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United Nations Population Fund

Country programme document for Djibouti

Proposed indicative UNFPA assistance:	$9.8 million: $3.8 million from regular resources and $6.0 million through co-financing modalities or other resources
Programme period:	Six years (2025-2030)
Cycle of assistance:	Sixth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2030

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I. Programme rationale

1. Djibouti is strategically located in the Horn of Africa, with a population of approximately 818,000, according to the last census conducted in 2009. Seventy per cent of the population lives in urban areas, mainly in the capital Djibouti City, which alone accounts for 58 per cent of the urban population. The current population growth rate is estimated at 1.4 per cent per year (2022) and according to the latest population projections from the Institute of Statistics of Djibouti, the population is expected to reach over 1.1 million in 2035. Over a third of the population is under the age of 15 and nearly three-quarters is under 35 years old, while only 6.5 per cent is 55 years or older; 8.5 per cent are living with a disability. Djibouti is at the crossroads of several population movements, including migrants, refugees and nomadic populations. The country hosts 31,000 refugees, 58 per cent of whom are under the age of 18 (52 per cent women and 48 per cent men) (UNHCR, 2024). There are approximately 140,000 migrants, 82 per cent are men and 28 per cent are young people under the age of 18, some of whom transit on to other countries.

2. In 2021, Djibouti's Human Development Index (HDI) was 0.509, ranking it 171 out of 191 countries. The extreme poverty rate in the rural areas of Djibouti is 63 per cent (Djibouti household survey, 2017). Furthermore, multidimensional poverty in rural areas is more than four times higher than in urban areas (51 per cent versus 11 per cent). There are significant regional disparities for multidimensional poverty, taking into account lack of health and education services and standard of living. Seventeen per cent of young people aged 15-24 years live in areas with no access to services.

3. Djibouti is vulnerable to multiple shocks including climate-induced and natural disasters, regional conflicts, pandemics, and economic challenges. The COVID-19 pandemic significantly affected economic growth, which plummeted from 7.5 per cent in 2019 to 0.5 per cent in 2020, with a disproportionate impact on the most vulnerable populations (National Statistic Office, 2020). The overall unemployment rate was estimated at 26 per cent in 2022, with unemployment for women at 89 per cent and for 15-24-year-olds at 86 per cent. Djibouti is one of the 50 most vulnerable countries to extreme climate risks, as indicated by the Global Climate Risk Index. The vast majority of the rural population of Djibouti is very sensitive to climate uncertainty, with desert and infertile soils as well as limited water supplies and food insecurity. During 2010-2022, 392,000 people were affected by severe droughts and 360,000 by floods, illustrating the growing risks to health and livelihoods linked to climate change.

4. Over the past two decades, significant efforts have been made to address maternal and neonatal mortality. Maternal deaths reduced from 383 per 100,000 live births in 2012 to 234 in 2020 (WHO, UNFPA and UNICEF, 2020). The Ministry of Health has developed a National Health Development Plan 2020-2024 as well as a 2021 strategy to accelerate reduction of maternal and newborn mortality; however, decentralization, coordination, and accountability are key institutional challenges for the health system to realize the country's commitments to the SDGs. There are limited high-functioning health facilities and large urban-rural disparities in service coverage. Nationally, there are 3.2 maternity beds for every 1,000 pregnant women, well below the WHO recommended number of 10 per 1,000 pregnant women. Only 44 per cent of health facilities are equipped for basic emergency obstetric and newborn care (BEmONC), and just 5 per cent have comprehensive emergency obstetric and newborn care (CEmONC) capabilities. At $71 per capita per year, Djibouti spends relatively less on health, compared to other lower middle-income countries ($98 on average) and the Middle East and North Africa (excluding high-income) ($521) (World Bank, 2022).

