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Djibouti

Water, Sanitation and Hygiene Sectoral and OR+ (Thematic) Report January - December 2016

Prepared by:

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Abbreviations and Acronyms

ADIM	Association pour le Développement Intégré de Mabla
DRC	Danish Refugee Council
FAO	Food and Agriculture Organisation
MDG	Millennium Development Goals
MENA	Middle-East and North of Africa
NRC	Norwegian Refugee Council
ORE	Other Resources – Emergency
ORR	Other Resources – Regular
RR	Regular Resources
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

1. Executive Summary

Thanks to Government and partners' efforts, **nine out of 10 people¹ in Djibouti now have access to improved sources of drinking water**. Yet, national data mask important inequities in terms of access between urban (97 per cent) and rural areas (65 per cent). **Only one in two people² have access to improved toilets, with significant inequities in access for urban (60 per cent) and rural areas (5 per cent)**. One in five people still resort to open defecation³ and in rural areas the practice is on the rise, having climbed from 44 per cent to 76 per cent between 1990 and 2015. Handwashing with soap is among the most effective and inexpensive ways to prevent diarrheal diseases and pneumonia, but it is not yet a practice adopted by the majority of the population.

Throughout 2016, UNICEF worked closely with Government and partners to provide children with access to clean water, basic toilets and good hygiene practices which are essential for their survival and development. Lack of access to water and sanitation are among the main causes leading to malnutrition, which is why UNICEF is conducting an integrated WASH and Nutrition approach. Thanks to these efforts, **5 per cent of children and families living in malnutrition-affected areas gained access to potable water for the first time; and 5 per cent can now end open defecation** by using shared facilities, lowering their risk of deadly faecal-oral diseases and malnutrition; and enhancing their dignity.

The Government has launched the process of developing a Water Point Management Strategy as a result of UNICEF advocacy. This document is a breakthrough for the sustainability of water points as it will regulate the participation of the communities in its preservation. In rural areas, over 84 per cent of those with access to improved water are using shared facilities being of upmost importance that communities' take the lead in their maintenance. **In malnutrition-affected rural areas, 1,860 people gained access to safe water for the first time** thanks to the extension of existing boreholes supported by the Government and UNICEF. A further **12,020 people regained access to drinking water** through the rehabilitation of wells and extension of the water distribution network in result of UNICEF-Government partnership. In pastoralist and nomadic settings in Tadjourah and Obock regions, **1,146 children and families were given access to shared latrines, abandoning open defecation practices**. Finally, and in the same areas targeted for the rehabilitation and construction of facilities, **2,440 people increased their knowledge of good hygiene practices with particular attention to handwashing with soap**. This was done through community dialogues, complementing the mass communication approach applied last year.

The flexibility of Thematic funds allowed UNICEF to cover a number of critical but unfunded areas. Thematic funds covered nearly the totality of all expenses on Water Supply, and WASH/General (monitoring, supervision, training of water management committees, etc.); and about half of all expenses linked to sanitation and hygiene - being essential for the achievement of these results.

¹ 90 per cent according to UNICEF/WHO Joint Monitoring Programme 2015

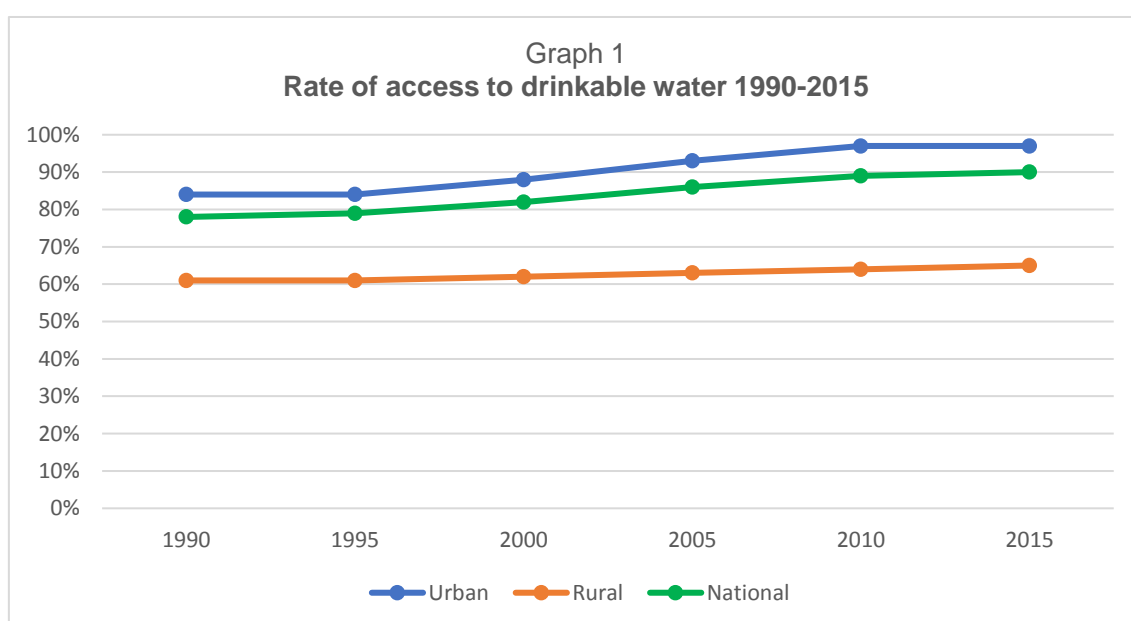
² 47 per cent according to UNICEF/WHO Joint Monitoring Programme 2015

³ 20 per cent according to UNICEF/WHO Joint Monitoring Programme 2015

2. Strategic Context of 2016

Country trends in the situation of children vis-a-vis Water, Sanitation and Hygiene⁴

Thanks to the efforts undertaken by Government and partners, **nine out of 10 people⁵ in Djibouti now have access to improved sources of drinking water** (graph 1); and the country has met the related Millennium Development Goal (MDG) target. While this a great achievement, the global picture masks important inequities. **Access to improved water in urban areas is at its optimal rate, being a right guaranteed to 97 per cent of the population. Yet, the quality and continuity of the services remain a challenge:** every day, more than 65 per cent of the urban population have interrupted water supply service for at least six consecutive hours. Those living in rural areas still lag far behind: **only 65 per cent of the population has access to improved water sources** and this figure has barely changed over the past five years. In these areas, the percentage of children and families with water piped into their homes has decreased from 26 to 10 per cent between 1990 and 2015; and over 84 per cent of those with access to improved water are using shared facilities (protected wells) which need regular maintenance and operating support to be able to deliver the expected services.



