

Djibouti
Health
Sectoral and OR+ (*Thematic*) Report
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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus Calmette–Guerin (vaccine)
C4D	Communication for Development
CHWs	Community Health Workers
CCEOP	Cold Chain Equipment Optimization Platform
DTP	Diphtheria, pertussis and tetanus
EPI	Expanded program of Immunization
GAVI	Global alliance for vaccines and immunization
HIV	Human Immunodeficiency Virus
ICCM	Integrated Community Case Management
IMCI	Integrated Management of Childhood Illnesses
IPV	Inactive Polio Vaccine
OPV	Oral Polio Vaccine
SDG	Sustainable Development Goal
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

Executive Summary

Djibouti has made good progress in reducing under-five and maternal mortality, with under-five mortality dropping from 127 to 67.8 per 1,000 live births and maternal mortality declining from 546 to 383 per 100,000 live births between 2002 and 2012 (PAPFAM surveys). Nevertheless, child and maternal mortality rates in Djibouti remain high and too many children and mothers still die from preventable causes. Their survival is threatened by communicable diseases, malnutrition, inadequate care practices and constrained access to basic social services. In a country where two in five people live in poverty, many families are unable to cover the direct and indirect costs of healthcare.

The chronic drought persists since 2008 has increased the vulnerability of children and families, leading to widespread food insecurity and malnutrition as well as a rural exodus towards the capital. The increased influx of refugees and migrants from Somalia, Yemen and Ethiopia has created additional pressure on public infrastructure and further stretched the limited existing capacity to provide basic services. Furthermore, population movements increase the risk of epidemics, as the immunization coverage is below national targets, in particular in the rural areas. The country regularly faces outbreaks of measles and acute water diarrhea with 460 measles cases notified and 1,002 AWD cases reported in 2018. The situation is also exacerbated by lack of access to safe water and basic sanitation services and health care, the limited provision of safety nets, high food prices and structural poverty.

HIV seroprevalence is estimated at 1.6 per cent, making Djibouti one of the most affected countries in the Middle East and North of Africa region. Stigma and discrimination are the main barriers for HIV-positive individuals to seek medical support and as a result, many HIV+ children are growing up un-detected and without access to prophylaxis.

UNICEF Djibouti's Country Programme with the Government of Djibouti aims to ensure that children's rights to survival, development and protection are realized through access to quality social services and the adoption of healthy and protective behaviors. The health programme is located within the child survival and development programme component, and together with the nutrition and was programmes contributes to ensuring that newborns, children under-five, adolescents, and pregnant and lactating women, increasingly utilize quality health, nutrition HIV and WASH services and families adopt healthy and hygienic behaviours and practices, including during emergencies.

In 2018, UNICEF worked steadily with Government and partners to advance the health agenda for children and promote an equitable access to services. Thanks to these joint efforts, the percentage of children with pneumonia receiving antibiotic treatment stood at 82% in 2018. In addition, the proportion of children suffering from acute diarrhea treated with oral rehydration salts increased from 80 to 88 per cent between 2017 and 2018. An outbreak of acute watery diarrhea was registered with more than 1,000 cases in 2018 and effectively managed by Government with UNICEF and IOM support.

Furthermore, UNICEF and WHO supported the country to conduct two rounds of polio and measles campaigns targeting respectively the children under 5 and children aged 6-59 months. 136,892 children under 5 received the polio vaccine and 99,975 children of age 6-59 months were vaccinated against measles during the campaign. As per the routine immunization data 2018, the DPT 3 vaccination coverage stood at 92% in the capital city. This is particularly significant as over 60 per cent of country's population is concentrated in this geographical area. Nevertheless, the coverage in the regions remains low at 76% (70% in 2017).

The implementation of the five-year 'Acceleration Plan for Elimination of Mother-to-Child Transmission of HIV' launched in 2015 with UNICEF support is showing good results. Between January and December 2018, all pregnant women attending antenatal care are tested and 100% of those tested know their

serological status, while 80% of pregnant women tested HIV+ received ARVs. 9 children out of 10 (90%) born from HIV+ pregnant women received first dose of ARV. The introduction of rapid confirmation HIV tests, continuous capacity building, availability of rapid diagnostic tests, improvement of the coordination, regular supervision and monitoring as well as awareness sessions advocated and supported.

