

Djibouti

Consolidated Emergency Report 2018



Flooding in Djibouti City following Cyclone Sagar

Prepared by:
UNICEF Djibouti
March 2019

Table of contents

A.	Abbreviations and Acronyms	3
B.	Executive Summary	5
C.	Overall Humanitarian Context in 2018	7
D.	Humanitarian Results	7
E.	Case Studies	13
F.	Results Achieved from Humanitarian Thematic Funding	14
G.	Assessment, Monitoring and Evaluation	16
H.	Financial Analysis	16
I.	Future Work Plan	20
J.	Expression of Thanks	21

A. Abbreviations and Acronyms

AfDB: African Development Bank

AIDS: Acquired Immune Deficiency Syndrome

AWD: Acute Watery Diarrhoea

C4D: Communication for Development

CHWs: Community Health Workers

CRRF: Comprehensive Refugee Response Framework

DCO: Djibouti Country Office

GAM: Global Acute Malnutrition

GAVI: Global alliance for vaccines and immunization

HAC: Humanitarian Action Committee

HIS: Human Interest Story

HIV: Human Immunodeficiency Virus

ICCM: Integrated Community Case Management

IDP: Internal Displaced Population

MoH: Ministry of Health

MoE: Ministry of Education

NGO: Non Governmental Organization

ONEAD : Office National de l'Eau et de l'Assainissement Urbain

OPV: Oral Polio Vaccine

ORS: Oral Rehydration Salt

RCO: Resident Coordination Office

SAM: Severe Acute Malnutrition

SEAS: State Secretariat for Social Affairs

SDG: Sustainable Development Goal

SMART: Standardized Monitoring and Assessment of Relief and Transitions

UN: United Nations

UNAIDS: United Nations Programme on HIV/AIDS

UNCT: United Nations Country team

UNDP: United Nations Development Programme

UNFPA: United Nations Population Fund

UNHCR: United Nation High Commissioner for Refugees

UNICEF: United Nations Children's Fund

USAID: United States Agency for International Development

WASH: Water Sanitation and Hygiene

WFP: World Food Program

WHO: World Health Organisation

B. Executive Summary

Djibouti continues to shelter more than 28,700 refugees and asylum seekers (48% of whom are children) from Yemen, Ethiopia, Somalia and Eritrea. In 2018, the Djibouti government's commitment to join the Global Refugee Response Framework (CRRF) materialised in the field through the integration of refugees into national health and education systems. Furthermore, the country continues to suffer the negative effects of chronic drought, which translates into food insecurity for large parts of the rural population which in turn contributes to acute malnutrition rates that exceed the emergency thresholds set by WHO.

In May 2018, Djibouti experienced devastating floods following the cyclone Sagar in the Gulf of Aden. This event caused significant damage in 17 schools in Djibouti City, with an impact on the schooling of approximately 17,086 students. In addition, according to the results of the human impact assessment, 50% of households affected by the cyclone reported that their latrines had been destroyed by the cyclone, thus leading to risks of waterborne disease transmission.

UNICEF Humanitarian Strategy in Djibouti

In general, chronic emergencies underpin the humanitarian environment in Djibouti with decades of refugees' presence, continuous inflow of thousands of migrants, chronic and persistent drought and global acute malnutrition rates exceeding the WHO emergency threshold (GAM rate: 17.8 per cent and SAM rates: 5.7 per cent)¹ More recently, cyclone Sagar has also led to a change in Djibouti's emergency profile, triggering the need to include flooding (cyclone) events in emergency preparedness and contingency planning.

UNICEF's humanitarian strategy focuses on strengthening Government's capacity to coordinate preparedness for and response to emergencies while also building local population's resilience in coping with crisis and strengthening of social systems. As such, UNICEF is transitioning its humanitarian response strategy toward long-term development to help address chronic and protracted emergencies, thus also strengthening the humanitarian-development nexus. Through the development programme, support is provided to enhance sustainable access to quality basic social services for local communities and emergency-affected populations. In regions with high prevalence rates of severe acute malnutrition and above emergency thresholds of global acute malnutrition levels, UNICEF continues to provide humanitarian support through provision of therapeutic services to affected children. UNICEF support has helped to detect and treat children under five suffering from severe acute malnutrition through-out the country network of nutrition centers. In response to the epidemic threat (acute watery diarrhoea and measles outbreak), UNICEF has procured additional essential drugs (ORS, antibiotics) to keep up with the required treatment of diarrhoea and pneumonia cases among children affected by emergencies, while also supporting a cross-border collaboration to better control the AWD outbreak in the country. Regarding the response to the measles outbreak recorded in Djibouti during 2018, UNICEF has supported catch-up vaccination for children 9 months-15 years in areas affected by the measles outbreak and later in the year supported a nationwide measles vaccination campaign for children aged 6-59 months. In addition, a nationwide polio campaign was supported to

¹ SMART Survey 2013 – soon to be updated by SMART Survey 2019

contribute to maintaining Djibouti's "polio free" status. Furthermore, interventions to increase access to water and promote hygienic behaviours target communities affected by food insecurity in order to capitalise on the link between WASH and nutrition interventions. The humanitarian response prioritizes the needs of refugees and migrants, particularly of unaccompanied minors, education for refugee children and prevention of and rapid response to acute watery diarrhoea and potential cholera outbreaks along the migration routes and in Djibouti city. With regards to considerable movements of nomadic populations along the Somali and Ethiopian borders and limited capacity of the national health system, UNICEF aims to strengthen the capacity of the Ministry of Health on planning of vaccination campaigns.