5. Quality of care is a particular concern: the maternal mortality rate remains high, despite high skilled birth attendance (87 per cent); the timeliness of patient-centred care is a pervasive issue. There are critical shortages of human resources for health, which further contribute to health sector weakness, limited capacities and health worker motivation. In 2017, there were 1.4 general practitioners, 3.5 nurses and 2.2 midwives, respectively, for a total of 7.0 medical personnel per 10,000 inhabitants (Government of Djibouti, 2020) compared to the WHO recommendation of 44.5 doctors, nurses and midwives per 10,000 inhabitants. Prenatal and postnatal care are low (22.6 per cent and 54.4 per cent, respectively), and contraceptive

prevalence is also low (19 per cent) (DHS, 2012). Unequal access to reproductive health care as well as weak referrals between health facilities as well as challenges with transport also contribute to poor health outcomes.

6. Despite family planning being a priority at the policy level, evidenced by the integration of family planning in the national gender policy 2023-2030, less than one in five women uses a contraceptive method, with a large disparity between rural and urban populations (10 and 21 per cent, respectively). According to the last Demographic and Health Survey (2012), only 19 per cent of married women of reproductive age use a family planning method and the unmet need stand at 17 per cent. As a result, nearly one in five of births occur within 18 months of the preceding birth, while about a third are spaced between 2 and 3 years, heightening the risks of unplanned pregnancies (estimated at 7.8 per cent among married women), unsafe abortion and maternal morbidity and mortality. In addition, the inadequate availability of contraceptive commodities (due to stock-outs) in areas furthest from urban centres, as well as the high turnover of trained personnel, remain significant challenges for women's access to family planning services and the continuity of contraceptive utilization. The low contraceptive use takes place in a context of high rates of child marriage and teenage pregnancy. Eleven per cent of adolescent girls aged 15-19 years are pregnant, which results in high social, health and economic consequences for the young girls and their families. Harmful social norms present barriers to women's reproductive choices and bodily autonomy.

7. Over the last ten years, Djibouti has expanded access to basic social services, particularly in terms of protection against gender-based violence, by establishing an essential package of gender-based violence (GBV) services, including a case management protocol and a multisectoral coordination mechanism. While strengthened leadership among women and young people has enhanced the social mobilization against GBV, ensuring accountability for perpetration of incidents remains a persistent challenge, with only 10 per cent of cases reaching court. The majority of court cases are handled by customary justice, which supplants common law.

8. The national female genital mutilation (FGM) prevalence rate has dropped, from 78 per cent in 2012 to 71 per cent in 2019. However, the reduction was largely attributed to a drop in urban areas, while the rates in rural areas were constant. Successful reductions in the urban areas have been attributed to higher educational attainment by women and other changes in social norms. However, a significant generational change is evident among young children (aged 0-10 years), even in rural areas, where prevalence has dropped from 98 per cent to 37 per cent.

9. Population data for Djibouti is outdated, poorly disaggregated and incomplete. Specific surveys, such as the DHS, have not been carried out since 2012. A review carried out as part of the new national strategy 2023-2027 showed the need to significantly strengthen the national statistical system. The quality of social data, particularly health-related data, is lacking and is not adequately utilized at the decentralized level. Currently, UNFPA is supporting the Third General Population and Housing Census, scheduled for 2024.

10. The relevant results of the evaluation of the UNDAF 2018-2024, and the evaluations of the National Health Development Plan and the National Gender Policy, as well as a number of situation analyses on maternal health, family planning and gender informed the development of the new country programme. According to those analyses, the previous programme achieved the following results: (a) the essential standards for emergency maternal, obstetric and neonatal care were developed and operationalized; (b) maternal deaths audit and the information system on pregnancies and births in hospitals were institutionalized; (c) financial contribution from the Government of 10 per cent to UNFPA Supplies compact was secured in 2023; (d) additional users of family planning increased by 114 per cent and the number of health facilities without stock-outs increased by 85 per cent; (e) gender-based violence response services has been strengthened through the establishment of a multisectoral mechanism and the GBV data collection process was improved through a digital national platform. The evaluation of the UNDAF 2018-2024 also recognized the contribution towards improving the resilience of the population, as well as in addressing against gender-based violence and female genital

mutilation. The evaluation recommended, among others, stronger collaboration between UNICEF and UNFPA to avoid duplication of work on the issue of mother and child protection, as well as South-South collaboration for better sharing of good practices that are better adapted to the national context and guarantee the relevance of interventions, which will also facilitate the mobilization of resources. These recommendations have been considered in the development of the new country programme.

