Following four seasons of below average rainfall, communities across the Horn of Africa are experiencing one of the worst droughts in recent history. In Djibouti, more than 72,000 people, including 29,000 children, are estimated to be in need of humanitarian assistance in 2022 due to the devastating impact of the drought.

UNICEF works closely with the Government of Djibouti, partners and communities to provide access to safe water for drinking and domestic purposes to over 72,000 people, deliver nutrition assistance to 6,000 children, and maintain health, education and child protection services in affected areas. UNICEF will also help build national and local capacities for emergency preparedness and response.

UNICEF is appealing for US $2.5 million to meet the needs of children and families in 2022. These funds will allow UNICEF to provide urgent multi-sectoral services to the most vulnerable women, girls and boys, especially in hard-to-reach areas, while also mitigating the long-term effects of the drought.

**IN NEED**

- **72,422 people**
- **28,969 children**

**TO BE REACHED**

- **72,422 people**
- **28,969 children**

**FUNDING REQUIREMENTS**

- **US$ 2.5 million**

**KEY PLANNED TARGETS**

- **72,422** people accessing a sufficient quantity of safe water
- **2,501** children/caregivers accessing mental health and psychosocial support
- **22,000** people with access to safe and accessible channel to report sexual exploitation/abuse
- **26,536** children accessing educational services

**Targets are based on final estimates based on World Food Programme surveys in rural regions, prepared for food-security purposes and aligned with the inter-agency documents.**
HUMANITARIAN SITUATION AND NEEDS

Following four seasons of below average rainfall, communities across the Horn of Africa are experiencing one of the worst droughts in recent history. In February 2022, the Government of Djibouti issued a drought alert calling attention to critically low groundwater levels, the disappearance of pastures and vegetation, and record-breaking high temperatures.

The drought has had a devastating effect on rural populations, particularly subsistence farmers and nomads living in the impoverished northern regions of the country. These circumstances exacerbate existing vulnerabilities by disrupting livelihoods and jeopardizing access to water and food in an already fragile context. Vulnerable and marginalized groups, such as women and girls, children with disabilities, and refugees and migrants, are disproportionately impacted and severe wasting is a major concern in a context where systems to monitor and respond to malnutrition remain weak.

It is estimated that almost 14,500 households are in need of immediate social protection assistance. Evidence suggests that female-headed households are more affected by variations in rainfall than households with adults of both genders. This further exacerbates the existing socio-economic inequalities and women's fragile access to resources, and increases poverty. There is an urgent need for comprehensive social protection measures, such as cash-transfers.

Djibouti has a small agricultural sector, and the majority of its food reserves are imported from neighboring and international markets. According to the World Food Programme, Russia and Ukraine account for 84% of Djibouti’s wheat imports. The Ukraine conflict has thus further intensified the current crisis with skyrocketing prices for essential commodities and reduced availability of imported grain. This has exposed about 49,000 women and children to higher risks of exploitation and neglect, and increased the risk of school dropout for 26,500 children, particularly girls.

Domestic and cross-border population movements in pursuit of water are anticipated, and could expose women and girls to higher risks of sexual exploitation and abuse, gender based violence, child labor, child marriage, and domestic violence. Special measures are needed to protect women and children from exploitation, harassment, and physical or sexual abuse.

Lower availability of water is likely to also reduce handwashing and other safe hygiene and sanitation practices, including menstrual health and hygiene for women and girls. This is likely to increase the spread of infectious disease outbreaks and water-related illnesses. The drought is also placing additional strain on Djibouti’s fragile healthcare system, with myriad implications for the health and well-being of children and families.

STORY FROM THE FIELD

Water is Life!

In Bondara village, women and girls are responsible for water collection. This often means travelling long distances to be able to reach the nearest water point, and carrying heavy loads, in some cases with a high risk of violence.

UNICEF and partners supported the construction and rehabilitation of two water pumps at the center of the village, less than 100 meters on average from the households of the locality.

Zahra’s 16-year old daughter, Ladane, is ecstatic and says: “I am happy to see my mother more often since the water-point was moved closer to our homes. I was afraid mom would get hurt carrying heavy water barrels on her back.”

