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## Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus Calmette-Guérin (vaccine)
C4D	Communication For Development
CCEOP	Cold Chain Equipment Optimization Platform
DTP	Diphtheria, pertussis and tetanus
HIV	Human Immunodeficiency Virus
IPV	Inactive Polio Vaccine
OPV	Oral Polio Vaccine
SDG	Sustainable Development Goal
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

## 1. Executive Summary

The child mortality rate in Djibouti has almost plummeted by half between 2002 and 2012, dropping from 127 to 67.8 per 1,000 live births; while maternal mortality declined from 546 to 383 per 100,000 live births within this period. Although the progress is remarkable, too many children and mothers still die from preventable causes. Their survival is threatened by communicable diseases, malnutrition, inadequate care practices and constrained access to basic social services. In a country where two in five people are stuck in poverty, many families are unable to cover the direct and indirect costs of healthcare. Stigma and discrimination hinder the battle against HIV. The drought that persists since 2008 has increased the vulnerability of children and families, leading to widespread food insecurity and malnutrition. The country has also been receiving an influx of refugees and other emergency-affected people from neighbouring countries (Ethiopia, Somalia and Yemen) in need of immediate humanitarian assistance. The population flow heightens the risk of epidemics, as the immunisation coverage is not yet up to standards and the healthcare system still faces organisational, staffing, management, and logistical constraints. In the northern regions, a measles outbreak was registered in the first quarter of 2016, and 97 cases of acute watery diarrhoea were recorded in August and September.

In 2016, UNICEF worked steadily with Government and partners to advance the health agenda for children and promote an equitable access to services. Thanks to these joint efforts, the proportion of children suffering from acute diarrhoea treated with oral rehydration salts increased from 75 to 80 per cent between 2015 and 2016; while the percentage of children with pneumonia treated with antibiotics rose slightly from 80 to 82 per cent. The percentage of children fully immunised for diphtheria, pertussis and tetanus (DPT3) in Djibouti-city stood at 90 per cent, thus maintaining the coverage achieved in 2015. However, the DPT3 coverage in the regions dropped from 72 to 65 per cent between 2015 and 2016, a reduction explained by the deterioration of the cold chain equipment at rural healthcare centres. UNICEF provided vaccines for routine immunisation services and campaigns; and took adequate measures to improve the conditions in which vaccines and other lifesaving health commodities were stored and delivered.

In line with the global Polio Eradication and Endgame Strategic Plan 2013-2018, the country successfully introduced the Inactive Polio Vaccine; and replaced the trivalent Oral Polio Vaccine by the bivalent one in April 2016. Prior to the switch, 100 per cent of children under 5 years of age were vaccinated against a target of 95 per cent in a campaign organised by the Ministry of Health with UNICEF and WHO support. The country was also able to respond effectively to a measles outbreak in the first quarter of 2016 through a rapid mop-up campaign that reached 2,113 children. Thanks to the boost of the programme to prevent mother-to-child transmission of HIV, nearly all pregnant women counselled for HIV in antenatal care visits accepted to undergo voluntary HIV testing and 78 per cent of those identified as HIV positive initiated antiretroviral treatment; this corresponds to the highest level ever registered in Djibouti. Ninety-three per cent of babies already born from these HIV+ mothers enrolled in HIV paediatric care. UNICEF provided the programme with the necessary supplies (HIV and syphilis tests) and contributed to strengthening the technical platform by supporting healthcare providers' training on HIV paediatric care.

In 2017, UNICEF will continue to invest in health system strengthening, with particular focus on strengthening the community as an integral component of the broader health system. On the response side, UNICEF will reinforce the capacities of the national health system to ensure continuous access to curative, preventive and health promotion quality services for under-5 children and mothers, especially in the most vulnerable areas through the provision of all essential inputs for antenatal, perinatal, neonatal, postnatal and childhood care; strengthening of the cold chain equipment; and by enhancing healthcare providers' knowledge and skills through training and formative supervisions. Special attention will be given to the paediatric care of HIV+ children. On the side of demand, UNICEF will support the scale-up of the Maternal, Neonatal and Child Health Communication for Development (C4D) strategy, empowering individuals and communities to take action to improve their lives and promote child survival and development.

## 2. Strategic Context of 2016

Country trends in the situation of children vis-a-vis Health (with a focus on 2016)

Substantial gains have been achieved in reducing child and infant mortality rates in Djibouti over the last years. Fewer children under five are dying from preventable causes than ever before, with a decline in child mortality from 127 to 67.8 per 1,000 live births between 2002 and 2012<sup>1</sup>. Maternal mortality has decreased from 546 to 383 per 100,000 live births within this period<sup>2</sup>. This progress was linked to the expansion of the immunisation coverage in this specific period along with the implementation of the community-based approach for an integrated management of childhood illnesses as a way to prevent fatalities by improving child health through the community two high impact low-cost interventions implemented by the Government with UNICEF support.

Nevertheless, there is still a heavy burden of morbidity from communicable diseases, malnutrition and complications during delivery. Despite persistent efforts from Government and partners to strengthen the national healthcare system, this still faces important challenges at organisational, staffing, management, and logistical levels. Curative and preventive healthcare coverage remains inadequate. Many children and mothers still miss out on life-saving interventions because public healthcare continues to fall short of demand both due to unawareness and inequities in terms of access. Geographically, the country has a number of remote and dispersed communities difficult to access due to poor quality roads. The existence of a decreasing, but still large, nomad community (60 per cent of rural inhabitants) further complicates the provision of services to the population. It should be noted that poverty in Djibouti, which is structural and massive, is, like in many other countries, one of the main obstacles to access care and many families are unable to cover the direct and indirect costs of healthcare.

