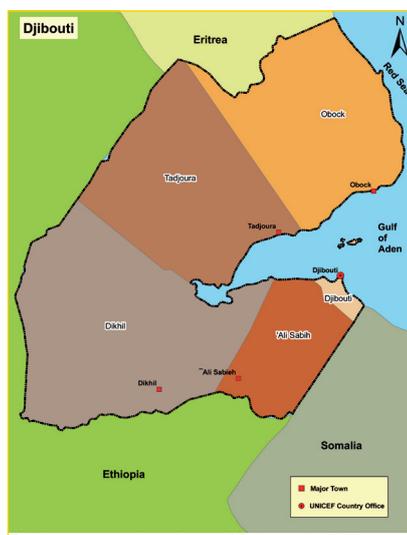


# UNICEF HUMANITARIAN ACTION DJIBOUTI IN 2009



Core Country Data	
Child population (millions)	0.4
U5 mortality rate	94
Infant mortality rate	67
Maternal mortality ratio (1980–1999)	n/a
Primary school enrolment ratio for boys	66.7
Primary school enrolment ratio for girls	65.7
% U1 fully immunized (DPT3)	71
% rural population using improved drinking-water sources	52.5
HIV/AIDS prevalence (% adults)	3.1
% U5 suffering global acute malnutrition/ severe acute malnutrition*	16.8/2.4

Sources: Multiple Indicator Cluster Survey 3, Djibouti, 2006. \*Nutrition survey conducted in October/November 2007.

Djibouti is experiencing a silent forgotten emergency due to a nutritional crisis with rates of global acute malnutrition at 16.8 per cent and rates of severe acute malnutrition at 2.4 per cent among children under age five, according to the results of the nutritional survey conducted in October/November 2007. In 2009, UNICEF will support the country to treat at least 80 per cent of severely malnourished children in order to achieve and maintain case fatality rates below 5 per cent. Considering the erratic and insufficient rainfall trends throughout the country, UNICEF's water and sanitation emergency assistance will continue to focus on affected people countrywide in urgent need of water trucking, on the rehabilitation of existing schemes and the drilling as well as the development of water sources. Hygiene promotion and sanitation interventions to prevent the occurrence and spread of diseases and infections due to the unavailability of these basic services will be given due attention.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Nutrition	1,024,334
Health	500,000
Water, Sanitation and Hygiene	4,253,348
Child Protection	200,000
<b>Total**</b>	<b>5,977,682</b>

\* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

\*\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

A joint nationwide nutrition survey conducted by the Ministry of Health, UNICEF and the World Food Programme (WFP) in October/November 2007 showed an alarming level of global acute malnutrition (GAM) of 16.8 per cent as well as a rate of severe acute malnutrition (SAM) of 2.4 per cent in children under age five. In the North-West region of Djibouti, GAM prevalence is higher than the national average, standing at 25 per cent. This critical status of children under age five is likely to be compounded by the prevailing drought as well as high prices of staple food. According to recent FEWSNET (Famine Early Warning Systems Network) reports, which recognized pre-famine indicators, over 25,000 children under age five urgently require selective feeding (of which 20,000 need supplementary feeding and 5,000 therapeutic feeding).

The situation was further deteriorating when, during the first semester of 2008, a joint UN Country Team (UNCT)/Government mission conducted rapid assessments using mid-upper arm circumference (MUAC) that showed an average prevalence of global acute malnutrition of 23 per cent (with severe acute malnutrition at 9 per cent and moderate acute malnutrition at 14 per cent).

Malnutrition case management started in 2006 in the context of drought emergency, focusing on supplementary feeding in community health centres for moderate acute malnutrition cases in collaboration with WFP, and on therapeutic feeding in hospitals for severe acute malnutrition. The coverage, however, remains insufficient. Less than 40 per cent of children under age five suffering from acute malnutrition were treated during the first semester of 2008. Hence the need to support community-based interventions aiming to increase the number of children reached. The persistent critical nutritional situation in Djibouti justifies the continuation of the humanitarian action, while long-term development activities to tackle the underlying and structural causes of malnutrition are being set out. In such emergency situation, especially due to high food prices, some 60,000 children under age five and 50,000 pregnant/lactating mothers are in need of special lifesaving interventions, such as an intensive and additional high-impact package of basic health services.

