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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Djibouti**

Proposed UNFPA assistance: \$4.8 million: \$2.5 million from regular resources and \$2.3 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Third

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	1.5	1.5	3.0
Population and development	0.5	0.7	1.2
Gender	0.3	0.1	0.4
Programme coordination and assistance	0.2	-	0.2
<b>Total</b>	<b>2.5</b>	<b>2.3</b>	<b>4.8</b>



## I. Situation analysis

1. The population of Djibouti, estimated at 632,000 in 2004, is growing at a rate of 2.8 per cent a year. Difficult living conditions have prompted an exodus from rural areas towards the capital. Eighty-two per cent of the population now lives in urban areas. Young people represent 40 per cent of the population, presenting the Government with challenges in the areas of health, education and employment. The average life expectancy is low, at 47 years, and the gross primary school enrolment ratio is only 55 per cent. Fifty-nine per cent of the population is unemployed, with young people accounting for more than half of the jobless.

2. Djibouti ranks 148<sup>th</sup> of 177 countries on the human development index. The economic growth rate was 3.2 per cent in 2005. The per capita gross domestic product is estimated at \$1,020. There are significant inequalities in living standards, however. The poorest households have average expenditures that are nearly eight times less than those in the wealthiest households.

3. In 2002, 74 per cent of the population lived in poverty, with 42 per cent living in extreme poverty. Ninety-six per cent of the rural population lives below the poverty line. However, because of the geographical distribution of the population, the highest concentration of poor people is in Djibouti City, particularly in semi-urban areas. Poverty is most common among female-headed households.

4. The total fertility rate was 4.2 children per woman in 2002. The infant mortality rate in 2006 was estimated at 67 deaths per 1,000 live births, compared to 103 deaths per 1,000 live births in 2002. The maternal mortality ratio was estimated at 546 deaths per 100,000 live births in 2002. In 2006, 92 per cent of births took place in medical facilities, compared to 74 per cent in 2002. Nevertheless, the majority of maternal deaths occur during labour, indicating a need to improve the quality of obstetric care.

5. The contraceptive prevalence rate increased from 10 per cent in 2002 to 17.8 per cent in 2006. The rate is still low, however, and contraceptive use between rural and urban residents differs considerably. The contraceptive discontinuation rate is high, and the use of long-term methods, such as the intrauterine device, is low. Although Djibouti has a high prevalence of HIV/AIDS, condom use is low, with only 44 per cent of young people using a condom at the time of first intercourse.

6. Djibouti has seen significant progress in the status of women. For example, in 2006 the primary school girl/boy enrolment ratio was 0.98, indicating almost equal enrolment of girls and boys. However, only 52 per cent of women are literate, and their participation in political, economic and social sectors is limited. According to a 2006 study, female genital cutting among younger girls is on the decline. Fifty-five per cent of girls aged 7 have not undergone the procedure, compared to 14 per cent of girls aged 13. However, 93 per cent of women aged 15 and older have been subjected to female genital cutting.

7. The Government is addressing these challenges in accordance with national and international commitments, and is implementing social and economic reforms. In the economic field, the Government plans to capitalize on the prevailing political stability to strengthen harbour infrastructures and to expand them to combat unemployment. In 2003, the Government adopted a national poverty alleviation strategy. The Government initiated health reforms in 2002, leading to the development of a strategic health sector plan that prioritizes mother and child health. The Government also developed a national programme to combat HIV/AIDS, as well as a national strategy to integrate women into development efforts. Since early 2007, the Government has been formulating a national social development initiative to fight social exclusion and ensure a better distribution of economic growth.

## II. Past cooperation and lessons learned

8. UNFPA has assisted Djibouti since 1992. The second country programme (2003-2007) was approved for \$3.25 million, including \$2.25 million from regular resources and \$1 million from other resources. The overall objectives of the programme were to: (a) improve the reproductive and sexual health of couples and individuals, including young people; (b) reduce maternal and infant mortality; and (c) support the creation of an enabling environment to promote gender equality and the status of women.

