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CASE FOR SUPPORT

PARTNERING FOR THE WELL-BEING OF WOMEN  
AND CHILDREN IN DJIBOUTI

MAY 2017



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## Dear Friends and Partners

The past years have been an exceptional journey for UNICEF in Djibouti. The country has made significant progress in advancing children's and women's rights.

The child mortality rate has been reduced by half over the past decade thanks to comprehensive health, nutrition and water, sanitation and hygiene interventions engaged by the Government and its partners. The proportion of HIV+ pregnant women enrolled in the Prevention of Mother-To-Child Transmission (PMTCT) of HIV programme and receiving antiretroviral treatment continues to increase. Djibouti has met the Millennium Development Goal related to access to improved water, however, disparities of access between urban and rural areas remain a challenge.

Over the past 20 years, the trend towards abandonment of female genital mutilation/cutting (FGM/C) has progressed slowly but steadily. The evaluation of the national strategy against the practice found that perceptions are gradually changing in favour of abandoning the practice. The Government of Djibouti is also making significant efforts to enhance the child-friendly justice system and has established community networks to facilitate the design of alternative measures to detention for minors in conflict with the law.

UNICEF and its partners have led intensive advocacy efforts, leading to substantial developments in legislations, policies, strategies and national programming. The adoption of the Child Protection Code constitutes a step forward harmonising national legislation with international legal instruments. Its dissemination enables professionals, children and families to understand how to prevent and respond to children's rights violations. In the education sector, the elaboration of the new national plan offers a decisive opportunity for the country to analyse the current situation and tackle persisting issues related to access and quality of education. Also, early childhood development has recently become a priority for the education sector. In the area of nutrition, UNICEF and its partners will continue to advocate for country's adhesion to the Scaling-Up of Nutrition movement.

The UNICEF Djibouti country programme has made progress in leaps and bounds in many areas. It has not been without its challenges. But our vision has remained steadfast—to ensure that no child is left behind in Djibouti, and that the most vulnerable and disadvantaged children are given the best opportunity for a healthy life, to fulfil their potential and to remain protected against harm.

We could not have achieved any of this without the solid partnership we have with the Government of Djibouti, the United Nations System, technical and financial partners and NGOs, civil society and community-based organisations, faith-based organisations and media. Their commitment and willingness to make Djibouti a better place for children is exemplary. We also extend our gratitude to our generous donors, without whom we could not have had the positive impact we made on children's lives.

We look to the future with optimism and with the willingness to work harder and more effectively for Djibouti's children.

For every child,



Djanabou Mahonde, UNICEF Representative in Djibouti

# A NATION WITH CHALLENGES AND OPPORTUNITIES

Located in the Horn of Africa, Djibouti is one of the smallest and most arid countries in the world. Bordered by Eritrea in the north, Ethiopia in the west and south and Somalia in the southeast, the country has an estimated population of 1,020,000 people (Estimation based on Census 2009 with an average annual growth rate of 2.8 per cent). Children represent nearly 40 per cent of the population.

Over the past decade, Djibouti's economy has grown at an average five per cent per year. This sustained economic growth is, to a large extent, based on the development of the tertiary sector, which represents 77 per cent of the country's economy – and the lion's share goes to the activity of the Port of Djibouti. Due to its strategic location, the country has become an important transit port for the region and an international transshipment and refuelling centre.

Djibouti has been classified as a lower-middle income country with a GDP per capita of nearly US\$1,421 (Rapport Annuel sur la Situation Économique et Sociale de Djibouti) which – together with the diversion of resources to ongoing emergencies in the region - has led to a reduction in external funding flows for development. The country, which remains heavily dependent on foreign assistance to help support its balance of payments and to finance development projects, must now increasingly rely on its own investments and/or borrow money for its development, thus increasing further its external debt.

Despite the efforts of government and development partners, the country's impressive economic growth has not been reflected in sustained improvements of

the population's living conditions. The harsh living environment in the rural areas forced the population to concentrate in urban centres, home to seven out of ten Djiboutians.

The capital, Djibouti-city, assembles 60 per cent of the entire country's population. The demographic growth rate of 2.8 per cent and the uninterrupted migratory flow (migrants are estimated at 50,000) contributes to the precarious situation (Rapport Annuel sur la Situation Économique et Sociale de Djibouti, 2013).

Djibouti hosts nearly 21,000 refugees from Somalia, Ethiopia, Eritrea and Yemen, the majority of whom fled as a result of conflict and violence in their countries of origin (2014 UNHCR country operations profile for Djibouti). Women and children represent over 70 per cent of the refugee population.

