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Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Djibouti

Proposed indicative UNFPA assistance:	$8.6 million: $3.9 million from regular resources and $4.7 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2013-2017)
Cycle of assistance:	Fourth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	2.0	3.0	5.0
Family planning	1.0	1.0	2.0
Young people's sexual and reproductive health and sexuality education	0.5	0.5	1.0
Data availability and analysis	0.2	0.2	0.4
Programme coordination and assistance	0.2	-	0.2
Total	3.9	4.7	8.6

I. Situation analysis

1. The population in Djibouti was 818,159 in 2009. The percentage of the population living in urban areas was 70.6, while the percentage living in the capital, Djibouti, was 58.1. The annual population growth rate is 2.8 per cent.

2. Life expectancy is estimated at 55 years. The fertility rate was 4.2 children per woman in 2006. Population displacements linked to natural catastrophes, such as droughts and floods, contribute to pockets of poverty in the countryside and around the capital.

3. Djibouti is one of the least-developed countries. The extreme poverty rate is 42 per cent. In rural areas, more than three of four people live in extreme poverty. Within this context of vulnerability, the Government developed a national social development initiative as well as multisectoral poverty-reduction programmes. A review and adjustment of this initiative will seek to reduce maternal mortality.

4. The Government has invested in health by increasing: (a) the percentage of the national budget devoted to health, from 10.4 per cent in 2005 to 14 per cent in 2011; (b) the number of basic health centres, from 35 in 2005 to 43 in 2010; (c) the number of community pharmacies, from five to 12; and (d) the number of health personnel, from 1,551 in 2007 to 2,036 in 2010. Nevertheless, maternal, infant and child mortality rates remain high.

5. The maternal mortality ratio was 300 maternal deaths per 100,000 live births in 2008. Contributing to maternal mortality are pregnancy-related and delivery-related complications, clandestine abortions, the poor health status of pregnant women, inadequate monitoring of pregnant women, limited access to health services, the lack of qualified personnel, weak family and community support, limited knowledge regarding maternal and child health, and the poor nutritional status of mothers. The under-five child mortality rate was 93 deaths per 1,000 live births in 2006. The capacity of the health information system to monitor maternal and child deaths is limited.

6. The 2009 population census revealed disparities resulting from the unequal access of women to employment and women's lack of autonomy. The unemployment rate among women (71.1 per cent) is higher than that among men (56.1 per cent).

7. Djibouti has made progress in combating female genital mutilation/cutting. Recent surveys in schools indicate that this practice is becoming less common: 60 per cent of girls were not subjected to it in 2010, compared to 50 per cent in 2006. The promulgation in 2009 of legislation related to violence against women, particularly female genital mutilation/cutting, represents a positive step in protecting women's right to health.

8. A study on the vulnerability to HIV/AIDS of delinquent young girls and adolescents (aged 13-24) showed that they were subjected to sexual violence. The study also focused on unwanted pregnancies. Eighty-two per cent of adolescents surveyed believed that unwanted pregnancies were frequent and increasing. There is a need for communication strategies that address the needs of high-risk groups and a need to strengthen the information system.

9. The situation of young people remains a concern because a high proportion of them are idle. Approximately 55 per cent of youth aged 15-30 have no productive activity. Nearly 65 per cent of youth with higher education are unemployed because there is disparity between the supply of and the demand for their skills. Despite recent initiatives to create community-based centres to promote youth employment opportunities and social integration, few such

centres exist. Illiteracy, high drop-out rates, a lack of training and jobs, and a lack of recreational opportunities contribute to violence and delinquency.

10. A lack of community support and the limited access of youth to health, counselling and information services contribute to risky behaviour among adolescents and youth. Youth also have limited access to hospital care, which is expensive.

11. Djibouti ranks second in the world in terms of tuberculosis prevalence, and first in the region for HIV prevalence (2.7 per cent). Limited access to information, prevention and care, and low utilization of condoms, are direct causes of the HIV/AIDS epidemic.

12. The first population census was held in 1983 and the second in 2009. National surveys planned for 2011 were not carried out due to a lack of human, material and financial resources. To address the lack of statistical data, the Government is reviewing the national statistical system and the 2008 statistical plan.