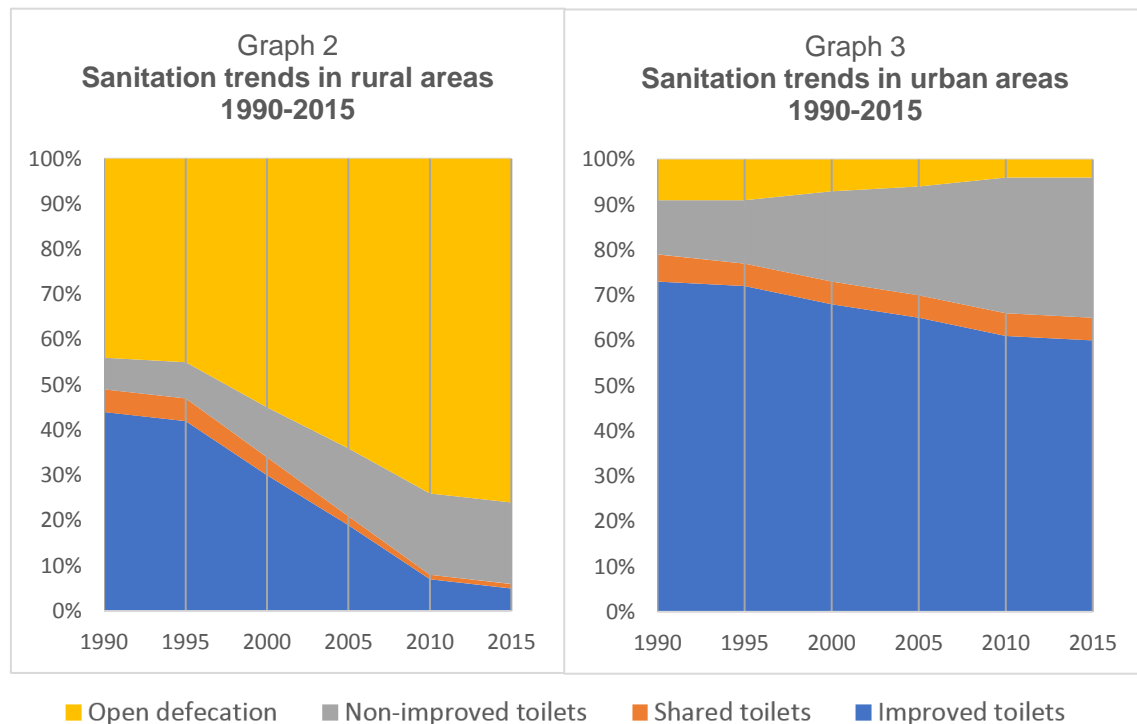
The Millennium Development Goal target for access to improved sanitation was not met, and the numbers are staggering. **Only one in two people⁶ have access to improved toilets, with significant inequities in access for urban (60 per cent) and rural (5 per cent) areas.** The percentage of people with access to improved latrines decreased from 66 to 47 per cent between 1990 and 2015; many of those living in rural areas have lost this right during this period, with a

⁴ The last national survey on access to safe drinking water and improved sanitation (EDAM) was held in 2012 but the results were not endorsed by the Government. The next EDAM is planned for 2017 and will include indicators for a comprehensive assessment of the water, sanitation and hygiene situation. With no specific figures for 2016, the planning for 2016 and onwards is based on the trends stated in 2012 in terms of breakdown by region; and on the estimation done by the Joint Monitoring Programme in 2015 in terms of access by type of facilities and by area.

⁵ 90 per cent according to UNICEF/WHO Joint Monitoring Programme 2015

⁶ 47 per cent according to UNICEF/WHO Joint Monitoring Programme 2015

decline from 44 per cent to 5 per cent. One in five people still resort to open defecation⁷ and in rural areas the practice is on the rise, having climbed from 44 per cent to 76 per cent between 1990 and 2015. The multidimensional child poverty analysis⁸ revealed that 'sanitation' is the main deprivation affecting children aged 0 to 23 months (86.7 per cent), 24 to 59 months (84 per cent) and girls aged 12 to 15 years (82.6 per cent); and the second one affecting children aged 5 to 16 years (39 per cent). Graphs 2 and 4 show the sanitation trends in rural and urban areas.



National figures on hygiene are not available but, according to anecdotal information, basic hygiene practices remain a challenge, especially in rural areas. A community survey⁹ revealed that only about one adult in five knows the critical moments for handwashing and children do not use soap (or any other disinfectant). Around two in five children under 5 years old defecate and play in the same environment. While about two thirds of the population live at more than 3 Km from the closest water point, only one household out of four cleans their recipient for water collection on a daily basis.

The scenario is challenging, not due to lack of efforts from Government and partners but because these efforts have been curbed by several barriers. On the one hand, the territory does not have a permanent source of surface water (such as rivers or fresh water lakes) and must rely on deep underground water tables fed by rainwater infiltration. However, wells are very costly to install due to the rocky soil and groundwater depth. On the other hand, the country has been adversely affected by climate change and has been enduring nearly a decade of drought. Since rainfall levels halved in 2008, many cisterns and shallow wells have dry-up leaving thousands of herders

⁷ 20 per cent according to UNICEF/WHO Joint Monitoring Programme 2015

⁸ National Multiple Overlapping Deprivation Analysis (N-MODA) conducted in 2015-2016

⁹ Survey conducted by UNICEF and ADIM in Obock region – February 2017

and pastoralists with no source of income. Urged by the quest for survival and a better life, thousands moved to urban areas and agglomerated in illegal settlements deprived of basic water and sanitation facilities, in an environment conducive to the proliferation of communicable diseases and malnutrition. The situation is critical and the threat remains as according to the Index For Risk Management¹⁰, **Djibouti is among the top 3 countries at high risk of drought among 191 countries in the world.**

The pace of progress has also been slowed down by the efforts required to respond to the needs of thousands of people from emergency-affected countries whom have been seeking refuge in Djibouti over the years. Government and partners strive to balance the limited financial and human resources to address the most urgent needs while boosting the resilience of the most vulnerable communities.

