Djibouti is a small country located at the Horn of Africa, bordering Eritrea, Ethiopia and Somalia. It is one of the poorest countries in the MENA region and classified as a lower-middle-income country, with a Human Development Index (HDI) of 0.473, and ranked 172nd out of 188 countries worldwide. In 2016, Djibouti had a population of 942,000 people, with 345,000 below the age of 18 and 102,000 under 5. Poverty levels are high, with 41 per cent of the population living below the national poverty line of DJF147,936 and 23 per cent surviving on an income below the extreme poverty line of DJF98,709 in 2013 (calculated in terms of consumption on an annual basis. For years Djibouti has been a major transit country for migrants in the region, currently hosting around 24,000 refugees, primarily from Yemen and Somalia.

Child poverty and vulnerability in the country are striking. In 2014 the State Secretariat for National Solidarity (SSNS) conducted a MODA study in cooperation with UNICEF to measure multidimensional child poverty. The study showed that one in four children was deprived in at least four dimensions (extremely poor). In rural areas, nearly all children were deprived in at least two dimensions, most commonly those related to water and sanitation, housing or health.

Little rainfall and proneness to drought hinder agricultural production, which accounted for only 3.9 per cent of the country’s GDP in 2007. Around 90 per cent of all food requirements are imported, making Djibouti highly vulnerable to volatile variations in international food prices. The World Food Programme estimates that 60 per cent of the population face food insecurity, and 33 per cent suffer from chronic malnutrition. Child malnutrition in the country is among the highest in the MENA region: about one in every three children is stunted, and almost 18 per cent are affected by acute malnutrition. Maternal mortality also remains high, with 229 deaths per 100,000 live births, compared to the regional average of 110. Generally, health care services are provided free of charge, but services and commodities are often scarce, especially in rural areas. The lack of other basic services such as water and sanitation further exacerbates the hardships of those living in poverty.

In 2014 the government launched the Djibouti 2035 Vision, which included the objective of reducing extreme poverty rates by one third by 2035. To achieve this, Djibouti’s social protection strategy for 2012–2017 focuses on the expansion of social safety nets. The strategy includes the introduction of a social registry to improve targeting and determine the right type of assistance for the poorest and most vulnerable households.

Despite increased efforts, social protection coverage remains limited. Only 11 per cent of the total population were covered by some form of social assistance in 2012. Coverage reached only 31 per cent of people in the poorest quintile and 10 per cent in the second poorest quintile. As in many other countries in the region, government spending on fuel and food subsidies is significantly higher than on other types of social assistance. A study conducted by the World Bank showed that the urban population and the richest segments of society benefit disproportionately from government subsidies.

In recent years two important non-contributory social protection programmes have been introduced. First, in 2013 the Social Safety Net Project was launched with support from the World Bank, consisting of a public works programme coupled with a nutrition programme for households with pregnant women and children under 5, which are selected by geographical targeting. The programme includes community services and light labour with a focus on hygiene and access to water; it is conditional on attendance at nutrition training. The female caregiver in the household can decide whether she or someone else in the household takes on the work. By 2016 over 4,500 households had benefited from the public works programme, and over 10,000 beneficiaries had attended the nutrition sessions.

Second, the Programme National de Solidarité Familiale (PNSF)—National Programme of Family Solidarity)—an unconditional cash transfer programme—was introduced in 2015, aimed at reaching the most vulnerable members of society, such as families including people with disabilities, elderly people, children under 5 and orphans. For this programme, community-based targeting is used in rural areas and a PMT in urban areas. Beneficiary households are paid FDJ30,000 per quarter.

Other social protection programmes include the National School Feeding Programme, which is implemented by the WFP in partnership with the Ministry of Education and reached almost 37,000 beneficiaries in 2016. In addition to providing daily meals, the programme also offers take-home rations for families of selected girls, to incentivise parents to send girls to school. Finally, through the Programme d’Assistance Sociale de Santé (PASS—Social Health Assistance Programme) the government provides health care benefits to people not covered by the social insurance system.

Given the high poverty and child poverty rates in the country, there is a great need to scale up the existing social protection programmes to reach the most vulnerable families and children.

Note: 1. This One Pager is taken from a comprehensive study developed in partnership between the IPC-IG and UNICEF MENARO. All data are thoroughly referenced in the full report.