Djibouti still has very high poverty rates. An estimated 23 per cent of the population lives in absolute poverty, according to the preliminary results of the latest Multidimensional Overlapping Deprivation Analysis conducted in 2015.

Despite its economic growth, Djibouti still finds itself placed within the bottom group of countries in terms of human development, ranking 170th among 187 countries (United Nations Development Programme, Human Development Report). The population also suffers the cumulative detrimental effects of a drought that started in 2007 and led to a drastic reduction in the income sources of herders and rural dwellers ■



**1,020,000**

**ESTIMATED POPULATION**

**40%** OF THEM ARE CHILDREN

**US\$1,421**

**GDP PER CAPITA**

**40%** LIVES IN RELATIVE POVERTY

**23%** IN ABSOLUTE POVERTY

**170<sup>TH</sup> OF 187**

**HUMAN DEVELOPMENT INDEX**

**21,000**

**REFUGEES FROM SOMALIA, EITREA, ETHIOPIA AND YEMEN**

# SIGNIFICANT PROGRESS BUT A LONG WAY AHEAD

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Djibouti has made tremendous progress in advancing children's and women's rights. The child mortality rate was reduced by half over the past decade. Substantial developments in policies, strategies and national programming have been achieved in the areas of health, nutrition, water, sanitation and hygiene, education, prevention of HIV/Aids, child protection and social inclusion.

Between 2002 and 2012, the under-5 mortality decreased from 127 to 68 per 1,000 live births, and maternal mortality from 546 to 383 per 100,000 live births (EDSF/PAPFAM 2, 2012). Nevertheless, these rates remain amongst the highest in the Middle East and North of Africa region. The Integrated Management of Childhood Illnesses approach, which provides low-cost and high-impact interventions to the most hard-to-reach children at community level has contributed to this reduction. Throughout the years, the Expanded Immunisation Programme was reinforced with new vaccines against some of the leading causes of child death, and a strategy has been put into place to promote its extension to all infants.

As a result of the efforts deployed by the Government and its partners in the past years, nine out of ten people living in urban centres now have access to potable water. However, disparities in access between urban (97 per cent) and rural areas (65 per cent) remain a challenge (EDSF/PAPFAM 2, 2012).

Following the trend of previous years, the proportion of HIV+ pregnant women enrolled in the Programme of Prevention of Mother-To-Child Transmission (PMTCT) of HIV and receiving antiretroviral treatment continued to increase, rising from 75 to 85 per cent between 2015 and 2016.

In the education sector, the development of the new national plan offers a decisive opportunity for the country to analyse the current situation and tackle persistent issues related to access and quality of education. Also, early childhood development has recently become a priority for the education sector and a network of community-based kindergartens was established in different regions of the country.

Over the past 20 years, the abandonment of female genital mutilation/cutting (FGM/C) has progressed from 93 per cent prevalence estimated rate in 2006 to 78.4% of women and girls aged 15 to 49 years old in 2012 (EDSF/PAPFAM 2, 2012). The movement to accelerate the abandonment of FGM/C has gained strength, with dozens of communities making public declarations on the abandonment of the practice.

The country's national development agenda identifies social protection as a key strategy for poverty reduction and social development in the country.

Despite all the significant efforts of the Government and its partners, there is still a long way ahead to build an environment fit for children and future generations.

#### Difficult access to quality healthcare

Nearly 68 out of 1,000 Djiboutian children will never celebrate their fifth birthday. Out of these, 58 will never even celebrate their first birthday, with 45 of them dying during birth. As for maternal mortality, Djibouti struggles with one of the highest rates in the region: 383 per 100,000 live births (EDSF/PAPFAM 2, 2012). Pregnancy-related complications, disease and malnutrition are major underlying factors that affect women and children's health in Djibouti. Persistent socio-cultural practices, unavailability of food due to food insecurity, low household income and poor access to safe water and sanitation facilities further contribute to high rates of morbidity and mortality. The capacity of the health system suffers from staff shortages, inadequate quality of services and referral systems and lack of knowledge of danger signs during pregnancy.

Although efforts have been made to expand the health infrastructures, access and utilisation of services are still inequitable between rural and urban centres

given that an estimated 20 per cent of the population does not have access to healthcare facilities and is unreachable by health mobile teams.

#### Highest HIV/AIDS prevalence in the region

Djibouti has the highest HIV/AIDS prevalence in the region: an estimated 2.5 per cent of the population live with the virus (Rapport d'Activités sur la Riposte au SIDA à Djibouti 2012, Government of Djibouti and UNAIDS, 2012). The difficulty in controlling the epidemic is strongly linked to stigmatisation and discrimination coupled with limited investments in HIV prevention. Women and young people are disproportionately affected by HIV/AIDS.

