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DJIBOUTI

Humanitarian Situation Report



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;
- 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

December 2018

134,000

of children affected out of

244,920

of people affected

(OCHA, January 2018)

13,330

of children affected out of

28,778

of refugees and asylum seekers

(UNHCR, Dec 2018)

4,910

of refugees and asylum seekers in Djibouti-city (UNHCR, Dec. 2018)

UNICEF Appeal 2018:

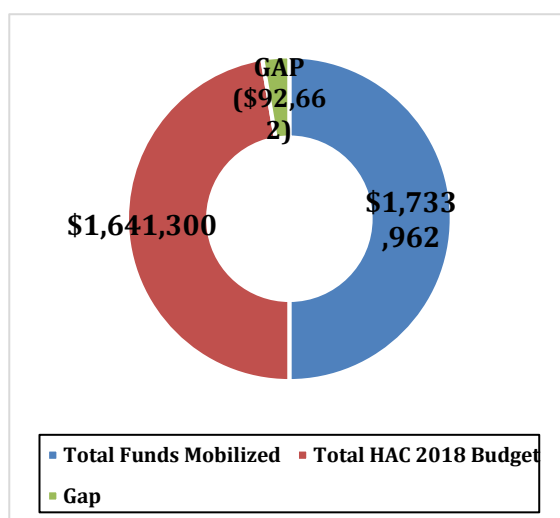
US\$ 1.641 million

Funding Status:

US\$ 1.733 million

UNICEF's Response with Partners	UNICEF		Sector/Cluster	
	UNICEF Target	UNICEF Results (Jan – Dec 2018)	Sector Target	Sector Results (Jan-Dec 2018)
# of people with access to adequate sanitation in drought affected areas	1,000	842	3,400	842
# of refugee children accessing quality pre-primary, primary and secondary education	6,000	4600	8,500	4600
# of children U5 suffering from diarrhoea received ORS and zinc	15,000	5,854	25,000	5,854
# of children U5 suffering from severe acute malnutrition admitted into therapeutic feeding programme	5,665	2,898	5,665	2,898
# of refugee children and caregivers supported with psychosocial activities	700	9,642	700	9,642

Footnote: [Data not available](#). Routine data generated through the HIS have been released partially by the MOH. MoH suspended all field monitoring visits from partners which could have provide at least rough figures for reporting. Upon continued and high-level advocacy from UNICEF and other partners, the MoH has re-considered authorizing field monitoring visits in health facilities by partners only recently.



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 affected almost 200,000 people in 2018¹ 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 contributed to the 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 million². 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.



1 UN Joint Assessment Report, 27 May 2018.

Estimated Affected Population (Estimates calculated based on initial figures from the 2018 Humanitarian Action for Children)			
Start of humanitarian response:			
	Total	Male	Female
Total Affected Population	244,920	124,909	120,011
Children Affected (Under 18)	134,000	68,340	65,660
Children Under Five	32,330	16,655	15,675
Pregnant women	6,123	0	6,123

¹ FEWSNET 2017

² World Bank Assessment of the damaged caused by cyclone Sagar in Djibouti Sept 2018

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. A recent assessment of the socio-economic consequences of the cyclone Sagar at household level among the affected population has just been completed by the State Secretariat of Social Affairs, with support from the UNCT. Results from this assessment (to be validated in February 2019), coupled with the World Bank / Government assessment of the cyclone Sagar, impact on infrastructure will be used to guide the recovery interventions.

The various UNDAF results groups which cover both development and humanitarian interventions as well as the joint UN-government coordination groups were coordinated by the UN sector co-lead agencies in close collaboration with their Government counterparts where applicable. Within this context, UNICEF co-leads the Education UNDAF Results Group jointly with UNESCO and co-leads the Health Results Group together with the World Health Organization (WHO). In addition to the Government, UNICEF co-leads the Local Partners Group for the Education sector as well as the Child Protection sub-group (under the Protection Coordination Group led by the United Nations High Commissioner for Refugees (UNHCR)). UN agencies are jointly monitoring the effects of the drought in the Horn of Africa and have 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. In 2019, UNICEF will continue to strengthen its leading role in Education, Child Protection and WASH sectors to ensure a more efficient preparedness and response to emergencies.

