



Djibouti

Consolidated Emergency Report 2016

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Abbreviations and Acronyms

ACF	Action Contre la Faim
ADIM	Association pour le Développement Intégré de Mabla
AHA	Africa Humanitarian Action
BID	Best Interest Determination
C4D	Communication for Development
CP	Child Protection
DRC	Danish Refugee Council
FAO	Food and Agriculture Organisation of the United Nations
IOM	International Organisation for Migration
IPV	Inactive Polio Vaccine
LWF	Lutheran World Federation
MRI	Measles and Rubella Initiative
NRC	Norwegian Refugee Council
ONARS	Office National d'Assistance aux Réfugiés et Sinistrés
OPV	Oral Polio Vaccine
SGBV	Sexual Gender-Based Violence
UNFD	Union National des Femmes Djiboutiennes
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

1. Executive Summary

The drought that started in 2008 persisted for an eighth consecutive year, contributing to high food insecurity rates, increased vulnerability to communicable diseases and malnutrition rates above WHO's emergency thresholds. An estimated 17.8 per cent of children under five are affected by global acute malnutrition. In refugee camps, children and families are entirely dependent on humanitarian aid to access basic services, such as education, health, water, nutrition and protection. In urban areas, thousands of migrant children living in the streets are deprived of their most basic rights.

Against this backdrop, UNICEF Djibouti joined hands with Government and partners to respond to the urgent needs of the most vulnerable children and women, striving to save lives and build resilience. As leader of the WASH and Nutrition Working Groups, and of the Child Protection sub-Working Group, UNICEF Djibouti was responsible to ensure that humanitarian responses met the required standards, were implemented with equity, through harmonised approaches and with an efficient use of the resources available. Despite having 60 per cent funding gap as of end December 2016 against its US\$3,508,234 appeal, the Country Office worked steadily with Government and NGO partners to make sure that children's and women's most pressing needs would not remain unattended. This meant prioritising some activities over others and complementing the limited budget available with non-emergency Thematic Funds.

Efforts were placed on scaling-up the nutrition and health surveillance system to provide integrated health and nutrition packages of life-saving interventions to children under five, pregnant and lactating women affected by the emergency situation. Throughout the country, **4,921 children aged 6-59 months suffering from severe acute malnutrition were admitted into therapeutic feeding programmes**; the recovery rate stood at 95 per cent and the mortality rate remained at 1 per cent. Following a measles outbreak, **2,113 migrant and refugee children aged 6-59 months were vaccinated for measles** in a campaign implemented by the Ministry of Health with UNICEF and WHO support.

An outbreak of acute watery diarrhoea was declared in September with 97 cases (98 per cent of them Ethiopian migrants). The Government mobilised the financial resources for the response. UNICEF contributed by **providing water purification tablets to about 2,680 households** located in the most exposed regions covering their needs for one month. In refugee camps and drought-affected areas recording high malnutrition rates, 6,085 children and families were given access to safe water; and 774 people gained access to shared latrines. **Community dialogues focusing on basic hygiene practices involved an estimated 5,430 people** including children, parents, caregivers and key influencers. In Ali-Addeh refugee camp, **2,000 asylum-seekers** (including 980 females) **were given access to 40 communal emergency latrines** set-up by NRC and UNICEF in line with UNHCR sanitation standards. They were part of the group of Ethiopians who fled the escalating conflict in Ethiopia in the third quarter of the year. UNICEF also ensured that **WASH basic family kits were distributed to 360 of these households** with a total of 1,994 persons.

A total of **3,750 refugee children** (1,722 girls and 2,028 boys) **accessed pre-primary, primary and secondary education** as a result of UNICEF Djibouti's partnership with UNHCR, LWF (in all refugee camps), UNESCO and Al-Rahma (in Markazi refugee camp). In urban areas, **750 emergency-affected children** excluded from the official school system (for being too old or lacking birth certificate), **enrolled in the non-formal education programme** run by 'Écoles Catholiques de la Diocèse de Djibouti'. Through its partnership with Caritas, UNICEF Djibouti ensured that **93 per cent of the targeted 154 migrant and street children benefited from daily access to food, health care, literacy, recreational activities and vocational training**.

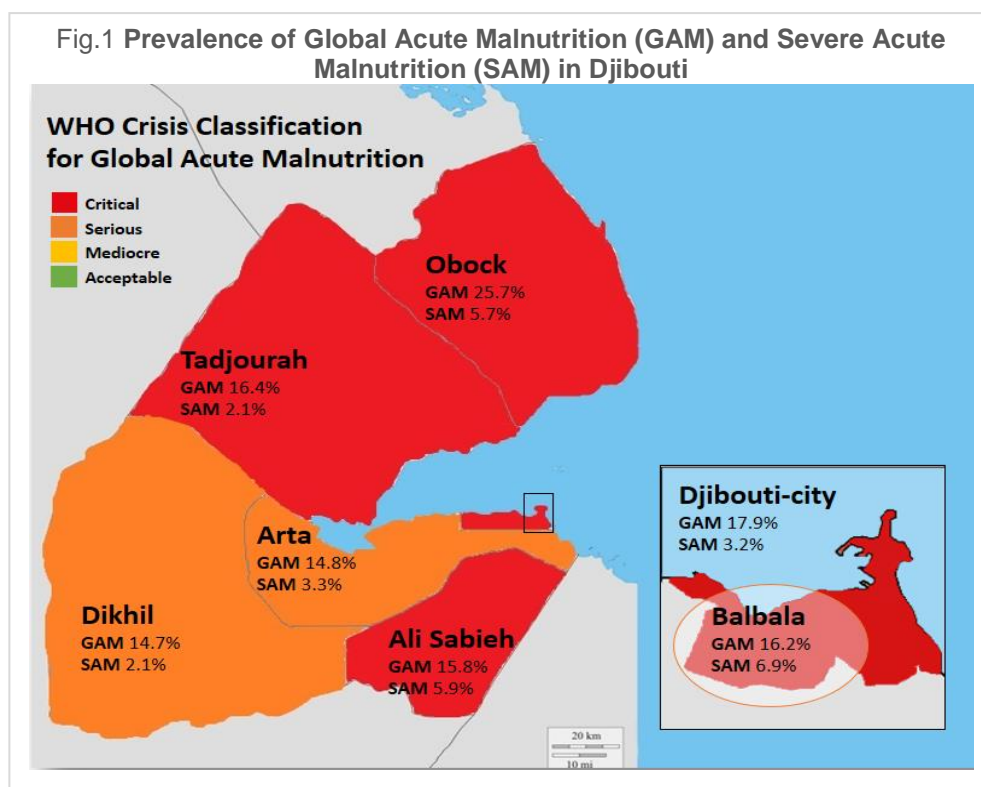
2. Humanitarian Context

Djibouti stands out among the countries of the Middle-East and North of Africa region for being the smallest in terms of territory (23,051 Km²) and population (1.02 million inhabitants), and has for long been considered a haven of tranquillity in a tempestuous region. Yet, the country has been facing an enduring silent emergency which is threatening children's wellbeing and survival.