In 2019, UNICEF will continue to improve child and maternal health by strengthening the community-based approaches and newborn care. Thus, UNICEF will continue to reinforce the capacities of the national health system to ensure an effective and continuous access to quality preventive, curative and health promotion services for children under-5 and mothers, especially in the most vulnerable areas. UNICEF will build on evidence-based approaches such as the establishment and implementation of integrated community case management (ICCM) to increase access to effective case management for young children suffering from malaria, pneumonia and diarrhea, especially in hard-to-reach areas and among vulnerable populations. In terms of eMTCT, UNICEF will continue to support the pediatric care of HIV+ children through adequate human resources to save the lives of many children. UNICEF will advocate with development partners for a new e-MTCT strategy as well as the revitalization of the e-MTCT coordination committee. In addition, UNICEF will continue to support the scale-up of the Maternal, Neonatal and Child Health Communication for Development (C4D) strategy, empowering individuals and communities to take action to improve their lives and promote child survival and development. Lastly, UNICEF will focus on the promotion of an integrated package of key family practices (KFP).

Strategic Context of 2018

Chronic drought over the past decade has led to a 50% decrease in rainfall has decreased and many cisterns and shallow wells have dried up. Cyclone Sagar which hit Djibouti in May 2018, worsened hygiene conditions in deprived areas of the capital for thousands of vulnerable households in Djibouti city and in the IDP settlement of Damerjog. As a transit country for migrants and a refuge for people from conflict-affected countries, Djibouti hosts over 27,800 refugees (48% children), the equivalent of 3.3 per cent of the total population.

In the context of a fragile health system and population movements across borders from neighbouring countries, preventable disease outbreaks remain frequent and are not always met with an effective response. Indeed, the country faces regular outbreaks of measles and acute watery diarrhoea. During 2018, about 1,000 cases of acute watery diarrhoea were registered along the migrant corridors, contributing to a high risk of generalised cholera/AWD outbreaks.

Furthermore, 460 measles cases were notified in 2018. Polio virus importation continues to be a big threat with the low immunisation coverage in rural settings, a suboptimal surveillance system and the cross-border population movements. Furthermore, acute respiratory infections and diarrhoea are the most frequent diseases affecting children under 5 years with 22,874 and 9,412 cases respectively reported in the first semester of 2018. Children in rural settings are particularly affected

With HIV seroprevalence estimated at 1.6 per cent with a stabilization trend since 2003, Djibouti is one of the most affected countries in the Middle East and North of Africa region. Stigma and discrimination prevent those living with HIV to seek medical support and as a result, many HIV+ children are growing up un-detected and without access to prophylaxis. Strengthening the prevention of transmission of HIV from parents to children is one of the main priorities of the National Strategic Plan for the Fight against HIV 2015-2017, which sought to reduce Mother-to-Child transmission of HIV to 3 per cent by 2017. Despite the progress made so far the target was not reached. There is a need to streamline the overall EMTCT

monitoring and evaluation system, focusing on data analysis and use for decision-making to identify where the most-at-risk mothers are living, which stages of the EMTCT process require most attention, and where the most successful programmes are. PMTCT data are gathered through the existing HMIS and specific indicators are also included into the DHIS2 tool under development.

Access to preventive and curative health care remains challenging in Djibouti, particularly for children under five and pregnant women. Additional pressure on basic social services by the influx of migrants into Djibouti places further pressure on an already over-stretched public health system, in particular in rural areas along migration routes. Furthermore, the weak reporting system and the lack of reliable data represents a bottleneck to accurate and timely monitoring of progress towards results.

The GAVI partnership was crucial for the improvement of the cold chain through the implementation of the operational deployment plan of the GAVI/CCEOP platform. Indeed the 26 SDD received through this platform increased the number of rural health facility with functioning cold chain equipment from 40% to 70%. The continuous partnership with WHO, contributed to the strengthening of the routine EPI through capacity-building of immunization officers and surveillance of target diseases.

The limited availability of data for the health sector from routine information systems as well as the lack of household survey data (the most recent survey covering health indicators was conducted in 2012) continues to pose a challenge to evidence-based planning and decision-making. Together with other partners UNICEF continues to advocate for a nationally representative household survey covering health and other social indicators. A nutrition-focused SMART survey will shortly be conducted with financial and technical support from UNICEF which may pave the way for a wider survey to be conducted in coming years.