With a widespread epidemic of HIV infection, Djibouti is one of the most affected countries in the Middle East and North of Africa region. The rate of HIV sero-prevalence is estimated at 1.6 per cent with a stabilisation trend since 2003³. An estimated 9,500 people are living with HIV⁴ of which 10.6 per cent are children aged 0 to 14 years. An estimated 5,300 children are AIDS orphans. Stigma and discrimination prevent those living with HIV to seek medical support; over the years many pregnant women refused to be tested for HIV fearing stigmatisation; as a result, many HIV+ children are growing un-detected and unattended, unable to be given access to the prophylaxis that would made a decisive difference in their survival chances and the quality of their lives. Strengthening the prevention of transmission of HIV from parents to children is one of the main priorities of the National Strategic Plan for the Fight against HIV 2015-2017, which seeks to reduce mother-to-child transmission of HIV to 3 per cent by 2017. Yet, domestic resources account for only 20 per cent of HIV/AIDS spending in Djibouti⁵.

As the country battles against these structural challenges, a humanitarian crisis slows down the pace of progress. Djibouti is suffering the harsh consequences of climate change, with a drought persisting since 2008. Widespread food insecurity, limited access to water and sanitation coupling with inadequate hygiene practices create an environment favourable to the proliferation of life-threatening diseases and malnutrition. Acute respiratory infections and diarrheal diseases remain amongst the main child killers. The country has also been receiving an influx of asylum-seekers, refugees and other emergency-affected people. Geographical barriers and functional challenges for the sustained and continued provision of vaccine coverage are all factors impacting on the outreach and coverage capacity of the national immunisation programme, which ultimately increases the risk of outbreaks. Following the influx of El Niño displaced population groups in the

<sup>&</sup>lt;sup>1</sup> PAPFAM 2012

<sup>&</sup>lt;sup>2</sup> PAPFAM 2012

<sup>3</sup> UNAIDS, 2014

<sup>&</sup>lt;sup>4</sup> Programme National de Lutte contre le VIH

<sup>&</sup>lt;sup>5</sup> Country factsheets DJIBOUTI | UNAIDS 2015

first quarter of 2016, the country registered a measles outbreak in the northern regions of Ali-Sabieh and Dikhil. Over 20 cases were registered with three deaths (two boys and one girl). In the third quarter of the year, an outbreak of acute watery diarrhoea occurred in the Horn of Africa region with 97 cases registered in the northern part of the country and the capital Djibouti-city between August 12th and September 8th, threatening children's lives.

#### Contribution to 2030 agenda

In the last quarter of 2016, UNICEF launched the development of its new Country Programme of Cooperation with the Government of Djibouti for the 2018-2022 period, with the Sustainable Development Goals (SDGs) figuring high in the agenda. The same goes for the new UNDAF (2018-2022) which started to be designed in the second half of 2016 giving prominence to the SDGs.

The UNICEF health programme is contributing to 'Goal 3: Ensure healthy lives and promote wellbeing for all at all ages' by supporting health system strengthening, with particular focus on strengthening the community as an integral component of the broader health system. This requires a balance between upstream and downstream work to adequately respond to children's and mother's needs. On the one hand, UNICEF places important advocacy efforts with the Government for the development and endorsement of key strategies and plans in favour of maternal, neonatal and child health and for child-centred budgeting. On the other hand, UNICEF supports the scaling up of high impact packages of services, contributing to the provision of essential supplies and the training of healthcare providers. Since 2014 UNICEF has also been supporting the implementation of a C4D strategy with a focus on children's and mother's health, a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. The health programme has a national coverage but, in line with its equity thrust, UNICEF places a special focus on underserved areas to ensure an equitable access to health services for all children. Strategies include geographic targeting of the poorest and most isolated communities through outreach activities.

The Government of Djibouti through the Ministry of Health and most specifically the Department of Child and Mother Health, the National Immunisation Programme and the Department of Health Promotion, are UNICEF's unique implementing partner for all health activities. UNICEF and the Ministry of Health maintain important collaborative partnerships with many other actors such as Gavi (provision of vaccines and cold chain equipment), the Global Fund (HIV/AIDS), WHO (sector wide), UNDP and UNAIDS (HIV/AIDS), UNFPA (maternal and reproductive health), UNHCR (refugee crisis), the World Bank (sector wide and Performance-based funding) and USAID (polio immunisation and surveillance).

## 3. Results in the Outcome Area

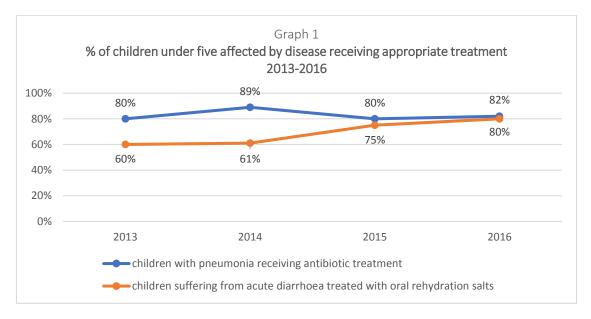
Throughout 2016, UNICEF worked closely with Government and partners to reduce child and maternal mortality and promote the healthy growth and development of young children by strengthening the national healthcare system while increasing the demand for health services. This section presents the progress achieved in 2016 for each one of the health-related Country Programme Outcome and Outputs, 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 populations<sup>6</sup>.
  - By 2017, the capacities of the national health system are reinforced to ensure continuous access to curative, preventive and health promotion quality services for under-5 children, women and mothers, especially in the most vulnerable areas.
  - By 2017, the capacities of the programme to prevent mother-to-child transmission of HIV are reinforced to ensure that HIV+ pregnant women and their new-born babies receive antiretroviral treatment

#### 3.2. Outcome 1: highlights linked to health programming

Thanks to steady efforts from Government and partners, the country was able to progress in the provision of an integrated package of high impact interventions to children and mothers, particularly the most vulnerable. The highlights linked to UNICEF Health Programme are as follows:

The percentage of children with pneumonia receiving antibiotic treatment has increased slightly from 80 to 82 per cent between 2015 and 2016; while the proportion of children suffering from acute diarrhoea treated with oral rehydration salts increased from 75 to 80 per cent in the same period (graph 1). The outbreak of acute watery diarrhoea registered in the northern part of the country and the capital Djibouti-city in the third quarter of the year was rapidly handled by Government with UNICEF and WHO support and the number of cases decreased swiftly.