In 2018 the UNICEF humanitarian response action in Djibouti has covered a broad range of interventions including health, WASH, Education and Child Protection as a matter of addressing recurrent emergencies (acute watery diarrhea and measles outbreak, drought, refugees, migrants, internal displaced populations) as well as protracted emergencies such as the cyclone Sagar which occurred during the year (May 2018).

Major challenges

The major challenge faced in implementing the humanitarian strategy during 2018 was linked to the limited coordination between all actors. Government emergency coordination bodies have limited capacity to be fully operational within a short period of time. Furthermore, some of the data on emergencies (e.g. measles and acute watery diarrhoea outbreaks) are considered very sensitive and are thus not shared widely, contributing to delays and inefficiencies in the responses.

Despite this constraining context, UNICEF together with other UN agencies as well as several civil society partners (NGOs), was able to achieve significant results in several sectors (Health, WASH, Education and Child protection) with regards to emergencies registered during the year. UNICEF's contribution to the humanitarian response in 2018 helped to improve access to safe drinking water for 15,000 people; access to improved sanitation infrastructures for 842 people; access to school for 4,600 refugees' children; access to psychosocial services for 9,642 refugees children and caregivers; access to risk awareness services to 184 unaccompanied children and reached 113,780 children aged 6-59 months with measles vaccines while detecting and enrolling 2,898 severely malnourished children into the recommended treatment schemes around the country.

Added-value of the ready-to-use and flexible thematic humanitarian funds

Thematic humanitarian funds were critical in securing the required resources for UNICEF to start responding to emergencies within the recommended 72 hours, and have also been very useful in catalysing the mobilization of additional funds to cover the financial needs as expressed in the 2018 HAC.

C. Overall Humanitarian Context in 2018

Situation Overview & Humanitarian Needs

Djibouti is a country of 992,637 population with over 28,000 refugees (UNHCR database December 2018). One of the main drivers of humanitarian needs in Djibouti is the chronic drought affecting children and families after nearly a decade of drought. In 2018, an estimated 200,000 people² including 20,000 children under the age of five were affected by drought and other types of emergencies, compared to 130,000 people affected in 2016. The impact of drought is aggravated by additional pressures on already overstretched basic social services by asylum seekers (from Somalia, Eritrea, Ethiopia and recently Yemen) and migrants mostly coming from Ethiopia, Somalia and transiting through Djibouti to the Gulf countries via Yemen. The prolonged drought contributes to the high prevalence of acute malnutrition, diarrheal diseases and other infectious diseases.

Although the national refugee law adopted in January 2017 establishes refugee children's right to education, the development of bylaws takes time and an estimated 4,000 refugee children remain out of school in 2018. In urban areas, some 1,000 migrants and street children were without access to basic social services, and while rates of severe acute malnutrition (SAM) appear to be declining in rural areas, SAM prevalence remains high in two of the three refugees' camps.

In May 2018, the tropical cyclone Sagar hit Djibouti causing floods in at least 15 per cent of Djibouti city. The cyclone exacerbated fragile basic social service delivery systems, causing damage to an estimated 10,000 households (about 150,000 people) with about 2,000 vulnerable households (10,000 people) severely hit. The major concerns among affected populations focused on access to sanitation, given the damage caused to the city's poorly designed sanitation system, reduced access to safe drinking water for the most disadvantaged families, including migrants, refugees and internally displaced people (in particular from the Damerjog area close to Djibouti City) and increased fragility of poor households in terms of food scarcity and lack of access to hygiene items. The schools and other social infrastructure have been affected with the total damage estimated at USD30 million.

D. Humanitarian Results

UNICEF Humanitarian response in 2018 has covered a range of sectors, with UNICEF playing the leading role in nutrition, WASH and Education sectors. Significant results were achieved in each respective sector .