Mobilisation of predictable multi-year funding remains a challenge for UNICEF in Djibouti, given that it is surrounded by countries with protracted emergency situations which attract considerable amounts of funding and media attention. Furthermore, many donors prefer to fund programmes in countries where larger numbers of children can be reached. DCO has identified the health programme, in particular neonatal, child and maternal health as an underfunded area and will continue to target resource mobilisation in order to diversify funding sources.

Results Achieved in the Sector

In line with the 2018-22 Country Programme (CP), the health programme is positioned within the CP outcome focusing on child survival and development, together with components on nutrition and WASH. This results structure (and corresponding staffing structure) enables Djibouti Country Office (DCO) to exploit synergies between the three programme areas and ensure that health, nutrition and WASH programmes reach vulnerable children across Djibouti, thus magnifying the impact on children.

UNICEF's health programme aims to address the determinants of health outcomes for children across three key areas:

- i) The enabling environment through support on policies, strategies and strengthening Ministry of Health capacity to plan and monitor key health interventions for children;
- ii) Strengthening service delivery by supporting procurement of essential medicines, diagnostic kits and vaccines as well as strengthening capacity of service providers;

- iii) Promoting good care practices in families and communities, in particular around management of common childhood illnesses and enhancing demand for health services.

Thematic funding is currently the only source of funding for UNICEF's health programme besides GAVI funding and was thus crucial in enabling UNICEF to remain strategically positioned to address key challenges in the health sector, going beyond vaccination and including wider new-born and child health, maternal health and eMTCT. The flexibility of thematic funding enabled UNICEF to allocate resources to underfunded areas in the context of a country that remains underfunded for the health sector.

Results achieved in output /outcome

Outcome 1: 1. By 2022, new-borns, children under-five, adolescents, and pregnant and lactating women, increasingly utilize quality health, nutrition HIV and WASH services and families adopt healthy and hygienic behaviours and practices, including during emergencies.

- Output 1.1: The health system has improved capacity to provide a package of high-impact health interventions equitably for mothers, children and adolescents.
- Output 1.2: Families and communities in targeted areas have improved knowledge to support the adoption of healthy and hygienic behaviours, and to seek appropriate care for children, adolescents, and pregnant and lactating women.

Throughout 2018, UNICEF continued to support the Government by supporting the provision of essential health services and increasing the demand for services. National health system capacities were strengthened through the provision of essential supplies (drugs, vaccines, etc.); organisation of training activities for healthcare providers; support to the 'new-born home care approach'; and awareness-raising initiatives with a focus on encouraging attendance to antenatal and postnatal care, and importance of delivery by skilled healthcare professionals.

Progress against outcome 1:

The percentage of children with pneumonia receiving antibiotic treatment stood at 82%. In addition, the proportion of children suffering from acute diarrhoea treated with oral rehydration salts increased from 75 to 88 % between 2015 and 2018. An outbreak of acute watery diarrhoea was registered in the country and mainly in Balbala and the Nord regions with more than 1,000 cases from the beginning of July to end of September 2018 and was managed by MoH with UNICEF, WHO and IOM support. UNICEF contributed through the provision of 200,000 sachets of ORS.

In 2018, DPT 3 coverage stood at 92% in the capital city. This is particularly significant as over 60 per cent of country's population is concentrated in this geographical area. Nevertheless, the coverage in the regions remains low with 76% (70% in 2017).

Progress against output 1.1:

Maternal and new-born care

In terms of maternal and new-born care, UNICEF contributed to strengthening the capacity of the national healthcare system to promote safe pregnancy and childbirth through the procurement of essential medicines and other critical health commodities through the provision of 45,000 doses of tetanus toxoid vaccine (to prevent the risk of tetanus, a fatal disease, for the mother and the unborn child). The doses

provided covered all of Djibouti's needs for these specific supplies. In addition, 50 mobile examination lights, 50 hand-operated resuscitators for new-borns and 30 delivery tables were provided. Furthermore, in 2018, 40 midwives enhanced their knowledge and skills on new-born care and neonatal resuscitation after completing a training funded by UNICEF.

