

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DJIBOUTI
RAPID RESPONSE
DROUGHT 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Valerie Cliff

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The UNCT had multiple parallel processes ongoing among which the formulation of the new UNDAF and the formulation of individual agencies' Country Programme Documents. These cumbersome processes prevented the full compliance to the AAR.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

The UNCT had multiple parallel processes ongoing among which the formulation of the new UNDAF and the formulation of individual agencies' Country Programme Documents.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

The report was shared with the UN beneficiary agencies which were responsible to share it with their respective implementing and governmental partners.

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 2,002,0037		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,972,054
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	
	TOTAL	1,972,054

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 28-Mar-16			
Agency	Project code	Cluster/Sector	Amount
UNICEF	16-RR-CEF-047	Nutrition	100,003
UNICEF	16-RR-CEF-048	Water, Sanitation and Hygiene	102,036
FAO	16-RR-FAO-013	Food Aid	550,001
IOM	16-RR-IOM-022	Health	199,983
WFP	16-RR-WFP-025	Food Aid	719,901
WHO	16-RR-WHO-019	Health	300,130
TOTAL			1,972,054

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,706,788
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	185,363
Funds forwarded to government partners	79,903
TOTAL	1,972,054

HUMANITARIAN NEEDS

Since the end of November 2015, Djibouti had been confronted with the arrival of thousands of nomadic pastoralists from the Somali Region of Ethiopia fleeing from one of the most severe droughts in the last decades. Given the severity of the drought in both Ethiopia (10.2 million people affected) and Somalia (385,000 people affected), it was expected that these numbers would increase considerably over the next three to six months, and that people would start arriving from the Somaliland Region of Somalia too, given the severity of drought that exists in both countries. All arrivals indicated that they intended to stay in Djibouti until the situation improved (in particular grazing areas), which meant they would not return before the next rainy season in July 2016 at the earliest.

Since November 2015, some 7,500 people (1,500 families) arrived from Ethiopia and settled in Ali Sabieh (3,500), Dikhil (1,500) and Djibouti city (2,500). These people brought all their belongings, such as traditional tents, beds, cooking material and their remaining livestock (cattle, donkeys, camels) with them. On average, they had 3 heads of livestock per family, which is far below average and under the minimum number to continue pastoral activities. The number of people displaced by drought was expected to increase over the next months, up to 12,000 by the end of May 2016. Based on historical figures from previous severe droughts, knowledge of pastoral routes and the evolution of the drought in neighbouring countries these movements would be towards the same locations (see the table below), increasing the impact on about 13,000 people representing the host communities in all affected regions.

Location	New arrivals to date	Affected host communities	Total affected people to date	Expected further arrivals up to the End of May 2016
Ali Sabieh <i>(Goubetto, Alleyley, Arraha Bioley, Arraha Omaneh, Boulo Omaneh, Adowah Et Hadley)</i>	3,500	5,000	8,500	2,000
Dikhil <i>(Bondra, As Eyla, Sankhal)</i>	1,500	3,500	5,000	1,000
Djibouti <i>(Parcs a Betails, Bouldhouqo, Aghadherer PK12)</i>	2,500	2,500	5,000	1,500
Total	7,500	11,000	18,500	4,500

Overview of arrivals and prognosis:

Month	Number of new arrivals
December 2015	2,500
February 2016	5,000
April – May 2016	Up to 4,500 additional people

The health and nutritional status of the new arrivals was very poor. Between January 2015 and September 2016, one case of measles was confirmed, with a further 21 confirmed cases leading to five deaths including one adult woman. While to date these cases have only occurred among the new arrivals there is a serious concern that this could spread among host communities. Pregnant women and children under five years old show signs of acute malnutrition and anemia. A nutrition screening undertaken by the Ministry of Health nutrition team in the region identified 59 cases of severe acute malnutrition (SAM) and 100 cases of moderate acute malnutrition (MAM). This means that in Goubetto alone there is a SAM rate of 2.95%, and is likely applicable to the new arrivals in other locations too. Half of the men and women are underweight. Many suffer from chronic cough, possibly tuberculosis, and diarrheal diseases.

The areas in which these new arrivals have settled are difficult to access and health services, including diagnostic services, are not fully functional. Subsequently this is preventing access to a more precise idea of the health situation which proved challenging .

The influx of these vulnerable people from Ethiopia put serious pressure on the already fragile health system in Djibouti, particularly in the remote rural areas. For example, the health post in Goubetto which is both ill-equipped and understaffed has seen a tripling in outpatient consultations, leading to stock-outs of medicines and other medical supplies. Because of a dysfunctional cold-chain in the area, the local population had not been regularly immunized exposing children to the risk of being affected by the measles and other vaccine-preventable diseases. In addition, with virtually no sanitation facilities available, the practice of open defecation had become even more widely prevalent than before and posed an additional health risk.

Another major concern was the pressure the new arrivals with their herds put on the availability of already scarce natural resources. For example, in Goubetto the only water point had to serve almost four times more people and required three times more fuel to operate the pump. The Prefect addressed this issue by suggesting to provide additional fuel to increase the water pumping capacity.

In general, Djibouti itself has been facing years of continuous drought, leading to an erosion of people's coping mechanisms and a continuing expansion of areas affected by drought. As a consequence, more and more waterpoints, such as traditional wells, underground cisterns and other water infrastructures, are reducing. This has negatively affected the local production of vegetables and milk, while prices of imported food (cereals and vegetables) into Djibouti from Ethiopia have significantly increased. It has also limited pastoral populations in their ability to access pasture, whether within Djibouti or neighbouring countries. Weather forecasts for Djibouti indicated a high probability of poor rain performance, which would lead to a further deterioration of the situation.