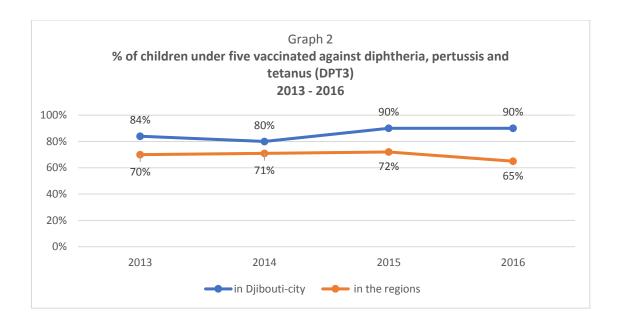


In 2016 the percentage of children fully immunised for diphtheria, pertussis and tetanus (DPT3) stood at 90 per cent in the capital city, the same value achieved the year before. This is particularly significant as over 60 per cent of country's population is concentrated in this geographical area. However, the DPT3 coverage in the regions decreased from 72 to 65 per cent

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<sup>&</sup>lt;sup>6</sup> This outcome covers Health, Nutrition and WASH components

in this period, the lowest percentage of the past years (graph 2) – an issue explained by the deterioration of cold chain equipment in rural areas. UNICEF adjusted its planning to address this issue by supporting the country to reinforce the cold chain equipment in rural areas.



Joining the global efforts to eradicate polio by 2018 in line with the global Polio Eradication and Endgame Strategic Plan 2013-2018, the country successfully introduced the Inactive Polio Vaccine (IPV) on April 16th; and replaced the Oral Polio Vaccine (OPV) trivalent by the OPV bivalent on April 30th. UNICEF had a crucial role in this process, supporting the Government developing an IPV Introduction plan, an OPV trivalent-bivalent Switch Plan and a Communication Plan for both the introduction and the switch. Prior to the switch, more than 100 per cent of children under 5 years of age were vaccinated for polio against a target of 95 per cent in a campaign organised by the Ministry of Health with UNICEF and WHO support. The country was also able to respond effectively to a measles outbreak in the first quarter of 2016, with over 20 cases registered in Ali-Sabieh and Dikhil regions. A rapid mop-up campaign organised by the Ministry of Health with UNICEF and WHO support managed to control the epidemic.

The implementation of the five-year 'Acceleration Plan for Elimination of Mother-to-Child Transmission of HIV' launched in 2015 with UNICEF support is showing good results. Between January and December 2016, out of 19,150 pregnant women consulted for antenatal care, 65 per cent were counselled for HIV; out of those counselled 99 per cent accepted to undergo voluntary HIV testing; and nearly 100 per cent collected their results. The introduction of rapid confirmation HIV tests, advocated and supported by UNICEF, was decisive for this good performance. **Among the 88 pregnant women identified as HIV positive, 78 per cent initiated antiretroviral treatment**; this corresponds to the highest level ever registered in Djibouti (compared to 75 per cent in 2015, 54 per cent in 2014 and 21 per cent in 2013). Ninety-three (93) per cent of babies already born from these HIV+ mothers enrolled in HIV paediatric care; and out of these 63 per cent have undergone a virologic test for infection (polymerase chain reaction test) in line with WHO's recommendations for early diagnosis of infants known to have been exposed to HIV.

## 3.2. Results achieved in Output 1

In 2016, the capacities of the national health system were strengthened thanks to UNICEF provision of essential supplies (drugs, vaccines, etc.); organisation of training activities for healthcare providers; support to the 'new-born home care approach'; and awareness-raising initiatives with a focus on encouraging attendance to antenatal and postnatal care, and importance of delivery by skilled healthcare professionals.

Antenatal, obstetrical, neonatal and postnatal care

In 2016 UNICEF continued to support the implementation of the 'National Strategy for Reduction of Neonatal Mortality 2015-2019'. According to Ministry of Health's monitoring system, 19,150 pregnant women were consulted for antenatal care and 22,300 gave birth in a health facility in 2016. All of them received at least one of the vaccines, medicines including micronutrients supplementary (iron and folic acid) and lifesaving commodities delivered by UNICEF to promote a safe pregnancy and childbirth. No shortages of these items were registered. The full list is detailed and explained in the table below:

Table 1: Vaccines, drugs for pregnancy and childbirth supplied by UNICEF in 2016

Items descriptions	Quantity supplied by UNICEF in 2016	Importance
Tetanus toxoid vaccine	20,000 doses	Vaccine that prevents the risk of tetanus to the mother as well as her unborn baby. Tetanus affects a person's nervous system and can be fatal if left untreated.
Folic acid	30,000 tablets	Vitamin that prevents neural tube defects in the unborn baby
Anaemia rapid tests	5,000 tests	Test that detects iron deficiencies in the mother
Magnesium sulphate	10,000 ampoules	
Oxytocin	40,000 ampoules	Drugs which are essential to respond to different
Misoprostol	18,000 tablets	complications during labour
Glucose hypertonic	300 doses	

Competency in neonatal resuscitation is critical in the delivery rooms and neonatology units to ensure the safety and health of neonates. To reinforce the capacities of national health system in this area, UNICEF provided technical and financial support for the training of 10 medical doctors (half of them working in the regions), 50 midwives (30 per cent of them working in the regions) and 20 nurses. After the training, all participants showed increased knowledge and skills on new-born care and resuscitation. The number of midwifes, nurses and medical doctors trained in 2015 and 2016 corresponds to, respectively, 75, 60 and 50 per cent of all national healthcare professionals in each category (see table 2).