Child health

In 2018, UNICEF continued to support the capacity of the Ministry of Health to routine immunization activities through the provision of vaccines, injection devices, monitoring tools and cold chain equipment. The vaccines procured by the Country Office covered all of Djibouti's needs for BCG (85,000 doses), Hepatitis B at birth (35,000 doses), DTP (30,000 doses) and bivalent oral polio vaccines (120,000 doses), measles vaccines (65,000 doses) for the routine immunization programme. UNICEF funds were used to print 50,000 immunization cards and 1,000 vaccine stock registers as well other immunization reporting tools.

In partnership with GAVI, UNICEF supported the country in the development and implementation of the GAVI/CCEOP deployment plan. Thus, 26 solar refrigerators and 9 freezers were procured and installed increasing the percentage of health facility with functioning cold chain from 40 to 70 percent. In addition, 20 health staff improved their knowledge and skills on cold chain maintenance and vaccine management.

UNICEF and WHO supported the country to conduct one round of polio and one round of measles campaign targeting the children under 5 and children aged 6-59 months respectively. A total of 136,892 children under 5 received the polio vaccine and 113,780 children of age 6-59 months were vaccinated against measles. Besides, UNICEF supported also the MoH to response to measles outbreaks response in Balbala and the regions with more than 7,000 children vaccinated. UNICEF contributed to the campaigns through the provision of vaccines and injections materials as well as through support to the Ministry of Health in the development of the micro plan

Thanks to UNICEF support, the strategy on Integrated Management of Childhood Illnesses' continued to be implemented at health facility and community level to provide low-cost and high-impact interventions to the most hard-to-reach children. The correct treatment of childhood pneumonia, diarrhea and malaria is one of the most powerful interventions to reduce mortality. Due to the late signing of the Rolling Work Plan (RWP 2018-2019), UNICEF contributed to this result by only building the capacity of 33 medical doctors out of the 50 targeted (66%) and 65 nurses out of the 70 targeted (92%) on Integrated Management of Childhood Illnesses and through the provision of essential medicines such as amoxicillin, cotrimoxazole, paracetamol, ORS and iron.

e-MTCT

In order to accelerate progress towards the elimination of Mother-to-Child transmission of HIV, UNICEF provided the Ministry of Health with 30,000 HIV rapid tests and 100 HIV confirmation rapid tests, thereby covering all of Djibouti's needs. Throughout the country, 18 medical doctors out of the 30-targeted showed increased understanding and skills on pediatric HIV diagnosis, care and treatment thanks to a training conducted with UNICEF's financial and technical support. In addition, 32 midwives strengthen their capacity on PMTCT skills with UNICEF support and 20 midwives improved their knowledge and skills on ARV prescription and management, as part of an initiative to promote the use of task shifting (e.g.

using midwives to provide ARVs for pregnant women) in order to enhance adherence to treatment regimens and reduce stigma.

Contribution to 2030 agenda

The Country Programme of Cooperation with the Government of Djibouti for the 2018-2022 period as well as the 2018-2022 UNDAF are aligned with the Sustainable Development Goals (SDGs).

The UNICEF health programme contributes to 'Goal 3: Ensure healthy lives and promote well-being for all at all ages' by supporting health system strengthening, with a particular focus on strengthening the community as an integral component of the broader health system. This requires a balance between upstream and downstream work to adequately respond to children's and mother's needs. On the one hand, UNICEF advocates with the Government for the development and endorsement of key strategies and plans in favour of maternal, neonatal and child health. On the other hand, UNICEF supports the scaling up of high-impact packages of services, contributing to the provision of essential supplies and the training of healthcare providers. Since 2014, UNICEF has also been supporting the implementation of a C4D strategy with a focus on maternal and child health, a two-way process for sharing ideas and knowledge using a range of communication tools and approaches that empower individuals and communities to take actions to improve their lives. Furthermore, in 2018 UNICEF started to support the implementation of the newly developed KFP strategy to enhance community's capacities to drive behaviour change processes from within the community.