This new situation is exacerbating the already alarming food insecurity and malnutrition status of the Djiboutian population as reported in the October 2015 Integrated Food Security Phase Classification (IPC) and is described in the table below:

Region	Population	% of population in IPC phases 3 & 4	Population estimate in IPC phases 3 & 4
Ali Sabieh	93 207	74%	68 973
Dikhil	99 569	64%	63 724
Tadjourah	108 249	32%	34 640
Obock	45 648	66%	30 128
Arta	60 966	43%	26 215
Total	407 639	56% (average)	227 463

Integrated Phase of Classification of Food Insecurity (Djibouti IPC 2015)

II. FOCUS AREAS AND PRIORITIZATION

A number of assessments have been conducted by some partners of the humanitarian community such as IOM's medical unit and Government bodies, Office National d'Assistance aux Réfugiés et Sinistrés (ONARS) and Direction Nationale de l'Information Sanitaire INSPD. Findings of assessments made have been taken into account during the preparation of sector response plans to the ongoing crisis.

There have been constraints in getting a detailed picture of the humanitarian situation due to capacity constraints with both the Government and humanitarian partners. However, based on assessments done in Goubetto, historic knowledge of similar crises in the past, and the knowledge that the capacity to cope of rural agro-pastoralist Djiboutians in arrival areas has been completely eroded have informed humanitarian partners in planning their response. The overall El Nino response addressed the full range of needs identified, including health, water and sanitation, nutrition, and food security. The aim of the overall El Nino response was to provide assistance only for a limited amount of time until the rainy season in areas of origin commenced, to avoid becoming a pull-factor.

For this CERF allocation, only the most urgent activities within priority sectors were selected with the aim to save lives and restore and maintain the health of the affected people. In all agencies' assessments it was agreed that both the health system and water point capacity would not be able to meet the increased demand unless strong support is provided by humanitarian partners. In addition, the level of malnutrition and the fact that herds have been decimated beyond the point where they can sustain a family has led humanitarian partners to prioritize food security interventions. Most interventions targeted all new arrivals and their host communities, as their situation was comparable across the board, and to prevent tensions.

III. CERF PROCESS

The impact of the El Nino phenomenon, which developed over the summer of 2015, is expected to seriously affect the Horn of Africa region for the remainder of the year. Ethiopia has been hit by the worst drought in decades, leaving some 10.2 million people in need of food assistance in 2016. Authorities in Somaliland and Puntland regions of Somalia declared drought in February 2016, and have issued appeals for assistance to an estimated 385,000 people. Across the region funding levels for humanitarian assistance were low in 2015/2016, leading to delayed assistance and gaps in aid. This in turn has triggered the movement of people in search for better living conditions and assistance across their borders into Djibouti, where first arrivals were seen coming in November 2015.

This group of people shows deteriorated health and nutrition status, in particular among children and pregnant women. They also face a loss of productive assets – cattle – due to lack of water, grazing lands and various illnesses. The acute humanitarian needs were food security, prevention, detection and treatment of malnutrition, access to safe drinking water and preventive and curative health care services. Preserving productive assets was key in this intervention. Displaced populations rely almost only on their herds. Their flocks have been decimated, and the nutritional and health status of their remaining animals is very poor. They are severely affected by animal diseases such as ectoparasites, respiratory infections and diarrhea, thus, presenting an inherent risk to the livestock of the host communities

The overall requirements to address the humanitarian impact of El Nino in Djibouti are US\$ 5,488,965. This amount was required to address food, nutrition, Water, Sanitation and Hygiene (WASH), health, Non-Food Items (NFIs) and livestock support to an estimated 10,000 new arrivals and 13,000 host communities in Ali Sabieh, Dikhil and Djibouti regions up to June 2016. In March 2016 the total response for El Nino had not received any funding, and the El Nino response came on top of an already very underfunded humanitarian operation in Djibouti. As of 21 March, only \$238,000 of the required \$75 million under the Humanitarian Response Plan had been received according to the Financial Tracking Service (FTS).

Of the above mentioned needs, US\$ 2,000,200 were requested from the CERF for rapid response to the 7,500 new arrivals and 11,000 host communities in Ali Sabieh, Dikhil and Djibouti where needs were assessed to be most acute.

The overall CERF strategy was developed through the UNCT in Djibouti, which set out the strategic direction and prioritization that was then operationalized by the sector lead agencies.

The following criteria were considered:

- 1) The most acute humanitarian life-saving needs requiring immediate response were to be prioritized
- 2) The levels of funding of priority interventions
- 3) The delivery capacity of concerned Agencies
- 4) The ability to use CERF funding to leverage further funding for the humanitarian response

The Humanitarian Needs Overview was used for baseline information on general humanitarian data for Djibouti. The Humanitarian Response Plan (HRP) was used as guidance: the El Nino response was not covered by its requirements envelope, and as such was an addition, but in line with the HRP.

Several consultations and bilateral discussions took place, and it was decided that health, nutrition, food and livestock support were the key priorities. All these activities address the most urgent needs of people to decrease loss of life. Livestock replenishment is paramount: without it, the same group of people would remain in urgent need of life-saving assistance. Humanitarian partners have also considered the need to be cautious not to create a pull-factor for more people to come for assistance. As such, only those activities that would keep people afloat until the next rainy season have been included. The interventions are therefore intended to be of short duration.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 23,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Nutrition	1,933	966	2,899	1,582	0	1,582	3,515	966	4,481
Water, Sanitation and Hygiene	1,902	2,340	4,242	2,003	2,395	4,398	3,905	4,735	8,640
Food Aid	5,573	9,741	15,314	5,823	7,683	13,506	11,396	17,424	28,520
Health	4,122	6,140	10,262	4,279	6,442	10,721	8,401	12,582	20,983

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

The approach adopted to estimate the beneficiaries overall is based on the figures provided in the projected estimations by the local authorities in the affected areas primarily. As regards the specific groups estimations the numbers are based on the specific respective target groups assisted by the beneficiary UN agencies.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	13.530	19.187	32.717
Male	13.687	16.520	30.207
Total individuals (Female and male)	27.217	35.707	62.924

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Concerning **nutrition**, the partnership between UNICEF and African Humanitarian Action with CERF funds enabled important results for children. From May to November 2016, 178 children under 5 years old were treated for SAM out of 249 targeted (71.5 per cent); 813 children aged 6 to 59 months were supplemented with Vitamin A out of 3,515 targeted (23 per cent); 813 children aged 6 to 36 months were supplemented with multiple micronutrients out of 966 targeted (84.1 per cent) and 1,012 pregnant and lactating women attended Infant and Young Child Feeding in Emergency awareness sessions out of 966 targeted (105%).

