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Country programme document for Djibouti

Proposed indicative UNFPA assistance:	$5.0 million: $2.0 million from regular resources and $3.0 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2018-2022)
Cycle of assistance:	Fifth
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.2	2.2	3.4
Outcome 3	Gender equality and women's empowerment	0.4	0.6	1.0
Outcome 4	Population and development	0.2	0.2	0.4
Programme coordination and assistance		0.2	--	0.2
Total		2.0	3.0	5.0

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I. Programme rationale

1. Djibouti has an estimated population of 980,000, and a recorded average growth in gross domestic product of about 5 per cent over the past five years. This is the highest economic growth rate among the countries in Eastern Africa. Djibouti is capitalizing on its strategic position to attract significant foreign investments. However, this economic boon has yet to trickle down as the country faces high levels of poverty and unemployment. One fifth of the population, particularly in rural areas, lives in extreme poverty. The unemployment rate is 48 per cent, with 70 per cent of the unemployed below the age of 30. Djibouti ranks 168 out of 188 countries in the Human Development Index.

2. Despite progress in some areas of social development, Djibouti did not meet key Millennium Development Goals (MDGs), as extreme poverty declined very little between 2002 and 2015, and the maternal mortality ratio remained above the national target of 150 deaths per 100,000 live births. As the country did not reach its MDG targets, Djibouti will be hard pressed to achieve the Sustainable Development Goals (SDGs) without significant investment in capacity development and high-quality service provision. The increasing number of refugees and migrants add to the pressure on the strained basic social services, particularly in rural areas. Access to sexual and reproductive health and reproductive rights information and services remains a particular challenge for a large segment of the population.

3. The total fertility rate is estimated at 2.9 children per woman, with a contraceptive prevalence rate of 19 per cent. Eighteen per cent of women have unmet family planning needs. Counselling inadequacies and the quality of services provided have not succeeded in reversing the number of women giving up contraception. There are large disparities in the contraceptive prevalence rate in urban and rural areas of 10.3 per cent and 21.4 per cent, respectively, which may not be unconnected with the dysfunctional state of the supply chain for reproductive health commodities. Outside the city of Djibouti, there are deficits in the availability of the full range of contraceptive methods; stock-outs remain frequent (58 per cent of service delivery points) and only 49 per cent of health personnel are adequately skilled. Finally, the access of young people to adapted services has fallen short, in particular due to the lack of appropriate services and coordination between various institutions.

4. The proportion of births attended by skilled health personnel is 87.4 per cent, with significant urban/rural disparities (98.4 per cent of births in urban areas are attended by skilled health personnel versus 55.1 per cent in rural areas). Despite the high proportion of births attended by skilled health personnel, maternal mortality continues to be high (estimated 229 deaths per 100,000 live births in 2015). This attests to issues with the quality of reproductive health services and the need to further strengthen the capacities of health personnel.

5. Improving maternal and reproductive health is difficult without addressing the entrenched culture and practice of gender inequality, discrimination against women and gender-based violence in its various forms. In 2012, the prevalence of female genital mutilation was 78 per cent among women aged 15 to 49 years. There is evidence that female genital mutilation among younger generations is declining, with one study putting the prevalence among girls aged 6 to 10 years at 45 per cent. Reluctance to abandon the practice still persists among certain populations, with significant differences by place of residence, ethnicity and social category.

6. Djibouti is located in a volatile region, with conflicts, population displacements and natural disasters affecting its neighbouring countries. The country needs to maintain adequate emergency response capacities to address the influx of refugees or other humanitarian situations. Currently, the number of refugees from neighbouring countries (Eritrea, Ethiopia, Somalia and Yemen) is estimated at 26,000. In addition, nearly 10,000 migrants pass through Djibouti each year.

7. The country lacks adequate data and evidence on the distribution and socioeconomic, demographic and other characteristics of its population to ensure that development and humanitarian interventions are well targeted and effective. The

national statistical system is weak and without adequate regional presence. Although the country is relatively small, the civil registration and vital statistics system does not cover the entire territory and, above all, has shortcomings in the registration of deaths. This underlines the importance of the Demographic and Health Survey, scheduled for 2018, and particularly the 2020 round of the population and housing census.