The inability of health care systems to reach the poorest children has prompted renewed interest in the potential contribution of CHWs to child survival, especially as expanded preventive interventions reduce the need for treatment. In line with its equity thrust, UNICEF places a special focus on underserved areas to ensure an equitable access to health services for all children. Strategies include geographic targeting of the poorest and most isolated communities through outreach activities. UNICEF will work with country-level partners to train CHWs on ICCM. UNICEF will assist with capacity building of health care providers and CHWs to provide community-based care through the development and use of guidelines and training materials; communication efforts promoting care for mothers and children; and promoting close linkages between community care efforts and health facilities.

Partnerships

The Government of Djibouti through the Ministry of Health and most specifically the Department of Child and Maternal Health, the National Immunisation Programme and the Department of Health Promotion, are UNICEF's main implementing partners for all health programme activities. UNICEF and the Ministry of Health maintain important collaborative partnerships with many other actors such as Gavi (provision of new vaccines and cold chain equipment), the Global Fund (HIV/AIDS), WHO (sector wide), UNDP and UNAIDS (HIV/AIDS), UNFPA (maternal and reproductive health), UNHCR (refugee crisis), the World Bank (sector wide and Performance-based funding) and USAID (polio immunisation and surveillance).

Results Assessment Framework

Indicators (outcome level)	Baseline		Current status
	Year	Target	December 2018
Children < 1 year receiving DTP-containing vaccine at national level	2014	78%	84%
Births delivered in a health facility	2012	87%	NA

* As mentioned above, this outcome includes the health, nutrition and WASH components. The indicators reported on the table refer exclusively to the health component

Indicators (output level)	Baseline		As of Dec., 2018
	Year	Target	
Months with stockout of DTP containing vaccine at the national level (Target: 0 month)	2014	0	0
Health facilities that provide paediatric ART	10%	ND	20%
Percentage of UNICEF supported health facilities offering delivery services with functional newborn resuscitation equipment (functional bag and mask in neonatal size)	2014	ND	32%
Percentage of cold chain equipment having electronic continuous temperature monitoring system	2014	ND	50%

Case Studies

Top Level Results:

In 2018, UNICEF with the global health thematic funds supported the provision of an integrated package of life-saving Health interventions to mothers and children in Djibouti. Thus, UNICEF supported the country to conduct two rounds of polio and measles campaigns targeting children under 5 and children aged 6-59 months, respectively. A total of 136,892 children under 5 received the polio vaccine and 99,975 children of age 6-59 months were vaccinated against measles during the campaign. These campaigns contributed to protecting children under 5 children from these preventable diseases. In addition, UNICEF supported the routine immunization program by securing the traditional vaccine in the routine EPI schedule. As per the routine immunization data 2018, the DPT 3 vaccination coverage stood at 92% in the

capital city. This is particularly significant as over 60 per cent of country's population is concentrated in this geographical area. Nevertheless, the coverage in the regions remains low at 76% (70% in 2017).

Issue/Background:

In a fragile health system with a porous frontier and a suboptimal surveillance system, the Djiboutian children are exposed to the vaccines preventable diseases such as measles and polio. In addition, in the context of low immunization coverage in rural settings where the most vulnerable population live (nomadic, refugees and migrant), the risk of importation or introduction of poliovirus in the country is very high. Indeed, the circulation of the polio and measles virus in the neighbouring countries pose a serious threat to the country and compromise children lives.

Resources Required/Allocated:

A total of over US\$200,000 were used from the global health thematic funds to support the country to conduct the polio and measles campaigns.

Progress and Results:

A total of 136,892 children under 5 received the polio vaccine and 99,975 children of age 6-59 months were vaccinated against measles during the campaign. These campaigns contributed to protecting children under 5 from these preventable diseases. In addition, UNICEF supported the routine EPI program through the provision of traditional vaccines and injection devices and contributed to reaching DPT 3 vaccination coverage of 92% in the capital city.

Criticality and value addition:

The last polio campaign was conducted in 2016 and in 2015 for measles, exposing the Djiboutian children under 5 children to the risks of life-threatening diseases, as outlined above. The polio and measles supplementary immunization activities combined with the strengthening of the routine immunization program contributed to protecting children against these highly dangerous diseases, led the country to remain polio free in 2018 and contributed to reducing under-5 mortality.

Challenges and Lesson Learned:

Organising two rounds of polio and measles campaign in a context of measles outbreak with the lack of preparedness and response plan is challenging. The main challenge was the design of a robust micro plan and communication plan. UNICEF with thematic funds for the health sector supported the development of the communication plan so as to ensure efficient communication and social mobilization activities.

