Food and water, intimately interlinked, cannot be taken for granted in Djibouti. Rainfall since September 2007 has been less than half the normal average\(^1\) and the drought has tested the population’s ability to adequately feed itself. As the country’s children and women face parched earth and extreme undernutrition, an influx of refugees from conflict in neighbouring Somalia further stretches resources and government capacity. In Djibouti, 120,000 people – 15 per cent of the population – are already experiencing a crushing lack of food, health care, nutrition support, drinking water and sanitation facilities. The number of asylum seekers in Djibouti increased by 20 per cent over the last year, to some 14,500 by late 2010.\(^2\)

In February 2010, the Government of Djibouti, in collaboration with UN agencies, conducted a rapid assessment that showed that those bearing the brunt of emergency conditions are pastoralist nomads and semi-nomads. The assessment concluded that priority sectors for emergency response are food aid, health, nutrition, WASH, and animal husbandry and agriculture. Rural areas across the country are considered priority zones, with particular emphasis on the north-west.

In 2010, the UN system in Djibouti launched a US$39 million Drought Appeal, covering October 2010–October 2011. This Appeal includes nearly US$4.8 million for nutrition and WASH interventions carried out by UNICEF.\(^3\) In line with this, UNICEF is requesting US$4,255,000 for its 2011 humanitarian work in Djibouti to respond to increasing needs of the population affected by persistent drought, food insecurity and armed conflict in neighbouring countries. Without funding for key activities, the shortfall of food, water and safe housing will continue to threaten the welfare of Djibouti’s children and women.

UNICEF will focus on drought relief through actions related to nutrition, health, social protection and WASH.

Interventions will emphasize community participation, including involvement of girls and women in key management and decision-making roles. Such participation is an important precondition for developing ownership and ensuring sustainable results. Priority will be given to strategies that reach the poorest and address gender inequities.

Strategic partnerships within the UN family will be maintained on sensitive issues, particularly emergency preparedness and response. The National Contingency Plan – including the Government of Djibouti, bilateral partners and the UN system – will be ensured through assigned roles and responsibilities for each sector.

**CRITICAL ISSUES CHILDREN AND WOMEN**

The humanitarian situation in remote areas – including the regions of Dikhil and Tadjoura, part of Ali Sabieh Region, the town of Obock and the poorest suburban areas in Djibouti City – remains alarming. Poor road conditions and the conflict with Eritrea have already made some places inaccessible. These difficulties have reduced the frequency of mobile health unit activities. The increased threat of epidemics, such as acute watery diarrhoea, further complicates high levels of morbidity and mortality related to acute respiratory infections and diarrhoeal and vaccine-preventable diseases. In May 2010, the Ministry of Health confirmed cholera cases in several parts of the country along the Djibouti Ville-Obock migration route.\(^4\)

The number of children under age 5 suffering from global acute malnutrition is estimated to be 25,000, 6 per cent of whom have severe acute malnutrition.

The main challenges for the WASH sector are rehabilitating the water supply to Djibouti City and the peri-urban population, protecting rural water points that are contributing to diarrhoeal diseases, improving sanitation conditions in Balbala (the largest slum area in Djibouti) and creating new water supply points.
Growing instability in the region has increased the number of children who are migrants, living on the street or orphans. The majority of these children have limited access to social services and no external support. The Ministry of Health has a limited number of qualified staff and low storage and logistic capacities to manage supplies of nutritional products and essential drugs – a situation compounded by poor coordination between the national and regional levels and a non-functional health information system.

**KEY ACHIEVEMENTS IN 2010**

By late 2010, UNICEF had made significant achievements in nutrition, health, sanitation and hygiene, as well as improvements in education and the welfare of children. The national health information system and health communication were improved through implementation of the Djibouti Health Information System and the radio connection between rural posts and districts. As a result, all districts and Djibouti City are regularly providing data on time to the central level. Community-based management of severe acute malnutrition cases has been scaled up nationwide, with systematic screening of children and use of ready-to-use therapeutic food (RUTF). UNICEF ensured the provision of key supplies such as therapeutic milk (F75, F100, ResoMal and RUTF), essential drugs, anthropometric equipment and tools as well as other materials necessary for therapeutic feeding centres. Achievements included enrolling 15,900 children, 60 per cent of whom were cured. More than 50,000 children and women benefited from social mobilization and communication campaigns to improve infant and young child feeding practices.