Nutrition

Nutrition is one of the major public health concerns in Djibouti. Annually, about 20,000 cases of acute malnutrition are expected of which 7,000 are severe acute malnutrition cases among

² FEWSNET 2017

children. During the year 2018, UNICEF has worked to secure the nutrition supplies, ensuring no stock-outs in health facilities within the country and maintaining the detection and treatment of severely malnourished children. In total 2,898 children suffering from severe acute malnutrition were reported to be admitted in health facilities for treatment during the first half of 2018. Unfortunately, the HIS reports for 2018 are still partial, releasing only the data for semester 1 of the year at this stage. Nevertheless, the available data seems to indicate a positive trend in terms of admissions of SAM cases as compared to the expected annual targeted caseload (5,665) despite the serious bottlenecks created by the MoH's preference for mobile clinics rather than strengthening the community-based approaches for detecting and referring SAM cases. UNICEF has conducted high-level advocacy during the year to address this particular bottleneck and calling for the reinstatement of the community-based systems for SAM management in the country. Furthermore, together with other partners, UNICEF advocated for the lifting of restrictions on field monitoring visits by partners imposed by the MoH. UNICEF has also played an important role in leveraging a significant investment from the World Bank to further support community engagement in the fight against malnutrition. In addition, UNICEF has committed to support the country in conducting a SMART³ survey during the first quarter of 2019 which will provide updated information on the nutritional status of children in Djibouti and enable improved targeting of interventions to reach the most vulnerable.

Health

In a context of a fragile health system, porous borders, migration and weak surveillance system, the likelihood of disease outbreaks as well as importation of vaccine-preventable diseases remains high. During the second quarter of 2018, the country registered an outbreak of Acute Watery Diarrhoea (AWD) in the North and the South, mainly affecting the migrants and host populations within the migrants' corridors. Over 1,002 cases were registered (July 2018), however, the outbreak was rapidly controlled through the support of UNICEF (procurement of ORS, WASH interventions in the migrants' corridors) and partner agencies including the International Organization on Migration (IOM) and the World Health Organization (WHO). UNICEF's contribution entailed the provision of Oral Rehydration Salts (ORS) and zinc, intravenous fluids for effective case management as well as hygiene promotion activities.

In addition, UNICEF has also provided additional supplies (antibiotics, ORS and zinc) benefiting an estimated 5,854 children to address the increased caseload of pneumonia and diarrhoea linked with deteriorating community-based health services (reduced community-based prevention, detection and treatment of child illnesses in favour of secondary and tertiary care). Reportedly, 5,854 children under the age of five suffering from diarrhoeal disease were treated with ORS and zinc supplementation. UNICEF has also continued to support the national immunization program through the regular provision of vaccines, thus contributing to ensuring no recorded stock-outs at national, regional and health facility levels for diseases with high outbreak potential (measles, polio). Thereby UNICEF contributed to limiting the risk of the occurrence of vaccine-preventable diseases outbreaks among children affected by emergencies during the year. Nevertheless, the country recorded 460 cases of measles in

³ Standardized Monitoring and Assessment of Relief and Transitions.

2018, indicating the high susceptibility of Djibouti to measles outbreaks. In response to this situation, an initial cohort of 7,072 children 9 months to 15 years were vaccinated in mid-July (only in areas registering cases of measles) as part of a targeted campaign within the City of Djibouti where the highest caseload was registered and in December 2018 99,500 children 6-59 months were vaccinated against measles through a nationwide campaign back to back with 136,892 children 0-5 years vaccinated against polio (October 2018). Efforts in the health and nutrition sectors are hampered by the lack of data sharing from the health management information system at the Ministry of Health as well as the suspension of field visits conducted by partners during the first 3 quarters of 2018.



Water, Sanitation and Hygiene

In response to the humanitarian crisis caused by cyclone Sagar, UNICEF purchased and distributed branded Immediate Response WASH & Dignity Kits to 700 affected households (including IDPs and surrounding host community) in Damerjog, an IDP site located just outside Djibouti. UNICEF has supported the rehabilitation of 160 latrines and construction of 4 blocks of 10 public latrines each in Djibouti, while 350 family latrines are under construction in Damerjog IDPs camp therefore increasing the access to modern latrines to more than 3,000 IDPs and 10,000 population affected by the cyclone Sagar. To prevent outbreaks of waterborne diseases, UNICEF partnered with the Red Crescent of Djibouti to conduct a large-scale hygiene promotion campaign during which more than 25,000 people were reached on handwashing and household water treatment practices through multiple channels (SMS, face-to-face). Over 75,000 people are estimated to have been reached indirectly by these activities. More than 5,000 people living along the migrant' routes in Tadjourah region were reached with hygiene promotion interventions aiming to limit the spread of Acute Watery Diarrhea (AWD) reported in those areas. UNICEF has also extended its partnership by engaging an additional national non-governmental organization (NGO) to cover host communities, thus contributing to reduce the risk of the spread of disease.

To remove stagnant water in flooded sectors following the cyclone, financial support was provided to the National Authority of Water and Sanitation (ONEAD) to acquire pumping equipment and fuel. In terms of coordination, UNICEF supported national partners to facilitate WASH working group meetings to efficiently plan the emergency response. Furthermore, UNICEF assisted the government by providing technical support to conduct the humanitarian needs assessment in the IDP camp affected by disaster.