Nearly a decade of drought

Children and families are extremely vulnerable after **nearly a decade of drought due to climate change**. Since rainfall levels halved in 2008, many cisterns and shallow wells have dried-up leaving thousands of herders and pastoralists with no source of income. Urged by the quest for survival and better life, they 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. **In rural areas, only 65 per cent of the population can access improved water sources and 5 per cent use improved sanitation facilities; open defecation is on the rise**, having climbed from 44 per cent to 76 per cent between 1990 and 2015¹. According to the Food Insecurity and Nutritional Assessment in Rural Areas conducted in October 2016², **three out of five households in rural areas are food insecure**. The situation is highly preoccupant in Obock, Ali-Sabieh and Dikhil regions where respectively 86 per cent, 74 per cent and 70 per cent of the households are food insecure.

The widespread food insecurity, high prevalence of communicable diseases, inadequate feeding and hygiene practices, as well as a limited access to basic services such as healthcare, water and sanitation have risen acute malnutrition rates above WHO's emergency thresholds (fig.1). An estimated **17.8 per cent of under-5 children are wasted** and **5.7 per cent suffer from severe acute malnutrition**³. Child malnutrition is a main child killer, being directly or indirectly linked to about 40 per cent of all deaths among children under 5 years old.



Source: SMART Survey 2013

¹ Joint Monitoring Report, 2015

² The Food Insecurity and Nutritional Assessment in Rural Areas was conducted by the Government in October 2016 and supported by UNICEF, FAO and WFP

³ SMART nutrition survey 2013

The impact of *El Niño*

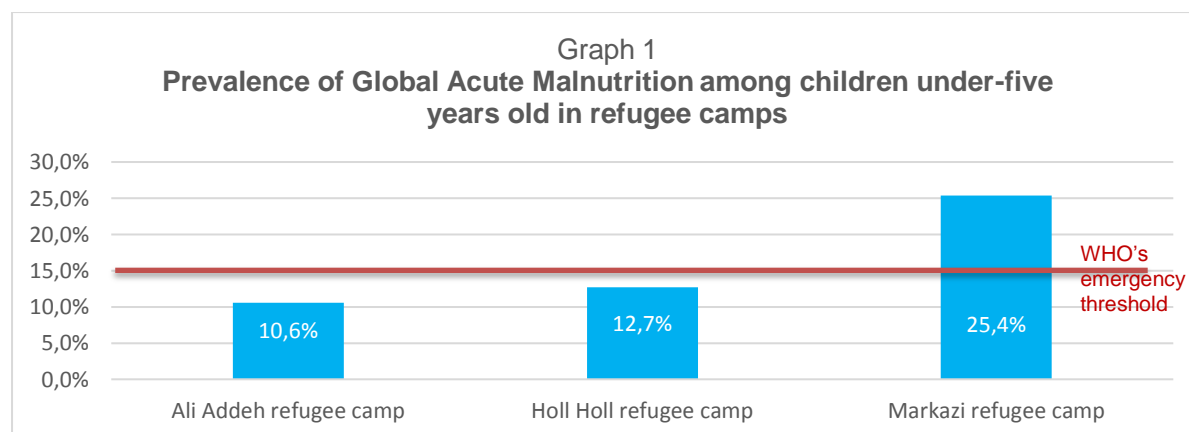
The Horn of Africa was one of the areas hardest hit by *El Niño*. While the impact of this phenomenon in Djibouti was not as distressing as in other countries in the region, it contributed to the high levels of food insecurity in Ali-Sabieh, Obock and Dikhil rural areas. The drought and delayed seasonal rains induced by *El Niño* hindered the regeneration of pastures, and poor households were not able to benefit from their livestock neither for consumption (milk, meat) nor for sale⁴.

Due to the devastating effects of *El Niño* in Ethiopia, over 7,500 highly vulnerable pastoralists crossed the border and entered Djibouti in the first quarter of the year. The majority settled in Ali Sabieh and Dikhil. In these regions and mainly among these groups, a measles outbreak occurred with over 20 cases registered and three deaths (two boys and one girl). The Ministry of Health's nutrition workers on the ground also found disturbing malnutrition rates among these groups, with about 30 per cent of all under-5 children acutely malnourished and in critical need of care and treatment.

The refugee and migrant crisis

Due to its geographical situation and political stability, Djibouti has for long been a transit country for migrants trying to reach the Arabian Peninsula, as well as a refuge for people from conflict-affected countries. According to IOM, child migration is on the rise; children represent about 30 per cent of all migrants crossing Djibouti. Many are **unaccompanied minors, at high risk of violence, exploitation and abuse, who end up living in the streets of the capital Djibouti-city.**

In refugee camps, **over 26,500 refugees and asylum-seekers – 70 per cent of whom children and women** – are entirely dependent on humanitarian aid to meet their basic needs including access to food, healthcare, water and sanitation as well as education and protection services. Ali Addeh and Holl Holl camps, in the southern region of Ali-Sabieh, host mainly Somali and Ethiopian refugees; while Markazi camp, in the northern region of Obock, accommodates the Yemeni refugee population. A nutrition survey conducted in the camps in 2016 revealed that the nutritional status of children in refugee camps is not yet up to standards. The most concerning situation is found **in Markazi camp where about one in four children under five years of age suffers from global acute malnutrition** (graph 1)⁵. School in refugee settings can provide the stability, structure and routine that refugee children need to cope with loss, fear and stress, and develop their resilience; but about **one in two refugee children are still out of school** due to funding shortfalls. Caregivers have lost their support network and, due to the high level of stress, may tend to use negative coping mechanisms such as violence against children.



⁴ Food Insecurity and Nutritional Assessment in Rural Areas, 2016

⁵ According to UNHCR Nutrition surveys in refugee camps, 2016: Global acute malnutrition is estimated to affect 25.4 per cent of all children in Markazi refugee camp; 12.7 per cent in Holl Holl refugee camp; and 10.6 per cent in Ali Addeh camp

As Yemen's conflict grind on, Yemenis continued to arrive to Djibouti, even though the majority only used it as a transit country before travelling onwards to other countries. At the same time, many Yemeni families moved back to Yemen despite the persisting war and all the risks associated with such return; others went to Djibouti-city to escape the very harsh weather conditions in July and August with temperatures reaching 50°C and very strong winds and sandstorms from which they cannot be protected in the conditions of a refugee camp due to significantly underfunded response planning. But while the refugee population in Markazi decreased over the year, the other two refugee camps received an unexpected **influx of asylum-seekers fleeing the socio-political situation in Ethiopia**. As of 4th November, **3,785 Ethiopians** (including 1,045 girls, 1,137 boys and 958 women) **were admitted in Ali-Addeh and Holl-Holl camps**. Ali-Addeh camp has reached its optimal capacity and new arrivals should be settled in Holl-Holl.