Access to safe drinking water has improved for about 75 per cent of 120,000 people in the northern and western regions. People now have access to safe water supplies, rehabilitated wells, cisterns, hygiene supplies (such as jerrycans), water bladders, soap and water filters. Community-led efforts in more than 35 per cent of the affected localities centred on specific strategies to reach the poorest, to address gender equity and to provide information about safer hygiene practices.

In social protection, 700 orphaned and vulnerable children benefited from a social services package. Among these children, 461 received school kits, access to tutoring and vocational training. In addition, conditional cash transfers for food were entrusted to caregivers and 195 children living on the street now have access to a safe, child-friendly environment equipped with WASH facilities.

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**CORE COUNTRY DATA**

<table>
<thead>
<tr>
<th>Core Country Data</th>
<th>864</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands 2009)</td>
<td>864</td>
</tr>
<tr>
<td>Child population (thousands 2009)</td>
<td>372</td>
</tr>
<tr>
<td>U5 mortality rate (per 1,000 live births, 2009)</td>
<td>94</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births, 2009)</td>
<td>75</td>
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<tr>
<td>Maternal mortality rate (per 100,000 live births 2008)</td>
<td>300</td>
</tr>
<tr>
<td>Primary school enrolment ratio (net male/female, 2005–2009*)</td>
<td>44/39</td>
</tr>
<tr>
<td>% U1 fully immunized (DPT3, 2009)</td>
<td>89</td>
</tr>
<tr>
<td>% population using improved drinking-water sources (2008)</td>
<td>92</td>
</tr>
<tr>
<td>HIV/AIDS prevalence (% aged 15–49, 2009)</td>
<td>2.5</td>
</tr>
<tr>
<td>% U5 suffering from moderate and severe wasting (2003–2009*)</td>
<td>17</td>
</tr>
</tbody>
</table>


*Data refer to most recent year available during the period specified.*
HUMANITARIAN ACTION: BUILDING RESILIENCE

In the village of Sagallou, UNICEF trained key community actors on the management of undernutrition. Community participants were then sent in teams of two to specific zones with screening tools and activities to identify children with undernutrition and to raise community awareness of the dangers of undernutrition.

One example of successful results of this UNICEF-led effort occurred when a team travelled to one of the hard-to-reach areas. During their visit, the team – Aicha and Mohamed – diagnosed a 2-year-old child with severe acute malnutrition living 30 kilometres from the closest health post. In spite of initial resistance, the team convinced the child’s parents to travel to the health post to prevent further deterioration of the child’s health.

Although the sick child did not have complications, it was indeed a case of severe acute malnutrition. Plumpy’doz was given to the parents with specific instructions on treatment and administration of the nourishing food. Two weeks later, Aicha and Mohamed visited the family to check on the child’s recovery and to see if the parents had effectively followed through on the treatment. They discovered that the child was on the road to recovery, as shown by a healthier and vibrant face and more playful behaviour.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF, together with the Government of Djibouti, other UN agencies, NGOs and partners, will help improve the well-being of 120,000 people affected by drought and other hardships, including 33,400 women and 25,000 girls and 29,000 boys. UNICEF’s immediate goal during 2011 is to reduce the vulnerabilities – and improve the lives – of more than 54,000 children affected by drought and other hardships. Emergency preparedness and risk reduction measures are included as an integral part of the planned humanitarian action, along with national capacity development where possible.

NUTRITION (US$1,875,000)

The overall goal for 2011 will be to improve the nutritional status among vulnerable groups, especially children, women of childbearing age and the most nutritionally deprived.

- Management of undernutrition will be strengthened within 30 peripheral health centres at the district level and in community-selected sites.
- Blanket feeding will be implemented within 40 health centres, emphasizing protection, support and promotion of infant and young child feeding, including implementation of baby-friendly hospital initiatives in 10 maternity wards and promotion of the international code of marketing of breast-milk substitutes. To increase the exclusive breastfeeding rate in Djibouti, which at 1.3 per cent is currently the lowest in the world, there will be a focus on counselling for infant and young child feeding at all maternal and child health centres and at the community level in an integrated manner.