Main changes observed within the past year (2015 vs 2016)

In 2016 the Government launched significant investments to improve water supply services in urban areas. New facilities were constructed in areas affected by the chronic drought and a large water distribution system with water piped from Ethiopia is under construction to increase water production capacities and ensure continuous access to this vital good; this is expected to bring about a significant improvement for many people as 60 per cent of country's population live in this geographical area.

In rural areas, efforts focused in ensuring the continuous functioning of water facilities by replacing part of thermic pumps by solar pumps. Thermic pumps require a high consumption of fuel and a complex logistic system, which is expensive and hard to maintain in remote areas where the most vulnerable children and families are living.

Contribution to 2030 agenda

Djibouti, like other countries around the world, has aligned its national development plans for the WASH sector with the new Sustainable Development Goals (SDGs). The Country has developed a National Programme for Water Supply and Sanitation in Rural Areas with financial support from African Development Bank, which aims to increase by 20 per cent the rate of access to improved water and to attend 50 per cent of access rate to sanitation in rural area by 2035. This document sets clear targets and represents an important sign of Government's willingness to address the current challenges.

However, there is a real risk that it fails to provide the expected results as the Government opted to manage this document without the involvement of WASH partners. At this stage, there are no coordination efforts around its implementation nor a fundraising strategy to guide the mobilisation of the necessary resources. As co-lead of the WASH Working Group, UNICEF is advocating for this document to be shared with all partners so all efforts are coordinated under this umbrella. UNICEF is also encouraging the Government to elaborate user-friendly versions of this document adapted to specific audiences, particularly technicians, decision-makers and donors.

¹⁰ INFORM 2017

3. Results in the Outcome Area

Throughout 2016, UNICEF worked closely with Government and partners to provide children with access to clean water, basic toilets and good hygiene practices which are essential for their survival and development. This section presents the progress achieved in 2016 for the WASH-related Country Programme Outcome and Output, defined as follows:

- Outcome 1: In 2017, an integrated package of high impact interventions in child survival and development is scaled up to national level, particularly for the most disadvantaged populations¹¹.
 - Output 1.4: By 2017, the Water, Sanitation and Hygiene sector has strengthened capacities to increase the rates of access to potable water, sanitation and hygiene of rural and suburban populations

3.1. Results against Outcome (for WASH programming)

Lack of access to water and sanitation are among the main causes of malnutrition, which is why UNICEF is conducting an integrated WASH and Nutrition approach. Thanks to these efforts, **5 per cent of children and families living in malnutrition-affected areas gained access to potable water for the first time; and 5 per cent can now end open defecation by using shared facilities**, lowering their risk of deadly faecal-oral diseases and malnutrition; and enhancing their dignity.

3.2. Results against Output

The Government has launched the process of elaboration of a Water Point Management Strategy as a result of UNICEF advocacy. This document is a breakthrough for the sustainability of water points' as it will regulate the participation of communities in its management. In rural areas, over 84 per cent of those with access to improved water are using shared facilities, therefore it is of the utmost importance that communities take the lead in their maintenance. To ensure that a quality document is produced, UNICEF offered to hire an international WASH expert whom could provide technical support to the Government in this process. The Terms of Reference have been developed and the recruitment process launched; this small step was a significant achievement that took time to achieve in order to ensure Government's ownership as well as quality assurance from UNICEF at national and regional level. The recruitment process has been launched and the international expert should be joining the team in April 2017.

In malnutrition-affected rural areas, 1,860 people (735 children and 536 women) gained access to safe water for the first time thanks to the extension of existing boreholes supported by the Government and UNICEF. This represents a tremendous achievement for these communities, especially for women and girls whom shared the burden of carrying water through long distances; and for children who were the main affected by water-borne diseases and malnutrition due to unsafe water. Unfortunately, only 27 per cent of the target was met due to funding constraints. **Five rural primary schools are now offering (for the first time) potable water to 420 students** thanks to the rehabilitation of water schemes conducted by the

¹¹ This outcome covers Health, Nutrition and WASH components

Government with UNICEF support. Like all other students in public primary schools within the country, these children received a pedagogical manual on Basic Hygiene Practices developed in a partnership between UNICEF and the Ministry of Education.

A further **12,020 people regained access to drinking water** through the rehabilitation of wells and extension of the water distribution network as a result of UNICEF-Government partnership. These people had lost access to improved water due to the degradation and consequent breakdown of the facilities. To help prevent similar situations in these areas, UNICEF supported the Government and ADIM to establish and train 15 local Water Management Committees (60 people) on water point management. After the training, all Committees showed improved knowledge and skills in community budget collection and management as well as maintenance and basic repairs of the facilities. These committees are crucial to promote an optimal use of the water available with priority for human consumption.

In pastoralist and nomadic settings in Tadjourah and Obock regions, **1,146 children and families were given access to sanitation through shared facilities and are abandoning open defecation practices**. UNICEF and ADIM set up community-managed toilet blocks following a demand-driven approach that builds on raising awareness on how latrine utilisation impacts the health and well-being of the community, and particularly children. Those willing to use these facilities are then supported to construct that latrines. It is worth highlighting that results achieved at this level over the past two years surpass the target by 164 per cent – which is a tremendous sign of communities' willingness to abandon open defecation practices. Prior to the implementation of the project, women were constrained to hold their bladders and bowels and wait for nightfall to relieve themselves in the dark. Often they would prefer to deprive themselves from food and water rather than face the risk of needing to go out in the open to urinate or defecate which also impacted on their ability to enter the labour market. Since the implementation of the project women have become more active and confident. Women benefiting from the new sanitation facilities recognise the improvement of their status as they are seen by others as development models. The choice of installing shared toilets rather than household toilets is explained by the living conditions of the targeted population. Around 63 per cent of the population in this region have a nomadic lifestyle and the 1990-2015 trend shows that open defecation practices are on the rise. UNICEF seeks to give people the possibility to abandon this practice while respecting their way of living.

