionally, strategic partnerships have been developed and consolidated with OFDA, and Japanese government in this regard.

Results in 2013

<table>
<thead>
<tr>
<th>NUTRITION</th>
<th>Cluster 2013 target</th>
<th>Cluster total results</th>
<th>UNICEF 2013 target</th>
<th>UNICEF total results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women access support for appropriate infant and young child feeding through community mobilization and sensitization on the best practices</td>
<td>42,000</td>
<td>25,200</td>
<td>33,600</td>
<td>18,500</td>
</tr>
<tr>
<td>Children &lt; 5 with acute malnutrition access appropriate therapeutic feeding programmes</td>
<td>8,000</td>
<td>5,450</td>
<td>5,500</td>
<td>3,850</td>
</tr>
<tr>
<td>Children &lt; 5 with acute malnutrition access appropriate supplementary feeding programme</td>
<td>23,000</td>
<td>13,550</td>
<td>18,000</td>
<td>10,750</td>
</tr>
<tr>
<td>Children &lt; 5 and pregnant and lactating women access micronutrients from fortified foods and supplements</td>
<td>94,000</td>
<td>56,400</td>
<td>75,200</td>
<td>52,640</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children &lt; 5 access life-saving interventions including measles immunization, vitamin A supplementation, deworming and insecticide-treated bed nets through population-based or community-based activities</td>
<td></td>
<td></td>
<td>94,117</td>
<td>87,655</td>
</tr>
<tr>
<td>Children and women have sustained access to essential health services for high impact preventive and curative interventions</td>
<td></td>
<td></td>
<td>100,000</td>
<td>110,000</td>
</tr>
</tbody>
</table>
Funding Requirements

UNICEF requests US$7,980,000 to meet the needs of children in Djibouti in 2013. As of July, these requirements are 26 per cent funded. Without additional funding, UNICEF will be unable to support the national response to the country’s continuing nutrition crisis as well as provide critical WASH services to internally displaced people and refugees also affected by the drought. Basic supplies for primary education are also urgently needed to uphold children’s right to education.

<table>
<thead>
<tr>
<th>Sector</th>
<th>HAC 2013 requirements (in US dollars)</th>
<th>Total amount Received</th>
<th>Percentage Underfunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>4,500,000</td>
<td>1,050,000</td>
<td>77%</td>
</tr>
<tr>
<td>Health</td>
<td>400,000</td>
<td>400,000</td>
<td>0</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>2,500,000</td>
<td>600,000</td>
<td>76%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Education</td>
<td>300,000</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>50,000</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Cluster/Sector Coordination</td>
<td>30,000</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>7,980,000</td>
<td>2,050,000</td>
<td>74%</td>
</tr>
</tbody>
</table>

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