II. Past cooperation and lessons learned

13. The third country programme, 2008-2012, mobilized $7.9 million. The programme sought to: (a) increase access to and demand for reproductive health services among vulnerable populations, especially those in rural areas and youth; (b) build the capacity for integrating population data into plans and programmes; and (c) build the capacity of the Government and civil society to combat gender-based violence. Strategies included strengthening partnerships and supporting information and communication efforts for vulnerable groups.

14. A country programme evaluation, undertaken in 2011, found that there was a need to improve the coherence between the challenges faced and the proposed programme strategies and solutions. Strategies were not always well thought out or based on solid problem analysis. Often, the intervention models, particularly in health, were not adapted to the country context.

15. The evaluation also found that the programme was too ambitious for the limited capacity of the UNFPA country team and its national partners. There is a need to strengthen programme monitoring and to share findings with partners in order to achieve the objectives of the country programme. The evaluation also noted the recent joint efforts among United Nations organizations and national partners.

16. The evaluation recommended: (a) an integrated approach to health issues, in collaboration with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), that focuses on maternal health and supports youth programmes that target risk reduction; (b) coordinated and multisectoral support at the primary health-care level, as well as strengthening the referral centre; (c) community-based interventions for demand creation; and (d) investment in information systems to promote regular and reliable data.

III. Proposed programme

17. The proposed programme, 2013-2017, is aligned with national development priorities. It is based on the common country assessment and is linked with the strategic priorities of the United Nations Development Assistance Framework (UNDAF). It also takes into account the UNFPA strategic plan, 2008-2013, and the Millennium Development Goals.

18. The proposed programme builds on lessons learned from the past programme. It adopts an intersectoral, disciplinary approach to focus on maternal health issues related to Millennium Development Goal 5, and

integrates youth-friendly interventions. Using a systemic approach, the programme will work at the hospital level as well as at the primary health-care level, addressing issues related to the quality of care, human resources and accountability. The proposed programme also focuses on the social determinants of maternal mortality and morbidity. It integrates a human rights-based, evidence-based approach, fosters national capacity development, and promotes partnerships. The programme will leverage resources from national entities and programmes to enhance synergy and sustainability. It will also undertake joint actions with the United Nations system for enhanced coherence.

Maternal and newborn health

19. Output 1: Safe deliveries and emergency obstetric care are improved, based on human rights, in six maternity hospitals. Planned actions include: (a) applying norms and standards to emergency maternal and neonatal care; (b) improving the quality of midwifery, including by providing in-service training and establishing an efficient supervisory system; (c) improving professional practices in prenatal, delivery and post-partum care, including by making delivery conditions more humane; (d) providing fistula treatment and care for pregnancy complications; (e) improving maternal death audits; (f) establishing an information system on pregnancies and hospital births; and (g) improvinginformation, education and communication activities, especially for girls.

Family planning

20. Output 1: The minimum package of reproductive health services is available in primary health-care centres. This output will be achieved by: (a) ensuring that primary health-care centres meet international standards; **(**b) integrating, at the primary health-care level, prenatal consultations, family planning, and services to address gender-based violence, female genital mutilation, sexually transmitted infections and HIV/AIDS, and the sexual and reproductive health needs of adolescents and youth into the minimum initial service package; (c) establishing an efficient mechanism for reproductive health commodity security; (d) promoting appropriate family planning methods; (e) supporting in-service training for service providers and supervision, using a gender-sensitive and human rights-sensitive perspective; (f) instituting a referral system for obstetric fistula, high-risk pregnancies, sexually transmitted infections and HIV/AIDS; and (g) training community health agents on human rights, gender and other issues.

21. Output 2: Community initiatives to promote family planning, accelerate the reduction of maternal mortality and combat gender-based violence are improved. The programme will support: (a) the development of a detection and referral system for high-risk pregnancies, obstetric fistulas and female genital mutilation/cutting that involves men and boys and includes community financial support; (b) the community-based distribution of iron supplements and of male and female condoms; (c) training on the minimum initial service package, in response to humanitarian situations; and (d) the training of leaders in the areas of maternal death and birth notifications, human rights and gender.