Finally, and in the same areas targeted for the rehabilitation and construction of facilities, **2,440 people (11 per cent of target) increased their knowledge of hygiene practices, in particular handwashing with soap**. This was done through community dialogues, complementing the mass communication approach applied last year.

UNICEF co-leads with the Government the WASH Working Group for Humanitarian Preparedness and Response. Other members include the Ministry of Health, FAO, The Johanniter, ONEAD, NRC, DRC, SOS Sahel, ACF, Caritas and ADIM. As there is no development coordination platform, most partners in the WASH Working Group are also acting as development implementing partners. The funding gap was a major challenge for all humanitarian partners and sectors in 2016, and only 21 per cent of the WASH Humanitarian Response Plan was funded. In this scenario, UNICEF used Global Thematic Funds to partially cover its WASH humanitarian response. These funds were used to implement the WASH-in-Nutrition approach benefiting communities with high prevalence of severe acute malnutrition among children under 5 years old.

3.3. Results Assessment Framework

Outcome 1: In 2017, an integrated package of high impact interventions in child survival and development is scaled up to national level, particularly for the most disadvantaged populations

Indicators*	Baseline		Target		As of Dec. 2016
	Year	Value	Year	Value	
Proportion of rural population with access to potable water	2013	56%	2017	67%	65%**
Proportion of rural population with access to sanitation	2013	16%	2017	20%	5%**
Proportion of peri-urban population with access to potable water	2013	90%	2017	90%	ND***
Proportion of peri-urban population with access to sanitation	2013	63%	2017	76%	ND***
Existence of an official regulatory framework document for individual sanitation in rural areas	2013	No	2017	Yes	No

* As mentioned above, this outcome includes the health, nutrition and WASH components. The indicators reported on the table refer exclusively to the WASH component

** Situation as of Dec 2015 – Source Joint Monitoring Programme (UNICEF/WHO)

*** Waiting data from Government partner (ONEAD)

Output 1.4. By 2017, the Water, Sanitation and Hygiene sector has reinforced capacities to increase by 20% the rates of access to potable water, sanitation and hygiene of rural and peri-urban populations

Indicators	Baseline		Target		As of Dec. 2016
	Year	value	Year	value	
Existence of an official regulatory framework for Community Water Management Committees	2015	No	2017	Yes	No
Number of additional people with access to potable water in rural areas	2015	ND	2017	7, 680	2,700
Number of people with access to safe water receiving additional support to sustain access in rural areas	2015	ND	2017	12,760	18,020
Number of additional people with access to sanitation in rural and peri-urban areas	2015	ND	2017	2,240	4,440
Number of people benefiting from the promotion of basic hygiene practices	2015	20,802	2017	46,380	34,909

3.4. Challenges and actions taken to address them

Late receipt of funds explains the low performance on service delivery during 2016; about 75 per cent of all funds received in 2016 only became available in September following intense fundraising efforts undertaken by the UNICEF team. Following receipt of funds, implementation efforts have been accelerated.

The current information management system of the WASH sector does not allow for regular and timely monitoring of progress and achievements made by partners. A comprehensive inventory of improved water points is conducted on a five-year frequency; the last mapping was in 2015. The absence of a centralised WASH information system to which all partners should report helps to understand the challenges in terms of monitoring and evaluation; and is a major obstacle for the development of an evidence-based advocacy and fundraising strategy. UNICEF will hire a specialised office to put in place a new database system that can receive and provide real time data which for planning, monitoring and reporting purposes. UNICEF is also advocating for the need to enhance the coordination of the WASH sector, building on experiences developed for humanitarian actions to ensure effectiveness of the national programme implementation.

4. Financial Analysis

4.1. Funds available for implementation in 2016

In 2016, the WASH section had a **planned budget of US\$1,419,334 including US\$63,070 in Regular Resources (RR), US\$455,830 in Other Resources – Regular (ORR) and \$900,434 in Other Resources – Emergency (ORE)**. As can be seen in graph 4 and table 1, the **amount available for implementation in 2016 was US\$ 2,344,903 including US\$14,585 in RR (23 per cent of planned), US\$2,119,057 in ORR (465 per cent of planned) and US\$211,261 in ORE (23 per cent of planned) (excluding recovery costs)**.

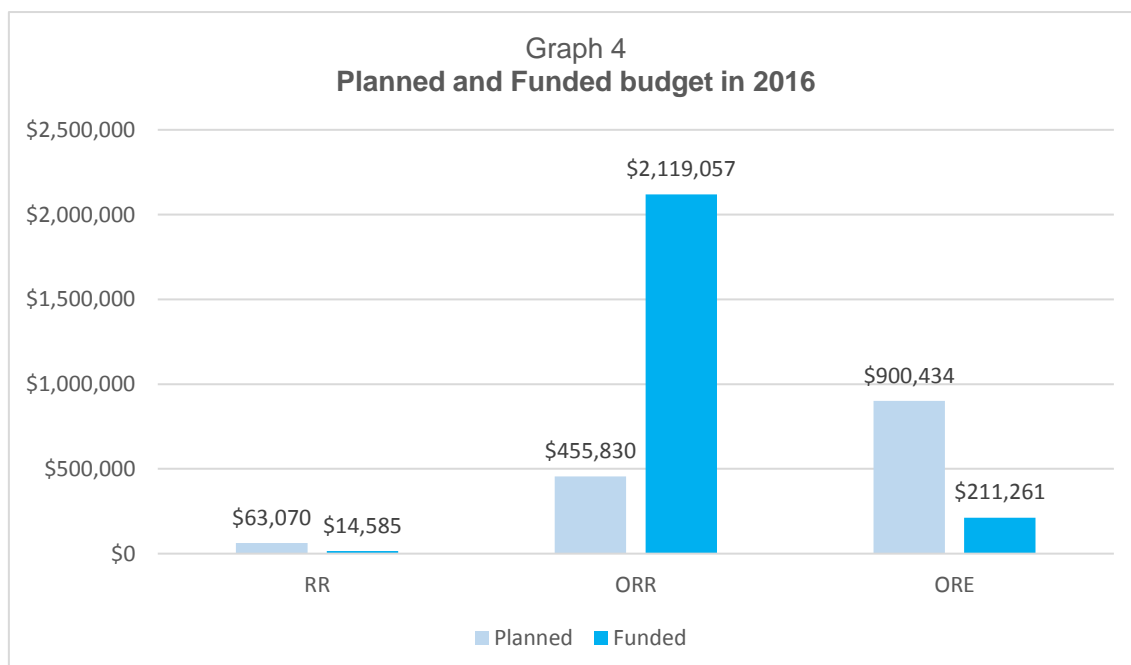


Table 1: Planned and Funded for the Country Programme 2016 (in US Dollar)