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 12th August and 8th September, with three deaths. About 98 per cent of these cases were detected among Ethiopian migrants. The highest number of cases (80) were recorded in Obock-city. The Ministry of Health supported by partners deployed staff medicines, materials and equipment in all exposed areas to begin a prompt and effective response to the outbreak in the region.

Humanitarian strategy and coordination

In face of the increasing humanitarian needs derived from the long-lasting drought and the continuous arrival of populations fleeing neighbouring emergency-affected countries, UNICEF in collaboration with Government and partners supported a multi-sectoral strategy to address the emergency by providing lifesaving and life-changing aid whilst boosting the resilience of the most vulnerable children and families. The response was guided by the Humanitarian Action Plan 2016 developed by the Djibouti Humanitarian Country Team under UNHCR leadership.

Together with the Government, UNICEF co-leads the Nutrition and WASH Coordination Groups and the Child Protection sub-group (under the Protection Coordination Group led by UNHCR); UNICEF is also co-lead of the Education Coordination Group jointly with UNHCR and is an active member of the Health Coordination Group led by WHO. UNICEF continuously advocates for child-centred approaches to be at the heart of humanitarian response programmes. This advocacy has strongly impacted the scope and orientation of the response in favour of children even if the level of funding has hindered the implementation of many activities that would have changed the life of refugee and drought-affected children and mothers.

3. Humanitarian Results

3.1. Narrative reporting

Nutrition

The Government with UNICEF and other humanitarian partners carried lifesaving nutrition activities targeting children under 5 years of age, pregnant and lactating women. Given the widespread nutrition emergency, all country was equally covered. Particular attention was paid to refugee camps and host communities; areas hosting displaced families; and zones where malnutrition rates are particularly high such as rural communities in Obock, Dikhil and Ali-Sabieh; and the peri-urban areas of the capital city.

The National Nutrition Programme implemented the nutrition response in the whole country except for refugee camps where activities were carried out by the NGO Action Humanitarian Action (AHA).

Between January and December, **4,921 children aged 6-59 months (2,820 girls and 2,101 boys) suffering from severe acute malnutrition accessed quality treatment and care**; a figure that corresponds to 96.5 per cent of the annual target (5,102). Among those who accessed treatment, **95 per cent recovered** and 3 per cent defaulted, representing a slight improvement since last year (when these rates stood at respectively 94 and 4 per cent) and confirming the positive impact of the capacity-building initiatives supported by UNICEF over the last years to enhance the quality of treatment. The death rate remained at 1 per cent, the same value achieved in 2015. UNICEF response was a lifeline to these children by ensuring the availability of all inputs needed to treat this condition including 8,823 cartons of Ready-to-Use Therapeutic Food (UNICEF is the sole organisation providing this life-saving nutritional product). In the areas hosting El Niño displaced population groups, four qualified nutrition workers were hired by AHA with UNICEF funds to reinforce the response. UNICEF also provided technical and financial support for the training of 530 community health workers (96 per cent of all staff within this professional category) and 350 health workers (34 per cent of all working in this professional category), strengthening the technical platform. Following the training, all revealed enhanced skills to manage acute malnutrition cases. Health workers, for instance, have learned how to make the differential diagnosis between ocular manifestations linked to malnutrition and to severe dehydration; this significantly improved case management.

A campaign against anaemia was launched in January in Markazi refugee camp following a recommendation by UNICEF and UNHCR. **All 66 children (29 boys and 37 girls) admitted into the nutritional programme received iron** in accordance to their weight as per the WHO's International Nutritional Anaemia Consultative Group's (INACG) guide for Iron/Folic Acid distribution. UNICEF provided the iron tablets used for this activity.

As in previous years, the National Nutrition Programme targeted all children aged 6 to 23 months for multi-micronutrients' supplementation - a result of UNICEF advocacy to prevent malnutrition and build resilience. By December 2016, **29,012 children (17,710 girls and 11,302 boys) were supplemented with Sprinkles, a multi-micronutrient powder**. This figure corresponds to about 89 per cent of the target, a slight improvement since last year (86,8 per cent). **Vitamin A was delivered to 31,874 children (15,131 boys and 16,742 girls**, 96 per cent of the target) during immunisation campaigns. All these children have now increased chances to escape stunted growth, cognitive delays and disease, which are the consequences of vitamins and minerals' deficiencies (the also called 'hidden hunger'). UNICEF contributed through the provision of 155,000 capsules of Vitamin A and 5,500 cartons of Sprinkles, covering all country needs.

In refugee camps and areas hosting El Niño displaced groups, 846 women of reproductive age (including pregnant and lactating women) showed increased knowledge and/or change of behaviour on adequate infant and young child feeding practices after being counselled by UNICEF partners. These awareness-raising activities, conducted with UNICEF technical and financial support, were conducted by community health workers and AHA staffs either through door-to-door sensitisation or in the Mother-Baby Areas established in Gobetto, Ali-Addeh, Holl Holl and Markazi refugee camps. The women who participated understood how important it is to exclusively breastfeed their babies until they reach 6 months of age, how and when to introduce complementary food, what strategies are adequate to early stimulate their children and how this can promote cognitive and socio-emotional development – and are now more able to raise their children in a healthy way and counsel others.

The main challenges include the limited resources (only 36 per cent of the Nutrition emergency appeal funded and thus the need to rely on UNICEF regular resources) and the need to better engage all partners in nutrition sensitive interventions which are critical to reduce malnutrition rates. To address these challenges, UNICEF in collaboration with partners is advocating for the elaboration of nutritional emergency response plan and Infant and Young Child Feeding strategic document focusing on children's first 1,000-days of life, for the establishment of a steering committee for stunting reduction

and for country's adhesion to the Scaling-Up of Nutrition, a global movement which unites governments, civil society and communities in a worldwide effort to end malnutrition in the vision of Sustainable Development Goal 2.

Health

Polio and measles vaccination were prioritised within health programming, with a focus on vaccine procurement and logistics, cold chain and communications.