Education

During the year 2018, 6,100 refugees, migrants and IDPs children, including 2,867 girls, have benefited from access to formal (4,600) and non-formal education (1,500) in refugee's site, schools and LEC centers⁴ with UNICEF support through the provision of school kits, school bags, school uniform, incentives for teachers and teacher in-service training on the new Djiboutian curriculum and inclusive education. Girls are under-enrolled since they are often

⁴ LEC centers are center which receive out-of-school refugee children and migrants and support them to read, write and count during 3 years. UNICEF has advocated to ensure the formal integration of leavers on existing formal school in grade 5 or 6.

expected carry out household chores. UNICEF is supporting the Out-of-School children study with a focus on refugees. The result of this study will be available during the first quarter of 2019. Within the targeted children 300 IDP children from the site of Damerjog have been enrolled in primary school near the site with UNICEF support. The recent cyclone Sagar caused damage to 17 schools, affecting 17,096 school children of which 8,048 are girls. UNICEF is supporting ongoing resource mobilization efforts under the leadership of the Minister of Finance and the RCO to raise funds to support reconstruction / rehabilitation efforts within the education sector. A total of US\$1,000,000 has been mobilized from the African Development Bank and Djibouti has been shortlisted for a contribution of US\$900,000 from the Supplementary Budget of the Government of Japan.

As of September 2017, as part of its commitment to the Comprehensive Refugee Response Framework (CRRF), the Ministry of Education has taken over the management of primary and secondary schools in the 3 refugee sites. With technical support from UNICEF and UNHCR, the Government is gradually introducing the national curriculum to schools in the two refugee villages located in the region of Ali Sabieh (Ali Addeh and Holl Holl). During the review of the education strategic plan, the MoE formulated a specific result with an indicator on the mainstreaming of refugee education in the national education system.

Nevertheless, there are still significant challenges, with an enrolment rate of only 48 per cent (2017/18 school year) among refugee children which is due to child labor, girls being sent to urban areas (Djibouti City) to meet family needs, child marriage, malnutrition, female genital mutilation and gender-based violence, neglect of children. Additionally, there are challenges in estimating enrolment rates for refugee children who live outside the camps. The OOSCI study will give more information about that.

While there is a strong commitment by the Government regarding the integration of refugee children into the national education system, there are significant challenges, for example the translation of Djiboutian curriculum into English; the recognition of school certificates by the Kenyan Government (for pupils who are not yet covered by the Djiboutian curriculum (previously refugee children were educated following the Kenyan curriculum); ensuring quality of teaching and learning in the refugee schools; providing sufficient learning and teaching materials and ensuring equitable access to education for girls and children with disabilities. In collaboration with UNHCR, UNICEF is supporting the Ministry of Education to overcome these challenges by providing technical support and facilitating high-level dialogue with Kenya on recognition of certificates and by supporting teacher training.

Child Protection & Social Protection

As a result of UNICEF's partnership with Caritas, around 440 migrant street children benefited from a package of basic social services, including food distribution, hygiene kits/services, literacy training, healthcare and para-counselling. Since January 2018, UNICEF supported child protection services, including psychosocial support, family reunification and basic social services for 3,000 vulnerable children, including children living on the streets (both from migrant and non-migrant backgrounds). As a result of UNICEF support and partnerships with UNHCR and LWF for refugee children and Caritas for migrant children in urban areas, a total of 255 children on the move (148 male and 107 female) benefited from family reunification as result (184 unaccompanied refugees children and 71 migrants). Also, in collaboration with

UNHCR, UNICEF conducted a two-day training on psycho-social support for 30 front-line workers as well as a workshop to develop Standard Operation Procedures (SOP) for agencies conducting child protection interventions in the refugee camps. A total of 9,642 children (4,841 boys and 4,801 girls) were reached with psychosocial support activities.

The key challenges in child protection relate to the limited number of actors who have the capacity to provide direct services (e.g. covering basic needs, such as food and clothing; health services; literacy classes, etc.) to children on the move – Caritas is the only stakeholder to do so. Thus, the number of children in need largely exceeds the services available. Furthermore, there is still a gap regarding the provision of night shelter for children on the move – an issue which is politically sensitive.

As part of the Sagar cyclone response, UNICEF in collaboration with the World Food Programme (WFP) provided an immediate response in the form of cash vouchers. Following an initial needs assessment by social workers from the State Secretariat for Social Affairs (SEAS), around 2,000 most affected households (10,000 people) were identified as eligible for food and non-food assistance in the form of cash vouchers. The voucher distribution was conducted through the SEAS social service points based on the WFP cash voucher system. Three types of vouchers were distributed: 1) A food assistance voucher valued at 56 USD per household for a period of three months (funded by WFP); 2) Non-food items assistance voucher valued at 100 USD per household (funded by UNICEF) and 3) Non-food vouchers for mattresses and kitchen equipment financed by SEAS. UNICEF contributed with 104,000 USD, which represents 33 per cent of the total amount of the immediate response. The national social protection system provided the framework for rapidly identifying and responding to the urgent and critical needs of the most vulnerable families among the population affected by the cyclone. This was the first time that cash vouchers were successfully used as part of an emergency response in the Djibouti context.