Outcome Area 1: WASH Djibouti Planned and Funded for the Country Programme 2016 (in US Dollar)			
Intermediate Results	Funding Type	Planned Budget*	Funded**
Output 1.4: By 2017, the Water, Sanitation and Hygiene sector has reinforced capacities to increase by 20% the rates of access to potable water, sanitation and hygiene of rural and peri-urban populations	RR	\$63 070	\$14 585
	ORR	\$455 830	\$2 119 057
	ORE	\$900 434	\$211 261
Total Budget		\$1 419 334	\$2 344 903

* Planned budget for ORR and ORE does not include estimated recovery cost.

** ORR and ORE funded amount exclude cost recovery (only programmable amounts).

As it can be read from Graph 5 and Table 2, **Thematic Funds corresponded to 50 per cent of all ORR mobilised.**

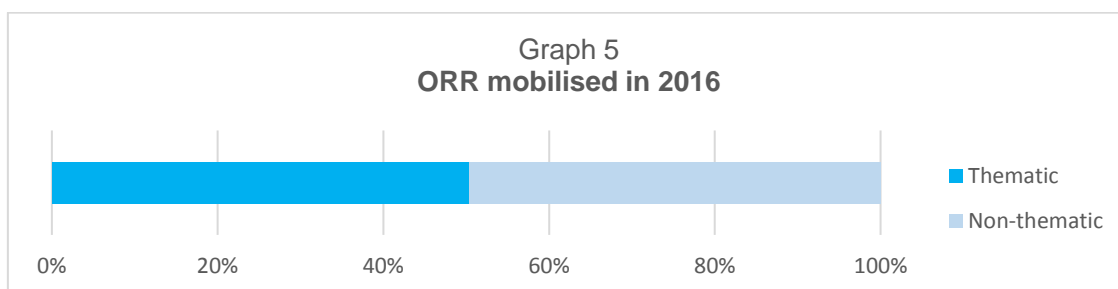
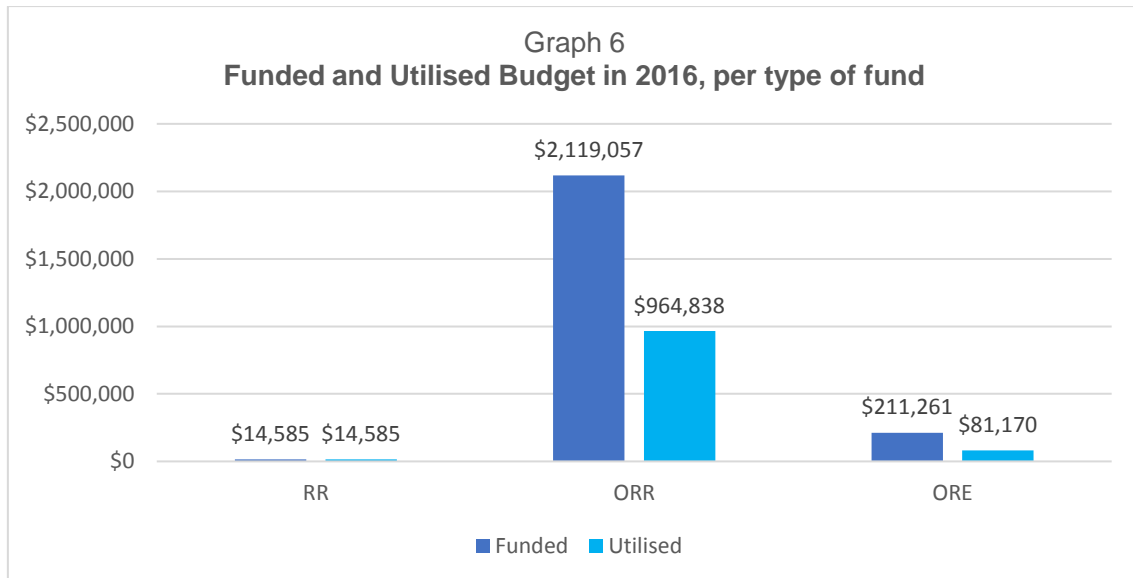


Table 2: Country-level thematic contributions to outcome area received in 2016

Outcome Area 1: WASH Thematic Contributions Received for Output 1.4. by UNICEF Djibouti in 2016 (in US Dollars)		
Donors	Contribution Amount	Programmable Amount
Thematic 3- WASH - Djibouti	\$149 669	\$139 877
	\$79 149	\$73 971
	\$122 649	\$114 625
Thematic WASH Activities in Djibouti CO - secondary donor INC FZE	\$10 700	\$10 000
Total	\$362 167	\$338 474

4.2. Financial implementation in 2016

Total expenditure in 2016 was US\$1,060,593. The expenditure rate stood at 100 per cent for RR; 46 per cent for ORR and 38 per cent for ORE (graph 6). The low expenditure rate for ORE is explained by the need to re-allocate part of these humanitarian funds allocated to the Nutrition emergency response which was highly unfunded. This means that all ORE final funds allocated to WASH were totally spent.



As shown in graph 7 and detailed in tables 3 and 4, **the largest share of the budget went for water supply (54 per cent)**, followed by the **response to the emergency (8 per cent)**.