9. Evaluations of the programme, including the midterm evaluation, showed an increase in the availability of integrated reproductive health services. The programme supported the development of a strategic plan to reduce maternal mortality. Training given to service providers, including doctors, strengthened the skills of medical personnel. The programme also established a peer education system in schools and community development centres to educate young people on sexual and reproductive health issues.

10. To address the lack of reliable data on population and health, the programme joined other United Nations organizations and bilateral partners in conducting multiple indicator surveys. In addition, the programme teamed with the National Directorate of Statistics and the University of Djibouti to publish a book on the population of Djibouti. The programme also supported a study on the prevalence of female genital cutting, and provided high-level technical backstopping to prepare for the census, scheduled for 2008.

11. With regard to gender, a project to combat violence against women is under way. The project has led to the creation of counselling centres run by women's organizations. In addition, the programme helped to educate the population about the new family code.

12. The programme cycles of UNDP, UNFPA and the United Nations Children's Fund

(UNICEF) have been harmonized, facilitating inter-agency coordination. In addition, the framework of the UNFPA reproductive health programme was aligned with the maternal health programmes funded by the United States Agency for International Development (USAID). The French Development Agency (*Agence française de développement*) has shown interest in collaborating with UNFPA on the census and combating violence against women. Finally, UNFPA participation in the national partnership for health group, established in accordance with recommendations of the Paris Declaration on Aid Effectiveness, has helped to ensure the effectiveness of assistance and has facilitated coordination among development partners.

## III. Proposed programme

13. The programme is based on the results of the common country assessment and on the priorities defined in the United Nations Development Assistance Framework (UNDAF). The UNDAF, developed through broad-based national consultations, is aligned with government goals to create conditions for strong economic growth, develop human resources, and improve partnerships aimed at eradicating poverty. The programme also reflects the priorities defined in the national initiative for social development, which seeks to promote access to social services, alleviate unemployment and provide assistance to the most vulnerable population groups. The proposed programme also reflects the Millennium Development Goals, the UNFPA multi-year funding framework (2004-2007), and the recommendations of the midterm evaluation and other evaluations of the programme.

14. The programme will respond to three priority areas: (a) increased access to and demand for reproductive health services among the most vulnerable population groups, particularly people in rural areas and young people; (b) strengthened national capacity to incorporate population data into development plans and programmes; and (c) strengthened capacity of the Government and civil society to

eliminate gender-based violence. Principal strategies include: (a) capacity-building; (b) information and communication efforts that target vulnerable groups; and (c) strengthening partnerships.

#### *Reproductive health component*

15. The outcomes of the reproductive health component are: (a) improved access to and use of high-quality reproductive health services; and (b) increased demand for reproductive health services, particularly among the rural population and among young people.

16. Output 1: Increased availability of integrated, high-quality reproductive health services, including family planning and emergency obstetric care, in areas with least-served populations. The programme will achieve this output by strengthening health centres by: (a) setting standards and protocols to improve the quality of services for family planning, emergency obstetric care, sexually transmitted diseases and HIV/AIDS; (b) improving the follow-up and evaluation of services to encourage the return of clients; (c) strengthening the capacity of health personnel by providing high-quality technical backstopping; (d) training service providers to improve counselling; information, education and communication; family planning services; and the referral system for obstetric complications; and (e) encouraging male involvement.

17. Output 2: Increased availability of youth-friendly sexual and reproductive health services and peer education for adolescents and young people. The programme will achieve this output through initiatives that target adolescents and young people. The initiatives will: (a) support the establishment of youth-friendly service centres in schools, universities and centres for young people, which will provide counselling in sexual and reproductive health, including HIV/AIDS; (b) promote the use of condoms as a dual means of protection against unwanted pregnancies and HIV/AIDS; (c) strengthen youth organizations and establish a youth

network; (d) support the integration of issues related to the sexual and reproductive health of young people into existing policies; and (e) support joint programmes, within the framework of a multisectoral approach, that address problems facing young people.

#### *Population and development component*

18. The outcomes of this component are: (a) population, gender and human rights are integrated into national development plans, including poverty alleviation efforts; (b) population and poverty data disaggregated by age, sex and other categories are made available; and (c) strengthened emergency preparedness.