Read more about this story here

Zahra, 51-year-old, lives in Bondara village near the Ethiopian border. She has 10 children and can dedicate more time to them since UNICEF supported the installation of a water point close to her home.
**HUMANITARIAN STRATEGY**

UNICEF grounds its humanitarian action in the Core Commitments for Children (CCCs) and adopts a multi-sectoral approach to ensure that UNICEF-supported interventions across Nutrition, WASH, Health, Social Protection, Child Protection and Education sectors will leave no child behind, particularly the most vulnerable. UNICEF’s humanitarian action is further informed by gender-responsive programming to provide inclusive access to humanitarian assistance, especially for children and adolescents with disabilities.

UNICEF works closely with the Government of Djibouti (particularly the Ministry of Social Affairs and Solidarity), UN agencies and civil society organizations to deliver quality and efficient programming coherently across sectors. UNICEF’s robust field presence will facilitate access to some of the most drought-affected communities in remote areas, especially the northern part of the country, while at the same time ensuring the needs of Djibouti’s fragile urban centres.

Consulting with partners and communities, UNICEF has identified and prioritized the provision of lifesaving services to address the immediate needs of the most vulnerable people. This includes direct implementation via a network of government and non-government partners, building capacities and strengthening national systems, and generating evidence and monitoring activities. UNICEF’s response strategy also includes innovative approaches and community empowerment measures, such as ensuring Prevention from Sexual Exploitation and Abuse (PSEA) and Accountability for Affected Population (AAP).

UNICEF’s response is aligned with the development goals of the Government of Djibouti, which aims to reduce vulnerabilities and enhance resilience by building national capacities and national shock-responsive systems to address complex changes in the national and regional contexts. This includes partnerships with women-led organizations to foster women’s rights and decision-making, allowing women and girls to have their voices heard and to inform improved programming.

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**2022 PROGRAMME TARGETS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Target Description</th>
</tr>
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</table>
| **Health and nutrition**                      | - 12,016 children and women accessing primary health care in UNICEF-supported facilities  
- 6,000 children aged 6 to 59 months receiving multiple micronutrient powders  
- 2,500 children aged 6 to 59 months with severe wasting admitted for treatment |
| **Water, sanitation and hygiene**             | - 72,422 people accessing a sufficient quantity of safe water for drinking and domestic needs  
- 10,766 girls and women accessing menstrual hygiene management services |
| **Child protection, GBViE and PSEA**          | - 2,501 children and parents/caregivers accessing mental health and psychosocial support  
- 1,999 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions  
- 22,000 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers |
| **Education**                                 | - 26,536 children accessing formal or non-formal education, including early learning |
| **Social protection**                         | - 3,621 households benefitting from new or additional social transfers from governments with UNICEF technical assistance support |
| **Cross-sectoral (HCT, C4D, RCCE and AAP)**   | - 55,910 people reached through messaging on prevention and access to services  
- 55,910 people receiving training on PSEA and benefiting from services aimed at establishing communities mechanisms for AAP |

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Targets are based on final estimations based on PAM surveys in rural regions, prepared for food-security purposes and aligned with the inter-agency documents.
FUNDING REQUIREMENTS IN 2022

UNICEF is appealing for US $2.5 million to meet the needs of children and families in 2022. These funds will allow UNICEF to provide urgent multi-sectoral services to the most vulnerable women, girls and boys, especially in hard-to-reach areas, while also mitigating the long-term effects of the drought. This appeal is part of UNICEF’s Horn of Africa Drought response, which covers the immense needs in Somalia, Ethiopia, Kenya, Eritrea and Djibouti.12

This appeal includes the costs of implementing emergency WASH interventions and takes into account the higher costs associated with maintaining the water supply in a context of depleting groundwater reserves. The funding requirements are also essential for scaling up nutrition to respond to children’s needs suffering from severe acute malnutrition which is expanding due to increased food prices and diminished food production.

Without this funding, 29,000 children will lose access to safe water and will be stranded in life-threatening conditions, and about 6,000 children will be left without life-saving nutrition support. Timely action will reduce the risk of a further deterioration of this humanitarian crisis, including mass displacement of rural households in search of water and food.

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*This includes costs from other sectors/interventions: Child protection, GBViE and PSEA (7.2%), Health (6.1%).