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 16th April; and replaced the Oral Polio Vaccine (OPV) trivalent by the OPV bivalent on 30th April.** UNICEF had a crucial role in this process, supporting the Government developing an IPV Introduction plan, a OPV trivalent-bivalent Switch Plan and a Communication Plan for both the introduction and the switch. Prior to the switch, **100 per cent of children under 5 years of age (143,052) 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. UNICEF contributed by providing 160,000 doses of (trivalent) Polio vaccines, supporting the implementation of communication activities and covering part of operational costs. Thanks to these joint efforts, Djibouti has been polio free since 1999; and this despite the 2013 polio outbreak in the Horn of Africa region.

The country was also able to **respond effectively to the measles outbreak** 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 by **vaccinating 2,113 children under 5 years of age.** UNICEF contributed by providing vaccines as well as contributing to the operational costs.

The strengthening of the national healthcare system to respond to the Yemeni refugee crisis in Djibouti remained a priority. Given the higher number of people in need of assistance, UNICEF continued to provide medical equipment and materials to the Regional Medical Centre in Obock, ensuring the continuity of services for both refugees and host community, and preventing shortages of critical supplies. Stretchers, hospital beds and mattresses were provided to respond to the increased demand for health care services. Preterm babies have now higher chances of survival as UNICEF equipped the centre with an infant incubator. Pregnant women in need of a caesarean section, no longer need to be evacuated to the capital-city as the surgical block in the Obock Hospital is now fully equipped and operational. UNICEF also provided the centre with a fully-equipped ambulance (the second one in less than 6 months) ensuring that children and women in need can be quickly evacuated from the camp to the regional hospital or to Djibouti-city, the only place in-country with fully equipped hospitals and specialised medical doctors.

In the context of a fragile health system, the long-lasting drought and poverty are underlying factors that increase the vulnerability of children and families making it difficult for them to cope in the event of an emergency. The lack of a contingency plan for the health sector and the difficulties in raising funds are contributing to such vulnerability and expose the most vulnerable children and mothers to a high risk of mortality and morbidity.

Water, Sanitation and Hygiene

In drought-affected areas, UNICEF in partnership with the Department of Rural Hydraulics **reached 6,085 people out of 12,285 planned with access to safe water** through the rehabilitation of small and middle water schemes and replacement of immersed pumps. The number of beneficiaries represents only 49 per cent of UNICEF's target for 2016; a low performance explained by the funding gap. UNICEF prioritised areas affected by food insecurity and where severe acute malnutrition rates among children under 5 were higher: the rural areas of Dikhil, Tadjourah and Obock regions.

In areas with high rates of open defecation, UNICEF supported **the set-up of community-managed toilet blocks giving 774 children and their families** (21 per cent of target) **the opportunity to lower**

their risk of disease and enhancing their dignity. The approach is demand-driven; i.e., builds on raising awareness on how latrines' utilisation impacts the health and well-being of the community, and particularly children; those willing to use these facilities are then helped to set them up. The project was implemented by ADIM, a local NGO based in the targeted area whose experience and familiarity with the population enabled a swift implementation of the activities and ensured its sustainability through community's strong ownership.

Community dialogues focusing on basic hygiene practices involved an estimated 5,430 people including children, parents, caregivers and key influencers. They were targeted because they live far away from the rehabilitated water points and are thus more exposed to water contamination. UNICEF through its implementing partners (Department of Rural Hydraulics, Department of Health Promotion, Norwegian Refugee Council [NRC] and Action Contre la Faim [ACF]) provided these families with hygiene kits which include barrels and jerry cans for water transportation and storage, along with chlorine-based products for water treatment. As the targeted areas have high prevalence of acute malnutrition among under-5 children, the facilitators also highlighted the importance of early and exclusive breastfeeding up to 6 months, the timely introduction of complementary food and other adequate infant and young child feeding practices.

In Ali-Addeh refugee camp, **2,000 asylum-seekers (including 980 females) were given access to 40 communal emergency latrines** set-up by NRC and UNICEF in line with UNHCR sanitation standards. They were part of the group of 3,785 Ethiopians who fled the escalating conflict in Ethiopia in the third quarter of the year. UNICEF also ensured that **WASH basic family kits were distributed to 360 of these households with a total of 1,994 persons (930 of whom females)**; they contained buckets, a water container, chlorine-based water treatment products, a child potty, soaps, and reusable menstrual kits. The distribution was organised in coordination with UNHCR and its implementing partners (managing the camp) to prevent duplication. Among this newly settled and extremely vulnerable community, hygiene promotion geared towards encouraging people to adopt safe hygiene practices to prevent diseases. Sessions were focused on key issues of concern in the camp such as proper use of latrines, hand washing during critical times and cleaning of water storages as well as their surrounding environment. **Around 6,000 people (2,862 children; 1,524 women; and 1,614 men) showed greater awareness or change of behaviours after attending hygiene promotion** and sensitisation sessions conducted by volunteer hygiene promoters through home visits and awareness campaigns.

Following the declaration of the outbreak of acute watery diarrhoea in September, the Government mobilised the financial resources for the response. UNICEF contributed by providing **water purification tablets to about 2,680 households, the total of families** located in the most exposed regions covering their needs for one month.

UNICEF 2016 appeal for the WASH sector stood at US\$900,434. With only 24 per cent of the WASH response funded as of December 2016, UNICEF had to combine emergency funds and non-emergency Thematic Funds in order to respond to the most urgent needs of the drought-affected and refugee population but unfortunately these were still not sufficient to address all the needs. Global Thematic Humanitarian Funds accounted for one quarter (27 per cent) of all funds mobilised for the WASH emergency response.

Education

As part of its education mandate, UNICEF facilitated school enrolment in refugee camp settings. Education allows children to develop essential life skills including problem solving, initiative, resourcefulness and creativity which all contribute to shaping a stronger and more resilient human being. **In Ali Addeh and Holl Holl refugee camps**, UNICEF in partnership with UNHCR and LWF contributed to the enrolment of **3,339 Somali, Ethiopian and Eritrean refugee children (46.5 per cent females) from preschool to higher secondary education, during the 2015-2016 academic**

year. UNICEF provided LWF with students' kits (bags, pencil, books, eraser, pens, and ruler), covered teachers' training programme and provided a minor contribution to their salaries. With the launching of the new 2016-2017 academic year, over 3,300 students enrolled in school in these camps.