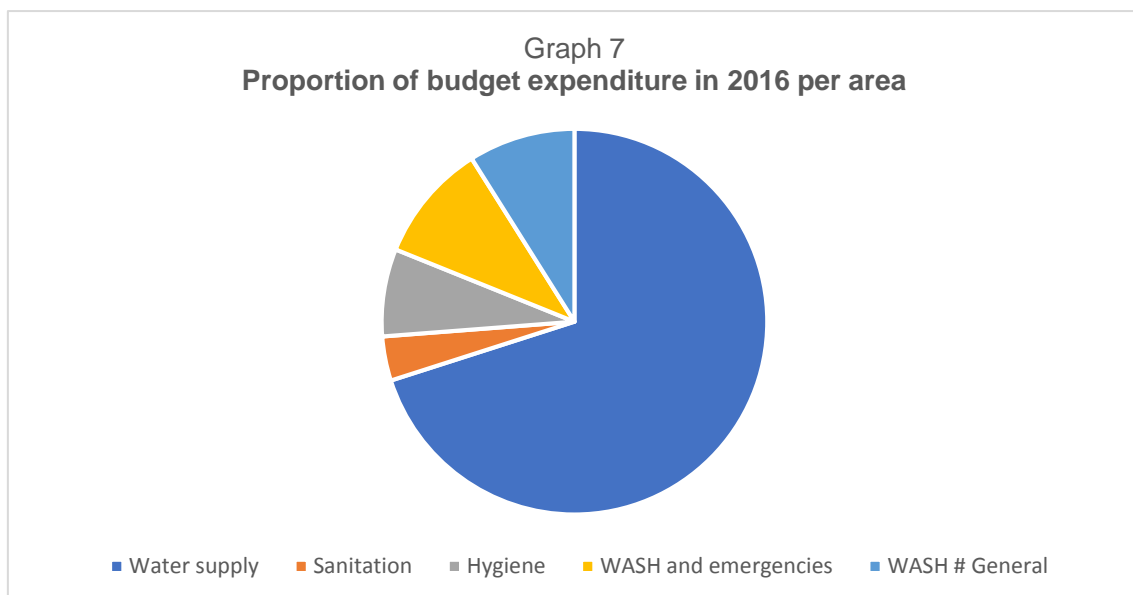


Table 3: Expenditures in the Outcome Area				
Outcome Area 1: WASH Djibouti 2016 Expenditures by Key-Results Areas (in US Dollars)				
Organisational targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
03-01 Water supply	\$58	\$743 027	\$0	\$743 085
03-02 Sanitation	\$530	\$38 853	\$0	\$39 384
03-03 Hygiene	\$0	\$77 758	\$0	\$77 758
03-05 WASH and emergencies	\$80 581	\$10 312	\$14 585	\$105 478
03-06 WASH # General	\$0	\$94 888	\$0	\$94 888
Total	\$81 170	\$964 838	\$14 585	\$1 060 593

Table 4: Expenses by Specific Intervention Codes (WASH)*	
Fund Category	All Programme Accounts
Year	2016
Business Area	Djibouti - 6690
Prorated Outcome Area	03 WASH
Row Labels	Expense (USD)
03-01-01 Rural water supply	\$620 378
03-02-01 Open defecation elimination and improved sanitation: rural	\$55 518
03-03-02 Other hygiene promotion	\$152 009
03-05-01 WASH coordination # humanitarian	\$67 710
03-05-02 WASH emergency preparedness	\$87 878
03-06-01 WASH sector coordination (non-humanitarian)	\$50 683
03-06-03 WASH # General	\$35 943
08-02-01 Situation Analysis or Update on women and children	\$1 143
08-02-08 Monitoring # General	\$155
08-03-01 Cross-sectoral Communication for Development	\$12
08-09-06 Other # non-classifiable cross-sectoral activities	-\$95
5021 Support to MICS, DHS and other data collection systems and their analyses	\$300
5903 Support to C4D interventions for multiple OTs within FA5	\$51
6901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple Focus Areas of the MTSP	\$291 185
6902 Operating costs to support multiple focus areas of the MTSP	\$24 840
7911 Representative and governance	\$6 138
Grand Total	\$1 393 848

* Difference between expenses reported in table 3 and table 5 are due to 2015 commitment effectively paid in 2016 from Non-Grant

The flexibility of Thematic funds allowed UNICEF to cover a number of critical but unfunded areas. Table 5 shows the Thematic expenses by programme area. As it can be seen from graph 8, **Thematic funds (ORR and ORE) covered nearly the totality of all expenses on Water Supply, and WASH/General (monitoring, supervision, training of water management committees, etc.); and about half of all expenses linked to sanitation and hygiene.** Thanks to the flexibility of Global Thematic funds, UNICEF was also able to cover the costs of technical assistance (WASH Specialist salary) needed to implement its WASH programming and achieve results for children. Thanks to these results, UNICEF was also able to mobilise almost all funds needed for the remaining programme cycle.

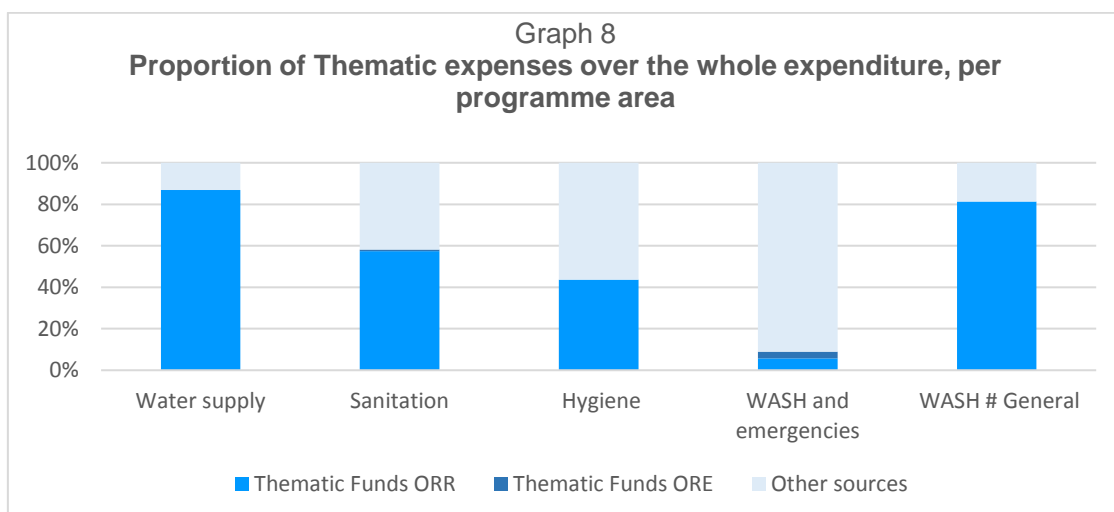


Table 5: Thematic expenses by programme area	
Fund Category	All Programme Accounts
Year	2016
Business Area	Djibouti - 6690
Prorated Outcome Area	03 WASH
Donor Class Level2	Thematic