Regarding **WASH** sector, a total of 2,640 people (1,323 women and 1,317 men) living in three localities in Tadjourah region and one locality in Obock region are benefiting from water points rehabilitated by the project. These sites are located at the heart of areas marked by an intense movement of pastoralists in seek of greener areas for their livestock during the dry season. WASH basic family kits were distributed to the 360 households, new asylum seekers from Ethiopia who were accommodated in Ali-Addeh refugee camp during the third quarter of 2016. Around 6,000 people (2,862 children; 1,524 women; and 1,614 men) showed greater awareness or change of behaviours after attending hygiene promotion and sensitisation sessions conducted by volunteer hygiene promoters through home visits and awareness campaigns.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

Despite the unpredictable movement of nomadic population, the CERF allocation to the WASH sector was critical to accelerate the response in the field. Even the place occupied by moving population and the duration of their stay did not completely aligned with the planned response, implementing the response with partner familiar with CERF were an advantage for a rapid response.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

2016 was a particularly challenging year for Djibouti. On top of a chronic and persistent drought, the refugee population suffered an increase with the conflict in Ethiopia during the last two quarters. Given the need to respond to this unpredictable situation, CERF funds were used to facilitate assistance toward newly arrived refugees and asylum seekers. WASH services were provided on time in the camp to mitigate escalation of potential acute watery diarrhoea.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

CERF did not help to improve resource mobilization.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

¹Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The CERF funding also allowed a better coordination among the UN agencies which intervened more efficiently and targeted their specific constituencies and helped prevented more casualties due to measles and malnutrition by providing adequate timely response in the affected areas. The coordination with the international humanitarian NGOS active in the north and the south of the country was also ensured to optimize the impact of all interventions.

CERF funds were used to partially cover the cost of a WASH technical staff who was responsible for facilitating the coordination of the WASH Working Group. Government staff improve their leadership and analytical skills. The results became evident during WASH Working Group meetings; and particularly during the development of the 2017 Humanitarian Needs Overview and Humanitarian Response Plan.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF funds were essential to provide a nutrition life-saving response to the communities that hosted El Niño displaced population groups and that otherwise would have not been possible. In addition, it provided an additional support to country's response to the nutrition crisis in other regions, by contributing to fill the stock in terms of ready-to-use therapeutic food. This was critical to meet the needs that rose from the influx of about 3,500 asylum-seekers fleeing the social unrest in Ethiopia, and whose children presented high malnutrition rates (33 per cent of global acute malnutrition).

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The delay in the elaboration and validation of the project hindered the provision of support to the main target group (the El Niño displaced communities had already returned to their home countries when the project started to be implemented).	Allocate funding to Djibouti HRP 2017 to allow a more rapid response	CERF secretariat and OCHA office

TABLE 7:OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
There is a particular problem in monitoring efficiently CERF project implementation	Since humanitarian agencies in Djibouti regularly submit funding requests to the CERF, the concerned agencies should provide additional financial support to fund adhoc technical assistance by UNOCHA/ROEA. This support apart for the drafting and the design of the proposals, could also assist in the M and E aspects.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	03/04/2016- 02/10/2016		
2. CERF project code:	16-RR-CEF-047		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Contribute to the reduction of malnutrition-related mortality and morbidity among population affected by El Nino and newly arrived from Ethiopia and Somalia and their hosting communities					
7. Funding	a. Total funding requirements ² :	US\$ 100,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 100,000	▪ NGO partners and Red Cross/Crescent:		US\$ 55,000	
	c. Amount received from CERF:	US\$ 100,003	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,601	2,129	4,730	957	847	1,804
Adults (≥ 18)	966		966	1,012		1,012
Total	3,567	2,129	5,696	1,969	847	2,816
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population			3,382		2,393	
Other affected people			2,314		423	

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	5,696	2,816
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>The number of beneficiaries reached by the project (2,816) is below planned (5,696) due to an unexpected fluctuation in target population since project submission in April 2016 to CERF. Indeed, most Somalian and Ethiopian pastoralist communities who fled the El Niño effects to Djibouti (and who constituted the project's main target) had already returned to their home countries when CERF funds were received and the project started to be implemented in May 2016.</p> <p>Despite this, UNICEF and partners pursued the project's implementation to assist the hosting communities (the other target group) who were extremely vulnerable due to the extreme utilisation of the resources available.</p> <p>In addition, between August and November 2016 the project also targeted displaced people who fled the social unrest in Ethiopia. These included an estimated 3,500 asylum-seekers including extremely vulnerable children. The prevalence of global acute malnutrition (GAM) among children under five was about 33 per cent. Faced with this scenario, UNICEF purchased additional ready-to-use therapeutic food (RUTF) to meet the new needs.</p>	

CERF Result Framework			
9. Project objective	From April to September 2016, ensure that 95% of children under five years old , lactating and pregnant women from pastoralist communities having fled El Nino effect in their countries and their host communities in Djibouti city, Ali Sabieh and Dikhil have access to quality curative and preventives nutritional interventions.		
10. Outcome statement	Contribute to save lives threatened by malnutrition among pastoralist families having fled to Djibouti and their hosting communities particularly Children, lactating and pregnant women.		
11. Outputs			
Output 1	249 children aged from 6 to 59 months suffering from SAM have access to quality case management		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children aged from 6 to 59 months suffering from SAM admitted into therapeutic feeding programme	249 (137 girls, 112 boys)	178 (103 girls and 75 boys)
Indicator 1.2	Mortality rate among children suffering SAM and admitted in the Community-Based Management of Acute Malnutrition (CMAM) program	Under 5% for girls and boys	0% for girls and boys
Indicator 1.3	Defaulters rate among children suffering from SAM and admitted in the CMAM program	Under 15% for girls and boys	2% for girls and 3% for boys
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 300 cartons of Ready to Use Therapeutic Food (RUTF)	UNICEF	UNICEF
Activity 1.2	Implement SAM component of CMAM approach (including distribution of RUTF) in cooperation with Local Health authorities and community representative groups in each region	African Humanitarian Action (AHA)	African Humanitarian Action (AHA)