8. Among the key achievements of the past programme based on the country programme evaluation findings are: improved access to reproductive health services through enhanced reproductive health-care service delivery; increased family planning service uptake; and increased reproductive health commodity security, as well as strengthened capacities. For example, the contraceptive prevalence rate was 15.3 per cent in 2002 and 19 per cent in 2012. UNFPA provided technical assistance to the Ministry of Health for the development of a maternal and newborn health plan, standards for the quality of sexual and reproductive health (SRH) services, and service provision in maternal and newborn health. A maternity unit was established in one of the interior regions and has allowed ultrasounds and caesarean sections to be performed for Yemeni refugees and host populations. This has prevented unnecessary references to the Djibouti capital in cases of obstetrical complications. Support has been given to the availability of a minimum package of reproductive health services, including access to the full range of modern contraceptive methods in 45 health centres. A national family planning policy was formulated under the leadership of the Ministry of Women. A national referral mechanism for gender-based violence was developed; and 4,023 women were supported in the listening cell. Community mobilization actions raised awareness among more than 3,000 women in family planning; the capacity of 88 religious leaders was improved to accelerate the abandonment of female genital mutilation. Challenges include: (a) scarcity of accurate and reliable data; (b) lack of sense of national ownership of (SRH) and gender-based violence programmes (there are no national budgetary provisions for family planning methods); and (c) scarcity of qualified health workers.

II. Programme priorities and partnerships

9. The proposed country programme is aligned with the national strategy, Djibouti Vision 2035, and to the priorities in the national and subnational development plans of the Accelerated Growth and Employment Promotion Strategy 2015-2019, as well as to the 2030 Agenda for Sustainable Development (particularly Goals 3, 5, 10 and 17) and the United Nations Development Assistance Framework (UNDAF) 2018-2022. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations. A strong partnership will be maintained with bilateral and multilateral donors throughout the cooperation cycle. Other partnerships will be sought, including non-traditional donors, United Nations funding mechanisms and the private sector.

10. The overall goal of the programme is to support the reduction of maternal mortality. Women and young people, particularly adolescent girls, will be the programme's primary targets. Advocacy and policy dialogue, capacity development and knowledge management will be the main implementation strategies. UNFPA will focus on integrating development and humanitarian interventions; building individual, community, institutional and system resilience; and maintaining a contingency fund and sufficient emergency response capacities to respond to humanitarian emergencies. UNFPA will work through its implementing partners (Government, non-governmental and faith-based organizations) to implement the country programme.

A. Outcome 1: Sexual and reproductive health

11. *Output 1: Increased national capacity to deliver quality comprehensive maternal health services, focusing on the hard-to-reach, including in humanitarian settings*. The interventions will focus on: (a) scaling up and strengthening emergency obstetric and neonatal care, including maternal death surveillance and response; (b) updating existing standards and protocols on SRH for midwifery training; (c) supporting the integration of services at the level of basic health centres to ensure a continuum between antenatal, delivery and postpartum care; (d) ensuring involvement of

communities in the prioritization and monitoring of high-quality of health-care services delivered to women living in underserved areas; and (e) training national counterparts in the implementation of the Minimum Initial Service Package (MISP) for reproductive health in emergencies as part of the preparedness plan.

12. *Output 2: Strengthened national capacity to deliver family planning information and services, including in humanitarian settings*. The interventions planned during the programme cycle include: (a) developing strategies to reach vulnerable and marginalized groups, particularly young people, and rural communities; (b) supporting capacity development of family planning service providers, particularly in rural areas; (c) providing support to improve the procurement and supply chain management system for reproductive health commodities; (d) updating the Protocol on Reproductive Rights in Family Planning; and (e) improving family planning data collection, reporting and documentation of good practices.

B. Outcome 3: Gender equality and women's empowerment

13. *Output 1: Enhanced national capacities to address gender-based violence, particularly female genital mutilation, including for refugees and migrants*. The main actions will be: (a) strengthening national mechanism for access to multisectoral referral services on gender-based violence; (b) enhancing capacities of women and girls in public participation and decision-making regarding their sexual and reproductive health and rights; (c) supporting production and use of disaggregated data on gender-based violence and female genital mutilation; (d) increasing the knowledge and utilization of SRH services in a culturally sensitive, human rights-based approach; and (e) promoting national and regional networks for the abandonment of female genital mutilation.

