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Country note**

Djibouti

Summary

The Executive Director presents the country note for Djibouti for a programme of cooperation for the period 2003-2007.

The situation of children and women

1. On the basis of its gross domestic product of 790 United States dollars, Djibouti ranks among the middle-income countries. However, according to the criteria of the international financial institutions, Djibouti is classed as a least developed country. The annual average growth rate of less than 1 per cent is far surpassed by the annual rates of natural and migratory growth (3 and 3.1 per cent, respectively). The resulting socio-economic crisis is characterized by the 45 per cent of the population living below the poverty line, an unemployment rate of more than 50 per cent of the economically active population and a significant decline in the quality of social service delivery. Given this situation, which is exacerbated by poor nutritional habits, lack of hygiene, environmental degradation and the high rate of illiteracy (43 per cent), particularly among women (60 per cent), it has not been possible to realize the goals of the World Summit for Children for most Djibouti children.

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.



2. The situation with respect to children's health is critical. The infant mortality rate is 104 per 1,000 live births, while the infant and young child mortality rate is 149 per 1,000 live births (1999), the main causes being malnutrition, diarrhoeal diseases, acute respiratory infections (ARI) and diseases preventable through vaccination. According to a recent study, one out of every five children weighs less than 2,500 grams at birth, one out of every four children under five years of age is malnourished, and 59 per cent have not benefited from vitamin A distribution. About 25 per cent of hospitalizations and 40 per cent of deaths registered in hospitals are due to ARI. Cholera epidemics have become cyclical, with almost 2,000 persons being affected each time. Owing to the deterioration of service delivery under the Expanded Programme of Immunization (EPI), coverage for the six antigens has fallen from a minimum of 58 per cent to less than 30 per cent and for the tetanus antitoxin (double dose) in pregnant women from 59 to 14 per cent. However, the annual national vaccination campaigns against poliomyelitis have enabled a coverage rate of 95 per cent to be achieved. With an HIV/AIDS prevalence rate estimated at 12 per cent, Djibouti ranks among the world's 10 most infected countries; those in the age group 20-39 are particularly affected by the pandemic.

3. The efforts made over the past two years to reduce the maternal mortality rate of 740 per 100,000 live births are encouraging; they have led to an increase in the proportion of women attending prenatal clinics at least twice from 36 to 56 per cent and in the ratio of deliveries taking place in health-care facilities from 36 to 52 per cent, while the proportion of women attending post-natal clinics has increased from zero to 7.5 per cent; the rate of maternal breastfeeding from birth has remained above 90 per cent; 70 per cent of pregnant women suffer from iron deficiency anaemia, and 98 per cent of women continue to be subjected to female genital mutilation.

4. The deterioration of educational structures and services has seriously slowed the realization of the right of children to education. Among children of primary school entrance age, 53 per cent of boys in urban areas and 82 per cent of girls in rural areas did not have access to school in 2000, calling into question the viability of the education system, particularly where girls are concerned. More than half of girls in primary school drop out, starting from the third year of study. The master plan and plan of action 2001-2005, prepared within the framework of the educational reforms, are aimed at increasing the effectiveness of the system overall and give special priority to girls' education, while seeking to reinvigorate the entire school context and learning process and the constructive role of communities.

5. The recommendations made by the Committee on the Rights of the Child following the consideration of the initial report on the implementation of the Convention on the Rights of the Child, namely that the country should reconsider the general reservations it made up on ratification, strengthen its mechanisms for monitoring and evaluating implementation, continue the updating of its legislation and take measures to protect the most vulnerable children in particular, show the extent of the efforts still to be made.

Lessons learned from recent programme experience

6. The mid-term review of the programme of cooperation 1999-2003 showed the relevance and effectiveness of strategies that merit being continued. Thus, intensive advocacy with senior government officials enabled HIV/AIDS to be included among the Government's priorities and the review of legislation in relation to the Convention to be speeded up; the contribution made by high-level technical assistance facilitated the preparation of the master plan and plan of action 2001-2005 within the framework of the educational reforms.