Output 2	3,515 children aged from 6 to 59 months have access vitamin A supplementation		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children supplemented with vitamin A	3,515 (1,933 girls and 1,582 boys)	813 (427 girls and 386 boys)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Organisation of vitamin A supplementation campaign to children aged from 6 to 59 months	AHA	AHA
Output 3	966 children aged from 6 to 36 months have access to MNP supplementation		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of children supplemented with sprinkles (micronutrient powders, MNP)	966 (531 girls and 435 boys)	813 (427 girls and 386 boys)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of sprinkles (MNP) for prevention of micronutrients deficiency (100 cartons)	UNICEF	UNICEF
Activity 3.2	Door to Door distribution of sprinkles to children aged from 6 to 36 months and pregnant women	AHA	AHA
Output 4	966 women with children aged from 6 to 24 months have access to Infant and Young Child Feeding in Emergency (IYCF-E) awareness-raising sessions		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of women with children aged from 0 to 24 months sensitized on IYCF-E	966 Women and 0 men	1,012 women
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Establish 13 Mothers Baby Areas (MBA) in the 13 localities which are hosting people who fled El Nino effect from Ethiopia and Somalia ⁴ 3 of them located in Djibouti city (parcs a betail, Bouldougo, Agadherer PK12); 7 in Alisabieh (Goubetto, Aleyley, Araha Bioley, Arraha Omaneh, Boulouh Omaneh, Adoha et Adley) and 3 in Dikhil (Bondra, As Ayla, Sankhal)	AHA	AHA
Activity 4.2	Implement IYCF-E in 13 MBA	AHA	AHA
Output 5	Ensure nutrition sector coordination (Weekly meetings) and 6 nutrition screening in these 3 regions		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of nutritional screening conducted and reports disseminated	6	8
Indicator 5.2	Number of emergency nutrition sectorial response	24	14

⁴These localities were prioritized to have Mother Baby Areas since they all are actually hosting people fleeing recently from Ethiopia and Somalia

	meetings held		
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Conduct nutritional screening on a monthly basis (one region per month)	AHA	AHA
Activity 5.2	Organize nutritional sectorial meetings on a weekly basis	National Nutrition Program and UNICEF	National Nutrition Programme and UNICEF

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: 249 children aged from 6 to 59 months suffering from SAM have access to quality case management

As explained in section 8.a above, most displaced pastoralists targeted by the project returned to their home countries (Ethiopia and Somalia) prior to the beginning of project's implementation. For this reason, **this output was not achieved in terms of number of beneficiaries** (only 178 children were reached out of 249 planned). **However, all quality indicators were achieved:** the mortality rate among children admitted to treatment stood at 0% (target: below 5%) and the defaulters rate remained at 2% for girls and 3% for boys (target: below 15%). To achieve these results, UNICEF provided cartons of RUTF to all health facilities in areas targeted by the project, ensuring availability of all inputs needed for management of severe acute malnutrition. Given the existence of sufficient Multiple Micronutrient Powder in stock, the funds under this budget line were reallocated to purchase more RUTF cartons (670 instead of the planned 300), allowing to reinforce this life-saving response in other emergency affected areas, including those receiving asylum-seekers fleeing the social unrest in Ethiopia. UNICEF also provided technical and financial support to the NGO AHA for the reinforcement of its qualified nutrition workers who become responsible for implementing the project, contributing to meet all quality requirements.

Output 2: 3,515 children aged from 6 to 59 months have access vitamin A supplementation

The target figure was not achieved because – as explained above – most of those targeted by the project had already returned to their home countries when the project started to be implemented. Only 813 children were reached out of 3,515 planned. However, the team implemented all activities needed to reach every child in need. UNICEF provided 5,000 capsules of Vitamin A (including 1,200 capsules of Vitamin A 100,000UI and 3,800 capsules of Vitamin A 200,000 UI), and provided technical and financial support to its implementing partner AHA, which organised door-to-door vitamin A supplementation on a monthly basis to ensure that no child was left behind.

Output 3: 966 children aged from 6 to 36 months have access to MNP supplementation

This output was underachieved for the reason explained in section 8.a above (most children targeted by the project had already returned to their home countries when the project started to be implemented). However, all children in need (813) were reached. UNICEF provided AHA with 10 cartons (10,000 packets) of Multiple Micronutrient Powder (MNP); which were used by AHA to conduct monthly door-to-door MNP supplementation. As explained above, given the existence of enough MNP stock, the funds were reallocated to purchase RUTF.

Output 4: 966 women with children aged from 6 to 24 months have access to Infant and Young Child Feeding in Emergency (IYCF-E) awareness-raising sessions

This output was achieved and even surpassed because the team decided to expand the sensitisation activities to all women of reproductive age (18-45 years old) instead of targeting only mothers of children aged 6-24 months (as initially planned). This decision was taken to help build the resilience of the community preventing malnutrition. As a result, 1,012 women (out of 966 planned) from the 13 localities targeted by the project learned about appropriate ICYF practices. Awareness-raising activities were conducted by four AHA staff and 20 community health workers, either through door-to-door sensitisation or in the three Mother-Baby areas established by the project. The project ended up only establishing Mother-Baby areas in three of the 13 localities

planned, namely in Gobetto, Ali-Addeh and Holl Holl refugee camps; a decision bound by the fact that the remaining 10 communities were no longer hosting displaced families as these had already returned to their home countries.