11. UNFPA was actively involved in the development of the Common Country Analysis and continues to be involved in the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2025-2030. UNFPA will exercise its comparative advantages in the following areas: (a) sexual and reproductive health and rights, including maternal health and family planning; (b) sexual and reproductive health and rights of youth and adolescents; (c) human rights-based approaches by ensuring the creation of community and institutional dialogue platforms and capacity building of civil society on the follow-up of the recommendations of international instruments on issues relating to sexual reproductive health and rights; (e) leave no one behind, particularly people living in isolated rural areas; (f) preventing, mitigating and responding to gender-based violence, including female genital mutilation; and (g) strengthening statistical systems to generate disaggregated socio-demographic and other data.

II. Programme priorities and partnerships

12. The new country programme is aligned with the national policy "Vision 2035" and anchored in the UNSDCF 2025-2030, in particular outcomes 1 and 2. It contributes to the achievement of the Sustainable Development Goals (SDGs) 3, 5, 10 and 17 as well as the implementation of the ICPD Programme of Action. The ICPD25 voluntary national commitments have been included in public policies, notably in the Global Vision 2035 as well as post-2019 sectoral policies and plans. The three results of the new country programme are interconnected and will contribute to accelerating the achievement of the three transformative results of the UNFPA strategic plan, 2022-2025. Additionally, the country programme aligns with the African Union Agenda 2063 as well as the United Nations Regional Prevention and Integration Strategy for the Horn of Africa 2024-2028. The programme builds on the challenges, lessons learned and good practices identified during the implementation of the previous country programme, and will utilize available opportunities including new funding landscapes. Djibouti is committed to strengthening institutional capacities through the promotion of a culture of dialogue and transparent and participatory governance to ensure the effective empowerment of women, adolescents and young people.

13. The Government's priorities are largely dependent on the regional geopolitical context, particularly the Red Sea crisis, with its economic and financial impacts on the country, including potential population displacements. Taking into account the fragility of the context, the programme aims to reduce vulnerabilities and to strengthen health and social protection systems, including through capacity building for improved preparedness and response to humanitarian crises and shocks, whether climate-induced, natural or conflict-related. The development of the country programme was informed by consultations with a range of service providers, community-level and institutional stakeholders, including women and youth from urban and rural areas.

14. The programme will be implemented in cooperation with other United Nations organizations, in line with the UNSDCF (2025-2030). Strategic partnerships will be developed with different partners and donors, including financial institutions based in Djibouti as well as the private sector. The country programme's partnership and resource mobilization plan will address challenges related to the transition from funding to 'funding and financing' by leveraging engagement with multilateral and bilateral donors and foundations and by mobilizing additional resources through new opportunities in the country. Advocacy will be undertaken for increased national financing of reproductive health, family planning and GBV interventions, including the supply of reproductive health products, and for the provision of high-quality and adapted youth-friendly sexual and reproductive health (SRH) services.

15. The theory of change of the country programme is built on the premise that if the institutional capacities for the provision of high-quality integrated sexual and reproductive health, family planning and gender based violence services are strengthened, and the networks and capacities to address harmful social norms related to family planning and gender-based violence, including female genital mutilation are expanded at the community level, and disaggregated population data is available to inform national planning for monitoring and implementation of the ICPD Programme of Action, then there will be an accelerated reduction in the unmet need for family planning, in preventable maternal deaths, and in gender based violence and harmful practices. These change pathways are interlinked and mutually reinforcing.