Row Labels	Expense (US\$)
Other Resources - Emergency	\$6 407
03-02 Sanitation	\$559
03-05 WASH and emergencies	\$5 848
Other Resources - Regular	\$960 821
03-01 Water supply	\$740 353
03-02 Sanitation	\$38 853
03-03 Hygiene	\$76 826
03-05 WASH and emergencies	\$10 312
03-06 WASH # General	\$94 477
Grand Total	\$967 228

5. Future Work Plan

In 2017, UNICEF will continue to assist the Government of Djibouti with technical and financial support for the development of strategies to reinforce the WASH sector, the strengthening of water supply services, the scale-up of the community based-approach for the reduction of faecal-oral diseases, the improvement of WASH conditions in healthcare centres and the coordination of the humanitarian response. The focus of the WASH programme will be as follows:

- Support the development of the National Strategy for Management of Water Facilities;
- Provide technical support for the development of working documents to operationalise the National Programme for Water Supply and Sanitation in Rural Areas, as well as for the elaboration of a related fundraising strategy and action plan (and contribute to its implementation);
- Support the reinforcement of the monitoring and evaluation mechanism of the WASH sector by training Government staffs involved on its implementation;
- Contribute to increased access to improved water sources through the rehabilitation and extension of water facilities in drought-affected areas and communities exposed to food insecurity;
- Support sanitation campaigns in rural areas with promotion of basic hygiene practices through community dialogues and massive sensitisation;
- Support the improvement of water and sanitation facilities in healthcare centres, with specific attention for those established in areas highly exposed to food insecurity and near communities with high prevalence of acute malnutrition among children under 5 years of age;
- Continue to support the humanitarian response to respond to the most pressing needs of drought-affected and refugee children and mothers;

In order to implement its 2017 work plan for the WASH sector (development and emergency response), UNICEF will need US\$1 398 551 (see table 6). While all ORR funds needed are already available, UNICEF will need to mobilise US\$879,651 to cover its WASH humanitarian response. The Country Office will continue to seek additional funding, reaching out for public and private partnerships to allow a smooth transition from 2017 to 2018, when the new Country Programme will start, with similar programming priorities. UNICEF funds will be used to implement WASH interventions following an equity approach in the areas highly exposed to food insecurity and with high rates of child malnutrition. Budget shortfalls will require the programme to prioritise some interventions over others, and some targets may not be fully achieved. If this situation arises, UNICEF will reach out to other partners and leverage for programme funding and support.

Table 6: Planned budget for 2017

Outcome Area 1: WASH Djibouti Planned Budget and Available Resources for 2017				
Intermediate Result	Funding type	Planned budget*	Funded budget*	Shortfall**
Output 1.4: By 2017, the Water, Sanitation and Hygiene sector has reinforced capacities to increase by 20% the rates of access to potable water, sanitation and hygiene of rural and peri-urban populations	RR	\$63 070	\$14 585	\$48 485
	ORR	\$455 830	\$1 154 219	(\$698 389)
	ORE	\$879 651	\$0	\$879 651
Total for 2017		\$1 398 551	\$1 168 804	\$229 747

**Planned and Funded budget for ORR and ORE excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration*

*** Other Resources shortfall represents ORR funding required for the achievements of results in 2017*

**** As planned in HAC 2017. Includes funds needed for the WASH response and the WASH Cluster/sector coordination*

6. Expression of Thanks

UNICEF Djibouti expresses its deep gratitude to all donors for their financial donation to the health sector. Their commitment has provided a tremendous support for UNICEF's mission. But - most importantly – their contribution was key to enhancing the well-being of many children and mothers; and, in many cases, to save lives. On behalf of all children and women who benefited – and continue to benefit – from the interventions provided thanks to their support, UNICEF expresses its gratitude.

UNICEF Djibouti **would also like to thank its Headquarters and MENA Regional Office for the Thematic Funds received.** By being unmarked, these funds could be allocated to areas that were dramatically underfunded and where there was an urgent need to intervene with no or limited alternative sources.

Annexes

Annex 1.
Two-pager on Starwood Contribution



Starwood Hotels & Resorts

Thematic WASH

Djibouti

(©UNICEF/Djibouti2015/Seixas)

Executive Summary

PBA / Grant reference	SC1499030089 SC1499030090 SC1499030091
Total amount received	Total contribution: US\$351,467 Programmable amount: US\$328,474.04
Expenditures during reporting period	US\$267,426.30
Total expenditure	US\$267,426.30

Nine of 10 people¹² in Djibouti have access to improved water sources, but inequities persist between urban and rural areas. One in two people¹³ do not use improved sanitation, and in rural areas this is a privilege of only 5 per cent. Appropriate WASH facilities are only found in 44 per cent of primary schools¹⁴.

In 2016, UNICEF Djibouti worked with Government and partners to ensure that every child can access improved water and sanitation services, and adopt basic hygiene practices. With Starwood funding, **100 per cent of school-children in five rural primary schools gained access to potable water and adequate sanitation with handwashing devices. Sixty per cent of all people living in adjacent communities gained access to safe water; and 2,440 people (80 per cent of target) learned good hygiene practices.** A WASH-in-School component was integrated in the 'National Programme for Water Supply and Sanitation in Rural Areas'.