Output 5: Ensure nutrition sector coordination (Weekly meetings) and 6 nutrition screening in these 3 regions:

The output was partially achieved. The team conducted 8 nutrition screenings, overpassing the 6 planned. All reports were disseminated. Nevertheless, only 14 nutrition coordination meetings were held (out of 24 planned) since members were sometimes unavailable to participate because of being engaged in the response to other emergencies that occurred during the project's implementation period.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Accountability to affected populations was promoted:

- During project design: a rapid multi-sectorial assessment was conducted by Government partners (SEGRC; ONARS), UNICEF with other UN agencies (WFP; WHO; FAO) and NGO partners (Norwegian Refugee Council, NRC; AHA) in the 13 localities hosting El Niño displaced people, giving beneficiaries the opportunity to share their needs in order to identify strategic humanitarian priorities.
- During After Action Review: The project intends to organise a one-day session with the political-administrative authorities and Women Associations from the 13 localities targeted to present the results, gather their views and draw lessons learned to inform future projects.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Although no full-fledged external project evaluation has been planned, monitoring and supervision activities have been and continue to be conducted by UNICEF and implementing partners to ensure good implementation.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22/04/2016- 21/10/2016		
2. CERF project code:	16-RR-CEF-048		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	WASH			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Continuous access to drinkable water and sanitation services for pastoralist displaced to Djibouti due to the impact of the El Nino phenomenon					
7. Funding	a. Total funding requirements ⁵ :	US\$ 900,434	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁶ :	US\$ 217,936.17	▪ NGO partners and Red Cross/Crescent:		US\$ 34,212	
	c. Amount received from	US\$ 102,036	▪ Government Partners:		US\$ 26,703	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,272	1,248	2,520	1,902	2,003	3,905
Adults (≥ 18)	2,513	2,467	4,980	2,340	2,395	4,735
Total	3,785	3,715	7,500	4,242	4,398	8,640
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			6,000			
IDPs						
Host population						
Other affected people			7,500		2,640	
Total (same as in 8a)			7,500		8,640	

⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁶ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The number of beneficiaries reached by the project (8,610) is 15 per cent higher than planned (7,500) however the profile of the group targeted is slightly different from planned.</p> <p>The pastoralist communities who fled the El Niño effects to Djibouti during the fourth quarter of 2015 and first quarter of 2016, were the main target group proposed to be assisted. However, as it started to rain in their home countries, they decided to return in the prospect of new herds for their livestock – and this before CERF funds were received by UNICEF.</p> <p>In the meantime, communities living in regions affected by the drought were at risk of losing access to their water facilities due to degradation caused by a greater number of users – internally displaced pastoralists in search of greener areas. In the third quarter of 2016, a group of people fleeing social unrest in Ethiopia sought refuge in Ali Addeh refugee camp. This unexpected increase in the number of people at the camp raised concerns as the existing latrines were already being overused by the existing population. Faced by this scenario, the project decided to focus on these areas, supporting these two population groups instead of the initially planned who had left the country.</p>
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CERF Result Framework			
9. Project objective	Address the most urgent needs of access to safe water and adequate sanitation among the most affected children and families of pastoralists communities displaced to Djibouti		
10. Outcome statement	Improved, continuous and equitable access to safe water, adequate sanitation and basic hygiene ensured for the most vulnerable pastoralists displaced children and families in Ali Sabieh and Dikhil regions		
11. Outputs			
Output 1	At least 5,000 pastoralists displaced people in Ali Sabieh and Dikhil regions have a continuous access to safe water and 1,250 use improved latrines		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of water points rehabilitated	2	4
Indicator 1.2	Number of localities with improved toilets built for displaced people	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Pre-feasibility assessment and dimensioning of the needs in terms of water points network strengthening and rehabilitation	Government, UNICEF	Government
Activity 1.2	Strengthening and rehabilitation of water points	Government	Government
Activity 1.3	Identification of localities for the construction of toilets to be used by the displaced pastoralists	NRC	NRC
Activity 1.4	Construction of toilets	NRC	NRC
Output 2	At least 7,500 displaced pastoralists in Ali Sabieh, Dikhil and Djibouti observe basic hygiene practices		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Distribution of WASH basic family kits to the pastoralists displaced	1,500	360

Indicator 2.2	Organization of awareness-raising activities on hygiene promotion focusing on main basic hygiene practices: hand washing, safe water storage, water treatment, use of latrines	6,000	6,000
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12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1: At least 5,000 pastoralists displaced people in Ali Sabieh and Dikhil regions have a continuous access to safe water and 1,250 use improved latrines

A total of 2,640 people (1,323 women and 1,317men) living in three localities in Tadjourah region and one locality in Obock region are benefiting from water points rehabilitated by the project. These sites are located at the heart of areas marked by an intense movement of pastoralists in search of greener areas for their livestock during the dry season. Due to limited staff and time, the project was not able to get exact figures on the number of people moving by these areas during this period; but the local population states that the quantity of people increased by two or three times. The existing equipment did not have the capacity to respond to the greater demand during this period, thus these facilities were under great pressure. Thanks to CERF funds, the pumping systems of these facilities were replaced to increase productivity capacity and hence the quantity of water available.

It is worth highlighting that, although the regions reached by the project are not those initially targeted as the planned beneficiaries returned to their home countries prior the arrival of funds, these regions share the same characteristics (i.e. areas under pressure due to displaced pastoralists).

The sanitation component was implemented in Ali Addeh refugee camp. Following the arrival of 2,000 asylum seekers (1,020 men and 980 women) fleeing social unrest in Ethiopia, the project ensured the construction of 40 communal/emergency latrines in the camp ensuring this population could have access to sanitation. These latrines were installed in the two different sections of the camp where this population was settled, in line with UNHCR's management of space.

Output 2: At least 7,500 displaced pastoralists in Ali Sabieh, Dikhil and Djibouti observe basic hygiene practices

WASH basic family kits were distributed to the new asylum seekers from Ethiopia who were accommodated in Ali-Addeh refugee camp during the third quarter of 2016. The distribution was organised in coordination with UNHCR and its implementing partners (managing the camp) to prevent duplication. UNICEF provided kits designed to cover the needs of a family with five members and above. CERF funds were hence used to benefit 360 households (which correspond to around 40 per cent of the total households). The remaining families received kits donated by UNHCR. These beneficiaries (360 households) represent about 25 per cent of the 1,500 households initially targeted by the project.

Among this newly settled and extremely vulnerable community, hygiene promotion was geared towards encouraging people to adopt safe hygiene practices to prevent diseases. Sessions were focused on key issues of concern in the camp such as proper use of latrines, hand washing during critical times and cleaning of water storages as well as their surrounding environment. Around 6,000 people (2,862 children; 1,524 women; and 1,614 men) showed greater awareness or change of behaviours after attending hygiene promotion and sensitisation sessions conducted by volunteer hygiene promoters through home visits and awareness campaigns.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The design of the project was prepared closely with government partners and WASH sector actors at national and regional levels. As initial targeted beneficiaries were displaced population and population in continuous movement, their implication during the planning was focused to the preliminary discussion on the expression of basic and priority needs according to their point of view. And then the definition of the response was discussed among implementing partners, both INGO and the

respective department of government at national level.