Prevention activities aimed at young people are still piecemeal; adolescents' knowledge of how the virus is transmitted and prevented is limited and condoms are rarely used. According to a study on Knowledge, Attitudes and Practices published by UNICEF in 2010, only 11.3 per cent of young people aged 15 to 24 know how to prevent HIV and are able to identify misconceptions about its transmission.

#### Malnutrition, an emergency situation

In a scenario of widespread poverty, families face serious difficulties in coping with unemployment and increasing food prices - and hunger is a harsh reality in the everyday life of many children. The high prevalence rates for stunting, wasting and underweight identified by the national nutrition survey conducted in 2013 highlight that a significant number of children will suffer irrevocable consequences on their physical and cognitive development. Wasting affects 17.8 per cent of the children under five years of age, with 5.7 per cent suffering from severe acute malnutrition. Stunting, which has irreversible effects on essential physical and mental growth processes, hits three out of ten children (SMART Survey 2013).



### Water scarcity

In Djibouti, water is as precious as it is scarce. Rains are rare, unpredictable and short. The water originates exclusively from deep underground water tables fed by rainwater infiltration. Since the drought that started in 2007, rainfall has been reduced to approximately 50% of previous levels. The levels of underground water tables dropped significantly. Many water shallow wells dried up, increasing the number of people dependent on water trucking.

As a result of the efforts deployed in the past years, nine out of ten people living in urban centres now have access to potable water. However, this does not mean that all households are connected to the public distribution network and have tap water. In rural areas, the situation is far more difficult: only 65 per cent of

the population has access to water and for those who do have access, two out of five people have to walk a minimum of half an hour to reach a water source. (EDSF/ PAPFAM 2, 2012). Sanitation remains an issue in Djibouti. The percentage of people with access to improved latrines decreased from 66 to 47 per cent between 1990 and 2015 and the country did not reach the related Millennium Development Goal. Open defecation practices have augmented significantly in rural areas, rising from 44 to 76 per cent between 1990 and 2015.

### Education: challenges in access and quality

According to the preliminary results of a study conducted by the Ministry of Education and UNICEF, two out of every five children are out of school in Djibouti. Children with disabilities, nomadic children and girls, particularly those from the poorest households, are among the most

excluded. The high cost of schoolbooks, distance to school and the low social value attributed to girls' education are key bottlenecks.

Schools have limited capacity to take in all school-aged children. Around 52 per cent of public primary schools operate on a double-shift schedule, highlighting the gap between the provision of basic education services and the huge demand for education. Preschool education is not compulsory in the country. Service provision is concentrated in the private sector in urban areas; it is fee paying and only affordable for upper middle class or well-off families. The percentage of children aged 3 to 5 years enrolled in preschool education programmes stands at around 7 per cent.

Regarding the situation of children affected by emergencies, several constraints hinder refugee children's access to education. Approximately 8,000 of the 24,264 refugees registered with UNHCR are school-age children, but in 2016 only 47 per cent enrolled in school.

### Harmful traditional practices

An estimated 78.4 per cent of women and girls aged 15 to 49 years old have undergone female genital mutilation/cutting (FGM/C). Nevertheless, even if culture and tradition continue to speak louder, there is a window of opportunity for change. In 2008, Djibouti joined the UNFPA/UNICEF joint global programme to accelerate the abandonment of FGM/C and a significant reduction of 14.6 percentage points was registered from the 93 per cent prevalence rate estimated in 2006 (EDSF/PAPFAM 2, 2012). The practice has been banned by law since 1984 and in 2009 legislation was amended and strengthened with harsher penalties. Child marriage is estimated at five per cent in urban areas and 8 per cent in rural areas; whereas 8 per cent of children are engaged in child labour.

### The legislative framework

The Government of Djibouti ratified the Convention on the Rights of the Child in 1990 and its two optional protocols in 2011 as well as the African Charter on the Rights and Welfare of the Child (2009) - all without reservations. Even if good progress has been achieved on policy and legislation, there are challenges around the implementation of child protection measures and laws ■



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# WHAT IS LIKE TO BE A CHILD IN DJIBOUTI ?

Growing up in Djibouti is not easy. The journey from a mother's womb to the vulnerable adolescent years is fraught with risks and challenges.

The most vulnerable and disadvantaged children are sometimes denied the choices and opportunities to reach their full potential and to be better prepared to participate in society as active citizens.