**Table 2:** Healthcare professionals trained in neonatal ressuscitation with UNICEF support\* (2015-2016)

	2015	2016	Total 2015- 2016	Proportion in relation to all healthcare professionals within this category
Medical doctors	10	10	20	50%
Midwifes	100	50	150	75%
Nurses	40	20	60	60%

<sup>\*</sup> Professionals working on the national healthcare system (public sector)

After delivery, mothers and new-borns are encouraged to come to the health centre for post-natal care, but many still miss out due to lack of awareness and a traditional belief that prevents mothers from leaving home during the first 40 days after labour. The 'New-born Home care approach' is one of UNICEF-supporting strategies for increasing the coverage of household and community interventions to reduce neonatal mortality by reaching over to these mothers and babies. The piloting was done in 2014 in peri-urban area of the capital Djibouti-city, and since then has expanded to all the regions.

In 2016, the programme managed to reach **over 200 new-borns and mothers** through home visits, which corresponds to about one third of the 600 defaulting post-natal care. They were visited at home by qualified health workers, who monitored their health status, provided care and advice. The visits contributed to raise awareness on key new-born care practices such as early initiation of breastfeeding, exclusive breastfeeding, skin-to-skin contact, delayed bathing, and attention to hygiene, such as hand washing with soap and water, and clean umbilical cord care. UNICEF contributed to these results by covering the costs of awareness-raising sessions, supplying soap and water to rural health centres and providing financial and technical support to the training of community actors.

#### Childhood care

UNICEF's main strategies to promote child survival fall within three main umbrellas: immunisation (both routine and campaigns), integrated management of childhood diseases at community level and awareness-raising focused on increasing the demand for these services.

In 2016, UNICEF continued to support the Ministry of Health to implement its Expanded Immunisation Programme (routine immunisation). The Country Office procured and delivered all necessary doses of BCG (65,000), Hepatitis B at birth (25,000), DPT (15,000) and bivalent Oral Polio Vaccines (OPV) for the routine immunisation programme (105,000). The Country Office also funded the purchase of all necessary injection devices as well as the printing of 55,000 immunisation cards and 1,000 vaccine stock registers.

To complement routine immunisation efforts, UNICEF also supported the country to implement national immunisation days and vaccination campaigns:

- 143,052 children under 5 years of age (above the 131,830 target) were vaccinated against polio in a campaign organised prior to the introduction of the inactivated poliovirus vaccine (IPV) and the oral polio vaccine (OPV) switch. UNICEF in partnership with the Global Polio Eradication Initiative contributed by providing 160,000 doses of (trivalent) polio vaccines, supporting the implementation of communication activities and covering part of operational costs.

- 2,113 children under 5 of age (out of 4,800 targeted) were vaccinated against measles in a mop-up campaign organised in response to a measles outbreak in Ali-Sabieh and Dikhil regions, following the influx of El Niño displaced groups from Somalia and Ethiopia. UNICEF contributed by providing 2,500 doses of measles vaccines as well as covering part of operational costs.
- 2,800 children under 23 months (out of 6,000 targeted) were vaccinated in outreach sessions carried-out in Balbala (a highly populated and poor peri-urban area of the capital) in June; and in December more than 16,000 were vaccinated during a multi-antigen catch-up campaign designed to revert the low immunisation coverage in rural areas. UNICEF contributed by providing vaccines and supporting all communication and social mobilisation costs as well as operational costs including transportation.

The multi-antigen catch-up campaign conducted in the all regions was also used as an opportunity to spread key messages to **15,000 parents** (12,500 mothers and 2,500 fathers). UNICEF provided technical and financial support to the social mobilisers whom carried out door-to-door activities. Thanks to the high commitment of the new Minister of Health, all local authorities got involved and participated in the sensitisation in their concerned districts.

Following the outbreak of acute watery diarrhoea, UNICEF took the lead in supporting the Government to develop a communication plan to encourage communities adopt behaviours to reduce the risk. UNICEF supported the Government to develop a communication plan and key messages were broadcasted through the national radio and television channels.

To facilitate the implementation of the C4D strategy, **UNICEF** support developed a package of specific messages on Key Family Practices with a focus on the continuum of care. These include: (i) The utilisation of health services by adolescents; (ii) Hand washing in critical moments; (iii) Utilisation of improved latrines; (iv) Adequate water treatment and storage; (v) Attendance to pre- and post-natal consultations by pregnant women and mothers; (vi) Utilisation of long lasting insecticidal nets by pregnant women and under-5 children; (vii) Childbirth in health centres and provision of essential care to new-borns; (viii) Birth registration; (ix) Complete vaccination of the child before she reaches one-year old; (x) Screening and referral of acute malnutrition cases; (xi) Home treatment of diarrhoea; (xii) Early childhood stimulation; (xiii) Protection of the child against all types of violence, abuse and exploitation; (xiv) Abandonment of all forms of female genital mutilation/cutting; (xv) School enrolment and attendance for girls and boys; (xvi) early childhood stimulation. This package is being shared with partners for appropriation.