In Markazi refugee camp, the Country Office supported the implementation of the action plan linked to the Memorandum of Understanding signed by UNHCR, UNICEF, UNESCO, the Lutheran World Federation (LWF) and Al-Rahma to provide education services for Yemeni refugee children. A total of **411 children (204 girls) enrolled in school, in grades 1-7, during the 2015-2016 academic year.** The education response programme was initiated in the newly established school of an orphanage set up by Al Rahma, located at less than 2 Km from the refugee camp. With the funding support from UNHCR and UNICEF, LWF provided Al Rahma with additional school furniture and educational materials to equip two classrooms and a library and to support a school transportation system using buses. LWF also recruited eight teachers including five females (mostly among the refugees) and cooperated with Al Rahma educational team to organise two training sessions for them. As it was not possible to accommodate secondary education students, UNICEF supported Caritas to set up a **semi-formal educational programme for 47 adolescents (23 female and 24 male) enrolled in grades 10 to 12.** Many Yemeni refugees have settled in the capital Djibouti-city; UNICEF paid the enrolment fees of **30 children from vulnerable families** so these could attend school. Half of them were enrolled in private kindergartens (the public preschool offer is almost non-existent) and the others attended primary school classes; all of them finished the year.

In the new **2016-2017 academic year,** the school had to be relocated to Markazi refugee camp due to disagreements between Al Rahma and the Yemeni refugee community. Refugees opted for the set-up of regular tents in the camp premises so these could be used as classrooms: one for preschool education; nine for primary education and three for secondary education classes. This option is allowing over 400 Yemeni refugee children to pursue their education. Nevertheless, these tents are not the size of a normal classroom and will need to be replaced to allow students to learn in a supportive environment. In December, 21 primary and secondary school teachers completed a four-day training organised by LWF with UNICEF financial support. The training, carried out by inspectors from the Department of National Curriculum for Arabic Education of the Ministry of Education, enhanced teachers' pedagogical skills focusing on teacher discipline, delivery of educational content and classroom management.

In urban centres, **750 migrant and emergency-affected children (371 girls and 379 boys) attended non-formal education programmes** provided at Read-Write-Count centres run by 'Ecoles Catholiques du Diocese de Djibouti' in the 2015-2016 academic year; and more 750 children enrolled in the 2016-2017 academic year. These were all children who, for different reasons, are excluded from the national education system; through these 'second chance' programmes, they gain the skills and knowledge to succeed in the future. UNICEF covered teachers' salaries and provided children with all educational materials they needed for their learning. UNICEF also supported the participation of a group of teachers to a training session on working with children with disabilities as the Read-Write-Count centres are among the few educational institutions which accept to take in children with disabilities and UNICEF support empowers them to engage in this challenging but so humane and so needed direction.

Educational certification has been a major issue hindering refugee children's right to education. In Ali Addeh and Holl Holl refugee camps, classes are taught in English (the official language in refugee's countries of origin) following a hybrid curriculum inspired by the Kenyan model which is not recognised by the Djiboutian Government (Djibouti's official languages are Arabic and French). This means that these children are denied the certification of education that would provide them entry to the labour market or further education. UNICEF is supporting UNHCR's advocacy efforts with the Ministry of Education and the refugee community to find an agreement that can fulfil this children's right.

In Markazi refugee camp, the situation is slightly better but there are some challenges. Classes are taught in Arabic (the official language in refugee's country of origin) using the Yemeni curriculum recognised by the Djiboutian Government. However, with the beginning of the conflict in Yemen, the

curriculum has been replaced by a Saudi-Arabian version and this is generating discontentment among the refugee community. UNICEF is supporting UNHCR's advocacy efforts to develop a recognised curriculum for refugees. Refugees' decision to establish the school at the camp brought up additional challenges in terms of infrastructure; the current tents are small and not conducive as a learning environment especially during the hot season when temperatures reach 45°C. UNICEF is working with the Education Working Group to develop a long-term response plan and mobilise the necessary resources.

Unfortunately, only 47 per cent of refugee children in these camps have access to education with UNICEF support due to financial constraints. In 2016, UNICEF appealed for US\$300,000 for its emergency education response. With only 52 per cent of this appeal funded as of December 2016, UNICEF had to rely in non-humanitarian funds and its own funds (Regular Resources) to be able to implement the interventions.

Child Protection

UNICEF support to street children continued through its partnership with Caritas. An estimated **98 per cent of the targeted 200 street children** (170 boys and 25 girls) **received assistance for daily access to food, healthcare, literacy, recreational activities and support in a safe and protective environment**, promoting their cognitive development and social and emotional well-being which are crucial to help them cope with the hardship of their live situations. UNICEF contributed by paying salaries and providing money to food. It is important to mention that Caritas is currently the sole organisation assisting street children in Djibouti, and this mainly through UNICEF financial and technical support.

Another important achievement was the **reunification of 35 of these street children (15 girls and 20 boys) with their families in Djibouti-city**; this was only possible because two social assistants from Caritas learned how to conduct a social profile analysis in a training funded by UNICEF. The Country Office also facilitated a partnership between Caritas and IOM which resulted in **the voluntary repatriation of 13 children (12 boys and 1 girl) to Ethiopia**. Acknowledging that this repatriation had not been supported by any institutional mechanism, UNICEF Djibouti liaised with UNICEF Morocco and IOM and organised a 3-day training workshop on 'Best Interest Determination' (BID) which benefited 34 staff and community workers from national and international NGOs and from two public institutions. The BID mechanism set up after the workshop is directly benefiting thousands of migrant, urban refugees and street children and adolescents.

In line with the Core Commitment for Children in Humanitarian Action, UNICEF partnered with the Danish Refugee Council to provide a child protection response to Yemen refugee children and families. The existing child protection (CP) and gender-based violence (GBV) services were mapped and UNICEF Djibouti liaised with UNICEF Yemen to obtain pre-tested and ready-to-use communication tools covering a range of protection issues.

Resilience is highly correlated to peer support and group cohesion, which is why UNICEF promotes community approaches that can help build cohesive and supportive groups despite adverse circumstances. In the first half of the year, 38 community leaders were trained on child protection and prevention and response; and 23 community workers were trained on CP/GBV minimum standards. In April and May, these community workers together with 15 children, organised an awareness-raising campaign on the most frequent CP and GBV violations in Markazi camp and Al-Rahma centre, reaching **888 individuals out of which 441 children** (wide above the 160 initially targeted).

Psychosocial support is one of the main strategies promoted by UNICEF to build children's ability to successfully adapt to, and cope with, highly adverse conditions. Although constrained by the limited funding, UNICEF ensured that **171 migrant and refugee children** (out of 7,000 targeted) **benefitted from sustained psychosocial support** in addition to hundreds of others who benefited of punctual

psychosocial support activities organised on the occasion of the celebration of events such as the International Day of the Refugees or the International Day of the African Child celebrated in all three refugee camps along with Djibouti-City.