Financial Analysis

Table 1: Planned and Funded For Country Programme 2018 (in US Dollars)		
Thematic Pool 1 : Health Djibouti Planned and Funded For Country Programme 2018 (in US Dollars)		
Intermediate Results	Funding Type ¹	Planned Budget ²
21-01 Maternal and newborn health	RR	71,145
	ORR	28,052
21-02 Immunization	RR	95,151
	ORR	40,603
21-03 Child Health	RR	16,062
	ORR	110,881
21-04 Prevention of stunting and other forms of malnutrition	RR	45,718
	ORR	489,645
21-05 Treatment of severe acute malnutrition	RR	0
	ORR	244,822
21-07 HIV prevention	RR	
	ORR	40,000
Total	RR	228,076
	ORR	954,003
		1,182,079

Table 2 : Country level thematic contribution to outcome area received in 2018			
Thematic Pool 1 : Health			
Thematic Contributions Received for Thematic Output 1.1 by UNICEF Djibouti in 2018			
(in US Dollars)	Grant Number*	Contribution Amount	Programmable Amount
United Kingdom Committee for UNICEF	SC1899010003	137,568.00	127,938.29
UNICEF-United Arab Emirates	SC1899010020	179,852.98	167,263.27
Total		317,420.98	295,201.56

The global health thematic represented around 45% of the total funds mobilized in 2018 and thus contributed significantly to the results achieved in 2018.

Table 3 – 2018 – Expenditure by Key Result Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	121	28,186	148,870	177,177
21-02 Immunization	379	53,261	11,224	64,864
21-03 Child Health	22,856	373,853	32,283	428,992
21-04 Prevention of stunting and other forms of malnutrition	9,201	7,618	55	16,874
21-05 Treatment of severe acute malnutrition	170,205	803,225	58,063	1,031,493
21-06 Treatment and care of children living with HIV			-315	-315
21-07 HIV prevention	24	17,896	3,181	21,101
Total	202,786	1,284,039	253,361	1,740,186

In 2018, UNICEF continued to invest in child health through the implementation of a package of life saving interventions. Indeed, 75% of the funds received were used to improve routine immunisation as well as the organisation of the supplementary immunization activities.

Table 4: Thematic expenses by programme area

Fund Category	All Programme Accounts
Year	2018
Business Area	Djibouti - 6690
Prorated Goal Area	21 Survive and Thrive
Donor Class Level2	Thematic
Row Labels	Expense
Other Resources - Emergency	61,174
21-04 Prevention of stunting and other forms of malnutrition	2,100
21-05 Treatment of severe acute malnutrition	59,073
Other Resources - Regular	330,209
21-01 Maternal and newborn health	28,186
21-02 Immunization	41,409
21-03 Child Health	234,110
21-04 Prevention of stunting and other forms of malnutrition	14
21-05 Treatment of severe acute malnutrition	8,593
21-07 HIV prevention	17,896
Grand Total	391,382

Table 5 : Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2018
Business Area	Djibouti - 6690
Prorated Goal Area	21 Survive and Thrive
Fund Sub-Category	(Multiple Items)
Row Labels	Expense
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	19,978
21-01-99 Technical assistance - Maternal and newborn health	75,848
21-02-03 Evidence generation and policy advocacy for immunization	39,562
21-02-12 Continuous social mobilization and communication	7,534
21-03-01 IMNCI / Integrated Community Case Management (iCCM) - Community	5,771
21-03-09 HSS - Community Health System	33,441
21-03-10 HSS - Health systems procurement and supplies management	256,545
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	34,948
21-03-16 HSS - Management Information Systems	424
21-03-99 Technical assistance - Child health	-1
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	5,073
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	7,087
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	4,001
21-05-01 Care for children with severe acute malnutrition	519,741
21-05-02 Capacity building for nutrition preparedness and response	1,913
21-05-99 Technical assistance - Treatment of severe acute malnutrition	360,899
21-06-03 HIV health and community system strengthening to improve access and adherence	-315
21-07-05 HIV and sexuality education for adolescents	19,377
26-02-02 MICS - General	1,757
26-02-08 Programme monitoring	80,773
26-03-01 Advocacy and partnership-building for social behaviour change	26,124
26-03-02 Capacity and skills development for social behaviour change	3,331
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	16
26-03-99 Technical assistance - Cross - sectoral communication for development	68,655
26-07-01 Operations support to programme delivery	160,826
27-01-07 HQ and RO technical support on gender	

