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**UNITED NATIONS POPULATION FUND**

**Country programme outline for Djibouti\***

Proposed UNFPA assistance:	\$3.25 million, \$2.25 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources
Programme period	Five years (2003-2007)
Cycle of assistance	Second
Category per decision 2000/19:	A

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

	Regular resources	Other	Total
Reproductive health	1.50	1.0	2.50
Population and development strategies	0.50	-	0.50
Programme coordination and assistance	0.25	-	0.25
Total	2.25	1.0	3.25

\* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

## I. Situation analysis

1. The population of Djibouti is thought to be between 650,000 and 700,000. A valid census has not been carried out, but a 1991 demographic survey estimated the population at 520,000. The annual population growth rate, spurred by natural growth and immigration, is over 3 per cent. The relatively high growth rate has had a significant impact on the environment and on the distribution of health, education and other social services.

2. Overall, the population is young and urban. More than 50 per cent of the population is younger than 18 years. In 2001, 83 per cent of the population lived in urban areas; 65 per cent of the total population lived in the capital, Djibouti City.

3. The country is still at an early stage of demographic transition, with a crude birth rate of 47 per 1,000 and a crude death rate of 17 per 1,000. The total fertility rate is estimated at 5.8 children per woman. Infant, under-5, and maternal mortality rates were estimated in the early 1990s at 114, 165 and 7.4 per 1,000 live births, respectively. Life expectancy at birth was 49 years for men and 51 years for women.

4. There are approximately 25,000 refugees living in two camps operated by the Office of the United Nations High Commissioner for Refugees. Depending on drought conditions and political events in neighbouring countries, the number of displaced people fluctuates, and at times may be up to four times higher.

5. According to the Joint United Nations Programme on HIV/AIDS, 11.7 per cent of the population aged 15-49 are HIV-seropositive. That figure places Djibouti among the 10 countries in the world most affected by HIV/AIDS, a situation that has only recently been acknowledged by the Government.

6. There is no explicit population policy, due to political sensitivities created by the existence of distinct ethnic communities within the country. The Government has, however, published a series of national strategies and action plans on such subjects as family planning, safe motherhood, and the reduction of female genital mutilation (FGM) and sexually transmitted infections (STIs), including HIV/AIDS. It has also addressed issues such as the integration of women into development, the revision of the family code, environmental degradation, the reduction of poverty, health reform and the provision of education for all. Inadequate staffing, donor-driven planning, and weaknesses in data collection, data analysis and planning have hampered these efforts.

7. The contraceptive prevalence rate (CPR) is 5 per cent, with 47 per cent of users choosing injections, 43 per cent oral contraceptives, and 11 per cent intrauterine devices. Very few unmarried women use contraceptives procured from the public sector, and private outlets are rare.

8. Only 56 per cent of all births take place in medical facilities. Ninety-five per cent of all Caesarean sections are performed at one single referral hospital.

9. A 1990 survey found that 97 per cent of all women had been subjected to FGM, which is forbidden by the penal code. In 2001, the first public trial involving the practice of FGM was publicized. There are some indications that FGM is less common than it was previously, particularly among educated families, but actual prevalence is unknown. A recent survey suggests that fathers are more likely to favour FGM for their daughters than are mothers.

10. Sex differentials are pronounced in education, literacy and school attendance. There are few women in positions of power or influence. While Djibouti has ratified without reservations the Convention on the Elimination of All Forms of Discrimination against Women,

the recently approved revision of the family code maintained most of the traditional elements of the Shariah.

11. Non-governmental organizations (NGOs) have only recently begun to evolve in Djibouti. There are about 20 registered NGOs in the area of development, but there is no coordinating mechanism. NGOs need to strengthen their capacities for formulating, funding and executing projects.

12. Drought, poverty and frequent conflicts in the region encourage urban migration. Overburdened urban areas are home to growing numbers of street children. The pervasive poverty contributes to the number of commercial sex workers, as does the presence of many soldiers, dockworkers and truck drivers travelling the Djibouti-Addis Ababa highway. Awareness of the risks of unprotected sex is low.

13. Although prohibited by law, abortions do occur, very often under unsafe conditions. The problem is particularly acute among adolescents, for whom there are no specific reproductive health services.

## **II. Past cooperation and lessons learned**

14. The first UNFPA programme of assistance to Djibouti, initially designed to cover the period 1997-2000, was extended until the end of 2002, in order to synchronize it with the programmes of UNDP and the United Nations Children's Fund (UNICEF). The total budget for six years was \$3.2 million.

15. The goal of the first country programme was to build national capacity in reproductive health programme management and service delivery. Although the Government had planned a population census, the necessary national resources and international commitments could not be mobilized, and the project had to be postponed. The funds that had been earmarked for the census were redirected

to safe motherhood efforts and to national statistical institutions, in order to rebuild their capacity, secure a sampling frame and lay the groundwork for a survey by the Pan Arab Project for Family Health (PAPFAM).