**7 out of 10** have access to sanitation in urban areas. Only 16% in rural areas

**9 out of 10** have access to safe water in urban areas, only 65% in rural areas.

**80.2%**  
Primary gross enrollement rate



**2 out of 5**  
children are out of school

**Less than 7%**  
of children 3-5 years old enrolled in preschool



**17,8**  
of children under 5 years of age are wasted

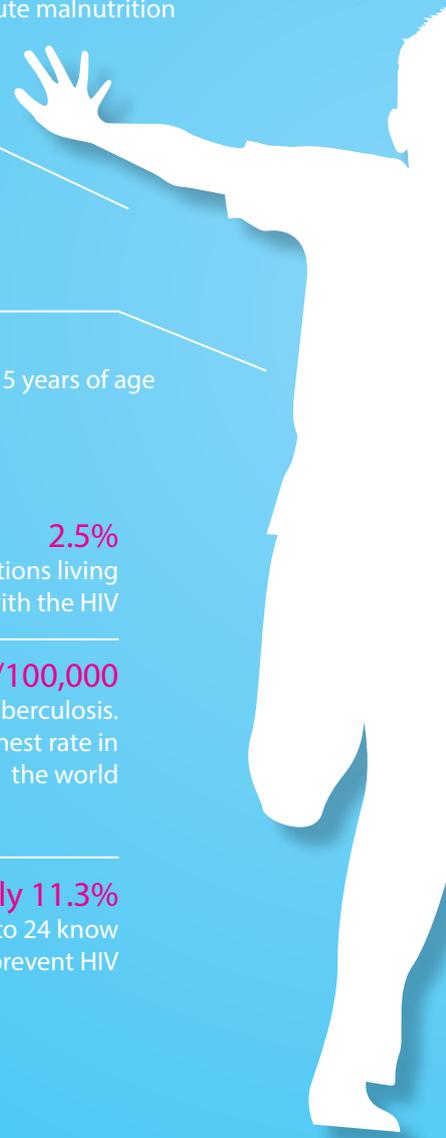
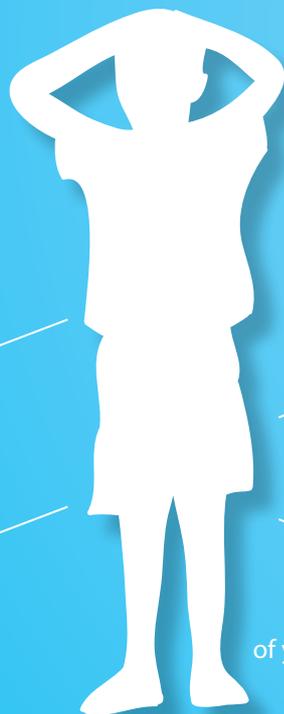
**2.5%**  
Estimated populations living with the HIV

**839/100,000**  
Prevalence of tuberculosis. One of the highest rate in the world

**Only 11.3%**  
of young people aged 15 to 24 know the means to prevent HIV

**3 out of 10**  
children under 5 years of age are stunted

**5.7%**  
of children under 5 years of age suffer from severe acute malnutrition





**68 out of 1,000**  
children will never  
celebrate their 5th birthday



**78.4 %**  
of women and girls aged 15 to 49 years old  
have undergone FGM/C

**383/100,000**  
Maternal mortality rate, one  
of the highest in Africa.

**7%**  
Estimated rate of  
child marriage



**20%**  
of the population have not access  
to health facilities

**8%**  
Estimated rate of child  
labour

**71.9%**  
Deliveries in health facilities

**22.6%**  
Antenatal care (4 visits)



**9 out of 10**  
are registered at birth

**1 in 2**  
is exclusively breastfed

**52.9%**  
Postnatal care



**84%**  
Immunisation coverage



# PARTNERING FOR THE WELL-BEING OF CHILDREN



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The UNICEF office in Djibouti was established in July 1981. Since then, the organisation has been continuously working to build a system that safeguards and promotes the chances for a better future for all children in Djibouti, as well as promoting a strategic thinking around important development issues and providing the basic ingredients to make it work.

UNICEF's main asset is its ability to focus simultaneously on supporting basic service delivery and community-based interventions with a focus on populations that are the most vulnerable, also known as 'downstream' work, and "upstream" efforts to create an enabling policy and legislative environment for child rights. The overall aim is to reduce social disparities and build resilience among communities affected by shocks to their livelihoods.

The 2018-22 UNICEF country programme has been

prepared in collaboration with Government and interventions are fully aligned with the country's long-term development plan "Vision Djibouti 2035" and the objectives of SCAPE (2015-2019). The country programme is also guided by the Sustainable Development Goals with special attention to equity, gender, and resilience. Furthermore, the country programme contributes to the objectives of the 2018-2022 United Nations Development Assistance Framework (UNDAF).