Young people's sexual and reproductive health and sexuality education

22. Output 1: Gender-sensitive, high-quality and human rights-based counselling, care and support services meet the needs of adolescents and youth. The programme will seek to: (a) strengthen networks of peer educators to prevent risky behaviour, particularly behaviour related to HIV; (b) promote the integration of sexual and reproductive health information,

education and communication efforts into civic participation programmes in two health centres; (c) develop service packages that address HIV/AIDS, early marriage, the rights of girls, and female genital mutilation/cutting; and (d) inform and protect adolescents in vulnerable situations.

Data availability and analysis

23. Output 1: The contribution of development plans and programmes to maternal health, including issues regarding gender equality and youth, is improved. This will be achieved by: (a) strengthening the national capacity to utilize demographic and health data to guide decisions on health services and their organization; (b) analysing and disseminating census data that have been disaggregated by sex and age; (c) establishing a mechanism for reviewing development plans and programmes through the prisms of maternal health, gender and youth; (d) providing technical support to integrate population concerns into the prospective study for Djibouti 2030; (e) supporting gender-sensitive research on youth and the social determinants of maternal morbidity and mortality; (f) developing evidence-based policy, media and advocacy briefs; (g) forging alliances for maternal health; and (h) supporting the integration of gender dimensions and youth into the maternal mortality strategy.

IV. Programme management, monitoring and evaluation

24. The Ministry of Foreign Affairs and International Cooperation will coordinate the programme, which will be nationally executed. Partners will include the Ministry of Health, the Ministry of Women's Promotion, the Ministry of Economy and Finance, the Secretariat in charge of Youth and Sports, and non-governmental organizations. Designated lead ministries will coordinate the assessment of institutional capacity. Programme management will be decentralized and results-oriented, taking into account UNDAF coordination and management mechanisms in order to reduce transactions and ensure mutual accountability with national authorities.

25. UNFPA plans to mobilize additional resources, particularly for the national strategy to reduce maternal mortality. Potential donors are the World Bank, the United States Agency for International Development and Japan. UNFPA will develop joint programmes with United Nations organizations in the areas of maternal health, youth, HIV/AIDS prevention and statistics. South-South collaboration will enhance the sharing of knowledge and good practices.

26. The United Nations Resident Coordinator (and UNDP Representative) serves as the UNFPA Representative. The UNFPA country office in Djibouti includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff who provide technical and programme expertise, as well as associated support, to implement the programme.

27. UNFPA will earmark programme funds for three programme analysts and three programme and administrative support staff members, according to programme needs, to further strengthen the capacity of the UNFPA country office. The Arab States regional office will coordinate programme and technical support for the country office, in collaboration with UNFPA headquarters.

RESULTS AND RESOURCES FRAMEWORK FOR DJIBOUTI

National priorities: (a) improve the state of health of the population; (b) expand access to high-quality care (Millennium Development Goals 4, 5 and 6); (c) promote women's equality; and (d) promote the social integration of children and youth
UNDAF outcomes: (a) the population, particularly women and children younger than five, have access to basic health services and high-quality nutrition; and (b) at-risk populations, adolescents and youth have access to HIV prevention and care
Outcome indicators: (a) maternal mortality ratio. Baseline: 300 maternal deaths per 100,000 live births; Target: 185 per 100,000; (b) infant mortality rate. Baseline: 77 deaths per 1,000 live births; Target: 55 per 1,000; and (c) contraceptive prevalence rate. Baseline: to be determined; Target: to be determined