As per the Multiple Indicator Cluster Survey (MICS/EDIM-2006) up to 47.5 per cent of people in rural areas do not have access to improved drinking-water sources, out of which at least 30 per cent resort to unprotected sources that do not conform to minimum sanitary requirements<sup>1</sup> and a mere 18.1 per cent have latrines. The most deprived populations have to travel up to 30 kilometres (return trip) daily to collect safe drinking water. Many children, particularly girls, drop out of school and are denied their right to education because they are busy fetching water or are deterred by the lack of separated and decent facilities in schools. Women often suffer from lack of privacy and need to walk large distances to find a suitable place for defecation in the absence of appropriate neighbourhood toilets.

The renewed lack of rainfall over the period 2006 to early 2008 greatly impacted Djibouti's pastoralists, not only in terms of the lengthening of already significant distances covered to access safe water, but also the consequences of lack of water on their herds, which negatively affects the survival of nomadic pastoralist populations dependent for the most part on their livestock for all domestic needs. Furthermore, FEWSNET reports that high food prices and decreased family remittances from urban to pastoral areas are exacerbating the impact of the failed rainy season and deepening the food insecurity of pastoral households.

The main findings from the 2008 drought are: (i) the water table level of the aquifer is likely to decrease complicating the already limited abstraction capacity; (ii) the nomadic pattern of life forces pastoralists to move with their animals where water and grazing are available with short stay at each place because of limited water supply; (iii) the costs of ongoing water trucking operations are equal to or higher than the costs of developing permanent sources; and (iv) in many locations, the physical-chemical quality of water is irrevocably not up to the World Health Organization (WHO) recommended standards. Most pastoral households are currently relying on deep wells equipped with pumps powered by diesel generators, whereas UNICEF has intensified water trucking.

Djibouti's deteriorating situation places an increasing strain upon orphaned and other vulnerable children (OVC), especially those affected by HIV/AIDS. Some 3,000 children need attention.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF continued implementing the national malnutrition case management protocol developed in 2007. Refresher courses and training were provided to 175 health and community workers on screening and malnutrition case management and 15 health facilities equipped, reaching about 2,500 children. Nutrition supplies were distributed to 31 supplementary and 19 therapeutic feeding centres for the treatment of some 10,000 children. WFP provided supplementary food and UNICEF procured therapeutic milk, ready-to-use therapeutic foods, essential drugs, anthropometric equipment and management tools. The case fatality rate among severely malnourished children dropped from 11 per cent in 2006 to 5.3 per cent by end June 2008. UNICEF continued to support the Ministry of Health by strengthening the logistics for mobile teams and the implementation of the national nutrition programme.

<sup>1</sup> Source : *Document Stratégique de Réduction de la Pauvreté (DSRP)* (Strategic Document for Poverty Alleviation), 2004.

In the health sector, 100,000 impregnated mosquito nets were distributed to households with children under age five and pregnant women. National vitamin A supplementation, deworming and polio and measles supplementary immunization targeted more than 80 per cent (96,000) of the 120,000 children under age five.

About 20,000 additional people in rural and peri-urban areas gained access to safe water through the following activities: 50 traditional wells equipped with handpumps, rehabilitation of 10 water schemes in peri-urban areas (including required equipment, such as motor pumps, generators), construction of one new well equipped with a thermo pump; installation of five underground cisterns and five latrines in public services; delivery of two field monitoring vehicles to strengthen the capacity of the Ministry of Agriculture, Livestock and Sea, who is in charge of water; monitoring of 50 water points and provision of water purification products; promotion of handwashing through the mobilization of 20 school sanitation clubs; regular provision of safe water to 30 locations through water-trucking assistance (mainly fuel) for the benefit of more than 25,000 people; and training of 15 technicians on water quality monitoring as per Sphere standards.

In the area of child protection, orphaned and vulnerable children were reached through a pilot programme that aimed to ensure their access to education, provided school kits and engaged in advocacy for the exemption of school fees, as well as the availability of other social services.

### 3. PLANNED HUMANITARIAN ACTION FOR 2009

#### Coordination and Partnership

The coordination of the nutrition programme is under the leadership of the Ministry of Health through the head of the National Nutrition Programme. The water component is coordinated by the Ministry of Agriculture, Livestock and Sea. UNICEF is cluster leader for water, sanitation and hygiene and works closely with WFP, WHO and the UN Refugee Agency (UNHCR).

#### Linkages of HAR with the Regular Programme

Nutrition and water, sanitation and hygiene are part of the new Country Programme 2008–2012, under the child survival and development programme aiming at the reduction of under-five mortality.