#### Coordination, monitoring and evaluation

Despite the progress made at national level in terms of immunisation coverage, rural settings are still facing challenges in delivering immunisation services, and this mainly due to cold chain issues. Concerned by this critical situation, UNICEF advocated for the Government to request support from Gavi's Cold Chain Equipment Optimization Platform (CCEOP) and helped coordinating the process. To justify the request, the UNICEF team assisted the country to conduct a national inventory which revealed that over 60 per cent of the cold chain equipment in health centres was not working properly, or had broken down. The Ministry of Health supported by UNICEF developed the cold chain equipment inventory tool, a rehabilitation and maintenance plan, as well as a health facility segmentation tool; and used these elements to elaborate a proposal to Gavi CCEOP. Meanwhile, the Country Office conducted intense advocacy efforts with Gavi to use the Gavi/HSS Grant to cover an important part of equipment's gap, leveraging the purchase of 23 solar refrigerators/freezers and five electrical refrigerators (representing nearly 30

per cent of the gap). The CCEOP proposal was submitted on 18<sup>th</sup> January 2017 and the country hopes to get the necessary funding to address this gap. In addition, UNICEF also provided two solar refrigerators/freezers and 100 fridge tags (electronic devices to monitor the temperature on a daily basis).

Convinced that some of the weaknesses of the health system cannot be solved through a centralised traditional top-down approach, UNICEF strongly advocated with the Ministry of Health for the adoption of a new approach promoting Decentralised Health System Strengthening which is based on a better understanding of the realities of the region and of the barriers and bottlenecks health interventions are facing and of bringing-in tailor-made solutions capable of making a real and sustainable difference. In 2016 UNICEF worked with the Ministry of Health and the Department of Statistics to design the methodology and identify the interventions to be monitored.

Strongly committed to strengthen the coordination between partners and to enhance the monitoring and evaluation system, UNICEF and Ministry of Health teams conducted regular visits to the field to oversee the work of health and community workers. Formative supervisions took place on a quarterly basis, and were key to ensure provision of proper guidance to field workers. The teams were provided with the necessary surveillance tools, in order to harmonise and enhance the data collection process.

#### 3.2. Results achieved in Output 2

The capacities of the programme to prevent mother-to-child transmission of HIV were reinforced as UNICEF ensured the availability of essential supplies, helped strengthening the technical platform and supported social mobilisation to reduce stigma and encourage mothers to engage in the programme to prevent mother-to-child transmission of HIV.

#### PMTCT & HIV paediatric care

UNICEF provided the Ministry of Health with 30,000 HIV rapid tests, 100 HIV confirmation rapid tests and 15,000 syphilis rapid tests, covering all country needs.

Throughout the country, **50 midwives**, **20 nurses and 10 medical doctors showed increased understanding and skills on paediatric HIV diagnosis, care and treatment** thanks to a training conducted with UNICEF financial and technical support. The total number of midwifes, nurses and medical doctors trained in 2015 and 2016 corresponds to, respectively, 50, 40 and 80 per cent of all healthcare professionals working in the national healthcare system within each of category.

**Table 3:** Healthcare professionals trained in HIV paediatric care with UNICEF support\* (2015-2016)

	2015	2016	Total 2015- 2016	Proportion in relation to all healthcare professionals within this category
Medical doctors	20	10	30	80%
Midwives	30	50	80	50%
Nurses	30	20	50	40%

<sup>\*</sup> Professionals working on the national healthcare system (public sector)

#### Awareness-raising

Throughout the country, **1,880 pregnant women** are now aware of the existence and importance of the programme to prevent mother-to-child transmission of HIV after having participated in 16 community dialogues supported by UNICEF. The facilitators of these dialogues were midwives and community health workers, highly respected in the communities, who spoke openly about HIV and about the importance of fighting discrimination and stigmatisation.

#### Coordination, monitoring and evaluation

Aware of the importance of fostering synergies, UNICEF continued to support the 'Programme to Prevent Mother-to-Child Transmission of HIV' to organise quarterly meetings with implementing and technical partners such as UNICEF, WHO, UNAIDS, UNFPA and UNDP (principal recipient of Global Fund's grant) to present results, identify challenges and agree on the way forward.

UNICEF also supported the programme's monitoring and evaluation mechanism through regular supervisions and on-the-job training to enhance data collection, analysis and dissemination.

#### 3.3. Results Assessment Framework

The tables below show the indicators in the outcome area, showing the results achieved by 2016 compared to the baseline and targets as outlined in the Country Programme Document.

**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.	
Maioatoro	Year	value	Year	value	2016	
DTP3 Immunisation coverage rates in Djibouti-City	2014	80%	2017	90%	90%	
DTP3 Immunisation coverage rates in the regions	2014	71.2%	2017	80%	65%	
% of U5 children with Acute Respiratory Infections benefiting from antibiotic treatment	2012	79.1%	2017	85%	82%	
% of U5 children with diarrhoea receiving ORS	2012	70%	2017	80%	80%	
% of HIV pregnant women receiving ARV treatment	2014	54%	2017	80%	78%	

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

**Output 1.1.** By 2017, the capacities of the national health system are reinforced to ensure continuous access to curative, preventive and health promotion quality services for under-5 children, women and mothers, especially in the most vulnerable areas.

	Base	line	Target		As of Dec.
Indicators	Year	value	Year	value	2016
% of health centres which have not experienced stock ruptures of over one month on inputs for child and pregnant women's health	2014	ND	2017	100%	100%
% of midwifes who improved their knowledge on neonatal and child health case management	2014	ND	2017	100%	75%
% of nurses who improved their knowledge on neonatal and child health case management	2014	ND	2017	ND	50%
% of medical doctors who improved their knowledge on neonatal and child health case management	2014	ND	2017	100%	50%
% of health centres with functional cold chain equipment	70%	ND	2017	100%	38%
% of health centres' core teams among those targeted for training which are able to design and implement a micro-plan of health interventions	0%	ND	2017	100%	ND0%
% of mothers with an improved knowledge on child survival and development key family practices	2014	ND	2017	60%	NA

**Output 1.2.** By 2017, the capacities of the programme to prevent mother-to-child transmission of HIV are reinforced to ensure that HIV+ pregnant women and their new-born babies receive ARV treatment