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Maternal and newborn health Outcome indicators: • Skilled birth attendance Baseline: 56.3%; Target: 85% • Maternal mortality ratio Baseline: 300 maternal deaths per 100,000 live births Target: 185 per 100,000	Output 1: Safe deliveries and emergency obstetric care are improved, based on human rights, in six maternity hospitals	Output indicators: • Percentage of women referred to and correctly treated by the health system Baseline: 50%; Target: 70% • Percentage of women satisfied with the quality of services delivered Baseline: 40%; Target: 75% • Number of cases of obstetric fistula treated Baseline: 10; Target: 70	Ministry of Economy and Finance; Ministry of Health; Ministry of Women's Promotion; UNICEF; United States Agency for International Development; WHO	$5 million ($2 million from regular resources and $3 million from other resources)
Family planning Outcome indicator: • Contraceptive prevalence rate Baseline: 17.8%; Target: 60%	Output 1: The minimum package of reproductive health services is available in primary health-care centres Output 2: Community initiatives to promote family planning, accelerate the reduction of maternal mortality and combat gender-based violence are improved	Output indicators: • Number of primary health-care centres that integrate the minimum reproductive health service package Baseline: 19; Target: 49 • Percentage of communities contributing to the cost of mobile teams Baseline: 5%; Target: 30% • Number of community leaders trained on reproductive health and gender-based violence issues Baseline: 75; Target: 150 • Number of community leaders trained in maternal-death notification Baseline: 97; Target: 150	Ministry of Health; Ministry of Women's Promotion; regional councils; Secretariat in charge of Youth and Sports Non-governmental organizations UNICEF; WHO	$2 million ($1 million from regular resources and $1 million from other resources)

<table>
<tr><td colspan="5">National priorities: (a) promoting women's empowerment; and (b) promoting the social integration of children and youth
UNDAF outcome: women and children are protected from all forms of violence and exploitation
Outcome indicators: (a) female genital mutilation/cutting prevalence rate. Baseline: 93%; Target: 85%; (b) percentage of births registered. Baseline: to be determined; Target: 100%; and (c) prevalence rate of all forms of violence. Baseline: to be determined; Target: to be determined</td></tr>
<tr><th>UNFPA strategic plan outcome</th><th>Country programme outputs</th><th>Output indicators, baselines and targets</th><th>Partners</th><th>Indicative resources</th></tr>
<tr><td>Young people's sexual and reproductive health and sexuality education

<u>Outcome indicator</u>:
• Number of community-based organizations engaging in programmes addressing female genital mutilation, HIV/AIDS and the sexual and reproductive health needs of young people
Baseline: not available;
Target: 15</td><td><u>Output 1</u>: Gender-sensitive, high-quality and human rights-based counselling, care and support services meet the needs of adolescents and youth</td><td><u>Output indicators</u>:
• Number of youth-friendly centres functional
Baseline: 1; Target: 2
• Percentage of young people aged 15-24 who correctly identify ways to prevent the sexual transmission of HIV
Baseline: 11%; Target: 60%</td><td>Ministry of Economy and Finance; Ministry of Health; Ministry of Women's Promotion; Secretariat in charge of Youth and Sports; regional councils

Non-governmental organizations

UNICEF</td><td>$1 million ($0.5 million from regular resources and $0.5 million from other resources)</td></tr>
<tr><td colspan="5">National priorities: (a) strengthening decentralized capacity; (b) promoting the autonomy and sustainability of local communities; and (c) modernizing and strengthening the judicial and regulatory framework
UNDAF outcomes: (a) national and local institutions adhere to good practices and the principles of inclusive, transparent and accountable governance; (b) national and sectoral planning, monitoring and management processes are strengthened; and (c) institutional, social and economic disparities and those between men and women are reduced
Outcome indicators: (a) number of national and regional plans developed. Baseline: 0; Target: 5; and (b) percentage of women who are unemployed. Baseline: 71.1%; Target: 56.1%</td></tr>
<tr><td>Data availability and analysis

<u>Outcome indicator</u>:
•Number of updated databases that support plans and programmes
Baseline: 0; Target: 1</td><td><u>Output 1</u>: The contribution of development plans and programmes to maternal health, including issues regarding gender and youth, is improved</td><td><u>Output indicators</u>:
• Number of development plans and programmes revised using updated data on maternal health, gender and youth
Baseline: 0; Target: 3
• Sex-disaggregated and age-disaggregated data disseminated
Baseline: 0; Target: 3</td><td>Ministry of Economy and Finance; Ministry of Health; Ministry of Women's Promotion; Secretariat in charge of Youth and Sports; regional councils

Non-governmental organizations

UNDP; UNICEF</td><td>$0.4 million ($0.2 million from regular resources and $0.2 million from other resources)

Total for programme coordination and assistance: $0.2 million from regular resources</td></tr>
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