C. Outcome 4: Population and development

14. *Output 1: Strengthened national capacity to collect, analyse and disseminate disaggregated data that allows for mapping of demographic disparities and socioeconomic inequalities to advance the achievement of the Sustainable Development Goals and the commitments of the International Conference on Population and Development (ICPD), including in humanitarian settings*. UNFPA will work with United Nations agencies and Government to strengthen the production of quality data through: (a) building the capacities of stakeholders on data production for decision-making including SDGs and ICPD goals; (b) supporting production and use of disaggregated data on maternal health, family planning, gender-based violence, including female genital mutilation, in particular the 2018 Demographic and Health Survey; (c) providing technical assistance in conducting the 2020 round of the population census and strengthening the civil registration and vital statistics systems; and (d) using demographic data and demographic forecasts for policies related to youth, women and the demographic dividend.

III. Programme and risk management

15. UNFPA will design, plan and monitor the implementation of the programme in close collaboration with government and non-governmental partners as well as United Nations agencies within a national execution based on current procedures of the harmonized approach to cash transfers. UNFPA will implement a resource mobilization strategy through a multisectoral partnership with the bilateral and multilateral representations of governmental and non-governmental institutions.

16. Implementation of the country programme may be affected by the regional instability. In this context, the programme will deploy risk mitigation strategies to be delivered with the support of the technical, operational and programmatic expertise of UNFPA staff at country, regional and headquarter levels, and will leverage South-South cooperation. The current staffing arrangements will be aligned to effectively and efficiently deliver the proposed programme. Staff will be funded by regular and other resources.

17. Djibouti is vulnerable to many risks, natural disasters, weak technical and institutional capacities, regional instability, poor coordination of aid and governance. The UNFPA country office will implement appropriate strategies such as the deployment of preparedness and response to humanitarian crisis in coordination with the UN country team, and close and continuous supervision of programme implementation, including data availability.

18. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

19. Programme monitoring will be conducted jointly with the Government, in accordance with the country programme document, aligned to the UNDAF. A monitoring and evaluation plan and appropriate tools will be developed to periodically monitor programme performance, including field visits, quarterly and annual reviews.

20. The monitoring and evaluation plan specifically aims to: (a) ensure ongoing coherence and relevance of programme interventions with national development priorities; (b) support progress towards the achievement of programme results and their contribution to the objectives of the strategic development frameworks; and (c) promote evidence-based and results-oriented programme management through national capacity-building in planning, monitoring and evaluation. A final evaluation of the country programme will be conducted at the end of the programme cycle to measure progress and to follow up on recommendations and lessons learned to address key priorities for the next programme cycle.

RESULTS AND RESOURCES FRAMEWORK FOR DJIBOUTI (2018-2022)