Indicators	Baseline		Target		As of Dec.
	Year	value	Year	value	2016
Number of new midwifes with improved knowledge on PMTCT and on the new case management protocol	2014	0	2017	30	60
% of general medical doctors who improved their knowledge on paediatric case management among those targeted for training	2014	ND	2017	ND	10
Existence of an operational mechanism for PMTCT coordination	2014	Partial	2017	Yes	YES

## 4. Financial Analysis

### 4.1. Funds available for implementation in 2016

In 2016, the health section had a **ceiling of US\$690,000 including US\$99,164 in Regular Resources (RR) and US\$590,846 in Other Resources – Regular (ORR).** No humanitarian budget had been planned as the health response was not part of the Humanitarian Action for Children (HAC) appeal 2016. However, as the humanitarian crisis in the country evolved with the arrival of El Niño displaced population groups, a measles outbreak in the first quarter of the year and an outbreak of acute diarrhoeal disease between August and September, UNICEF strived to mobilise emergency funds to address children's critical needs.

As can be seen in graph 3 and table 4, the **amount available for implementation in 2016 was US\$803 802 including US\$2,142 in RR** (2 per cent of planned), **US\$671,660 in ORR** (114 per cent of planned) and **US\$130,000 in Other Resources – Emergency (ORE)** (excluding recovery costs).

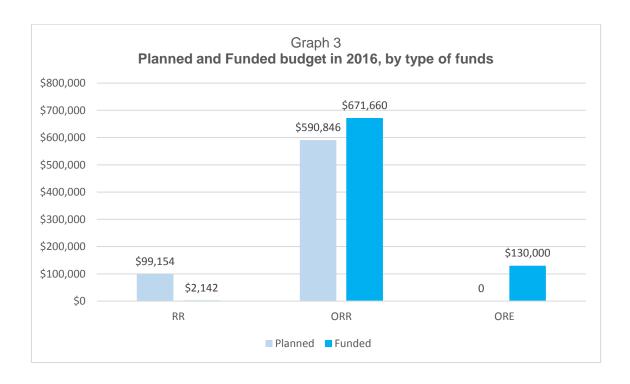


Table 4. Planned and Funded budget by Programme area							
Outcome Area 1: Health Djibouti Planned and Funded for the Country Programme 2016 (in US Dollar)							
Intermediate Results  Funding Planned Type Budget*  Funded**							
By 2017, the capacities of the national health	RR	\$90 532	\$2 142				
system are reinforced to ensure continuous access to curative, preventive and health promotion quality services for under-5 children,	ORR	\$539 468	\$606 660				
women and mothers, especially in the most vulnerable areas	ORE	\$0	\$130 000				

By 2017, the capacities of the programme to	RR	\$8 622	\$0
prevent mother-to-child transmission of HIV are reinforced to ensure that pregnant HIV+ women	ORR	\$51 378	\$65 000
and their newborn babies receive ARV treatment	ORE	\$0	\$0
	<b>Total Budget</b>	\$690 000	\$803 802

<sup>\*</sup> Planned budget for ORR and ORE does not include estimated recovery cost.

As it can be read from Graph 4 and Table 5, **Thematic Funds corresponded to 78 per cent of all ORR mobilised**, and this **thanks to the great generosity of one single donor, the United Kingdom Committee for UNICEF**.

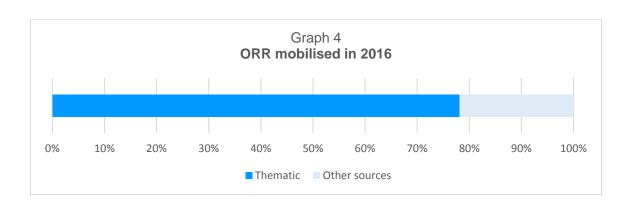


Table 5: Country-level thematic contributions to outcome area received in 2016

Outcome Area 1: Health
Thematic Contributions Received for Outputs 1.1. and 1.2. by UNICEF Djibouti in 2016
(in US Dollars)

Donors

Contribution Amount
Programmable Amount
United Kingdom Committee for UNICEF
(SC1499010097)

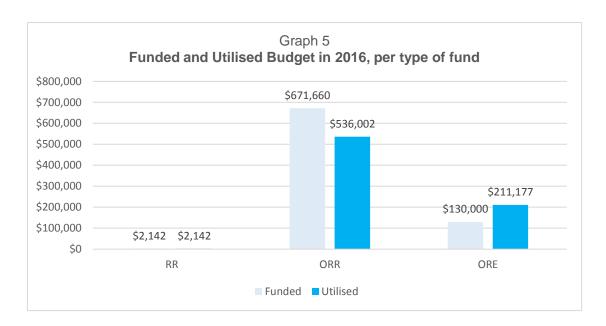
Total

525,025

## 4.2. Financial implementation in 2016

The **total expenditure in 2016 was US\$749,321**, or 93 per cent of all funds available (graph 5). The expenditure rate stood at 100 per cent for RR; 80 per cent for ORR and 162 per cent for ORE.

<sup>\*\*</sup> ORR and ORE funded amount exclude cost recovery (only programmable amounts).



As shown in graph 6 and detailed in tables 6 and 7, the largest share of the budget went for immunisation, including the fight against polio (64 per cent), followed by the response to the emergency (16 per cent).