The adjustment along the implementation period was planned jointly with government and implementing partners at national and sub-national level. The newly arrived asylum seekers were involved in the design of the latrines installed in the refugee camp to ensure their perception of dignity was taken into consideration.

The selection of localities which should be targeted for the rehabilitation of water points was conducted with involvement of the regional authorities. During the implementation, the targeted population was involved in the rehabilitation design process.

<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The interventions conducted are part of UNICEF Programme of Cooperation with the Djiboutian Government. This means that although no specific evaluation is planned for this project, the interventions were subject to the same monitoring mechanism in place for the whole Programme of Cooperation. Monitoring and supervision activities have been and continue to be conducted by UNICEF and implementing partners on a quarterly basis, in order to ensure good implementation. During the implementation phase, each implementing partner was responsible for gathering data in line with a set of indicators defined jointly with UNICEF and for submitting quarterly technical reports. All data provided on interventions targeting refugees/asylum seekers was cross-checked with UNHCR official figures. In addition, the mid-year and annual reviews of the Programme of Cooperation between UNICEF and the Government of Djibouti constitute key steps in the official process to monitor project implementation and present achievements towards results. The indicators defined for this CERF-funded project were chosen to inform programme results, and therefore were fully integrated in these reviews.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	19/04/2016- 18/10/2016		
2. CERF project code:	16-RR-FAO-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency assistance to strengthen Food Security and Nutrition of migrant populations and host communities affected by the drought caused by the El Niño Phenomenon in the Republic of Djibouti					
7. Funding	a. Total funding requirements ⁷ :	US\$ 550,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	US\$ 550,001	▪ NGO partners and Red Cross/Crescent:		US\$96,151	
	c. Amount received from CERF:	US\$ 550,001	▪ Government partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,188	1,188	2,376	1,288	1,278	2,566
Adults (≥ 18)	1,447	1,343	2,790	1,561	1,453	3,014
Total	2,635	2,531	5,166	2,849	2,731	5,580
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population			2,886	3,186		
Other affected people			2,280	2,394		
Total (same as in 8a)			5,166	5,580		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	NA					

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸ This should include both funding received from CERF and from other donors.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	To provide emergency assistance to strengthen Food and nutrition security of migrant populations and host communities affected by the drought caused by El Niño in the Republic of Djibouti.		
10. Outcome statement	Increase availability and access to food and valuable assets for safeguarding and strengthening local communities and migrants livelihoods		
11. Outputs			
Output 1	200 households from the host communities and 380 households who are Displaced/Migrants are provided with livestock heads, supplementary feeds and veterinary drugs.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of goats distributed	2,900 (5 goats per household)	2,900 (5 goats per household)
Indicator 1.2	Number of supplementary feeds distributed in total and per household	1,740 bags of 40 kg each	1,740 bags of 40 kg each
Indicator 1.3	Number of veterinary kits distributed to households from host communities and displaced/migrants	580 veterinary kits	580 veterinary kits
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Restocking of livestock for local communities and migrants who lost their animals	FAO through a contract with local service providers	FAO and the Ministry of Agriculture and local authorities in the regions
Activity 1.2	Provision and distribution of animal supplementary feeding for migrant and host local communities	FAO in close collaboration with MAEPE-RH	FAO and the Ministry of Agriculture and local authorities in the regions
Activity 1.3	Provision of veterinary products to veterinary services and beneficiaries	FAO	FAO
Output 2	281 households from the host communities have access to purchasing power in compensation for land preparation work for agricultural production during the next agricultural season		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of beneficiary households having purchasing power to secure livelihoods	281 households	350 households
Indicator 2.2	Number of agricultural tools	281 tools	350 tools
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Provision of purchasing power through “cash-for-work” to compensate land preparation work for agricultural production during the next agricultural season	FAO with inter/national NGO to be identified during project implementation	FAO with national NGOs ⁹
Activity 2.2	Provision of agricultural tools for land preparation	FAO with inter/national NGO to be identified during project implementation	FAO

12. Please provide here additional information on project’s outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

FAO Djibouti assisted, through a two track intervention, one directed at the host communities and the other one targeted at the displaced populations in the regions of Ali-Sabieh and Dikhil regions. Thus, the food and nutrition insecure host populations were assisted through the support to gardening activities in order to increase diet diversity and vitamins intake, as well as to improve income generation. In addition, FAO Djibouti supported 350 households (2,100 beneficiaries) from the local population by providing them with cash-for-work. They have carried out construction and rehabilitation of activities for water infrastructures, water pumps, solar panels, distributed jerry cans, fuels, vegetable nurseries as well as seeding. These households’ purchasing power to access food have increased and the overall production capacity of the targeted host communities have been enhanced

Moreover, with this fund FAO focused also on the emergency situation in which several pastoralists communities (displaced and host populations) have been affected by the loss of their livestock. FAO rebuilt the livestock assets of drought affected communities through the distribution of 2,900 heads of goats to 290 households (1,740 people) in the regions of Dikhil and Ali-Sabieh. This restocking was accompanied by the distribution of veterinary products as well as livestock food supply, which were also distributed to an additional 290 vulnerable pastoralist households (1,740 people) (host communities and displaced populations) who owned herds in bad nutritional and health status. The identification of the most vulnerable and needy households was conducted in partnership with the Directorate of Livestock and Veterinary Services and the local and regional authorities.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The beneficiaries have been consulted throughout the design and implementation of the project. They were first involved in a participative decision-making process related to the identification and prioritization of their most urgent needs. Each locality also organized and helped select the beneficiaries for the cattle restocking operations and agricultural tools distribution. Furthermore, FAO extension workers in each region were ensuring weekly monitoring and evaluation (M&E) (visits and remote follow up).