16. After six years, the programme implementation rate will be more than 80 per cent. This success can be attributed to the performance of the three reproductive health projects, which received technical assistance from the Free University of Brussels.

17. The measurable results of the first country programme have been: (a) capacity-building that enhanced the ability of the Government to set up and manage four national programmes in reproductive health: *équilibre familial* (the national family planning programme); safe motherhood; STIs/AIDS; and FGM; (b) an increase in CPR, from less than 1 per cent to 5 per cent of married women of reproductive age; and (c) successful testing of the capacities of the Ministries of Education and Health to execute projects.

18. UNFPA has played a leading role among United Nations organizations and other donors in: (a) coordinating efforts in reproductive health; (b) integrating women into development; (c) gender and development; and (d) population analysis. The principal donors in Djibouti have been UNDP, UNICEF, the World Bank, the World Health Organization, the African Development Bank, the Islamic Development Bank, France, Japan and Italy.

## **III. Proposed programme**

19. The goal of the proposed programme is to contribute to the improvement of reproductive and sexual health among all couples and individuals, including adolescents, and to contribute to the creation of a favourable environment for the promotion of women's status and gender equality. The programme outcomes, which reflect the priorities of the Government, are: (a) increasing utilization of

high-quality reproductive health services, including family planning and sexual health, particularly among adolescents and youth; and (b) upgrading national capacity to integrate gender approaches into policies, based on an improved analysis of population data.

20. The outcomes are based on the country population assessment and the common country assessment and are reiterated in the national development plan. The UNFPA programme will aim to assist the Government in achieving these outcomes, and in so doing will address the national priorities identified in the draft United Nations Development Assistance Framework (UNDAF), to be finalized in May 2002. The national priorities are: (a) poverty alleviation, including equitable access to basic health services; and (b) the promotion of good governance in respect to rights, including reproductive rights and gender equity.

21. In view of the constraints affecting development in Djibouti, the overall strategies will be capacity-building, outreach and support for partnerships. UNFPA is well suited to tackle these areas, because of its past experience with the Ministries of Health, Education and Women's Affairs, as well as with the national statistical institution and civil society groups.

22. In reproductive health, the programme will focus on four priority areas: family planning, emergency obstetric care, FGM and sexually transmitted infections, including HIV/AIDS. Three outputs are envisaged: (a) improved availability of integrated reproductive health services; (b) improved quality of services, including those for adolescents; and (c) information, education and communication (IEC) to ensure that all women, men, adolescents and youth are informed of the availability of reproductive health services and of the risks of unplanned pregnancies and unprotected sex.

23. The proposed programme will reach targeted populations by providing IEC services and establishing family planning outlets in villages, city quarters, schools, associations and youth clubs. A priority will be to enhance the ability of hospitals to provide emergency obstetric care. Special attention will be given to referrals for obstetric complications. The programme will also facilitate the establishment, operation and utilization of a national health information system.

24. The programme will help to build capacities at the directorate of primary health care in the Ministry of Health. The directorate will be responsible for setting and standardizing policies, coordinating logistical and human resources, and collecting data for the health information system.

25. The third output, IEC and awareness-creation, with particular attention to youth and adolescents, calls for partnerships among communities, the Ministry of Health, NGOs and other government institutions such as the Ministry of Youth, the Ministry of Education and the Ministry of Women's Affairs. These partnerships will aim to establish and implement an outreach IEC programme for youth.

26. In the area of population and development strategies, the programme will focus on gender mainstreaming and on capacity-building for population data analysis. The proposed outcome is to contribute to the effective utilization of population data (both quantitative and qualitative) by decision makers, leaders and civil society, in order to influence development policies in the direction of individual rights, reproductive rights, basic social needs, and gender equality and equity.

27. Advocacy and IEC efforts will be employed to enhance community support for the eradication of FGM and violence against women. Technical assistance for national surveys and for the forthcoming population

census (tentatively slated for 2005) will be provided. This part of the programme will be executed in partnership with the Ministries of Women's Affairs, Finance and Planning, and the Interior, as well as with civil society.

28. The UNFPA Country Technical Services Team in Amman, Jordan, will provide technical assistance, with a focus on capacity-building in gender mainstreaming and in population and development strategies. Technical assistance will also be sought from external institutions offering reproductive health expertise, such as universities or regional centres of excellence.

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

29. The UNFPA country office in Djibouti will manage the proposed programme. National project personnel will be recruited to strengthen technical coordination and information systems. In areas where national execution has been successfully introduced, the proportion of projects under national execution will be increased, accompanied by proper controls and procedures.

30. Each project will have an annual planning meeting and an annual review. A midterm review will be organized in 2005 to evaluate programme results vis-à-vis stated objectives. The 2002 PAPFAM survey will provide a baseline for reproductive health indicators. Studies and rapid assessment procedures will facilitate the monitoring of the programme.