16. Three accelerators – 'leave no one behind', partnership and South-South cooperation, and innovation – were prioritized to achieve the strategic priorities of the country programme and meet the specific needs of the populations furthest left behind, namely women and young people, particularly those living in the most remote areas, those living with disabilities and key populations. UNFPA will work with the local branches of key ministries, as well as the Ministry for Decentralization, to ensure that the most vulnerable are reached. UNFPA innovation interventions will be implemented in line with Djibouti's new digitalization strategy "Djibouti Smart Nation," which includes the collection of disaggregated data from the census and geo-referencing of sexual and reproductive health services to fill the gaps and accelerate the achievement of the three zeros, particularly in hard-to-reach rural areas.

17. The vision of the programme is that by 2030, women, adolescents and young people, particularly those in rural areas, are empowered and have increased access to sexual and reproductive health services and rights and enjoy protection against GBV and FGM, including in humanitarian situations. Working towards this vision, and applying the human rights-based and gender-transformative approaches, the programme will support the country to address the underlying causes of inequalities through improved governance mechanisms and strengthened national capacities in the preparedness and response to potential risks of humanitarian crises linked to the country's fragile context.

18. To work towards this vision, interventions will be based on fundamental rights and will take into account the recommendations of the Committee on the Elimination of Discrimination against Women as well as the results of the Universal Periodic Review on human rights. In addition, the programme will rely on transformative intervention strategies, allowing critical awareness of gender roles and norms and questioning the consequences of harmful gender norms and demonstrating the benefits of changing them, including through empowerment of women and girls as well as the involvement of boys and men. The programme will also help the country address the underlying causes of inequalities through improved governance mechanisms and strengthened national capacities to prepare for and respond to the potential risks of humanitarian crises linked to the country's fragile context. Three outputs of the country programme have been identified as follows:

A. Output 1. Strengthened institutional capacity for availability of high-quality integrated sexual and reproductive health, family planning and gender-based violence services for the most vulnerable women and girls.

19. This output directly contributes to UNSDCF Outcomes 1 and 2 and will contribute to the strengthening of good governance, social cohesion and the rule of law in Djibouti, with a focus on the most vulnerable, in particular women and young people, to have equitable and inclusive access to social protection systems and high-quality basic social services. The strategies will also support the resilience of health systems to withstand shocks from a multitude of risks.

20. The programme will: (a) support health system reforms that strengthen institutional accountability and good governance, including at subnational levels, address inequities, and prepare the health system to absorb shocks and ensure continuity of reproductive health services particularly for the most vulnerable; (b) support the National Strategy for Reducing Maternal and Newborn Mortality in order to address disparities between rural and urban areas through the provision of essential reproductive health services, particularly emergency obstetric and

newborn care; (c) support the implementation of the national supply chain strategy to reduce stock-outs of family planning commodities and their availability up to the ‘last mile’; (d) assist in drafting regulations and strengthen the capacity building of health workers, particularly midwives, to provide integrated reproductive health, family planning and response for the most vulnerable: (e) promote the standardization of multisectoral operational systems for prevention and response to gender-based violence and female genital mutilation at national and local levels, including in hard-to-reach areas; (f) support the formulation of laws and policies for sexual and reproductive health and rights, particularly for rural women and youth; (g) strengthen access to age-appropriate sexual and reproductive health services and information for adolescents and young people in cooperation with youth-led organizations and through peer education; (h) strengthen the capacities of civil society, particularly youth- and women-led groups, in participatory governance; (i) support institutions and civil society in taking into account gender equality and sexual and reproductive health and rights issues in national and subnational development plans: (j) ensure that affected populations, including by natural disasters and climate change, have access to the Minimum Initial Services Package for reproductive health and the inter-agency Minimum Standards for gender-based violence in emergencies and the activation of the respective coordination mechanisms.

B. Output 2. Enhanced networks and capacities at the community level to address harmful social norms related to family planning and gender-based violence, including female genital mutilation.