19. Output 1: Strengthened technical capacity to formulate, implement and follow-up on policies integrating population, gender and human rights dimensions into national policies, plans and programmes. To achieve this output, the programme will carry out advocacy interventions to encourage decision makers to formulate and implement population policies. In addition, the programme will train technical specialists to integrate issues related to population, reproductive health, gender and human rights into poverty alleviation strategies and into national and regional development plans and programmes.

20. Output 2: Improved availability of data, disaggregated by age and sex and other categories, at national and regional levels. This output will be achieved by: (a) providing technical backstopping to carry out the 2008 population census, the secondary analysis of data in selected priority areas, and the 2010 demographic and health survey; (b) supporting follow-up activities related to the poverty alleviation strategy, the strategy to integrate women into development, and the Millennium Development Goals; and (c) supporting and participating in joint programming aimed at collecting, analysing and using statistical data.

21. Output 3: Strengthened capacity of health workers and non-governmental organizations

(NGOs) to prepare for and respond to emergency situations. This output will be achieved by: (a) increasing technical skills to plan for and respond to emergencies at national and regional levels; (b) supporting needs assessments and the development of operational plans for reproductive health and emergency obstetric care; and (c) promoting joint programming in the area of emergency response.

#### *Gender component*

22. The outcome of this component is: strengthened national mechanisms and social actions aimed at promoting and protecting the rights of women, including their reproductive rights.

23. Output 1: Strengthened national capacity to combat, prevent and prosecute violence against women. This output will be achieved by: (a) strengthening the capacity of public institutions and NGOs to protect the rights of women, including taking action to prevent violence against women and to provide support for victims of gender-based violence; (b) providing support for relevant data collection; (c) supporting the referral system for specialized services for victims of gender-based violence; and (d) carrying out public advocacy to prevent gender-based violence.

24. Output 2: Reinforced national capacity to integrate gender and women's rights, including reproductive rights, into development frameworks. This output will be achieved by: (a) strengthening the capacity to incorporate gender dimensions into the planning process; (b) supporting the establishment of a monitoring and evaluation mechanism; and (c) supporting advocacy efforts among decision makers to encourage them to incorporate gender dimensions into their decision-making processes; and (d) supporting the creation of alliances with members of civil society.

#### **IV. Programme management, monitoring and evaluation**

25. The Government and national NGOs will execute the programme, which will utilize the harmonized approach to cash transfers. The Ministry of Foreign Affairs and International Cooperation will coordinate the programme. Key implementing partners will include the Ministry of Health, the Ministry of Women's Affairs, and the Directorate of Statistics, which is under the supervision of the Ministry of the Economy, Finance and Planning.

26. UNFPA will work with the Government to mobilize resources for the census. Potential donors include the African Development Bank, the European Union, France, the League of Arab States, and the World Bank. In accordance with the UNDAF, UNFPA will develop programmes with other United Nations organizations, particularly programmes that address young people, emergency response, data collection and the prevention of gender-based violence. The programme will give priority to South-South cooperation, especially in programme execution.

27. The UNFPA country office in Djibouti consists of a non-resident country director based in Nairobi, Kenya, an assistant representative, an administrative and finance assistant, and an administrative assistant. UNFPA will recruit a programme associate to strengthen office capacity and programme implementation.