The overall goal of UNICEF's 2009 humanitarian action is to contribute to the reduction of under-five mortality and morbidity through the provision of high-quality social services in the areas of health, nutrition, and water, sanitation and hygiene. It will focus on lifesaving interventions for about 108,000 children under age five and 90,000 mothers.

#### Nutrition (US\$ 1,024,334)

In 2009, the overall goal will be to keep the case fatality rate among severely malnourished children below 5 per cent and to increase interventions to reach at least 80 per cent of severely malnourished children, through the following key activities:

- Scale up the case management of moderate and severe acute malnutrition from about 10,000 to 20,000 children within 60 health facilities and at community level through women's associations;
- Procure supplies for the treatment of 15,000 moderately and 3,000 severely malnourished children (therapeutic milk, Plumpy'nut, essential drugs, anthropometric equipment, management tools etc.);
- Provide training and refresher courses for 175 health workers and 200 community workers;
- Reinforce nutrition education at community level for the promotion of best practices for family nutrition, reaching about 200,000 people;
- Promote infant and young child feeding through community mobilization by community workers;
- Strengthen nutritional surveillance through health facilities and community-based approach;
- Twice a year, administer vitamin A to some 96,000 children aged 6–59 months during 'Child Health Days', in combination with immunization, deworming and distribution of mosquito nets etc;
- Supervise and report on nutrition activities in 60 nutrition centres.

#### Health (US\$ 500,000)

For 2009, the overall goal is to ensure that more than 90 per cent of children under age five benefit from a package of high-impact health interventions, through the following key activities:

- Strengthen routine expanded programme on immunization (EPI) through supplementary immunization activities (providing vaccination supplies, reinforcing district-level capacity, undertaking social mobilization through community-based approach);
- Provide Mebendazole tablets for deworming and two doses of vitamin A to children under age five;
- Promote the use of impregnated mosquito nets (providing long-lasting insecticidal nets and developing a communication plan on their use);
- Develop and implement a community-based strategy for the management of acute respiratory infections (ARI) and diarrhoeal disease;
- Distribute oral rehydration salts (ORS) and promote their use;
- Provide prenatal and postnatal services to pregnant women/newborns and emergency obstetrical care.

### **Water, Sanitation and Hygiene (US\$ 4,253,348)**

For 2009, the overall goal is to provide 55,000 people with safe water, adequate sanitation and hygiene education through the following key activities:

#### *Safe water provision*

- Continue to provide 30 locations with safe water through water-trucking assistance (mainly fuel), covering upwards of 25,000 people. While this highlights and further stresses the lack of adequate water table, it is also very likely not cost-efficient and thus not economically sustainable in the long run. Priority will be given to alternative and more sustainable access to water, wherever possible;
- Construct 25 new wells equipped either with handpumps or solar energy;
- Construct 20 underground cisterns for domestic use and watering stock;
- Construct 15 new boreholes equipped with solar energy;
- Procure one cistern vehicle with 7,500-litre water tank.

#### *Protection of water points, treatment of water and supplies for household water storage*

- Deepen, protect and equip with handpump 100 existing traditional wells;
- Undertake monitoring of water quality countrywide and provide water treatment materials;
- Supply plastic barrels for storage and clean use of safe water to 1,000 households.

#### *Sanitation and hygiene promotion*

- Develop information, education and communication (IEC) materials;
- Mobilize communities on hygiene promotion and raise awareness on water conservation in 20 localities for 2,000 people;
- Identify strategies on hygiene and behaviour change through knowledge, attitudes and practices (KAP) study/focus groups;
- Provide support to 20 households for the construction of latrines.

#### *Training*

- Support the costs related to three-month mission of two experts (drilling and electro mechanic) to train technician in operating the drilling machine;
- Support the costs related to two-month mission of geophysics expert to train technician on utilization of geophysics' equipment;
- Support the costs related to the training of 10 technicians in operation and maintenance of water points and community mobilization.

#### *Monitoring and evaluation*

- Undertake field monitoring visits and assist the Ministry of Agriculture by providing field monitoring;
- Procure vehicle;
- Provide technical assistance.

### **Child Protection (US\$ 200,000)**

- Undertake advocacy on the impact of high food prices on vulnerable children;
- Ensure access of OVC to education, provide school kits and support exemption of fees;
- Strengthen targeted cash transfers to OVC through the pilot system in place.