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

FAO has a centralized and standard system of evaluation. CERF funded projects are all included and subject of evaluation of aforementioned global system. FAO Djibouti will undertake an internal Final Review of the project’s activities around end of April 2016. This report will be shared with OCHA accordingly.

EVALUATION PENDING

NO EVALUATION PLANNED

⁹ Association pour le developpement integre de Mabla (ADIM), Caravane du Developpement de Gobaad, Association pour le Developpement de l’Agriculture de Dikhil, Association Paix et Lait (APL)

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	22/04/2016- 21/10/2016		
2. CERF project code:	16-RR-IOM-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Contributing to improving deteriorating health status among displaced Ethiopian migrant population across Djibouti and health assistance to affected host community					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 730,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 199,983	▪ NGO partners and Red Cross/Crescent:			
	c. Amount received from CERF:	US\$ 199,983	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	100	100	200	97	90	187
Adults (≥ 18)	1,100	1,100	2,200	1,100	1,196	2,196
Total	1,200	1,200	2,400	1,197	1,286	2,383
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population			400	400		
Other affected people			2,000	1,983		
Total (same as in 8a)			2,400	2,383		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	There is not significant discrepancy between planned and reached beneficiaries.					

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	Improved health status of EI-Nino displaced people from Ethiopia and health assistance to affected host community.		
10. Outcome statement	EI-Nino displaced population and affected host community have improved health status with decreased morbidity and mortality.		
11. Outputs			
Output 1	Displaced population (2,000 individuals) and host community (400 individuals) have access to essential medication		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Medical stock available in 6 local health posts	50%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of essential medical drugs	IOM	IOM
Activity 1.2	Distribution of drugs to local health posts	Ministry of Health (MoH), IOM	MoH, IOM
Output 2	EI-Nino displaced population (2,000) and host community (400) have access to health screening, treatment, and emergency evacuation		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of individuals provided with daily health care services	50	50
Indicator 2.2	Incidence of death among the displaced population per month	0	0
Indicator 2.3	Number of individual evacuated	100	100
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Implementation of a mobile health team (1 physician, 1 mid-wife, 1 driver)	IOM	IOM
Activity 2.2	Health screening (including communicable diseases such as Measles, Tuberculosis TB, Malaria, Hygiene). Detection of malnourished children and pregnant women. Proper treatment of ill individuals; referral to hospital in case of needs Collection of specimen and send to the lab. (ex. Sputum for TB screening)	IOM, MoH	IOM, MoH
Activity 2.3	Emergency evacuation	IOM	IOM
Output 3	Awareness and health prevention are provided to 2,400 displaced population and affected local population		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of session of health awareness provided	20	25
Indicator 3.2	Number of individuals reached	1,000	1,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Production of key messages on measles, malaria, TB, and complications of pregnancy	IOM	IOM
Activity 3.2	Print out pamphlet on key messages	IOM	IOM
Activity 3.3	Awareness and sensitization activities using pamphlets	IOM, MoH	IOM, MoH

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Some of the displaced population moved up to the north of Djibouti where IOM's mobile team also assisted many of them to have access to health screening, treatment, emergency evacuation, but also awareness and health prevention.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM ensured the accountability along with other implementing UN agencies with joined visits and monitoring of the affected population at the respective sites. A mid-term monitoring done in July 2016 by IOM at the affected sites showed great improvement of the health status of the displaced population and relief on host community, and the beginning of the return of the beneficiaries to their home country.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No evaluation was carried out.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	01/04/2016 -30/09/2016		
2. CERF project code:	16-RR-WFP-025		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to displaced populations affected by the effects of El-Nino and host communities					
7. Funding	a. Total funding requirements ¹² :	US\$ 1,878,965	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 1,399,403	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 719,901	▪ <i>Government Partners:</i>		US\$ 53,200	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	3,408	3,850	7,258	4,285	4,545	8,830
<i>Adults (≥ 18)</i>	5,657	5,585	11,242	8,180	6,230	14,410
Total	9,065	9,435	18,500	12,465	10,775	23,240
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>				11,000		13,590
<i>Other affected people</i>				7,500		9,650
Total (same as in 8a)				18,500		23,240
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			More IDPs reached Djibouti after the approval of the present CERF funding but over a shorter period of time due to early return to their place of origin. Details in section 12.			

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Life-saving activities by providing food assistance to displaced populations and host communities to improve their food consumption and diet diversity, and under-nutrition by providing nutritional food products to children under five and pregnant and lactating women in Ali Sabieh, Dikhil and Djibouti capital city in a six month timeframe.		
10. Outcome statement	Life-saving support to 18,500 displaced and drought affected populations, and children and mothers under-nourished.		
11. Outputs			
Output 1	Food distributed in sufficient quantity to target groups of women, men, girls and boys under secure conditions		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving food as % of planned	18,500	125.6% (23,240)
Indicator 1.2	Quantity of food assistance distributed, as % of planned	820MT	89% (729.8 MT)
Indicator 1.3	Frequency of food assistance to beneficiary HH (months)	3 mths	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of -820-metric ton of food and fortified food.	WFP	WFP
Activity 1.2	Distribution of food to communities leaders	ONARS(Ministry of Interior, Mol)	ONARS / WFP
Activity 1.3	Monitor the food distribution with communities leaders and others partners	ONARS(Mol)	ONARS / WFP
Output 2	Improved nutrition status of 100 children under five and pregnant and 120 lactating women suffering from under-nutrition		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Quantity of food assistance distributed, as % of planned	30MT	100% (30MT)
Indicator 2.2	Access to MAM services	1,850 people	98% (1,813 people)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of 30-metric ton of food and fortified food.	WFP	WFP
Activity 2.2	Distribution of food to MoH as implementing partners	WFP in collaboration with MoH	WFP in collaboration with MoH
Activity 2.3	Monitor the food distribution with National Nutrition Programme and others partners	WFP in collaboration with MoH	WFP in collaboration with MoH