31. Additional non-core resources will be sought from donors interested in reproductive health. Potential donors include multilateral donors (the World Bank and the African Development Bank); bilateral donors (France, Japan, and Italy); and private foundations (the Arab Gulf Programme for United Nations Development Organizations).

ANNEX: RESULTS AND RESOURCES FRAMEWORK FOR DJIBOUTI

UNDAF Objective 1: Poverty reduction (including equitable access to basic health services)				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
To contribute to the overall improvement of reproductive health, including family planning and sexual health	<p><i>[Reproductive health subprogramme]</i></p> <p>Increased utilization of quality reproductive health services, including family planning and sexual health services, by underserved segments of the population</p>	<ul style="list-style-type: none"> <li>• Increase of 3 percentage points per year in prenatal coverage (the rate as of December 2001 was 44%)</li> <li>• Increase of 3 percentage points per year in obstetric coverage (the rate as of December 2001 was 43%)</li> <li>• Increase of 3 percentage points per year in post-natal coverage (the rate as of December 2001 was 4%)</li> <li>• Increase of 1 percentage point per year in the contraceptive prevalence rate (the rate as of December 2001 was 5%)</li> </ul>	<p><b>Availability</b></p> <ul style="list-style-type: none"> <li>• Increased number of service delivery points offering antenatal care, obstetric care, post-natal care, family planning, treatment of sexually transmitted infections, and counselling</li> <li>• Increased percentage of service delivery points offering at least three of the above services</li> <li>• Integrated service/counselling centres established for adolescents</li> <li>• Two centres established outside Djibouti City offering complete emergency obstetric care</li> <li>• Increased number of technical support standards, partograms and health information system documents</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• Improved quality of technical services through the application of standards, algorithms and partograms</li> <li>• Improved managerial quality through the proper use of health information system documents and contraceptive logistics</li> </ul> <p><b>IEC</b></p> <ul style="list-style-type: none"> <li>• Implemented activities in community mobilization, media information, advocacy among decision makers, and IEC for youth, particularly in the areas of sexual and reproductive health and HIV/AIDS</li> </ul>	<p><b>Total Resources</b> \$3.25 million (\$2.25 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources)</p> <p><b>Total for reproductive health subprogramme:</b> \$2.5 million (\$1.5 million from regular resources and \$1 million through co-financing modalities and/or other, including regular, resources)</p> <p><b>Total for programme coordination and assistance:</b> \$0.25 million from regular resources</p>

<b>UNDAF Objective 2: Good governance and promotion of human rights (including reproductive rights and gender equity)</b>				
<b>UNFPA Goal</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Outputs and Key Indicators</b>	<b>Resources</b>
To contribute to the creation of an environment favourable to the achievement of gender equality and women's empowerment	<i>[Population and development strategies subprogramme]</i>  Integrated gender approach in the analysis and monitoring of population issues	<ul style="list-style-type: none"> <li>Increased life expectancy at birth (for both males and females)</li> <li>Increase by 20% in the number of women in decision-making positions</li> <li>Decrease the number of women who are victims of violence</li> <li>Increased school enrolment rates for girls (to 90%)</li> <li>Increased literacy rates for women</li> </ul>	<p><b>Population analysis and monitoring</b></p> <ul style="list-style-type: none"> <li>Advocacy efforts developed to support the formulation of population policies</li> <li>Resource mobilization for the population census</li> <li>Strengthened capacity of national statistical institutions for data analysis and follow-up of international conferences</li> </ul> <p><b>Gender-sensitive databases</b></p> <ul style="list-style-type: none"> <li>Ensured availability of sex-disaggregated population data</li> <li>Integrated gender approach as a planning tool and strengthened national capacity for integrating gender in population programmes</li> </ul>	<b>Total for population and development strategies subprogramme:</b> \$0.5 million from regular resources
<b>UNDAF Objective 3: Addressing HIV/AIDS</b>				
<b>UNFPA Goal</b>	<b>Outcome</b>	<b>Indicators</b>	<b>Outputs and Key Indicators</b>	<b>Resources</b>
To contribute to the goals of the national AIDS programme and to regional activities aimed at curbing the AIDS epidemic	Improved and expanded preventive and advocacy activities for social and political mobilization	<ul style="list-style-type: none"> <li>HIV incidence in adults and/or among pregnant women decreased</li> <li>Increase in the number of government and civil institutions participating in the HIV/AIDS programme</li> </ul>	<ul style="list-style-type: none"> <li>Number of IEC materials and prevention activities developed, particularly for youth</li> <li>Number of condoms distributed</li> <li>Number of providers trained in treating sexually transmitted infections</li> <li>Number of seropositive mothers detected and counselled for preventing mother-to-child transmission</li> </ul>	Resources fall under the reproductive health subprogramme

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