The overall vision of the country programme is to ensure that children in Djibouti have access to and utilize quality basic social and protection services, with a particular focus on vulnerable children living in areas identified as the most deprived (Dikhil, Tadjourah and Obock, the peri-urban zone of Balabala and other pockets of deprivation).

The programme is focused on three key priorities which emerge as challenges from the Situation Analysis conducted jointly with the Government in 2016: the contribution to the reduction in under-five and maternal mortality through an integrated 1,000 days approach, combining Health, Nutrition, HIV and WASH interventions; providing access to quality education services and ensuring linkages between formal and non-formal education for children who are out of school; and providing access to child and social protection services for vulnerable children, including victims of violence.

Given Djibouti's vulnerability to climate change and recurring natural disasters, the programme supports interventions across the continuum of development, prevention, preparedness and response ■

# WHAT DO UNICEF AND PARTNERS WANT TO ACHIEVE



## Child survival and development

Enhanced access to, use and coverage of high impact child and maternal health and nutrition services; HIV care and treatment services for children, women and young people; and safe drinking water and sanitation services and hygiene practices, with a focus on vulnerable and marginalized children, women and communities.



## Child protection and social inclusion

Enhanced access to child and social protection services for vulnerable children, including victims of violence.



## Education and Adolescents

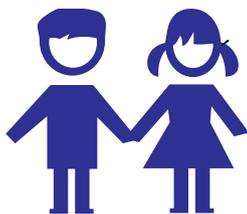
Improved availability and access to quality education, with the linkages between formal and non-formal education for children who are out of school.



## Humanitarian action and emergency response

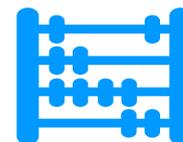
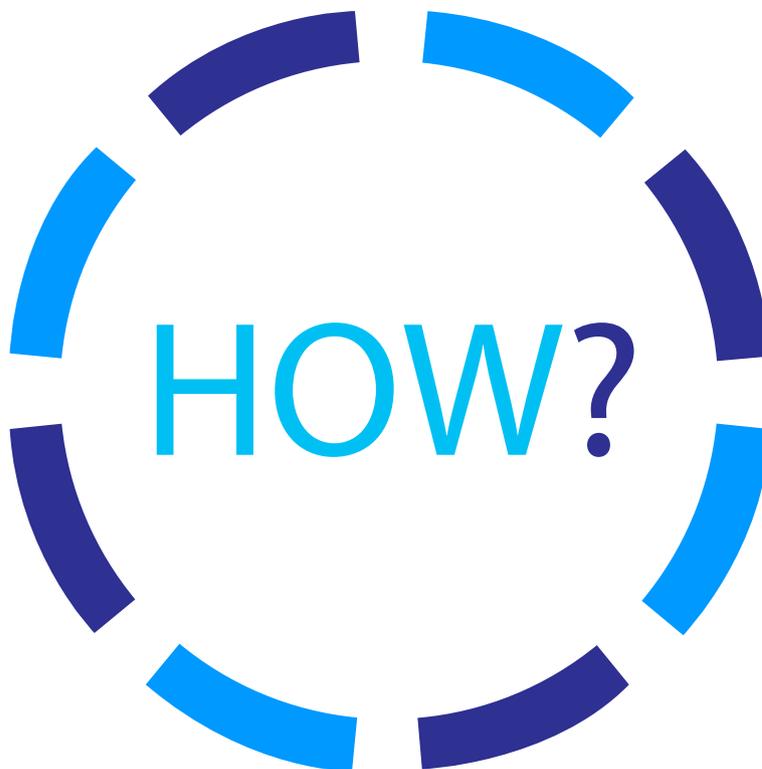
Enhanced preparedness and effective response for improved survival and development of children and women affected by conflict and other emergencies.





### Innovative service delivery and community engagement

Through a combination of strategies specific to each component and different programming contexts (e.g. rural, urban, pastoralist). Innovations are deployed to accelerate progress towards results by reaching the remote rural as well as nomadic/pastoralist populations. In all sectors support is provided to modelling of innovative service delivery and community engagement approaches around Key Family Practices, in particular through piloting in hard-to-reach areas.



### Evidence-based advocacy

Through evidence UNICEF will demonstrate effectiveness of approaches, to be used in advocacy with Government for adequate resource allocations and scale-up of interventions.



### Strategic partnerships

UNICEF will continue its strategic partnerships with other United Nations agencies, bilateral and multilateral partners, NGOs, civil society organizations (CSOs), the private sector and academic institutions, and will actively participate in national aid coordination mechanisms.