Communication for Development (C4D), Community Engagement & Accountability

In 2018, UNICEF signed a programme cooperation agreement with two NGOs and behavioural change programs on positive hygiene practices such as handwashing with soap and treated water targeting 130,000 people were implemented during the year. As part of the humanitarian response to cyclone Sagar, an SMS broadcasting was implemented to promote key messages on hygiene (see further details above under WASH section). UNICEF has provided technical support formulating the health messages that were broadcasted as part of the campaign, as well as in identifying target groups.

Coordination

There is no activated cluster coordination system in Djibouti. The various UNDAF results groups cover both development and humanitarian interventions, similarly to the joint UN-government coordination groups led by the UN sector co-lead agencies in close collaboration with their Government counterparts where applicable. Within this context, UNICEF co-leads the Education UNDAF Results Group jointly with UNESCO and co-leads the Health Results Group together with the World Health Organization (WHO). In addition to the Government, UNICEF co-leads the Local Partners Group for the Education sector as well as the Child Protection sub-group (under the Protection Coordination Group led by the United Nations

High Commissioner for Refugees (UNHCR)). In 2019, UNICEF will continue to strengthen its leading role in Education, Child Protection and WASH sectors to ensure a more efficient preparedness and response to emergencies.

Summary of results per Cluster / sector and specific UNICEF results

DJIBOUTI	Cluster/sect or 2018 Target	Cluster/sect or total results	UNICEF 2018 Target	UNICEF Total results
WATER, SANITATION & HYGIENE				
# of people with access to sufficient quantity of safe drinking water in humanitarian situations	5,000	15,000	5,000	15,000
# of people with access to adequate sanitation in drought affected areas	1,000	842	1,000	842
EDUCATION				
# of refugee children accessing quality pre-primary, primary and secondary education	6,000	4,600	6,000	4,600
HEALTH				
# of children U5 received measles vaccines ⁱⁱ	109,380	113,780	106,380	113,780
# of children U5 suffering from diarrhoea received ORS and zinc	25,000	5,854	15,000	5,854
NUTRITION**				
# of children under 5 suffering from severe acute malnutrition admitted into therapeutic feeding programme	5,665	2,898	5,665	2,898 ⁵
CHILD PROTECTION				
# refugee children and caregivers supported with psychosocial activities	700	9,642	700	9,642

⁵ Available data covering only Jan-Jun 2018

# Unaccompanied refugee children benefited from risk awareness activities	140	184	140	184
---	-----	-----	-----	-----

E. Case Studies

Top Level Results: During 2018, thanks to country-level thematic humanitarian funding, UNICEF supported the provision of an integrated package of life-saving WASH interventions as well as support in Education and Child protection to 1,000 internally displaced households in the Damerjog settlement. This contributed to improving access to safe drinking water to around 5,000 IDPs and host communities, supported 300 IDPs children to regain access to formal education to as well as creating a child-friendly space for children in the IDP settlement.

Issue/Background: As a consequence of climate change, chronic drought is severely affecting rural populations in Djibouti, pushing many of them to move away from their traditional settlements towards Djibouti City in search of employment and better living conditions. About 5,000 internally displaced people have been re-settled in the Damerjog settlement just outside Djibouti City by the Government. Basic social services, in particular with regard to access to drinking water, safe sanitation, education and protection services as well as recreational activities for children was close to non-existent in the settlement when the populations arrived. In close collaboration with the National Office for Refugees and Disaster-affected Populations (ONARS) and other Government ministries, UNICEF and UNDP provided an integrated response focusing on establishing basic service infrastructure in the settlement.

Resources Required/Allocated: A total of US\$200,000 was used from the thematic humanitarian funds to support WASH, Education and Child Protection interventions in the Damerjog IDPs camp, mainly from grants SM149910, SM189910 and EPF (GE180015). The interventions have included construction of water points, procurement of Education kits and recreative kits and the creation of child friendly space. NGOs (Djiboutian Red Crescent, SOS Sahel for WASH interventions) and other key partners (UNDP and Norwegian Refugees Committee) were also actively involved in the response to IDPs in Damerjog.

Progress and Results:

In the area of WASH, 5 water points were constructed thanks to UNICEF support. Hygiene promotion activities, including water treatment with AquaTabs were coupled with the distribution of WASH kits to 750 households in the settlement. The construction of improved household latrines for 350 families in the settlement is still on-going with funding from several other sources (CERF).