Despite the coordination mechanism in place in Obock-city and Djibouti-city, there is room for improvement for the coordination of all governmental and non-governmental stakeholders working on CP and GBV. Furthermore, there is a need to harmonise tools for the referral pathway. In order to address these challenges UNICEF signed a partnership with LWF to work on the harmonisation of tools and follow-up on cases; and will support the organisation of regular meetings of the Child Protection Working Group in Obock.

UNICEF 2016 appeal for the Child Protection sector stood at US\$307,800. With only 27 per cent of the Child Protection response funded as of December 2016, UNICEF had to rely in non-emergency funds and its own funds (Regular Resources) to respond to children's protection needs.

Cluster/sector leadership

UNICEF together with Government co-leads the Nutrition and WASH Working groups, and the Child Protection sub-group; and this position allows it to be an active advocate for child-centred and equity-guided approaches. This leadership also allows to guide partners in prioritising actions according to Humanitarian Response Plan's funding situation, and to position the response taking into account more sustainable investments to further build resilience on the long term.

The Nutrition Working Group includes representatives from the Ministry of Health/National Nutrition Programme, UNICEF, WFP, WHO, AHA, ACF and Johanniter International. In 2015 and 2016, the Nutrition Working Group elaborated a joint logical framework for the nutritional response and assigned the responsibilities of each partner taking into consideration its comparative advantages. UNICEF played a lead role in this initiative both as Nutrition Working Group lead, and as the main agency supporting the National Nutrition Programme. Monthly meetings were held at national level and in the two regions hosting refugees (Ali-Sabieh and Obock) to review and adjust the plan as needed, share achievements and challenges, and agree on a way forward. This joint planning has been critical to increase efficiency and effectiveness, preventing duplications of efforts.

On the WASH sector, UNICEF co-leads the Working Group⁶ with the Department of Rural Hydraulics from the Ministry of Agriculture. Members include the Ministry of Health, ONEAD, FAO, NRC, DRC, SOS Sahel, ACF, ADIM, The Johanniter and Caritas. In 2016, UNICEF Djibouti supported the Government partner to enhance their knowledge and competencies by financing the participation of one staff member on the 'National WASH Coordination Workshop', an international event held in Geneva. At the end of this event, this Government staff showed increased knowledge and/or competencies in Leading Teams in complex humanitarian settings, Building leadership Skills, Transition and Preparedness management, as well as Transition and Preparedness planning. The results became evident during WASH Working Group monthly meetings; and particularly during the development of the 2017 Humanitarian Needs Overview and Humanitarian Response Plan.

The Child-Protection sub-Working Group includes representatives from UNHCR, UNFPA, IOM, DRC, LWF, UNFD, ONARS, UNICEF and Red Cross. UNICEF worked closely with partners to strengthen the CP and GBV preparation and response in a coordinated way.

⁶ Other members include Ministry of Health, ONEAD, FAO, NRC, DRC, SOS Sahel, ACF, ADIM, The Johanniter and Caritas.

Lessons Learned

- The development of a single and harmonised logical framework for the Nutrition response allows each organisation to intervene within its area of comparative advantage while preventing duplication of efforts. This increases the efficiency and cost-effectiveness of the response;
- The existence of a common logical framework also allows each agency to monitor the whole project implementation and not only the interventions of its standalone funds. As more partners are involved, it becomes easier to contrast actual progress with project plans and schedules and taking corrective action as required. This also reduces the time and costs allocated by each agency to monitoring and evaluation;
- The recruitment of teachers within the refugee community, as well as the establishment of Education Management Committees composed by refugees promotes community's ownership and allows a swifter solution of eventual problems that arise.

Results table

The results against targets for the different sectors of intervention are presented in the table below with specific achievements toward UNICEF support.

	Working group 2016 target	Working group total results	UNICEF 2016 target	UNICEF total results*
NUTRITION				
Children under 5 suffering from SAM admitted into therapeutic feeding programme	5,102	4,921	5,102	4,921 ⁱ
Children aged 6 to 59 months provided with vitamin A supplementation	33,085	29,012	33,085	29,012
HEALTH				
Children aged 9 months to 15 years vaccinated against measles			4,500	2,113
Children under-five vaccinated against polio			131,836	143,052
WATER, SANITATION AND HYGIENE				
Emergency-affected people provided with safe water per agreed standards	56,292	7,585	12,285	6,085
Emergency-affected people provided with access to improved sanitation	29,194	5,774	3,615	774
CHILD PROTECTION				
Migrant and refugee children receiving community-based child protection services, including psychosocial support			7,000	888 ^v
Street children receiving social assistance			200	195
EDUCATION				
Refugee children accessing quality pre-primary, primary and secondary education	4,400	3,782	4,400	3,750
Emergency-affected children enrolled in non-formal education	750	750	750	750

**Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary*

4. Monitoring and Evaluation

UNICEF's M&E system includes planning, quality assurance and approval of biannual work plans, regular reviews at sub-national and national level, annual reviews with senior government officials, mid-term review and the country programme development process. A quarterly supervision plan is developed by all programmes at the beginning of each quarter. The UNICEF Project Specialist/Officers, in coordination with the government as UNICEF's main counterpart, carry out frequent field visits to support project development and implementation; monitor the utilisation of the cash provided to partners, check implementation against work plans and distribution and utilisation of supplies; in line with HACT guidelines, spot checks are also being implemented directly by the UNICEF Operations staff or by an accounting firm contracted for that purpose. On a quarterly basis, joint field visits by UNICEF Management, Programme and Operations staff are conducted to monitor the progress of implementation. The office has developed a document to follow up all the recommendations from field visits and monitors the progress during programme meetings. In the framework of all PCAs, implementing partners are also requested to submit at least two activity reports per year.

Emergency-related activities are monitored on a regular basis by the Country Management Team (CMT). The office updates the Early Warning Early Action information system. Emergencies is a standing agenda item at every CMT, and the office has an Emergency Focal Point responsible for conducting a close monitoring of the implementation of planned preparedness activities and of country situation. National surveillance mechanisms are managed by concerned national institutions which are responsible for their quality and continuity over time. UNICEF provides support to these systems (e.g. rural telephony for health and nutritional surveillance).

The process of monitoring and evaluation provides the necessary information for developing donor, mid-year and end of year country progress reports. Programme financial information is based on the UNICEF Programme Management System (VISION) data, which provide disaggregated information about utilisation of funds against each programme objective.