# RESULTS FOR CHILDREN AND WAY FORWARD

## FOR EVERY CHILD | SURVIVAL AND DEVELOPMENT

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Comprehensive efforts in health, nutrition and water, sanitation and hygiene (WASH) have been made in the last decade to reduce under-5 and maternal mortality in Djibouti. The progress is undeniable. Between 2002 and 2012 under-5 mortality decreased from 127 to 68 per 1,000 live births; and maternal mortality from 546 to 383 per 100,000 live births. Yet these rates remain amongst the highest in the Middle East and North of Africa region.

**Immunisation** is one of UNICEF's main strategies to promote child survival. In 2016 the percentage of children fully immunised for diphtheria, pertussis and tetanus (DPT3) stood at 90 per cent, the same rate achieved the year before.

However, the DPT3 coverage in the regions (outside of Djibouti-city) decreased from 72 to 65 per cent in

this period, a reduction explained by deficient cold chain equipment at rural healthcare centres.

The programme of **Integrated Management of Childhood Illnesses** continued to be implemented at community level to provide low-cost and high-impact interventions to the most hard-to-reach children. 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. This is a result of the improvement of healthcare workers' skills along with the provision of the necessary essential drugs (antibiotics and oral rehydration salts).

Following the trend of the past three years, the proportion of HIV+ pregnant women enrolled in the Programme of **Prevention of Mother-To-Child Transmission** (PMTCT) of HIV and receiving antiretroviral treatment continued to increase, rising from 75 to 85 per cent between 2015 and 2016.

In 2017, UNICEF will focus on health system strengthening at community level through the development of targeted interventions by identifying barriers to access and utilisation of health services.

**Malnutrition** remains one of the main child-killers and a major public health concern: over one in four children under 5 years of age (29.7 per cent) is stunted and one in six (17.8 per cent) is wasted. This explains why nutrition is considered a critical component of the 2013-2017 National Health Development Plan, and why the Government together with UNICEF and other partners is investing on malnutrition prevention and expanding children's access to quality treatment.

In 2016, nine out of 10 children suffering from severe acute malnutrition (93.1 per cent) were admitted and treated in health facilities. Among these children who accessed quality treatment, 96.9 per cent recovered and 2.9 per cent defaulted, while the death rate stood below 0.1 per cent.

UNICEF in collaboration with partners will continue to advocate for the development of a strategy document on Infant and Young Child Feeding, the establishment of a steering committee on the reduction of stunting, and for Djibouti's adherence to the Scaling-Up of Nutrition movement.

In refugee camps, UNICEF, WFP, UNHCR and African Humanitarian Action pursued its partnership, with the nutrition [humanitarian response](#) being guided by a single and harmonised logical framework that enhances the coordination, allowing each organisation to intervene within its area of comparative advantage and preventing duplication of efforts.

Djibouti has met the Millennium Development Goal related to [improved water](#). However, disparities of access between urban (97 per cent) and rural areas (65 per cent) are still a challenge. In 2016, the Government launched the development of a Water Point Management Strategy as a result of UNICEF advocacy. This document is a breakthrough for the sustainability of water points as it will regulate the participation of communities in its management. In rural areas, over 84 per cent of those with access to improved water are using shared facilities; therefore it is of the utmost importance that communities take the lead in their maintenance.

In 2016, a further 12,020 people regained access to drinking water through the rehabilitation of wells

and extension of the water distribution network. These people had lost access to improved water due to the degradation and consequent breakdown of the facilities. To help prevent similar situations in these areas, UNICEF and its partners supported the Government to establish and train 15 local Water Management Committees (60 people) on water point management.

In pastoralist and nomadic regions, 1,146 children and families were given access to [sanitation](#) through shared facilities and are abandoning open defecation practices.

Lack of access to water and sanitation contribute to disease and malnutrition, which is why UNICEF is promoting an integrated WASH and Nutrition approach. In malnutrition-affected rural areas, 1,860 people gained access to safe water for the first time in 2016 thanks to the extension of existing boreholes supported by the Government and UNICEF.

UNICEF co-leads with the government the WASH sector working group for humanitarian preparedness and response, and thanks to the continuous technical support, government's leadership and analytical thinking have widely improved as revealed during the coordination of the development of the 2017 Humanitarian Need Overview and Human Response Plan.