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\$3,952,380.95 was mobilized over the course of 2018 in response to the cyclone Sagar (US\$2,264,380.95 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)³ More recently, cyclone Sagar has also led to a change in Djibouti's emergency profile, triggering the need to include flooding (cyclone) 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

³ SMART Survey 2013

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. UNICEF support has helped to detect and treat children under five suffering from severe acute malnutrition through-out the country network of nutrition centres. In response to the epidemic threat (acute watery diarrhoea and measles outbreak), UNICEF has procured additional essential drugs (ORS, antibiotics) to keep up with the required treatment of diarrhoea and pneumonia cases among children affected by emergencies, while also supporting a cross-border collaboration to better control the AWD outbreak in the country. Regarding the response to the measles outbreak recorded in Djibouti during 2018, UNICEF has supported catch-up vaccination for children 9 months-15 years in areas affected by the measles outbreak and later in the year supported a nationwide measles vaccination campaign for children aged 6-59 months. In addition, a nationwide polio campaign was supported to contribute to maintaining Djibouti's "polio free" status. Furthermore, interventions to increase access to water and promote hygienic behaviours target communities affected by food insecurity 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 along the migration routes and in Djibouti city. With regards to considerable movements of nomadic populations along the Somalian 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

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 year 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. In total 2,898 children suffering from severe acute malnutrition were reported to be admitted in health facilities for treatment during the first half of 2018. Unfortunately, the HIS reports for 2018 are still partial, releasing only the data for semester 1 of the year at this stage. Nevertheless, the available data seems to indicate a positive trend in terms of admissions of SAM cases as compared to the expected annual targeted caseload (5,665) despite the serious bottlenecks created by the MoH's preference to mobile clinics rather than strengthening the community-based approaches for detecting and referring SAM cases. UNICEF has carried a strong high-level advocacy during the year to address this bottleneck, calling upon revamping the community-based systems for SAM management in the country, as well as dealing with the restriction on field monitoring visits by partners imposed by the MoH. 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 committed to support the country in conducting a SMART⁴ survey during the first quarter of 2019 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, porous borders, migration 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 1,002 cases were registered (July 2018), however, the outbreak was rapidly controlled through the support of UNICEF (procurement of ORS, WASH interventions in the migrants' corridors) 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

⁴ Standardized Monitoring and Assessment of Relief and Transitions.

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 recorded stock-outs at national, regional and health facility levels for diseases with high outbreak potential (measles, polio). Thereby UNICEF contributed to limiting the risk of the occurrence of vaccine-preventable diseases outbreaks among children affected by emergencies during the year. Nevertheless, the country recorded 460 cases of measles in 2018, indicating the high susceptibility of Djibouti to measles outbreaks. In response to this situation, an initial cohort of 7,072 children 9 months to 15 years were vaccinated in mid-July (only in areas registering cases of measles) as part of a targeted campaign within the City of Djibouti where the highest caseload was registered and in December 2018 99,500 children 6-59 months were vaccinated against measles through a nationwide campaign back to back with 136,892 children 0-5 years vaccinated against polio (October 2018). Efforts in the health and nutrition sectors 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 during the first 3 quarters of 2018.