National priority: Achieve universal population coverage for essential health care, enhance the quality and effectiveness of the public health system, and reduce maternal, newborn and child mortality by 15%, 25% and 30%, respectively. **UNDAF outcome**: Access to basic social services for the most vulnerable groups and populations is improved I**ndicators**: Rate of births attended by skilled health personnel: *Baseline*: 87%; *Target*: 99%; Percentage of women of reproductive age (15-49 years) using modern family planning methods: *Baseline*: 19%; *Target*: 65%; Adolescent birth rate (15-19 years) per 1,000 adolescent girls: *Baseline*: 20.6%; *Target*: 10%				
UNFPA strategic plan outcome	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
Outcome 1: Sexual and reproductive health Every woman, adolescent and youth everywhere, especially those furthest behind, has fully exercised their reproductive rights and uses integrated SRH services free of coercion, discrimination and violence Outcome indicator(s): • Contraceptive prevalence rate *Baseline:* 19%*; Target:* 40% • Proportion of births attended by skilled health personnel *Baseline:* 87%*; Target:* 99% • Unmet family planning needs *Baseline:* 18%*; Target:* 5%	Output 1: Increased national capacity to deliver quality comprehensive maternal health services, focusing on the hard-to-reach, including in humanitarian settings	• Percentage of maternity hospitals with a system for maternal death surveillance and response (MDSR) *Baseline*: 28%; *Target*: 100% • Updated protocol and standards of the essential reproductive health package are available at the Midwifery School *Baseline*: No; *Target*: Yes • Number of women referred to health facilities through community organizations in underserved areas *Baseline*: 69; *Target*: 700 • Number of midwives trained on SRH MISP *Baseline*: 25; *Target*: 100	Ministry of Health, Midwifery School, Ministry of Higher Education and Research	$1.4 million ($0.5 million from regular resources and $0.9 million from other resources)
	Output 2: Strengthened national capacity to deliver family planning information and services, including in humanitarian settings	• Percentage of health facilities with no stock-out of modern contraceptives during the last three months *Baseline*: 38%; *Target*: 80% • Number of women and adolescent girls reached with SRH information and services *Baseline*:1900; *Target*:4000 • Number of additional users of family planning methods *Baseline*: 5,504; *Target*: 10,000	Ministry of Health, Ministry of Youth, Youth Network	$2.0 million ($0.7 million from regular resources and $1.3 million from other resources)
National priority: Promoting women's conditions and reducing inequalities **UNDAF outcome**: Public institutions in charge of protection are strengthened and policies of legal protection and assistance for vulnerable populations are developed **Indicator**: Public institutions in charge of protection are strengthened and policies for legal protection and assistance to vulnerable populations are developed: *Baseline*: 60%; *Target*: 78%; Number of gender-based violence prevention services: *Baseline*: 5; *Target*: 15				
Outcome 3: Gender equality and women's empowerment Gender equality, empowerment of all women and girls, and reproductive rights are achieved through a focus on ending gender-based violence and harmful practices in development and humanitarian settings Outcome indicator(s): • Percentage of girls and women aged 15-49 who have	Output 1: Enhanced national capacity to address gender-based violence, particularly female genital mutilation, including for refugees and migrants	Output indicators: • Number of national and subnational institutions using the multisectoral referral mechanism and protocols to prevent and respond to gender-based violence and female genital mutilation *Baseline*: 1; *Target*: 5 • Number of communities that make public declaration to abandon female genital mutilation *Baseline*: 20; *Target*: 40 • Number of strategic plans developed for women participation in local development *Baseline:* 0*; Target:* 5	Ministry of Women and Family, Ministry of Decentralization, Minister of Muslim Affairs, Culture, and Waqfs, Secretary of State for Youth and Sports Organization, National Union of	$1.0 million ($0.4 million from regular resources and $0.6 million from other resources)

undergone female genital mutilation/cutting. *Baseline:* 78%*; Target:* 60%			Women of Djibouti, local associations	
National priority: Citizen participation and strengthening of civil society **UNDAF outcome:** National and local institutions and actors of good governance ensure the effective, efficient and transparent management of public resources for inclusive and equitable development (National institutional capacities for monitoring and evaluation are strengthened for the formulation and/or revision of strategies; policies, programmes and budgets) **Indicator**: Number of ministries with operational planning and monitoring and evaluation mechanisms: *Baseline*: 4; *Target*: 10				
Outcome 4: Population and development Everyone, everywhere is counted, and accounted for, in the pursuit of sustainable development Outcome indicator(s): • Report of the 2020 Census of Population is available *Baseline:* No *; Target:* Yes • Report on Demographic and Health Survey is available *Baseline:* No *; Target:* Yes	Output 1: Strengthened national capacity to collect, analyse and disseminate disaggregated data that allows for mapping of demographic disparities and socioeconomic inequalities to advance the achievement of the SDGs, SRH and the commitments of the ICPD, including in humanitarian settings	Output indicators: • Number of stakeholders trained in population data generation and analysis for decision-making including on SDGs indicators monitoring *Baseline*: 4; *Target*: 50 • Number of reports of in-depth studies on population issues available *Baseline*: 3; *Target*: 10 • Number of national plans and strategies that mainstream interventions for the actualization of demographic dividend *Baseline*: 0; *Target*: 2	Ministry of Health, Ministry of Women and Family, Ministry of Higher Education and Research, Institution of Statistics and Demographic Studies, Ministry of Decentralization	$0.4 million ($0.2 million from regular resources and $0.2 million from other resources) Programme coordination and assistance: $0.2 million from regular resources