

Humanitarian Action for Children

unicef

Djibouti

Children and families in Djibouti are extremely vulnerable after nearly a decade of drought. Since 2008, rainfall has decreased by half and many cisterns and shallow wells have dried up. The limited water supply and stretched services have left nearly 100,000 droughtaffected people living along migration routes without access to safe water. 1 A transit country for migrants and a refuge for people from conflict-affected countries, Djibouti was hosting some 27,800 refugees, or 3.3 per cent of the total population, as of the end of October 2017.2 Forty-eight per cent of the refugees are children.3 Although the National Refugee Law, which was adopted in January 2017, has established refugee children's right to education, the development of bylaws will take time. With limited formal learning facilities in camps, 9,090 children require access to education.⁴ While rates of severe acute malnutrition (SAM) appear to be declining in rural areas, SAM prevalence remains high in two out of three refugee camps, at 4.2 and 4 per cent in Holl-Holl and Markazi camps, respectively.⁵ In urban areas, some 1,000 migrant and street children cannot access basic social services and are exposed to violence and abuse.6

Humanitarian strategy

UNICEF's humanitarian response in Djibouti will focus on providing a package of social services to children from refugee and host communities. Water supply, sanitation services and the local governance thereof will be enhanced for communities along migration treatment, the 10 per cent default rate and routes, which are also highly exposed to food the fact that 3 per cent of patients were not insecurity. Sanitation services will be strengthened to reduce the risk of waterborne diseases, given that open defecation is practiced by three in four rural inhabitants. With regards to the considerable movement of nomadic populations along Djibouti's borders with Somalia and Ethiopia, and the limited capacity of the national health system, UNICEF will support the social mobilization component of a polio immunization campaign and the provision of vaccines and technical assistance for a measles immunization campaign. UNICEF will continue to support the nutrition response through the treatment of children from refugee and host communities who are affected by SAM and training on community management of acute malnutrition and infant and young child feeding for non-governmental organizations and United Nations High Commissioner for Refugees (UNHCR) staff in charge of camp nutrition. UNICEF will also prioritize the provision of formal and non-formal education, psychosocial support and protection services for refugee and migrant children, focusing on unaccompanied minors.

Results from 2017

As of 31 October 2017, UNICEF had US\$697,782 available against the US\$1.64 million appeal (42 per cent funded). 7 Although UNICEF reached 67 per cent of targeted children under 5 with SAM cured indicates that the quality of care remains an issue. Some 2,500 newly-arrived refugees gained access to safe drinking water in camps, where declining SAM rates have been recorded,8 and 360 families received water, sanitation and hygiene (WASH) non-food items. UNICEF reached 602 drought-affected people living along the migration routes with access to improved sanitation, complementing awareness-raising sessions and the distribution of WASH nonfood items. Some 7,800 children under 5 suffering from acute watery diarrhoea received oral rehydration salts and zinc (52 per cent of the planned target, with gaps covered by UNHCR). With UNICEF support, 67 per cent of refugee children accessed schooling, and 750 migrant and vulnerable children, including 371 girls, enrolled in nonformal schools. In addition, 139 unaccompanied and separated children, including 23 girls, were placed in foster families in host communities. Out of 1,000 newly-arrived children from Ethiopia and Yemen, 90 per cent received psychosocial support.

Total people in need:

Total children (<18) in need:

Total people to be reached:

Total children to be reached: 39,892

2018 programme targets:

- 2,050 children under 5 suffering from SAM received treatment
- 31,392 children under 5 provided with vitamin A supplementation

- 5,000 children aged 9 months to 15 years immunized against measles
- 8,500 children under 5 vaccinated against polio

WASH

- 5,000 refugees accessing safe drinking
- 1,000 refugees accessing appropriate sanitation facilities

Child protection

1,500 refugee and migrant children reached with psychosocial support

- 6,000 school-aged children affected by displacement accessing formal primary or secondary education
- 800 young children and 1,700 adolescents affected by displacement have participated in non-formal learning sessions

	Sector 2017 targets	Sector total results	UNICEF 2017 target	UNICEF total results
NUTRITION				
Children under 5 suffering from SAM admitted into therapeutic feeding programmes	5,665	3,811	5,665	3,811
Children aged 6 to 59 months provided with vitamin A supplementation	31,392	29,513	31,392	29,513
HEALTH				
Children aged 9 months to 15 years vaccinated against measles	15,000	0 ⁱ	5,000	O ⁱ
Children aged 0 to 59 months suffering from diarrhoea received oral rehydration salts and zinc	25,000	24,000	15,000	7,800
WATER, SANITATION AND HYGIENE				
Emergency-affected people provided with safe water per agreed standards	27,533	22,652	5,000	2,500
Emergency-affected people provided with access to improved sanitation	3,400	842	1,000	602 ⁱⁱ
CHILD PROTECTION				
Migrant and refugee children receiving community-based child protection services, including psychosocial support	700	632	500	632
Unaccompanied refugee children benefitting from risk awareness activities	140	139	140	139
EDUCATION				
Refugee children accessing quality pre-primary, primary and secondary education	6,800	4,396	6,800	4,396
Yemeni refugee children in Markazi camp and in urban areas enrolled in school	766	574	766	574

Results are through 31 October 2017 unless otherwise noted.

Funding requirements

In line with the country programme and the humanitarian strategy described above, UNICEF is requesting US\$1,461,300 to carry out humanitarian action for children in Djibouti in 2018. Without this funding, UNICEF will be unable to support the needs of children on the move and host communities, including access to drinking water and sanitation, health care and treatment for malnutrition. Adequate funding will also enable UNICEF to support children's access to formal and non-formal education, and provide essential protection services for migrant and refugee children.

Sector	2018 requirements (US\$)
Nutrition	333,600
Health	80,000
Water, sanitation and hygiene	411,700
Child protection	242,000
Education	394,000
Total	1,461,300

⁴ Estimation based on UNHCR Fact Sheet, October 2017. ⁵ Standardized Expanded Nutrition Survey, 2017.

⁸ Standardized Expanded Nutrition Survey, 2017.

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Measles campaign not planned by the Government for 2017 and postponed to 2018.

An additional 240 internally displaced persons gained access to improved sanitation with UNICEF support and funds from an other-resources grant.

¹ This covers the sedentary rural population in the three regions along the migration route—Dikhil, Tadjourah, Obock—of 69,600 (Source: Department of Statistics and Demographic Studies) and the population of refugees and asylum seekers of 27,771 (Source: UNHCR). ² United Nations High Commissioner for Refugees, 'Djibouti Fact Sheet', October 2017.

Estimated based on reports by implementing partners working with migrant and street children (Caritas Djibouti, Catholic Diocese of Djibouti).

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