Water, Sanitation and Hygiene

In response to the humanitarian crisis caused by cyclone Sagar, UNICEF purchased and distributed branded Immediate Response WASH & Dignity Kits⁵ to 700 affected households (including IDPs and surrounding host community) in Damerjog, an IDP site located just outside Djibouti. UNICEF has supported the rehabilitation of 160 latrines and construction of 4 blocks of 10 public latrines each in Djibouti, while 350 family latrines are under construction in Damerjog IDPs camp therefore increasing the access to modern latrines to more than 3,000 IDPs and 10,000 population affected by the cyclone Sagar. To prevent outbreaks of waterborne diseases, UNICEF partnered with the Red Crescent of Djibouti to conduct a large-scale hygiene promotion campaign during which more than 25,000 people were reached on handwashing and household water treatment practices through multiple channels (SMS, face-to-face). More than 75,000 people are estimated to have been reached indirectly 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 Diarrheal (AWD) reported in those areas. UNICEF has also extended its partnership by engaging an additional national non-governmental organization (NGO) (ADIM) to cover host communities, thus contributing to reduce the risk of 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 year 2018, 6,100 refugees, migrants and IDPs children, including 2,867 girls, have benefited from access to formal (4,600) and non-formal education (1,500) in refugee's site, schools and LEC centers⁶ with UNICEF support through the provision of school kits, school bags, school uniform, incentives for teachers and teacher in-service training on the new Djiboutian curriculum and inclusive education. Girls are under-enrolled since they are often expected carry out household chores. UNICEF is supporting the Out-of-School children study with a focus on refugees. The result of this study will be available during the first quarter of 2019. Within the targeted children 300 IDP children from the site of Damerjog have been enrolled in primary school near the site with UNICEF support. The recent cyclone Sagar caused damage to 17 schools, affecting 17,096 school children of which 8,048 are girls. UNICEF is supporting ongoing resource mobilization efforts under the leadership of the Minister of Finance and the RCO to raise funds to support reconstruction/rehabilitation efforts within the education sector. A total of US\$1,000,000 has been mobilized from the African Development Bank and Djibouti has been shortlisted for a contribution of US\$900,000 from the Supplementary Budget of the Government of Japan.

⁵ Water container - 10l; bucket with lid; soap; Water purification tablets (NaDCC); torch; child potty; multipurpose cotton cloth; reusable menstrual pads.

⁶ LEC centers are center which receive out-of-school refugee children and migrants and support them to read, write and count during 3 years. UNICEF has advocated to ensure the formal integration of leavers on existing formal school in grade 5 or 6.

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 two refugee villages located in the region of Ali Sabieh (Ali Addeh and Holl Holl). During the review of the education strategic plan, the MoE formulated a specific result with an indicator on the mainstreaming of refugee education in the national education system.

Nevertheless, there are still significant challenges, with an enrolment rate of only 48 per cent (2017/18 school year) among refugee children which is due to child labor, girls being sent to urban areas (Djibouti City) to meet family needs, child marriage, malnutrition, female genital mutilation and gender-based violence, neglect of children. Additionally, there are challenges in estimating enrolment rates for refugee children who live outside the camps. The OOSCI study will give more information about that.

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 the translation of Djiboutian curriculum into English; the recognition of school certificates by the Kenyan Government (for pupils who are not yet covered by the Djiboutian curriculum (previously refugee children were educated following the Kenyan curriculum); ensuring quality of teaching and learning in the refugee schools; providing sufficient learning and teaching materials and ensuring equitable access to education for girls and children with disabilities. 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 and by supporting teacher training.

Child Protection

As a result of UNICEF's partnership with Caritas, around 440 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 child protection services, including psychosocial support, family reunification and basic social services for 3,000 vulnerable children, including children living on the streets (both from migrant and non-migrant backgrounds). As a result of UNICEF support and partnerships with UNHCR and LWF for refugee children and Caritas for migrant children in urban areas, a total of 255 children on the move (148 male and 107 female) benefited from family reunification as result (184 UASC refugees and 71 migrants). Also, in collaboration with UNHCR, UNICEF conducted a two-day training on psycho-social support for 30 front-line workers as well as a workshop to develop SOPs for agencies conducting child protection interventions in the refugee camps. A total of 9,642 children (4,841 boys and 4,801 girls) were reached with psychosocial support activities.

The key challenges in child protection relate to the limited number of actors who have the capacity to provide direct services (e.g. covering basic needs, such as food and clothing; health services; literacy classes, etc.) to children on the move – Caritas is the only stakeholder to do so. Thus, the number of children in need largely exceeds the services available. Furthermore, there is still a gap regarding the provision of night shelter for children on the move – an issue which is politically sensitive.