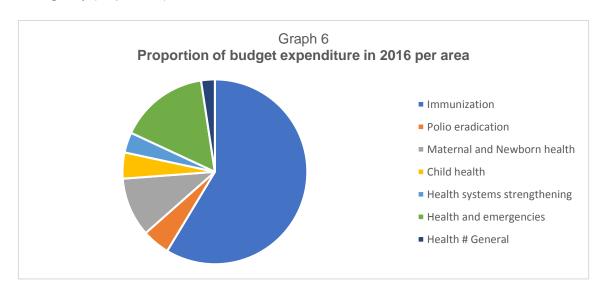


Table 6: Expenditures in the Outcome Area							
Outcome Area 1: Health Djibouti 2016 Expenditures by Key-Results Areas (in US Dollars)							
Expenditure Amount*							
Organisational targets	Other Resources - Emergency	Other Resources - Regular	Regular Resources	AII Programme Accounts			
01-01 Immunization	\$75 919	\$363 438	\$0	\$439 357			
01-02 Polio eradication	\$0	\$36 261	\$0	\$36 261			
01-03 Maternal and Newborn health	\$0 \$75 345 \$2 142 \$77 487						
01-04 Child health	\$18 387	\$15 780	\$0	\$34 167			

01-05 Health systems strengthening	\$6 780	\$19 861	\$0	\$26 641
01-06 Health and emergencies	\$110 092	\$7 330	\$0	\$117 422
01-07 Health # General	\$0	\$17 987	\$0	\$17 987
Total	\$211 177	\$536 002	\$2 142	\$749 321

Table 7: Expenses by Specific Intervention Codes (Health)	
Fund Category	All Programme Accounts
Year	2016
Business Area	Djibouti - 6690
Prorated Outcome Area	01 Health

Row Labels	Expense (USD)
01-01-09 Cold chain support	\$3 206
01-01-11 Outbreak control # immunization	\$101 409
01-01-14 Immunization # General	\$264 527
01-02-04 Polio # General	\$33 894
01-02-07 Polio technical assistance	\$2 368
01-03-04 Maternal and newborn care including Emergency Obstetric care	\$67 300
01-04-09 IMNCI # community	\$29 161
01-04-13 Child health # General	\$3 124
01-05-01 Health management at district or sub-national levels	\$11 413
01-05-05 Health systems strengthening # General	\$11 369
01-06-02 Health # Emergency preparedness	\$1 116
01-06-03 Health # Emergency response	\$111 554
01-07-03 Health # General	\$15 843
08-02-01 Situation Analysis or Update on women and children	\$111
08-02-08 Monitoring # General	\$15
08-03-01 Cross-sectoral Communication for Development	\$84
08-09-06 Other # non-classifiable cross-sectoral activities	-\$9
1043 Routine immunization	\$20 000
5021 Support to MICS, DHS and other data collection systems and their analyses	\$29
5903 Support to C4D interventions for multiple OTs within FA5	\$5
6901 Staff costs (includes specialists, managers, TAs and consultancies) for multiple Focus Areas of the MTSP	\$68 647
6902 Operating costs to support multiple focus areas of the MTSP	\$1 425
7911 Representative and governance	\$2 730
Grand Total	\$749 321

The flexibility of Thematic funds allowed UNICEF to cover a number of critical but unfunded areas. Table 7 shows the Thematic expenses by programme area. As it can be seen from graph 7, Thematic funds (ORR and ORE) covered nearly the totality of all expenses on Maternal and

Neonatal health, and Health-general (support to health mobile clinics, etc.); and about half of all expenses linked to immunisation, child health and health systems strengthening.

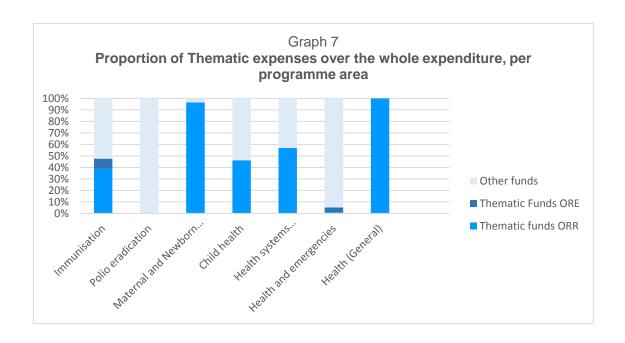


Table 8: Thematic expenses by programme area			
Fund Category	All Programme Accounts		
Year	2016		
Business Area	Djibouti - 6690		
Prorated Outcome Area	01 Health		
Donor Class Level2	Thematic		

Row Labels	Expense (US\$)
Other Resources - Emergency	\$43 765
01-01 Immunization	\$38 942
01-06 Health and emergencies	\$4 824
Other Resources - Regular	\$294 831
01-01 Immunization	\$169 904
01-03 Maternal and Newborn health	\$74 783
01-04 Child health	\$15 780
01-05 Health systems strengthening	\$15 166
01-06 Health and emergencies	\$1 212
01-07 Health # General	\$17 987
Grand Total	\$338 597

## 5. Future Work Plan

In 2017, UNICEF will focus on the following areas:

- Enhance new-born care through the implementation of the five-year strategy plan and development of a Reproductive, Maternal, Neonatal and Child Health Investment Case to enable high advocacy and fund mobilisation efforts by the Ministry of Health.
- Continue to strengthen the routine Expanded Immunisation Programme by providing vaccines, disposable and non-disposable equipment, as well as supporting the Ministry of Health in the organisation of national, mop-up or catch-up campaigns. Strengthen the surveillance aspect through the implementation of the community-based surveillance system and through capacity building of the health staff. Improve the cold chain and logistic system. Implement the Reach Every District (RED) approach.
- Reinforce the existent structures with equipment and essential drugs for the provision of curative health services, as well as consolidate the technical platform. The capacities of Government staff (both at management and health facility levels) must be reinforced with training and technical support in areas such as the integrated management of childhood illnesses; immunisation; antenatal, obstetrical and postnatal care; and response to emergency situations. Coordination is critical to ensure that needs are identified on time and met in a way that ensures an adequate utilisation of the resources.
- Strengthening of the programme to prevent mother-to-child transmission of HIV is largely dependent on a strategy which is able to tackle stigmatisation and father's involvement is essential. In parallel, it is critical to ensure the availability of reagents and antiretroviral drugs, as well as to build the capacities of medical doctors and midwives to assure they are capable of providing adequate and quality care. Special attention will be given to the paediatric care of HIV+ children.
- Increase the demand by implementing the C4D strategy.
- The monitoring and evaluation system will be also improved by regular and formative supervisions including on-the-job training during field visits. Special attention will be given to the reporting system.