21. This output directly contributes to UNSDCF Outcomes 1 and 2 and will contribute to the strengthening of good governance, social cohesion and the rule of law in Djibouti. It will also support community networks and promote community mobilization to address harmful social norms by empowering civil society and rights defenders to promote gender equality as a pillar of abandoning FGM and combating GBV as well as creating women and young people leadership platforms for dialogue and expression for empowerment.

22. The programme will: (a) strengthen civil society organizations, particularly movements led by young people and women, to create discussion platforms for decision-makers on issues related to security sector reform, GBV and FGM; (b) build alliances and partnerships with parliamentarians, men and boys networks and social media influencers, particularly young people, for promotion of good practices and awareness-raising on positive behaviours for reproductive choices and prevention of FGM and GBV; (c) advocate and promote the ‘Shamikat’ network, a religious leaders network with other countries (Egypt, Somalia, Sudan and Yemen) to accelerate the abandonment of harmful practices; and (d) further engage the rural community groups organized in hard-to-reach areas to catalyse the demand for SRH and family planning services to address unmet SRH and family planning needs and enable participation in the development of their community.

C. Output 3. Improved availability of disaggregated population data to inform national planning for monitoring implementation of the ICPD Programme of Action.

23. This output directly contributes to UNSDCF Outcome 1 and 2, which aim to strengthen good governance, social cohesion and the rule of law and to ensure that populations, particularly the most vulnerable, benefit from increased availability of high-quality data to enhance equitable and inclusive access to social protection systems and high-quality basic social services.

24. The programme will support: (a) the thematic analysis of the third population and housing census, currently ongoing in 2024, through in-depth analysis linked to the three transformative results and a population situational analysis; (b) support surveys, such as Demographic Health Survey, and studies on population issues in order to have reliable data for planning and decision-making, including on the SDGs and ICPD goals; (c) strengthen national capacities in data and evidence production, analysis and dissemination, including disaggregated data, in collaboration with academic research institutes, the National Institute of Statistics and the National Gender Observatory; (d) improve the digitalization of data systems, strengthening the

production of civil registration and vital statistics (CRVS), the gender-based violence information management system (GBVIMS) and the health management information system (HMIS) as well as the use of disaggregated census data for georeferencing health facilities and services and for developing policy briefs and projects targeting the most vulnerable populations; (e) the development of demographic projections to highlight demographic trends; (f) strategic analysis of the demographic dividend that considers the health, education and employment sectors with strategic policy recommendations for more investments in young people; and (g) conduct in-depth studies to inform social norms programming, particularly related to gender-based violence, including female genital mutilation, and family planning utilization.

III. Programme and risk management

25. The Ministry of Foreign Affairs and International Cooperation coordinates the programme, in accordance with the UNSDCF, overseeing coordination with sector ministries and international and national non-governmental organizations (NGOs) as implementing partners. Implementing partners will be identified based on their comparative advantage to contribute to programme results. The sectoral ministries of Health, Women, and Economy and Finance, as well as the Parliament, local authorities and non-governmental organizations, will be the main implementing partners of the programme. A capacity assessment of implementing partners will be carried out at the start of the programme.

26. UNFPA will align the new programme coordination with UNSDCF mechanisms, providing strategic leadership within the Outcomes Working Group and providing quality inputs to relevant UNSDCF workplans. Collaboration with United Nations agencies will be leveraged through joint programmes, including the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. The programme will strengthen South-South and triangular cooperation partnerships, following the current partnership with the Kingdom of Morocco on maternal and reproductive health, to leverage financial grants as well as bilateral knowledge exchange.

27. The country programme will be delivered through a core team of technical and programme staff, while technical support from the regional office and UNFPA headquarters will be brokered and secured, as required. UNFPA will leverage expertise across the United Nations country team (UNCT), including the United Nations system-wide technical and operational working groups, to support the delivery of UNFPA programme results.

28. Implementation of the programme will strengthen ownership and mutual accountability. The programme will continue to strengthen national capacities on the harmonized approach to transfers of funds, in coordination with the United Nations system, to improve risk management. Spot checks and annual audits will be carried out, in accordance with UNFPA rules and procedures, and the country office will ensure full implementation of their recommendations.