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 and behavioural change programs on positive hygiene practices such as handwashing with soap and treated water targeting 130,000 people were implemented during the year. 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 has provided technical support 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 (US\$300,000), essential drugs (US\$20,000) and emergency WASH kits (\$205,000) 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). Over the past year, parts of the government have become more open to collaborating on emergency response preparedness and response (the cyclone response helped to accelerate this) – for example the WASH contingency plan was recently developed and validated, equipping the country with a more comprehensive framework to addressing WASH in emergencies in a timely manner. On the specific area of disease outbreak response (AWD, measles), the MoH has collaborated on the implementation of nationwide vaccination campaigns (polio and measles) as additional steps to keep responding and/or preventing outbreaks occurring in the country.

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 neighboring 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.

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. As a result of these efforts, UNICEF has received funding of US\$952,380.95 from the AfDB to address the rehabilitation of schools damaged by cyclone Sagar.

Funding

A total funding target of US\$1,461,300 was estimated in the Djibouti HAC 2018 and as of December 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). Furthermore, UNICEF has recently signed an agreement with the AfDB (US\$952,380.95) for schools' rehabilitation (funding received in 2019). While there is no funding gap in relation to the 2018 HAC ask, some sectors have funding gaps for specific sub-sectors/interventions (see the funding table below).

	Funding Situation (as of 30 December 2018)				
Appeal Sector	Requirements (US\$)	Funds available* (US\$)		Funding gap (US\$)	
		Carry forward	Funds received during current year (2018)	\$	%
WASH	411,700	0	963,771	-552,071	0%
Education	394,000	0	205,158	188,842	45.8%
Health	80,000	0	45,000	35,000	43.8%
Nutrition	333,600	0	36,538	297,062	89%
Protection & Social Inclusion	242,000	0	291,500	-49,500	0%
Programme Support	0	0	78,153	-78,153	0%
Communication	0	0	113,842	-113,842	0%
Cluster (Working Group) Coordination	0	0	0	0	0%
Total	1,461,300	0	1,733,962	0	0%

* '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: June 2019

UNICEF Djibouti Facebook: www.facebook.com/UNICEFdjibouti

UNICEF Djibouti Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/djibouti.html>

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Annex A

SUMMARY OF PROGRAMME RESULTS (January - December 2018)

DJIBOUTI	Overall needs	Sector Response			UNICEF and IPs	
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results
WATER, SANITATION & HYGIENE						
# of people with access to sufficient quantity of safe drinking water in humanitarian situations ⁱ	99,197	5,000	15,000	N/A	5,000	15,000(**)
# of people with access to adequate sanitation in drought affected areas	57,224	1,000	842	N/A	1,000	842
EDUCATION						
# of refugee children accessing quality pre-primary, primary and secondary education	7,789	6,000	4600	N/A	6,000	4600
HEALTH						
# of children U5 received measles vaccines ⁱⁱ	15,000	5,000	99,500	N/A	5,000	99,500 (**)
# of children U5 suffering from pneumonia received antibiotics	25,000	25,000	N/A*	N/A	15,000	N/A*
# of children U5 suffering from diarrhoea received ORS and zinc	26,758	25,000	5,854(*)	N/A	15,000	5,854(*)
NUTRITION**						
# of children under 5 suffering from severe acute malnutrition admitted into therapeutic feeding programme	12,588	5,665	2898*(***)	N/A	5,665	2,898(***)
# of children U5 provided with vitamin A supplementation	31,392	31,392	29,822*	N/A	31,392	29,822*
CHILD PROTECTION						
# refugee children and caregivers supported with psychosocial activities	700	700	9,642**	N/A	700	9,642(**)
# Unaccompanied refugee children benefited from risk awareness activities	200	140	139	N/A	140	184
Footnotes:						
(*) Complete data not available / not released by MoH or partially released by MoH						
(**) Most of the targets exceeded due to the response to Sagar and/or vaccination campaigns not initially considered in the HAC scenarios						
(***) Only data from first semester 2018 available from the HIS. Monitoring visits to health facilities to gather routine data prohibited by the MoH.						