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<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>439,21013</td>
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<tr>
<td>Health</td>
<td>150,000</td>
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<tr>
<td>Water, sanitation and hygiene</td>
<td>900,00014</td>
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<tr>
<td>Child protection, GBViE and PSEA</td>
<td>177,50015</td>
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<tr>
<td>Education</td>
<td>200,000</td>
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<tr>
<td>Social protection</td>
<td>376,200</td>
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<tr>
<td>Cross-sectoral (HCT, C4D, RCCE and AAP)</td>
<td>225,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,467,910</strong></td>
</tr>
</tbody>
</table>
ENDNOTES

1. The figure originates from a WFP baseline analysis where the total rural population (the most affected by the drought as per UNICEF analysis) is indicated in 401,780 persons of which 72,422 (18%) in urgent need of support.

2. The figure originates from the estimated number of children (>0 years old <18) in need of support, as percentage estimation (40%) of the total number of the rural population in need (72,422).

3. The number of people to be reached is based on the target for access to water. The percentages of disabilities originate from the report: ‘National Disability Prevalence Survey – 2019’, funded by UNDP, carried out by the National Agency for People with Disabilities jointly with the National Institute of Statistics of Djibouti and the percentages of disaggregated population data by age originate from the Djibouti National Census of 2009.

4. The children (0> yrs<18) to be reached was calculated as 40 per cent of (72,422) the total rural population to be reached with access to water. The percentages of disabilities originate from the report: ‘National Disability Prevalence Survey – 2019’, funded by UNDP, carried out by the National Agency for People with Disabilities jointly with the National Institute of Statistics of Djibouti and the percentages of disaggregated population data by age originate from the Djibouti National Census of 2009.

5. This figure originates from a WFP baseline analysis according to details represented in endnote no. 1, which provided the number of people in need per region, and to the disaggregated data of the latest available Djibouti National Census, which provided disaggregated data per age and sex. According to this data, 13.45% of the rural population in need are children, boys and girls, below 5 years old, which is equal to 9,739 (13.45% of 72,422) (4,938 girls and 4,801 boys).

6. UNICEF targets all the vulnerable rural population for ensuring access to water. These persons are identified in 72,422 individuals living in the target regions, calculated according to the percentages extracted from the Djibouti National Census (2009) for each region, and by using the actual regional population according to latest WFP survey on food security (see endnote No. 1).  

7. UNICEF targets all the vulnerable rural population for ensuring access to primary and early education to children. The total rural persons are identified in 72,422 individuals living in the target regions, calculated according to the percentages extracted from the Djibouti National Census (2009) for each region, and by using the actual regional population according to latest WFP survey on food security (see endnote No. 1). According to this data and percentage, 26,536 corresponds to the estimated number of Children from 3< yrs old<18.

8. This amount is made of 3,516 pregnant women and 6,000 children with MAM.

9. 6,000 children benefiting from micronutrients includes children aged 6-59 months suffering from moderate malnutrition, 2,958 boys and 3,042 girls  

10. Normally the 55,910 people who are reached by sensitizations (all channels) on PSEA should be able to access to safe and accessible reporting channels on sexual exploitation and abuse perpetrated by social workers, but since it is difficult to measure the coverage of people reached through radio and television (RTD), the 22,000 are only people who participated in meetings and/or community dialogues on PSEA.

11. These are awareness-raising activities, not training. The RCCE and AAP activities do not concern children aged 0-9 years. It is from 10 years old that children are reached by these activities. Children aged 0-9 years represent 22.8% of the population, i.e. 16,512 that must be subtracted from 72,422. This gives 55,910 (27,564 M and 28,346 F).


13. The costs for nutrition, while the target indicator is the supply of micronutrient powders, intend to fund the supply of ratios for full dietary needs of the target children (as for instance peanuts-based and ready-to-use therapeutic food, therapeutic milk F100 and F75).

14. GBViE Risk mitigation will be part of WASH activities whereas coordinated measures will be taken to prevent harassments of women and girls on the water points, and on the pathways to reach the hubs. Women and girls beneficiary of dignity and other hygienic kits will also be target of awareness campaigns and sensitization on preventive measures regarding GBViE.

15. Out of the total costs for Child Protection, the allocation for PSEA and GBViE is about US$ 75,000.