29. Programme risks include: (a) insufficient engagement and support by religious leaders and civil society; (b) regional instability, which could affect the economic situation and have an impact on living conditions and the availability of basic social services; (c) population displacements due to natural disasters and situations of instability in neighbouring countries; (d) limited domestic funding for health and social services; (e) lack of necessary resource due low attractiveness of the country for resource mobilization; and (f) inefficiencies and ineffectiveness due to challenges of coordination and pooling of development efforts between different actors.

30. To mitigate these risks, the programme will: (a) build on the strong political will to undertake significant ongoing economic and social reforms through planned investments in the health, education and development sectors to mitigate the impacts of regional instability, limited funding and low attractiveness; (b) support the political will to strengthen governance systems to ensure accountability; support social movements and youth identified as drivers of change to realize peaceful, just, resilient and sustainable societies to mitigate insufficient engagement of civil society and challenges in coordination; and (c) build national capacities in the

preparedness and response to humanitarian crises in partnership with the Government and the UNCT to mitigate the impacts of shocks.

31. 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

32. The country programme monitoring, and evaluation plan will apply the principles of results-based management. It will be aligned with national monitoring and evaluation systems and those of the UNSDCF. As part of the monitoring and evaluation core activities, the programme's outputs and results will be tracked and assessed in addition to analysing best practices and lessons learned to inform decision-making for adaptive management and the development of mitigation measures that facilitate progress. Information on actual results will make it possible to adjust the programme and produce periodic reports to facilitate the final evaluation of the country programme. UNFPA will support national efforts, including by building capacity and strengthening the culture of results-based management among its partners, to strengthen results-based monitoring, reporting and evaluation.

33. UNFPA will play a key role within the UNCT in programming and monitoring of the UNSDCF, particularly in the management of UNInfo and joint monitoring missions, to improve the quality of the reports produced. UNFPA will continue to support the UNCT results clusters by engaging and providing strategic leadership in relevant results clusters, such as the gender working group and the monitoring and evaluation working group. UNFPA will play an increased role in the future reporting on the SDGs, including also the achievement of the three transformative results.

34. The final evaluation of the country programme will be conducted at the end of the programme cycle and will provide recommendations that will help define key priority interventions for the next programme cycle.

RESULTS AND RESOURCES FRAMEWORK FOR DJIBOUTI (2025-2030)

NATIONAL PRIORITY: Good governance; peace and national unity.				
UNSDCF OUTCOME(S): Outcome 2: By 2030, populations, particularly the most vulnerable, women and young people, will enjoy equitable and inclusive access to social protection systems and quality basic social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s) Related UNFPA Strategic Plan Outcome indicator(s) • Proportion of births attended by skilled health personnel *Baseline: 87% (2012); Target: 100%* • Modern contraceptive prevalence rate for married population women *Baseline: 19% (2012); Target: 40%* • Per centage of girls and women aged 15-49 years who have undergone female genital mutilation *Baseline: 70% (2019); Target: 55%*	Output 1. Strengthened institutional capacity for availability of high-quality integrated reproductive health, family planning and gender-based violence services for the most vulnerable women and girls.	• Number of national policies, plans, strategies and laws integrating sexual and reproductive health and rights, family planning, as well as the prevention and response to gender-based violence and harmful practices (including youth -related policies) *Baseline: 10 (2024); Target: 18 (2030)* • Percentage of health facilities with enhanced response plans for maternal deaths reduction *Baseline: 17% (2024); Target: 100% (2030)* • Percentage of health facilities that have not experienced a contraceptive stock-out *Baseline: 68% (2024); Target: 100% (2030)* • Percentage of health facilities that provide high-quality integrated sexual and reproductive health (including family planning) and gender-based violence services *Baseline: 0% (2024); Target: 80% (2030)* • Existence of an operationalized coordination mechanism for a better management of MISP for reproductive health and GBV during emergencies *Baseline: No (2024); Target: Yes (2030)*	Ministries of Foreign Affairs and International Cooperation; Ministry of Economy and Finance; Ministry of Health; Ministry of Women and Family; Ministry of the Interior; Ministry of Justice; Ministry of Muslim Affairs; Ministry of Youth and Culture; Parliament; bilateral and multilateral partners; United Nations system; women-led organizations; social media influencers; religious networks; rural community networks; youth organizations.	$4.9 million ($1.6 million from regular resources and $3.0 million from other resources)
NATIONAL PRIORITY: Governance, consolidation of human capital.				
UNSDCF OUTCOME(S): Outcome 2: By 2030, populations, particularly the most vulnerable, women and young people, will enjoy equitable and inclusive access to social protection systems and quality basic social services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s) Related UNFPA Strategic Plan Outcome indicator(s) • Percentage of girls and women aged 15-49 years who have undergone female genital mutilation	Output 2. Enhanced networks and capacities at the community level to address harmful social norms related to family planning and gender-based violence, including	• Number of civil society organizations and community initiatives led by women and young people in favour of gender equality, in particular for female genital mutilation abandonment and family planning *Baseline: 1 (2024); Target: 4 (2030)* • Percentage of regions in Djibouti with social movements promoting social norms in favour of gender equality and of reproductive rights	Ministry of Women; Ministry of Health; Ministry of Justice; Ministry of Interior; Parliament; civil society organizations; health professionals networks;	$2.4 million ($0.9 million from regular resources and $1.5 million from other resources)