In the area of education, following a needs assessment for IDP children, UNICEF procured school kits and uniforms for 300 school-aged children and facilitated their enrolment into the nearest school to the IDP camp in close consultation with the Ministry of Education. Ten recreational kits were procured and are being used by adolescents at the IDP settlement in the Child-Friendly Space (which was constructed by UNDP).

In child protection, UNICEF has facilitated the construction of a child friendly space in partnership with UNDP through the construction of IDP definitive homes. Staff from the National Refugees Office (ONARS) were trained to gained additional skills for managing psychosocial services in favour of the most vulnerable children within the camp.

Criticality and value addition: Given that social service delivery mechanisms were close to inexistent in the Damerjog settlement following resettlement of internally displaced populations, UNICEF's support enabled 5,000 IDPs and surrounding host communities to gain access to critical services. UNICEF's ability to rapidly provide an operational response thanks to the availability of flexible thematic funding. This was essential in the early days of the response as children and their families were living in unsanitary conditions in the camp and therefore exposed to a high risk of morbidity and mortality through waterborne diseases, as well as being deprived of their rights to education and protection.

Given close involvement by Government ministries, the expectation is that services will gradually be taken over by Government. The response also demonstrated UNICEF's ability to provide intersectoral support across the WASH, Education and Child Protection sectors, ensuring that child rights are addressed in a holistic manner. Finally, the Damerjog response is an excellent example of UN agencies coming together to deliver an integrated response as UNICEF and UNDP supported coordinated delivery of services, with UNDP complementing UNICEF's activities through support to the construction of shelters and a child-friendly space.

Challenges and Lesson Learned: The main challenges encountered in the response to the IDP crisis in Damerjog have been (i) the limited resources available to support the interventions; (ii) the gaps in coordination in the initial stages of the response, contributing to delays in establishing key services; (iii) the tendency of the government to withhold key data and information, therefore delaying decision-making and action and; (iv) high level politicization of the IDP question by the government.. UNICEF contributed significantly to promoting collaboration between different government ministries and UN agencies for coordinated planning and implementation.

Moving Forward: Following the initial response funded with thematic humanitarian funds, humanitarian actors under the coordination of the RCO were able to mobilise additional funds from CERF to expand the coverage of sanitation interventions as well as hygiene promotion within the IDP camp and the host communities. In the meantime, the government has also mobilized several other donors through the UNDP office to support other key interventions including the building of more permanent homes for IDPs as well as creating the required social services infrastructures within the settlement which will also benefit host communities.

F. Results Achieved from Humanitarian Thematic Funding

As per the utilization report in 2018, the thematic humanitarian funds have been used to contribute to Education, WASH and Child Protection emergency responses, therefore contributing, together with other funding sources, to reach the results shown in the below table.

DJIBOUTI	Cluster/sect or 2018 Target	Cluster/sect or total results	UNICEF 2018 Target	UNICEF Total results
WATER, SANITATION & HYGIENE				
# of people with access to sufficient quantity of safe drinking water in humanitarian situations	5,000	15,000	5,000	15,000
EDUCATION				
# of refugee children accessing quality pre-primary, primary and secondary education	6,000	4,600	6,000	4,600
NUTRITION**				
# of children under 5 suffering from severe acute malnutrition admitted into therapeutic feeding programme	5,665	2,898	5,665	2,898 ⁶
CHILD PROTECTION				
# refugee children and caregivers supported with psychosocial activities	700	9,642	700	9,642

Thematic humanitarian funds which were available from the beginning of the year, were critical in enabling UNICEF to provide a rapid response at the required scale while waiting for the arrival of additional funds mobilised to respond to cyclone Sagar. Thematic funds thus had a catalytic effect, enabling UNICEF to demonstrate its ability to deliver rapidly on the ground to donors, which provided the basis for the mobilisation of additional humanitarian funds from other sources. The additional funding mobilised from CERF, the African Development Bank, the Japanese supplementary budget as well as ECHO was used in a complementary manner to thematic funding, focusing on scaling up the response to cyclone Sagar, improving access to education for refugee populations and providing support to the reconstruction of education infrastructure.

As demonstrated in the case study, the flexibility of unearmarked thematic humanitarian funding enabled UNICEF to support the delivery of integrated services in the Damerjog settlement in close collaboration with UNDP.

⁶ Thematic Humanitarian Funds were used to support in-country distribution of SAM commodities

G. Assessment, Monitoring and Evaluation

During the year 2018, UNICEF played a strong role in coordinating the emergency response in several sectors (Education, WASH, Nutrition and Child Protection), bringing together all actors around the table for a rapid and complementary response and reaching the affected populations with an integrated package of interventions.