28-07-03 Country office leadership and direction	5,132
28-07-04 Management and Operations support at CO	1,746
Grand Total	1,740,185

Table 6 : Planned Budget and Available Resources in 2019

Thematic Pool 1 : Health Djibouti Planned and Funded for the Country Programme 2019 (in US Dollars)				
Intermediate Result	Funding Type	Planned Budget	Funded Budget	Shortfall
21-01 Maternal and newborn health	RR	71,145	30,411	40,734
	ORR	28,052	74,104	-46,052
21-02 Immunization	RR	95,151	40,548	54,603
	ORR	40,603	107,355	-66,752
21-03 Child Health	RR	16,062	7,018	9,044
	ORR	110,881	293,565	-182,684
21-04 Prevention of stunting and other forms of malnutrition	RR	45,718	16,650	29,068
	ORR	489,645	940,277	-450,632
	ORE		245,234	-245,234
21-05 Treatment of severe acute malnutrition	RR	0	150,918	-150,918
	ORR	244,822	120,800	124,022
	ORE	0	735	-735
21-07 HIV prevention	RR	0	0	0
	ORR	40,000	0	40,000
RR	RR	228,076	245,545	-17,469
ORR	ORR	954,003	1,536,101	-582,098
ORE			735	
Total for 2019		1,182,079	1,782,381	-599,567

Future Work Plan

In 2019, UNICEF will focus on the first 1,000 days with a special focus on maternal and newborn care as well as continuing to strengthen the routine immunization. In addition, UNICEF will invest on the community approaches such as Community Case Management which is a strategy for expanding the delivery of vital cures for common, serious childhood illnesses by involving and equipping community members and health workers. UNICEF will also continue to empower communities through the implementation of the newly developed package of key family practices.

UNICEF will continue to improve the capacity of health care providers to deliver quality PMTCT services and paediatric care of HIV+ children while improving the active counselling of VIH+ pregnant women both at health facility and community level as well as scaling up the awareness interventions to address the issue of stigma. Besides, UNICEF will develop a high advocacy toward the country team and the partners for the development of a new e-MTCT strategy as well as the revitalization of the e-MTCT coordination committee.

Further interventions and strategies planned for 2019 are as follows:

- Strengthening the health system at all levels (central and decentralized) to achieve better results by systematically identifying / analysing bottlenecks on each of the supply and demand determinants and building strong response to address the bottlenecks embedded into the routine health care delivery schemes.
- Improving newborn care: to strengthen capacity of healthcare staff through training and coaching. This coaching will be conducted gradually, starting with the main maternity hospitals (central and regional level) and later scale up to all maternity centres in the country.
- Keep improving the access to curative services for children by ensuring integrated management of child illnesses both at health facility and community levels.
- Strengthen health and community systems to deliver immunization services, detect and treat child illnesses (diarrhoea, malnutrition, pneumonia and malaria), while also promoting actively the key family practices linked with the 1,000 days window of opportunity for children, focusing on reaching and serving disadvantaged communities (CMM).
- Continue to strengthen the routine Expanded Immunisation Programme by providing vaccines, disposable and non-disposable equipment, as well as supporting the Ministry of Health in the organisation of national, mop-up or catch-up campaigns. Strengthen the surveillance through the implementation of the community-based surveillance systems and through capacity building of the health staff. Improve the cold chain and logistic system.
- Support the country to update the e-MTCT national strategy and develop a communication strategy focusing on PMTCT to tackle stigmatisation which remains the main bottleneck to increased uptake of testing and treatment.

Expression of Thanks

UNICEF Djibouti expresses its deep gratitude to all donors for their financial donation to the health sector. Their contribution was critical to enhancing the health and well-being of many children and mothers; and, in many cases, to save lives. Since they are unmarked, thematic funds could be allocated to areas that were underfunded and where there was an urgent need to intervene 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.

Annexes

Donor feedback form:

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