7. The lack of intra- and intersectoral communication structures resulted in the underuse of certain potentials within the Government for achieving the smooth implementation and synergy of the programmes for children. There is a need to strengthen the coordination mechanism within the Ministry of Cooperation in order to improve communication between the various ministerial departments and with donors. The lack of relevant national strategies and the inadequacy of human and financial resources in the key areas of nutrition, EPI and HIV/AIDS have weakened the expected results; UNICEF must intensify its lobbying of the Government to prioritize the development of national strategies and the allocation of complementary funds.

Proposed country programme strategy

8. The proposed programme of cooperation will cover the period 2003-2007 with a view to harmonizing the programme cycles of the United Nations Population Fund (UNFPA), the World Food Programme, the United Nations Development Programme (UNDP) and UNICEF and the development of the Common Country Assessment and the United Nations Development Assistance Framework. The preparation of the new programme was guided by the priorities and policies contained in the national programme of action 2001-2010, the UNICEF medium-term strategic plan and the analysis of the current situation of children and women.

9. The overall objective of the programme of cooperation is to contribute to national efforts to realize the rights of children and women to survival, development, protection and participation, as defined in the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and at the special session of the General Assembly on children. The programme's interventions will focus on areas in which changes can lead to a significant improvement in the situation of children and women. Advocacy with decision makers and civil society, capacity-building, the provision of high-quality technical assistance and the empowerment and effective participation of beneficiaries are the main strategies adopted in order to achieve the goals of the four interdependent programmes that constitute the programme of cooperation.

10. The **early childhood development** programme will provide support to national efforts to improve early childhood care, protection and development-related practices and to eradicate poliomyelitis. The first of its four components is aimed at increasing access by parents to basic knowledge and skills with respect to high-quality care, development and protection. The second component is aimed at strengthening the national capacity in the area of nutrition and the capacity of health-care structures to provide appropriate nutritional guidance and services. The

third component is aimed at reviving routine vaccination and maintaining 100-per-cent coverage against poliomyelitis. The fourth is aimed at increasing access to maternal health-care services and reducing female genital mutilation. This programme's main lines of intervention are the development of national policies, strategies and plans of action, the training of care providers, information, education and communication (IEC), social mobilization and the provision of basic supplies and equipment. Coordination and partnership with the African Development Bank, UNFPA, UNDP, the World Health Organization (WHO), non-governmental organizations and bilateral donors will be strengthened.

11. The programme **education with a special emphasis on the girl child** will contribute, within the framework of the educational reforms, to realizing the right of children, particularly girls, to high-quality education. The first of its two components is aimed at increasing enrolment and reducing the disparity between girls and boys. The second is aimed at improving retention and successful completion of primary education. This programme's main lines of intervention will be the development of a national strategy for non-enrolled children, the enhancement of the school environment, the training of teachers, school principals and academic inspectors, the incorporation of the principles of the Convention on the Rights of the Child in curricula, IEC and social mobilization. Coordination and partnership with UNFPA, UNDP, the United Nations Educational, Scientific and Cultural Organization, the World Bank, the African Development Bank and non-governmental organizations will be strengthened.

12. The **combating HIV/AIDS** programme will contribute to national efforts to prevent HIV/AIDS in young people and mother-to-child transmission. The first of its two components is aimed at increasing access by young people, from adolescence, to knowledge about preventing infection through the development of a national strategy, a plan of action and IEC materials. The second is aimed at preventing infection in children born to infected mothers by facilitating the establishment of a service providing counselling and basic health care and the promotion of solidarity with pregnant women affected by AIDS. Coordination and partnership with the World Bank, Coopération française, UNFPA, WHO and UNDP will be strengthened.

13. The **monitoring and evaluation** programme will contribute to national efforts to monitor the realization of the rights of children and to monitor, in an integrated manner, the activities of the four programmes. This programme's main lines of intervention will be the establishment of a sampling frame and the strengthening of periodic data collection. The cross-sectoral costs will be directed towards providing the support necessary for the efficient implementation of the programme by covering the costs relating to the posts linked to the programme, the provision of supplies and financing.

Estimated programme budget

Estimated programme cooperation, 2003-2007^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Early childhood development	830	1 100	1 930
Education with a special emphasis on the girl child	750	1 050	1 800
Combating HIV/AIDS	650	750	1 400
Monitoring and evaluation	350	550	900
Cross-sectoral costs	870	300	1 170
Total	3 450	3 750	7 200

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.