UNICEF emergency interventions are tailored to fit into the regular programming processes whereas emergency responses are easily channelled through the regular annual program, therefore avoiding constraints related to emergency response in the Djibouti specific setting. In fact, UNICEF has strategically geared the emergency response through the regular program – helping to address WASH, Education Nutrition and Child Protection issues in emergency affected areas. The mapping of recurrent emergencies such as AWD has enabled to re-direct the UNICEF program toward addressing safe drinking water and sanitation in areas showing high risk of AWD (refugees camps, migrants' corridors and areas affected by cyclone Sagar).

Due to the chronic nature of the humanitarian setting in Djibouti, emergency response monitoring of UNICEF-supported interventions is integrated into regular programme monitoring conducted by programme staff jointly with implementing partners from Government and NGOs. Additional human resources (consultants) hired to meet the increased monitoring needs to enable UNICEF to deliver on specific and time limited results (essentially in the WASH sector).

In terms of planning, in the Education sector, the Government has delivered on its commitment to integrate refugees into national systems in line with the CRRF and planning for these populations is therefore integrated into national education sector planning. Similarly, while in the health and nutrition sector, Government delivers services to refugees living in the camps and their needs are therefore included in national forecasting for essential health and nutrition supplies.

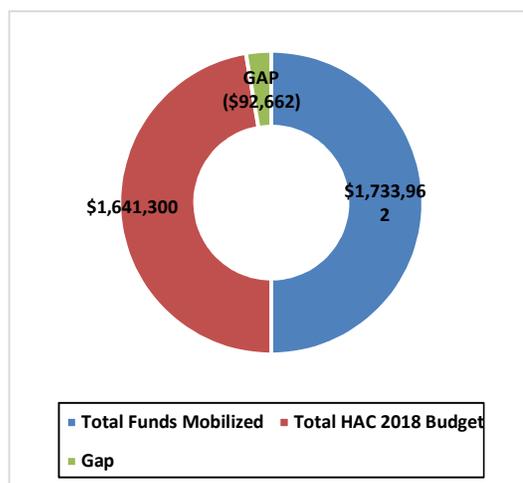
In the WASH sector, UNICEF has supported the government to develop a national WASH contingency plan. Additionally, UNICEF has contributed to the joint UN and government assessment of damages provoked by the cyclone Sagar on social services, mainly at household level. Also, there are on-going discussions between all actors, including the government to further explore the use of cash voucher systems (see response to cyclone Sagar under the Social protection results chapter) to ensure a timely response to emergencies and to prepare the ground for enhanced rapid joint assessment at the onset of a future emergency.

H. Financial Analysis

A total funding target of US\$1,461,300 was estimated in the Djibouti HAC 2018 and as of December 2018, a total of US\$1,733,262 were received (118.6% of the target amount), \$617,148 from the Thematic Humanitarian Funds (35.6% of the overall available funds for humanitarian response); \$260,000 from EPF (15%) and \$856,114 from CERF response to cyclone Sagar (49.4%).

While the graphs and tables below show that Djibouti was overfunded in relation to the 2018 HAC, this was largely due to emergency funds received to respond to cyclone Sagar.

Djibouti HAC 2018 funding status



HAC 2018 funding sources	Amount received
Thematic Humanitarian Funds (SM149910 & SM189910)	\$617,148
EPF (GE180015)	\$260,000
CERF (SM180279)	\$856,114
Total emergency funds received	\$1,733,262

Table 1: 2018 Funding Status against the Appeal by Sector (in USD):

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*	% Funded
WASH	411,700	1,188,379	289%
Education	394,000	203,030	52%
Health	80,000	79,265	99%
Nutrition	333,600	17,088	5%
Child Protection	242,000	245,500	101%
Total	1,461,300	1,733,262	119%

Role of the Thematic Humanitarian Funds in catalyzing additional funding to cover the country funding needs

The early availability of the Thematic Humanitarian Funds right from day one of the year (carry-over from 2017) enabled DCO to be at the front line of the emergency preparedness and response as per the HAC 2018 and EPP 2018 assumptions, launching the emergency response interventions within the required timeframe, attracting the attention of other donors and making UNICEF as one of the major recipient of several other donors (CERF, ECHO, AfDB, Japan Government) in various sectors of the emergency response in the country. The flexibility of the Thematic Humanitarian Funds also enabled UNICEF to allocate available funds into addressing the most critical and underfunded components of the response on the ground as well as covering the funding gaps.