The overall vision of the UNICEF programme 2018-22 is to ensure that children's rights to survival and development are realised through access to quality social services and through the adoption of healthy and protective behaviours as well as positive parenting practices by families and communities, with an emphasis on the first 1,000 days of life spanning from conception until the end of the second year of a child's life, thus contributing to reductions in maternal and child mortality. The programme will focus particularly on vulnerable children living in areas identified as the most deprived ■



## FOR EVERY CHILD AND ADOLESCENT | EDUCATION

The development of the new [Education sector plan](#) offers a decisive opportunity for the country to analyse the status of the Education sector and tackle persistent issues related to access and quality of education. As lead of the Education Local Partners Group, UNICEF mobilised all partners to support this process, and is providing technical support. The new plan takes into account the recommendations from the evaluation of the current plan, as well as the results and recommendations of the Out-of-School Children study conducted in 2013 with UNICEF financial support.

Thanks to UNICEF advocacy efforts, [early childhood development](#) has recently become a priority for the sector. To increase the offer of services, UNICEF has supported the Ministry of Women and Family in launching and expanding a network of community-based kindergartens in different regions of the country; and the Ministry of Education in establishing 10 preschool classrooms in Balbala, the most disadvantaged peri-urban area of Djibouti-city.

To promote [equitable learning and development opportunities](#), UNICEF is supporting the Ministry of Women and Family to develop an afterschool programme targeting the most vulnerable children. This initiative, launched in November 2016, is run in the facilities of 10 Community Development Centres in Djibouti-City. In 2016, UNICEF provided school kits to 34,000 children in 3rd, to 5th grades, while Government made kits available for 1st and 2nd grade students to help families reduce the cost of school materials. To advance girls' secondary education, UNICEF supported the Government to conduct a bottleneck analysis in the most vulnerable regions, namely Obock and Arta regions.



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In [refugee camps](#), UNICEF contributed to the enrolment of 3,339 refugee children from preschool to higher secondary education by providing student kits, covering teachers' training programme and contributing to their salaries.



UNICEF has also supported an inter-school annual competition 'Reading Challenge' organised by the 'Centre de Recherche, d'Information et de Production de l'Éducation Nationale' (CRIPEN) as part of the Ministry of Education's strategy to promote students' interest in books and consequently their reading skills. More than 14,000 students were reached by this initiative over the past few years.

In view of promoting [inclusive education](#) in private schools and creating an alternative for children with physical disabilities, autism, Down's syndrome and other special needs - which often cannot be accommodated by public schools - UNICEF supported the training on inclusive education of teachers and school directors from a dozen private schools.

Given the high [prevalence of HIV/AIDS among youth](#) (6 per cent), UNICEF has been using schools as a platform to raise awareness on the risks linked to the virus, ways of transmission and prevention, as well as to fight discrimination and stigmatisation.

A survey conducted in 2010 with UNICEF support has shown that less than 10 per cent of adolescents have comprehensive knowledge of HIV. Lack of awareness and stigma hinder dialogue within the family, which is why interventions target adolescents and youth as well as families and community members.

In 2016, an action plan was designed for school-based awareness-raising interventions and pedagogical support materials were developed in partnership with one of the specialised centres under the Ministry of Education (CRIPEN). Prevention activities are ongoing and there are plans to cover all intermediate and secondary schools in-country. In parallel, preventive interventions were undertaken in partnership with Civil Society Organisations to empower adolescents and youth (in and out-of-school), develop their skills and promote their utilisation of health services.

In 2016, 2,344 in-school and 15,000 out-of-school adolescents and youth, 120 parents, 75 teachers and 4 school assistants were either trained on the Life-Skills Programme or reached by social mobilisation activities. The results of the post-test conducted showed that 87 per cent of adolescents and youth trained knew the modes of contamination and the means of prevention of HIV/AIDS.

Limited funding for HIV/AIDS prevention activities remains one of the major obstacles to the sustainability of prevention interventions. UNICEF is the only partner supporting prevention programmes targeting adolescents and youth.

In its 2018-2022 programme of cooperation, UNICEF, as sector lead in the Global Partnership for Education initiative, will leverage other partners' contributions to the education sector in support of the Education Action Plan 2017-19. A mix of implementation strategies will be used, including policy development, piloting of innovative approaches on equity in access as well as life skills and citizenship education to improve the quality of learning and to better prepare children for their roles as active members of society. ■



## FOR EVERY CHILD | PROTECTION AND SOCIAL INCLUSION



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In partnership with the Government, civil society and communities, UNICEF continues its efforts to strengthen the [Child Protection system](#). The adoption of the Child Protection Code at the end of 2015 - to which UNICEF's advocacy largely contributed - constitutes a step forward in harmonising national legislation with international legal instruments and a key milestone in terms of protection of children's rights. In 2016, Government started to disseminate the Child Protection Code, enabling professionals, children and families to understand how to prevent and respond to children's rights violations.