Situation overview

Thanks to Government and partners' efforts, **nine out of 10 people¹⁵ have access to improved sources of drinking water**, but significant inequities persist between urban (97 per cent) and rural areas (65 per cent). Quality and continuity of services are a challenge in urban areas as more than 65 per cent of the population suffers daily breaks in water supply for at least six consecutive hours. In rural areas, two in five people need to walk a minimum of half an hour to reach the nearest water source¹⁶.

¹² 90 per-cent according to UNICEF/WHO Joint Monitoring Programme 2015

¹³ 47 per-cent according to UNICEF/WHO Joint Monitoring Programme 2015

¹⁴ WFP survey 2016

¹⁵ 90 per-cent according to UNICEF/WHO Joint Monitoring Programme 2015

¹⁶ WFP assessment 2015

Only one in two people¹⁷ have access to improved toilets, with significant inequities in access for urban (60 per cent) and rural areas (5 per cent). One in five people still resort to open defecation¹⁸ and in rural areas this is a common practice for 76 per cent of the population.

An assessment conducted in primary schools covered by WFP's School Feeding Programme revealed **that only 44 per cent of these schools have appropriate WASH facilities¹⁹**. The new 'National Programme for Water Supply and Sanitation in Rural Areas by 2035' includes a WASH-in-School component, but has not yet been shared to be used as a framework for the sector.

Overview of WASH activities in country

UNICEF works with Government and partners to improve water and sanitation services, as well as basic hygiene practices, which are vital for children's survival and development.

To strengthen the WASH sector, UNICEF is supporting the Government developing a 'Strategy for the Management of Water Points in Rural Areas' to promote the sustainability of services and ensure a rational use of the limited water resources. In partnership with Government and NGOs, UNICEF is reinforcing water supply services through the rehabilitation of wells and boreholes with extension of distribution network. The priority is given to communities with high rates of child malnutrition and the surrounding schools.

UNICEF also contributes to reduce faecal-oral diseases by supporting a sanitation campaign in areas with high rates of child malnutrition and widespread open defecation practices. Social mobilisation and awareness-raising activities go hand in hand with the construction of latrines at household and school levels following a community-demand approach.

Finally, UNICEF supports the adoption of basic hygiene practices among populations with and without access to improved water and sanitation services. In this context, schools are one of the best entry points to make children aware of basic essential practices such as handwashing with soap.

WASH progress and impacts

Planned Results²⁰

1. By 2017, a national strategy for WASH in Schools designed, adopted, implemented and monitored by qualified staff

1.1. A national strategy on Wash in Schools developed and endorsed by the government and its International and Civil Society partners

¹⁷ 47 per-cent according to UNICEF/WHO Joint Monitoring Programme 2015

¹⁸ 20 per-cent according to UNICEF/WHO Joint Monitoring Programme 2015

¹⁹ WASH facilities include at the same time water supply, toilets and handwashing devices. The survey did not assess the quality and continuity of services.

²⁰ In 2014, the Djibouti Country Office submitted a concept note to Starwood through the United Kingdom Committee for UNICEF. The results stated in this section are the ones planned to be achieved in that project.

- 1.2. 10 Ministry of Education staff and 330 teachers trained on the WASH in Schools framework
2. By 2017, 23,300 school children are practicing hand washing with soap, using improved toilets and having access to quality drinking water
 - 2.1. 87 urban and rural schools located in the 5 regions are equipped with safe drinking water and hand washing with soap facilities
 - 2.2. Children of 10 additional schools in the 5 regions, including in the most deprived rural areas, have access to safe drinking water and hand washing with soap facilities
 - 2.2. 10 middle and secondary schools in the 5 regions implement Menstrual Hygiene Management activities

Achieved Results

Prior to Starwood's support, UNICEF WASH and Education programmes worked with Government and WFP to develop WASH norms and standards for schools.

Achievements with Starwood's funding during the reporting period include integration of a WASH-in-School component in the 'National Programme for Water Supply and Sanitation in Rural Areas' following UNICEF advocacy. **100 per cent of school-children in five rural primary schools (420 students) gained access to potable water and adequate sanitation with handwashing devices.** This corresponds to 50 percent of schools targeted under Output 2.2. Hygiene materials were produced and distributed with self-training instructions for teachers. **1,860 people gained access to safe water** through extension of the distribution network connected to these schools; this corresponds to 60 per cent of people in surrounding communities²¹. **2,440 people (80 per cent of target) learned good hygiene practices** through awareness-raising sessions conducted at community level continuing the sensitisation conducted in schools.

Estimated beneficiaries

- 420 school-children gained access to potable water and adequate sanitation and handwashing facilities and learned about adequate hygiene practices;
- 1,860 people in the communities surrounding the schools gained access to safe water for the first time;
- 2,440 people benefited from awareness-raising sessions on hygiene conducted at community level continuing the sensitisation conducted in schools.

²¹ People living at a maximum of 3Km from these schools

In 2017, UNICEF will continue to assist the Government in (i) the development of strategies to reinforce the WASH sector; (ii) the strengthening of water supply services at community and school level; (iii) the scale-up of the community based-approach for the reduction of faecal-oral diseases; (iv) the improvement of WASH conditions at healthcare centres; and (v) the coordination of the humanitarian response. An innovative approach WASH contribution for the Early Child Development. UNICEF will continue to give priority to areas highly exposed to food insecurity and communities with high prevalence of acute malnutrition among children under 5 years of age.

Budget

Grant Reference: SC149903

Reporting period: 1 January - 31 December 2016

	Total Programmable	Utilised Prior Reporting period	Utilised for Reporting Period	Programmable balance for 2017
From Check Out for Children (Starwood Hotels & Resorts)	\$328,474.04	\$0	\$267,426.30	\$61,047.74
WASH Global Thematic Funds for Djibouti	\$1,767,784.19	\$730,767.48	\$621,744.87	\$415,271.84
Other donors	\$1,439,310.15	\$730,767.48	\$354,318.57	\$354,224.10

Annex 2.
Donor Feedback Form

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Djanabou Mahonde, UNICEF Djibouti Country Representative

Email: dmahonde@unicef.org

Name of Report: Sectoral and OR+ (Thematic) Report - WASH

Reference number: SC149903

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”.

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

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2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

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3. What suggestions do you have for future reports?

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4. Any other comments you would like to share with us?

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