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)		
Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/14/9910	400,000
	SM/18/9910	200,000
b) Non-Thematic Humanitarian Funds (List individually all non-Thematic emergency funding received in 2018 per donor in descending order)		
UNITED KINGDOM	SM/17/0463	40,625
Total Non-Thematic Humanitarian Funds		40,625
c) Pooled Funding		
(i) CERF Grants (Put one figure representing total CERF contributions received in 2018 through OCHA and list the grants below)		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security etc. (Put the figure representing total contributions received in 2018 through these various pooled funding mechanisms.		
CERF	SM180279	856,814
d) Other types of humanitarian funds		
USAID/Food for Peace	KM/16/0040	4,623.85

	KM170024	21,499.99
	KM170026	36.23
Total Other types of Humanitarian Funds		26,160
Total humanitarian funds received in 2018 (a+b+c+d)		1,523,599
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Total Thematic Humanitarian Funds	SM/14/9910	12,966
f) Carry-over of non-Thematic Humanitarian Funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
USAID/Food for Peace	SM160382	17,073.62
	SM170443	81,466.23
USA/Education for Refugee	SM170152	10,480.61
Total carry-over non-Thematic Humanitarian Funds		109,020
Total carry-over humanitarian funds (e + f)		121,986
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Non-Grant	GC	1,219,000
	EPF	260,000
Total other resources		1,479,000

** Programmable amounts of donor contributions, excluding recovery cost.*

Table 3: Thematic Humanitarian Contributions Received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
EPF	GE180015	260,000	260,000
UNOCHA	SM180279	856,814	916,791
United Kingdom	SM170463	40,265	40,278
Allocation from global Thematic Humanitarian*	SM149910	400,000	400,000
Allocation from global Thematic Humanitarian*	SM189910	200,000	200,000
Total		1,757,079	1,817,069

I. Future Work Plan

The humanitarian profile of Djibouti has remained similar to that of 2018 with refugees and migrants flux unchanged, the persistent drought situation and the recurrent AWD and measles outbreak high risk. The cyclone Sagar response in the WASH and Education sectors will continue during 2019 - thanks to donors such the AfDB and the Japan Government (funding the rehabilitation and equipment of schools damaged by the cyclone); ECHO (sustaining interventions to improve access to school for refugees children) and the CERF UFE (for WASH, health, nutrition and food security sectors).

Together with other UN agencies, UNICEF will advocate for the establishment of stronger coordination mechanisms regarding emergency preparedness and response, for robust initial rapid assessment (such as cyclone Sagar) and for data and information sharing for timely decision-making in emergencies.

Nutrition

UNICEF will continue to support the government in addressing the high rate of severe acute malnutrition among children under 5 with estimated 6.200 cases of SAM expected on a yearly basis in the country. The on-going support through the health system will be intensified the role of community-based actors in the detection and referral of SAM cases to nearest health facilities will be strengthened.



Health

In the health sector, UNICEF will continue to support the preparedness for and response to recurrent AWD and measles outbreaks, focusing efforts on high-risk areas such as the migrants' corridors (for AWD response) and nationally (for the measles outbreak response). Close partnerships with other key actors in the health sectors (WHO, IOM, WFP) will be maintained and boosted. UNICEF support will include the provision of essential commodities (drugs) as well as engaging with the communities to play a more active role in the response.



Water, Sanitation and Hygiene

The on-going response to AWD, and the humanitarian crisis caused by cyclone Sagar will continue with the CERF UFE allocation. UNICEF will continue WASH interventions (provision of safe drinking water, water treatment, expansion of improved sanitation and hygiene promotion) within the migrant corridors, in the IDP and refugees settlements and also to the benefit of the urban areas recently affected by the cyclone Sagar.



Education

UNICEF will continue its support to refugees and IDP children to access school through the provision of school kits, school bags, school uniforms, and teacher in-service training on the new Djiboutian curriculum, access to non formal education programme and inclusive education. Furthermore, UNICEF will accelerate the rehabilitation of 16 schools damaged by the cyclone Sagar, thus supporting an enhanced learning environment. In 2019, UNICEF plan to reach approximately 22,000 school age children (including 10780 girls).



Child Protection & Social Protection

In the Child Protection and Social Protection sectors, UNICEF will continue its efforts to provide children living on the streets, including migrants and refugees with a package of basic social services, including food distribution, hygiene kits/services, literacy training, healthcare and para-counselling. UNICEF support to child protection services, including psychosocial support, family reunification and basic social services will continue to target vulnerable children, especially children living on the streets (both from migrant and non-migrant backgrounds) and unaccompanied children.

Communication for Development (C4D), Community Engagement & Accountability

In 2019, UNICEF will continue to partner with NGOs to expand behavioural change programs on positive key family practices linked to the first 1,000 days for children affected by emergencies.

J. Expression of Thanks

UNICEF Djibouti expresses its deep gratitude to all donors contributing to thematic humanitarian funds. These funds were critical to enhancing UNICEF's response to humanitarian situations, enabling UNICEF to respond within 72 hours following the onset of the emergency and therefore also putting UNICEF in a position to mobilise and leverage further funds from other donors to support the responses. Since the thematic humanitarian

funds are unmarked, they served to cover various sectors facing funding gaps and enabled UNICEF to intervene where there was an urgent need with no or limited alternative sources. The results reported in this report would have not been possible without these funds. On behalf of all children and women who benefited – and continue to benefit – from the interventions provided thanks to donors’ support, our most sincere word of thanks.