5. Financial Analysis

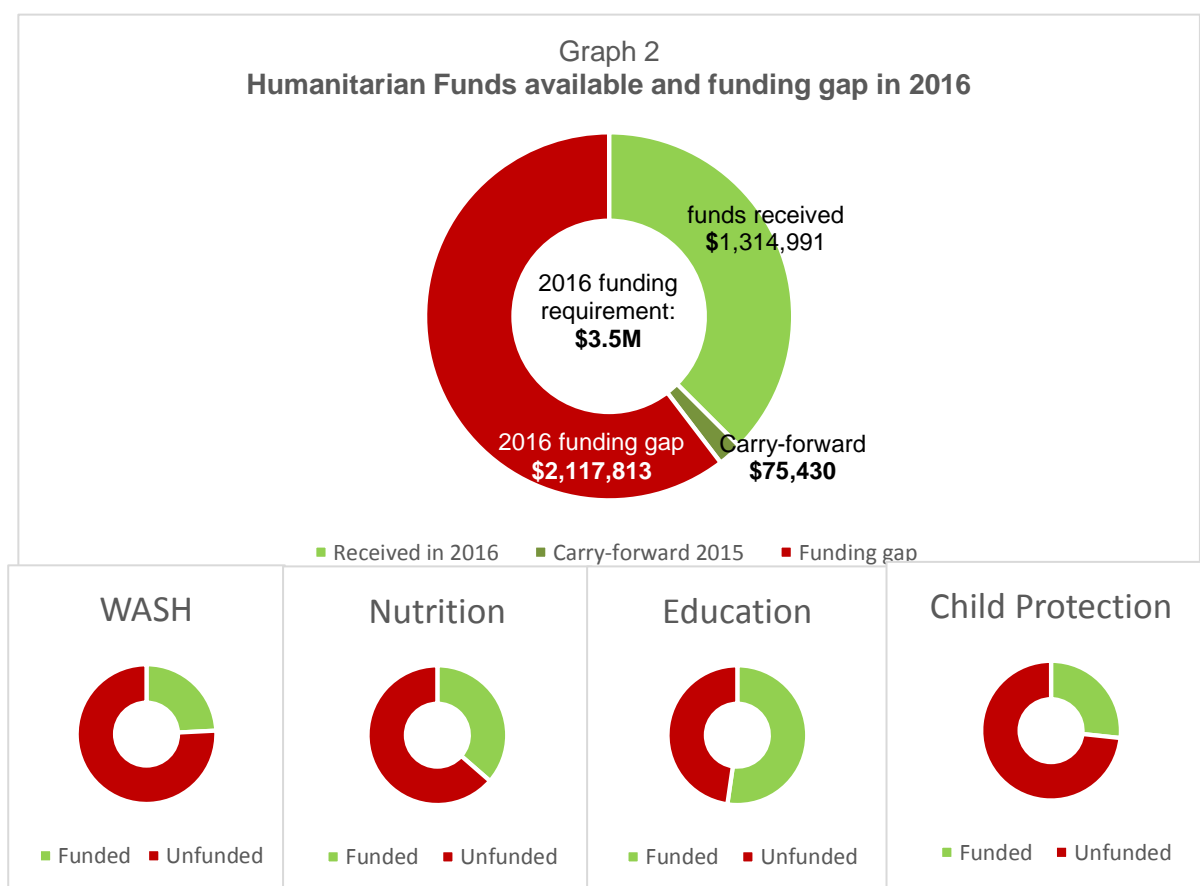
UNICEF Djibouti appealed for US\$3,508,234 to implement its humanitarian response in 2016. **The amount available for implementation in 2016 was US\$1,390,421** including US\$1,314,991 received as of 31st December 2016 (including recovery costs) and US\$75,430 carried over from 2015. Table 1 shows the funding status against appeal targets by sector while Graph 2 highlights the funding gap.

Table 1 Funding status against the appeal by Sector (in USD)			
Sector	Requirements 2016	Funds Available Against Appeal as of 31 December 2016*, **	% Funded
WASH	\$900 434	\$217 936	24%
Education	\$300 000	\$156 863	52%
Nutrition	\$2 000,000	\$728 025	36%
Child Protection	\$307,800	\$82 167	27%
Health***		\$130 000	
Sub-Total	\$3,508,234	\$1,314,991	37%
Carry-forward 2015		\$75,430	
Total	\$3,508,234	\$1,390,421	40%

* Funds available includes funds received against current appeal and carry-forward from previous year.

** Includes recovery costs

*** The Health sector did not plan a humanitarian budget under the HAC response. The allocation for Health came from other donors.



Considering the significant funding gaps against the humanitarian appeal in all sectors, Djibouti Country Office had to prioritise the use of its existing resources to implement lifesaving activities. In order to cover the most pressing needs of children affected by the crisis, UNICEF was often forced to rely on funds from non-emergency sources, including Regular Resources. This resulted in a significant overconsumption of UNICEF resources on its regular programming, but allowed the organisation to reach an optimal level of result's achievement despite the limited emergency funding available.

Table 2 includes all resource partners and all types of funding received and available for emergency activities in the 2016 humanitarian appeal.

Table 2 Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
United Kingdom Committee	SM1499100929	\$100,000
United Kingdom Committee	SM1499100474	\$30,000
Allocation from global thematic humanitarian	SM149910	\$600,000
b) Non-Thematic Humanitarian Funds		
Canada	SM/16/0566	\$68,893
c) Pooled Funding: (i) CERF Grants; (ii) Other Pooled funds		
UNOCHA	SM/16/0204	\$93,461
UNOCHA	SM/16/0213	\$95,361
d) Other types of humanitarian funds		
USAID/Food for Peace	KM/16/040	\$25,000
USAID/Food for Peace	KM/16/042	\$195,642
USAID/Food for Peace	SM/16/0382	\$80,000
Total humanitarian funds received in 2016 (a+b+c+d)		\$1,288,357
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
Global - Thematic Humanitarian Response	SM149910	\$75,071
f) Carry-over of non-thematic humanitarian funds		
USAID/Food for Peace	KM150013	544
The United Kingdom	SM120158	-185
Total carry-over humanitarian funds (e + f)		\$75,430
III. Other sources		
Non applicable	Non-grant (GC)	\$0
Total other resources		\$0

* Programmable amounts of donor contributions, excluding recovery cost.

Thematic Humanitarian funds represented about 59 per cent of all funds available for implementation in 2016 (graph 3). About one fifth of all Thematic Humanitarian funds received in 2016 were mobilised thanks to the great generosity of the United Kingdom Committee for UNICEF (table 3). Being unmarked, these funds allowed UNICEF to allocate them to areas which were critically unfunded.