In order to implement its 2017 work plan for the Health sector (development and emergency response), UNICEF will need US\$840,000 (see table 9). With only 22 per cent of the response funded so far, the Country Office will 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. 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 9: Planned budget 2017

## Outcome Area 1: Health Djibouti Planned Budget and Available Resources for 2016

Intermediate Result	Funding type	Planned budget*	Funded budget*	Shortfall**
By 2017, the capacities of the national health system are reinforced to ensure continuous access to curative, preventive and health promotion quality services for under-5 children, women and mothers, especially in the most vulnerable areas	RR	\$90 532	\$0	\$90 532
	ORR	\$539 468	\$70 658	\$468 810
	ORE	\$150 000	\$86 235	\$63 765
By 2017, the capacities of the programme to prevent mother-to-child transmission of HIV are reinforced to ensure that pregnant HIV+ women and their newborn babies receive ARV treatment	RR	\$8 622	\$0	\$8 622
	ORR	\$51 378	\$30 000	\$21 378
	ORE	\$0	\$0	\$0
Sub-total Regular Resources		\$99 154	\$99 154	\$99 154
Sub-total Other Resources - Regular		\$590 846	\$100 658	\$490 188
Sub-total Other Resources - Emergency		\$150 000	\$86 235	\$63 765
	Total for 2016	\$840 000	\$186 893	\$653 107

<sup>\*</sup>Planned and Funded budget for ORR (and ORE, if applicable) excludes recovery cost. RR plan is based on total RR approved for the Country Programme duration

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## 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 enhance the well-being of many children and mothers; and, in many cases, to save lives.

We are especially grateful to the United Kingdom Committee for UNICEF for their invaluable support through the donation of Thematic Funds. 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. The results reported in this report would have not been possible without these funds.

On behalf of all children and women of Djibouti who benefited – and continue to benefit – from the interventions provided thanks to donors' support, our most sincere word of thanks.

<sup>\*\*</sup> Other Resources shortfall represents ORR funding required for the achievements of results in 2017

# **Annexes**

## Annex 1. Human Interest Stories



*Djibouti,* 12th February 2017 – The morning is cloudy in Hayableh, an overpopulated and poor peri-urban area of Djibouti's capital. Suddenly, it begins to rain. Seated on the bench of the health centre, Hibo holds Ismael's hand but the little boy's curiosity was awakened by the water that falls from the sky and he wants to play with it. In a drought-stricken country as Djibouti, every drop is abless. In Hibo's lap, the 3-month old Deka sleeps indifferent to her brother's excitement. Hibo smiles, but her joy has a different reason: Deka is being vaccinated for polio today, and Hibo\_knows how important that is for her daughter.

## **Breastfeeding and immunisation**

Hibo, 30, lives with her husband Bachir and their seven children in a shack made of waste materials, scrap metal and wood. Their live is harsh; a permanent struggle against poverty. Every evening, at 6pm, Hibo takes the pots and a small stove to the street and in this improvised kitchen she cooks 'tomato pasta' to sell. At midnight, she returns home. Deka, who is exclusively breastfed, is always with her; "I carry her on the sling, so I can breastfeed her anytime she wants". She does not have anyone to leave her children with anyway; Bachir is home but must watch the other six children. Sometimes he also teaches the Quran at home; that gives him roughly 60 US dollars a month.

In spite of their difficult life conditions, Hibo's children are all healthy. They all survived and thrived despite the challenging environment. "They have fever here and there, but nothing really serious", she reckons. For her, the explanation is simple: breastfeeding and immunisation. "Exclusive breastfeeding is the first vaccine in a child's life; and all other vaccines are critical for the baby to stay healthy. I've vaccinated all my children. If they miss any dose, I get in a panic."



## Leading by example

Hibo learned about the importance of breastfeeding and immunisation in a training organised by the Ministry of Health and supported by UNICEF. She is part of a network of volunteers working to promote behaviour change in favour of children and mother's health. They raise awareness among other mothers, fathers and community members. "I also teach by example", she says. "People see how my children are healthy; and I tell them it's because they've been vaccinated".

It's thanks to people like Hibo that immunisation rates in Hayabley are among the highest in country. UNICEF supports these networks of volunteers, provides vaccines, injection devices and cold chain equipment; and helps the Ministry of Health organise immunisation campaigns and community outreach activities. In 2016 and in line with the Polio Eradication and Endgame Strategic Plan 2013-2018 – a global initiative that seeks the eradication of all polio disease by 2018 – UNICEF supported the country to successfully introduce the inactive polio vaccine (IPV). Today, Deka is benefiting from it.

"The future is unpredictable" says Hibo. Yet, she has hope: "I hope my children have a better life than the one we have now. That they are able to work and thrive when adults". Of one thing, she is sure: immunisation is a way to prevent many diseases that could hinder this future.

## 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!

Name:	return the completed form back to UNICEF by email to:  Djanabou Mahonde, UNICEF Djibouti Country Representative  dmahonde@unicef.org
	of Report: Sectoral and OR+ (Thematic) Report - Health
sco	RING: 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 h	ave not been fully satisfied, could you please tell us what we could improve on ne?
2.	To what extent did the fund utilization part of the report conform to your reportin expectations?
5	3 2 1
If you h	ave not been fully satisfied, could you please tell us what we could improve on ne?
3.	What suggestions do you have for future reports?
4.	Any other comments you would like to share with us?