HEALTH (US$600,000)

In 2011, UNICEF will improve sanitary conditions for vulnerable populations in the Ali Sabieh, Arta, Dikhil, Obock and Tadjourah Regions and will reduce the risk among vulnerable populations in suburban areas.

- Two rounds of national Child Health Weeks and supplementary immunization measures, including provision of cold chain equipment and vaccine supplies, will ensure that nearly 25,000 children aged 6–59 months receive two doses of vitamin A supplementation and two doses of oral polio vaccine and that 15,000 will receive deworming tablets.
- Epidemic surveillance and response systems will be strengthened through an efficient national health information system, integration of the Expanded Programme on Immunization and staff capacity building. Insecticide-treated mosquito nets will be provided to 25,000 children under age 5 and to 5,000 pregnant women to prevent and reduce the incidence of malaria.

WATER, SANITATION AND HYGIENE (WASH) (US$1,250,000)

UNICEF in 2011 will assist the affected men, women and children in vulnerable areas through provision of safe water supplies, adequate sanitation and hygiene education.

- Access to clean water and sanitation benefiting 120,000 individuals in drought-affected localities will be improved through water trucking, rehabilitation of existing water points, installation of handpumps and construction of cisterns.
- To enhance the prevention of epidemics, UNICEF will continue with two hygiene promotion campaigns and ensure government at the local and national levels is
prepared for cholera outbreaks. Construction and use of sanitary latrines, hand washing with soap and the relationship between hygiene and diarrhoeal diseases will also be promoted.

- 35 communities will benefit from strengthening the water-quality monitoring and surveillance capacities of key institutions.
- The impact of climate change on the vulnerability and risk to UNICEF WASH programming will be analysed.

CHILD PROTECTION (US$400,000)
UNICEF will undertake a rapid assessment on protection and establish a coordination mechanism for a sub-cluster lead of protection.

- 10,000 orphans and vulnerable children will be provided with a social services package, including access to school, conditional cash transfers for food and vocational training for school dropouts.
- Services will be expanded from 195 children living on the street to reach 500 by establishing a drop-in centre, which will offer such services as schooling, leisure activities, light vocational training and awareness on HIV and AIDS.

EDUCATION (US$80,000)
The goal for 2011 will be to continue to raise awareness of the critical role of education in emergencies and establish mechanisms to prepare and respond effectively to emergencies.

- 50 teachers will be trained to coach the children in mapping hazards.

HIV AND AIDS (US$50,000)
The goal in 2011 for UNICEF is to ensure that information about sexual and reproductive health and rights will be made available through focused programmes in youth centres in emergency areas to at least 42,000 adolescents to help protect themselves against HIV.

- The capacity of 10 health and 10 administration staff on prevention of mother-to-child transmission of HIV (PMTCT) will be strengthened. UNICEF will continue to support the Ministry of Health and provide training to district political and administration officers and district health authorities in PMTCT and paediatric AIDS.
- 150 health-care providers and Children’s Desk Officers will be trained in post-exposure prophylaxis, and kits will be made available in all districts.
- PMTCT services will be scaled up in 30 health centres by providing HIV test kits, antiretroviral drugs and other consumables.

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2. Ibid.
5. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.

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### UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,875,000</td>
<td>25,000</td>
<td>13,250</td>
<td>11,750</td>
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<tr>
<td>Health</td>
<td>600,000</td>
<td>30,000</td>
<td>13,250</td>
<td>11,750</td>
</tr>
<tr>
<td>WASH</td>
<td>1,250,000</td>
<td>120,000</td>
<td>28,620</td>
<td>25,380</td>
</tr>
<tr>
<td>Child protection</td>
<td>400,000</td>
<td>4,000</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Education</td>
<td>80,000</td>
<td>5,000</td>
<td>2,500</td>
<td>2,500</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>50,000</td>
<td>42,000</td>
<td>22,260</td>
<td>19,740</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,255,000</strong></td>
<td><strong>120,000</strong></td>
<td><strong>28,620</strong></td>
<td><strong>25,380</strong></td>
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