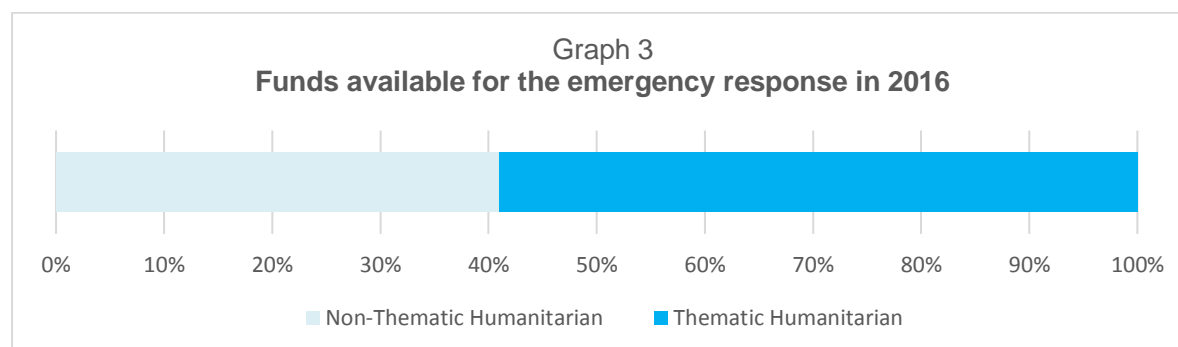


Table 3 Thematic Humanitarian Contributions Received in 2016 (in USD)			
Donor	Grant Number	Programmable Amount	Total Contribution Amount
United Kingdom Committee for UNICEF	SM1499100929	\$100,000	\$107,000
	SM1499100474	\$30,000	\$32,100
Allocation from global thematic humanitarian	SM149910	\$600,000	\$600,000
Total		\$730,000	\$739,100

6. Future Work Plan

In 2017, and as outlined in the country's Humanitarian Appeal for Children (HAC), UNICEF Djibouti plans to reach 75,646 people including 44,916 children with life-saving interventions in the areas of Nutrition, Health, WASH, Education and Child Protection. Working with Government and partners, UNICEF will prioritise life-saving and resilience building activities designed to reach the most vulnerable children and mothers in Djibouti, while continuing coordinating the Nutrition, WASH and Child Protection Working Groups.

Nutrition

UNICEF will focus on strengthening nutrition services and the prevention, early detection, referral and management of severe acute malnutrition. This will include the provision of all necessary inputs for screening and treatment of this life-threatening condition, both at facility and community level; and for micronutrient supplementation.

2017 targets

- At least 5,665 children under 5 suffering from severe acute malnutrition (95%) admitted for treatment
- 31,392 children under 5 (95%) provided with vitamin A supplements

Health

UNICEF will continue strengthening the national healthcare system and support the Ministry of Health to conduct vaccination campaigns so as to increase the immunisation rates. Vaccines and medicines will be provided to reduce the prevalence of epidemics such as measles or cholera and to treat pneumonia and diarrhoea.

2017 targets

- 5,000 children aged 6-59 months immunised for measles
- 4,000 children under 5 affected by acute watery diarrhoea having access to treatment

Water, Sanitation and Hygiene

UNICEF will work to ensure equitable access to safe water, improve access to adequate sanitation and promote key hygiene practices among vulnerable children and families exposed to food insecurity as well as refugees and host population. This will be done through the construction/rehabilitation of water supply systems, establishment of community toilet blocks and distribution of hygiene kits. A water quality monitoring mechanism will be set up to strengthen the existing epidemic warning system.

2017 targets

- 11,013 people gained access to safe water per agreed standards;
- 3,400 people gained access to adequate sanitation in drought-affected areas

Child Protection

UNICEF will coordinate with UNHCR, LWF and other partners so that refugee children and caregivers are provided with key child protection services. The response capacity of local authorities, frontline workers, and community members on Child Protection/Psychosocial Support Services and referral pathway will be enhanced. UNICEF will support community mobilisation around child protection, children's rights and GBV to prevent and address violence, abuse, exploitation and neglect against children; as well as psychosocial support and risk awareness activities for unaccompanied minors.

In partnership with IOM and Caritas, UNICEF will provide social services to migrant and street children; and continue its efforts in supporting voluntary repatriation and reunification with families inside and outside Djibouti. Advocacy will be sought towards the Ministry of Women and Family in establishing Best Interest Determination mechanisms to ensure that decisions on repatriation and family reunification are taken in the best interest of the child.

2017 targets

- 500 migrant and street children (50%) benefitting from social assistance
- 80% of refugee children and caregivers in need having access to psychosocial activities

Education

In collaboration with UNHCR and LWF, UNICEF will support the enrolment of 8,000 refugee children in pre-, primary and secondary education. These include children from Ali Addeh, Holl Holl and Markazi refugee camps together with refugee children living in urban areas, particularly in the capital

2017 targets

- 6,800 refugee children (87%) from Ali Addeh and Holl Holl camps enrolled in school
- 1,200 Yemeni refugee children (41%) from Markazi camp and urban areas enrolled in school

Djibouti-city and Obock-city. UNICEF funds will be used in the construction of learning spaces, distribution of teaching and learning materials to children as well as incentives and training for teachers. Girls' education will stand at the top of UNICEF priorities for the year. UNICEF will also support UNHCR in its advocacy efforts with the Ministry of Education to elaborate a new curriculum for refugee education.

Funding Requirements

In line with the country's inter-agency 2017 Strategic Response Plan, **UNICEF is requesting \$3,409,831 to meet the humanitarian needs of children and mothers in Djibouti in 2017.**

Sector	2017 Requirements (USD)
Nutrition	\$1,225,000
Health	\$150,000
Water, Sanitation & Hygiene	\$859,651
Child Protection	\$433,080
Education	\$722,100
Cluster/Sector Coordination	\$20,000
Total	\$3,409,831

7. Expression of Thanks

UNICEF Djibouti expresses its **deep gratitude to the Government of Canada, the United Kingdom Committee for UNICEF, UNOCHA/CERF and USAID/Food-For-Peace** for their generous financial contributions to the humanitarian crisis in Djibouti which has allowed UNICEF Djibouti to accomplish its mission. Their respective contributions were key to saving many lives and improving many others. On behalf of all the children and women who benefited – and continue to benefit – from the interventions made possible thanks to their support, UNICEF expresses its deep gratitude.

As a special remark, **UNICEF Djibouti would like to thank the United Kingdom Committee for UNICEF for the Humanitarian Thematic Funds provided.** Being unmarked, these funds could be allocated to sections that were underfunded and where there was an urgent need to intervene.

Annexes

A. Report on USAID Food for Peace contribution (KM150013, KM150026, KM160040, KM160042 and SM160382)

See attached.

B. Human Interest Story

See attached.

C. 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, Country Representative

Email: dmahonde@unicef.org

Name of Report: Consolidated Emergency Report 2016

Reference number: SM149910

**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? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

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

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

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

4. To what extent does the report meet your expectations with regard to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

Thank you for filling this form!