In 2016, the [acceleration of FGM/C abandonment](#) gained strength, with 51 communities proclaiming a public declaration on the abandonment of the practice. A powerful communication strategy was developed by the Community Management Committees, who succeeded in saving 223 girls

under 15 years old from being subjected to FGM/C. Community dialogues reached 51,694 people including 17,344 men, a group that so far was being left out because FGM/C had been considered a women's issue. In a patriarchal society like Djibouti, men are highly influential in family's decision-making and thus their involvement is perceived as an important breakthrough when raising awareness for the abandonment of FGM/C. UNICEF has supported the ministry of Women in developing a new strategy with a comprehensive monitoring and evaluation plan to address this issue.

The Government of Djibouti is also making important efforts to enhance [child-friendly justice](#) but gaps persist. Recognising the urgent need to move forward, in 2016 Government and partners planned their response taking into account the recommendations of the bottleneck analysis on Justice for Children undertaken in 2015 with UNICEF support.

The lack of child-sensitive procedures and services to promote the rehabilitation and reintegration into society of children in detention was one of the major gaps in Djibouti's child protection system that the Government was working on. As a result, the Detention Centre is now offering education and leisure services to children and there are a number of social assistants qualified to analyse children's social profile in order to come up with personalised social assistance and rehabilitation plans.

UNICEF partnered with APPDEM to draw the psychosocial profile of the most vulnerable children in contact or conflict with the law and provide legal aid to their families. About 250 parents, youth, representatives from local government and police/gendarme showed improved awareness and commitment to ensuring child-sensitive procedures and

handling of cases of children in contact with the law following the awareness-raising sessions. Moreover, a Community Network on Justice for Children was established with the purpose of facilitating the design of alternative measures to detention.

In 2016, 93 per cent of the targeted 195 **migrant and street children** benefited from a social services package composed of food, hygiene, literacy, healthcare and para-counselling. 35 children were reunited with their families in Djibouti-city and of 13 children voluntarily repatriated to Ethiopia.

The **prevention of violence against children** is promoted through community networks who provide information on positive parenting to families, parents and caregivers on a regular basis. However, there is a need to create services to respond to all forms of violence. 23 community workers were trained on Child protection and gender-based violence minimum standards and, together with children, organised an awareness-raising campaign on the most frequent children's rights violations, reaching more than 800 individuals.

In the area of **social inclusion**, the country's national development agenda identifies social protection as a key strategy for poverty reduction and social development. To tackle coordination issues in the area of social protection, UNICEF Djibouti advocated and succeeded in bringing together, under the leadership of the State Secretary for Social Affairs, all technical and financial partners engaged in the social protection agenda. One of the main components of the National Social Protection Strategy is the Cash-Transfer Programme finalised by the Government in 2016 which already benefited 250 poor families.

In 2017, the State Secretariat for Social Affairs plans to scale up the programme to benefit 4,000 poor

households, essentially in rural areas.

The Government of Djibouti in its development strategy recognises the need to strengthen the existing monitoring and evaluation systems in the social protection sector. UNICEF has been working closely with the Government on this process and has provided technical assistance in finalising the programme's monitoring and evaluation system. This contributed to strengthen the capacities of the State Secretariat for Social Affairs in designing and managing impact evaluations, skills that will surely be useful beyond this specific social protection programme.

In its 2018-2022 programme of cooperation, UNICEF will continue to strengthen child protection system through legislative and policy work, by strengthening the capacity of frontline workers and enhancing justice for children. In the area of community engagement for the adoption of positive social practices (with a focus on abandonment of FGM/C and child marriage), UNICEF will support community management committees and adolescent groups to facilitate changes in behaviours, including positive parenting practices, and shifts in social norms through community dialogues and media campaigns, using a wide range of community engagement platforms.

In the area of child-sensitive social protection, UNICEF will work with other partners, including WFP and the World Bank, to provide technical support to the implementation of the country's national social protection strategy which will include provisions to accompany cash transfers programme. Furthermore, the programme will provide technical assistance for the development of a social workforce which will deliver both child and social protection interventions. ■

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# Thank you !

UNICEF is funded entirely by voluntary contributions. Our work in Djibouti would not be possible without the sustained efforts, and the generous contributions received from committed partners. We thank all our donors for their support and look forward to continued collaboration to ensure a better future for all children in Djibouti.

- United States Agency for International Development
- USAID Food for Peace
- European Commission
- The European Commission's Humanitarian Aid and Civil Protection department (ECHO)
- The Government of Japan
- Global Partnership for Education
- The Global Alliance for Vaccine and Immunisation Fund
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- United Nations Central Emergency Response Fund
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