## RESULTS AND RESOURCES FRAMEWORK FOR DJIBOUTI

<b>National priority:</b> (a) by 2010, create conditions for strong economic growth; (b) develop human resources; and (c) improve governance practices and partnerships <b>UNDAF outcome:</b> (a) by the end of 2012, the most disadvantaged local communities will be more involved in and committed to the process of improving their own living conditions, through local and national development; (b) vulnerable population groups in the country will have improved access to and use of high-quality basic social services; and (c) national institutions will effectively formulate and implement development policies in a participative and transparent manner, guaranteeing respect for human rights				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Improved access to and use of high-quality reproductive health services</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio</li> <li>• Contraceptive prevalence rate for modern methods</li> <li>• Percentage of births attended by skilled health personnel</li> <li>• Percentage of young people with access to youth-friendly services</li> </ul> <p><b>Outcome:</b> Increased demand for reproductive health services, particularly among the rural population and among young people</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of youth using condoms</li> <li>• Proportion of rural women benefiting from high-quality reproductive health services</li> </ul> <p><b>Baseline:</b> Research data; multiple indicator cluster survey; family health survey, Ministry of Health reports</p>	<p><b>Output 1:</b> Increased availability of integrated, high-quality reproductive health services, including family planning and emergency obstetric care, in areas with least-served populations</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of service centres delivering integrated reproductive health services</li> <li>• Percentage of service centres using standards and protocols</li> <li>• Percentage of service centres and maternities offering high-quality, standard emergency obstetric care</li> <li>• Percentage of women in rural areas knowing where to find suitable reproductive health services</li> <li>• Percentage of couples accepting family planning and knowing where to find reproductive health services</li> </ul> <p><b>Output 2:</b> Increased availability of youth-friendly sexual and reproductive health services and peer education for adolescents and young people</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Percentage of young people knowing where to find sexual and reproductive health services</li> <li>• Number of health facilities offering youth-friendly services</li> </ul>	<p>Ministry of Health; Ministry of Women's Affairs; National HIV/AIDS prevention programme</p> <p>NGOs</p> <p>United Nations organizations</p> <p>World Bank; USAID</p>	<p>\$3 million (\$1.5 million from regular resources and \$1.5 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Population, gender and human rights are integrated into national development plans, including poverty alleviation efforts</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Linkages between population, development and poverty are reflected in development plans and national programmes, and reproductive health and rights are taken into account in national plans</li> </ul> <p><u>Outcome:</u> Population and poverty data disaggregated by age, sex and other categories are made available</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Disaggregated data available and used to monitor progress towards the Millennium Development Goals</li> </ul> <p><u>Outcome:</u> Strengthened emergency preparedness</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Existence of national emergency response plans</li> </ul>	<p><u>Output 1:</u> Strengthened technical capacity to formulate, implement and follow-up on policies integrating population, gender and human rights dimensions into national policies, plans and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of plans and programmes integrating population data, including data on human rights and gender</li> <li>• Number of professionals able to use population data for development plans and programmes</li> <li>• Development of a national reproductive health policy</li> <li>• Support of community leaders and decision makers for a reproductive health policy</li> </ul> <p><u>Output 2:</u> Improved availability of data disaggregated by age, sex and other categories, at national and regional levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Population database integrating results of census, social and health surveys, and research available</li> <li>• Number of national and regional plans comprising disaggregated population data</li> </ul> <p><u>Output 3:</u> Strengthened capacity of health workers and NGOs to prepare for and respond to emergency situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Emergency reproductive health and emergency obstetrical needs are recognized</li> <li>• Existence of a strategic plan to provide services to expectant women, including reproductive health services</li> <li>• Development of a methodology for service provision in emergency situations for victims and survivors of gender-based violence</li> </ul>	<p>Statistics Directorate; Ministry of Health</p> <p>University of Djibouti</p> <p>NGOs</p> <p>French Development Agency</p> <p>United Nations organizations</p>	<p>\$1.2 million (\$0.5 million from regular resources and \$0.7 million from other resources)</p>
Gender	<p><u>Outcome:</u> Strengthened national mechanisms and social actions aimed at promoting and protecting the rights of women, including their reproductive rights</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Application of the laws and policies on gender equity and equality</li> <li>• Prevalence of gender-based violence</li> </ul> <p>Civil society involvement in the prevention of gender-based violence</p>	<p><u>Output 1:</u> Strengthened national capacity to combat, prevent and prosecute violence against women</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Operational multisectoral mechanism to follow-up on gender-based violence in place</li> <li>• Guidelines and standards on responsibility to provide health, safety and protective services are available and implemented</li> </ul> <p><u>Output 2:</u> Reinforced national capacity to integrate gender and women's rights, including reproductive rights, into development frameworks</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of plans, programmes and strategies integrating gender and women's rights</li> <li>• Follow-up and evaluation system established</li> </ul>	<p>Ministries of: Women's Affairs; Health; and Justice</p> <p>NGOs</p> <p>United Nations organizations</p>	<p>\$0.4 million (\$0.3 million from regular resources and \$0.1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.2 million from regular resources</p>