Baseline: 70% (2019); Target: 55% • Existence of strong social movements advocating for tackling harmful social and gender norms that support the achievement of the transformative results *Baseline: No (2024); Target: Yes*	female genital mutilation.	*Baseline: 17% (2024); Target: 100% (2030)* • Number of communities having implemented their public declarations on abandonment of female genital mutilation *Baseline: 82 (2024); Target: 100 (2030)* • Percentage of population reached through social media about sexual and reproductive health and rights, including gender-based violence and female genital mutilation *Baseline: 10% (2024); Target: 60% (2030)*	justice professionals networks; women-led organizations; social media influencers; religious networks; rural community networks; youth organizations.	
NATIONAL PRIORITY: Good governance; consolidation of human capital				
UNSDCF OUTCOME(S): 1: By 2030, good governance, social cohesion and the rule of law are strengthened and benefit the entire population, particularly the most vulnerable people				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF outcome indicator(s) Related UNFPA Strategic Plan Outcome indicator(s) • The country has conducted at least one population and housing census in the past decade *Baseline: No (2009); Target: Yes* • The country has a national CRVS strategic plan that has adopted a life-course approach to strengthened civil registration and vital statistics systems that include birth, marriage, divorce and death *Baseline: No (2023); Target: Yes*	Output 3. Improved availability of disaggregated population data to inform national planning for monitoring implementation of the ICPD Programme of Action.	• Number of in-depth thematic studies and analysis on census results to track the progress towards the three transformative results and the SDGs *Baseline: 24 (2024); Target: 40 (2030)* • Availability of implementation roadmap for recommendations from demographic dividend strategic analyses in health, education and employment sectors *Baseline: No (2024); Target: Yes (2030)* • Percentage of analytical reports generated from GVBIMS and HMIS, including updated disaggregated data on reproductive health, family planning, FGM and GBV, for better planning. *Baseline: 0% (2024); Target: 100% (2030)* • Number of projects/policy briefs targeting the most vulnerable, developed based on disaggregated population data on health and gender *Baseline: 0 (2024); Target: 10 (2030)*	Ministry of Economy and Finance; Ministry of Health; Ministry of Interior; Ministry of Women and Family; Ministry of Higher Education and Research; National Institute of Statistics; University Research Centre; academic researcher networks; bilateral and multilateral partners.	$2.4 million ($0.9 million from regular resources and $1.5 million from other resources) _____ Programme coordination and assistance: $0.4 million from regular resources