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>From the initial 7,500 displaced persons planned in the initial proposal, and following the arrival of other groups of displaced pastoralists in February 2016 in Ali Sabieh Region (Assamo, Guistir and Goubeto Sub prefecture), and in Dikhil Region (Asseyla and Mouloud Sub Prefecture), the total number of displaced persons reached an estimated 10,000 persons. The additional displacements in new locations impacted as well the number of assisted members of the host communities, bringing their number from the initially planned 11,000 up to more than 13,500.</p> <p>From distribution reports (actual attendance), WFP assisted 9,650 IDPs in all regions affected, plus 13,590 members of the host population in displacement locations, hence a total of 23,240 beneficiaries instead of the 18,500 initially planned in this action. It is to be noted that the proportion of adult women was higher than expected, men staying behind or moving around to scout for better grazing areas while women, children and elderly were safer in the assisted area.</p> <p>At the end of May, thanks to some good spring rains, most of the displaced families went back to their areas of origin, earlier than originally planned. In June, WFP assisted only 1,350 remaining displaced in Dikhil area.</p> <p>However, rains were better inland and at border areas. The sous-préfecture of Goubetto remained without a drop of rain until early August. WFP hence decided to continue assisting the local population as their situation was still dire and underground water resources almost depleted after the prolonged stay of the additional population. WFP continued to assist 13,950 members of the host population in June, then decreased to Goubetto only, assisting around 1,000 people in July and August.</p> <p>The combination of CERF funds and other resources received, and the shorter duration of the assistance enabled WFP to respond to the increased number of affected persons. CERF funds were utilized at 100% but translated in a lower tonnage due to the need to purchase high value commodities such as sugar and rice. The combination of CERF funds with other sources of funding, balanced that difference and enabled WFP to provide uninterrupted assistance to the targeted populations.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Gender and protection are taken into consideration during programme design, choice of transfer modality, targeting, implementation arrangements, and monitoring. Protection of beneficiaries during distributions was not a concern in any of the locations object of the present action. WFP Food Security Outcome Monitoring (FSOM) did not identify a single security incident connected to distributions over the five to six months the displaced populations spent in the affected areas.</p> <p>As women were the majority of adult population, almost only women attended distributions and directly received assistance for their families.</p> <p>Food management committees already established in the area for drought victims were adjusted to integrate leaders from the IDP community. They helped in sensitizing the population on food baskets, entitlements and distribution dates; they actively participated in organizing distributions and collect complaints.</p> <p>During FSOMs gender-specific focus groups were conducted in order to grasp the needs of different population groups.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
An evaluation of the current WFP Protracted Relief and Recovery Operations (PRRO) 200824 has been carried out in September 2016. The CERF-funded period was covered by that evaluation. The report will be shared as soon as it is released – tentative in February 2017.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	21/04/16 – 30/11/16		
2. CERF project code:	16-RR-WHO-019		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoring health and well-being for nomadic displaced population					
7. Funding	a. Total funding requirements ¹⁴ :	US\$ 300,130	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :	US\$ 300,130	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 300,130	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	4,025	4,189	8,214	4,025	4,189	8,214
<i>Adults (≥ 18)</i>	5,040	5,246	10,286	5,040	5,246	10,286
Total	9,065	9,435	18,500	9,065	9,435	18,500
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>			11,000	11,000		
<i>Other affected people</i>			7,500	7,500		
Total (same as in 8a)			18,500	18,500		
<i>In case of significant discrepancy between</i>	N/A					

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	
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CERF Result Framework			
9. Project objective	Restoring and protecting health of 18,500 nomadic populations, composed of drought-refugees (7,500) and host communities (11,000) in Djibouti, Dikhil and Ali Sabieh in a three month timeline ensuring access to vaccination, curatives and reproductive health services		
10. Outcome statement	Improved Health of vulnerable nomadic pastoralists with a focus on children, women and elderly		
11. Outputs			
Output 1	All children 6 to 59 months of age among the affected population will have received at least one dose of measles vaccine and one dose of vitamin A (2,250 new arrivals / 3,300 host)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage children 6–59 months who have received one dose of the measles vaccine	100%	83.6%
Indicator 1.2	Percentage of children 6–59 months who received 2 age-appropriate doses of vitamin A in the past 12 months	100%	83.6%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Strengthen disease surveillance in all areas with new arrivals	Ministry of Health with support from WHO	Ministry of Health with support from WHO
Activity 1.2	Implement measles outbreak response measures, including managing cases and contacts to limit spread, selective vaccination activities and reinforcing of routine vaccination.	Ministry of Health with support from WHO	Ministry of Health with support from WHO
Output 2	Pregnant women (292 new arrivals/ 429 host) have access to recommended four antenatal care visits and skilled assistance at birth		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of antenatal care visits Pregnant women who received completed antenatal care	961	Numbers are not available but we assume that it has been covered by the MoH intervention
Indicator 2.2	Number of deliveries with assistance of a skilled health care provider	216	Numbers are not available but we assume that it has been covered by the MoH intervention
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	Antenatal care provided at facilities and by mobile teams	Ministry of Health with support from WHO	Ministry of Health with support from WHO
Activity 2.2	Support for institutional deliveries and referrals	Ministry of Health with support from WHO	Ministry of Health with support from WHO
Output 3	Children who have access to Integrated Management of Child Illness (IMCI) (2,250 new arrivals / 3,300 host)		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Children with diarrhoea who receive receiving oral rehydration solution (ORS)	4,121	Numbers are not available but we assume that it has been covered by the MoH intervention
Indicator 3.2	Children with pneumonia who receive antibiotic treatment	137	Numbers are not available but we assume that it has been covered by the MoH intervention
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Facility-based IMCI (integrated management of childhood illnesses)	Ministry of Health and WHO	Ministry of Health
Activity 3.2	Community-based management of diarrhoea and pneumonia	Ministry of Health and WHO	Ministry of Health
Activity 3.3	Promotion of appropriate care-seeking behaviour	Ministry of Health and WHO	Ministry of Health
Output 4	Management of adult respiratory infections (4,958 new arrivals / 7,271 host)		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Newly detected TB cases among adults with treatment initiated	19	9
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Management of adults with respiratory infections at facilities and by mobile teams	Ministry of Health and WHO	Ministry of Health

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The outcome of the CERF project: Improved Health of vulnerable nomadic pastoralists and hosting community with a focus on children, women and elderly in the region of Djibouti, Ali Sabieh and Dikhil

To lead the following activities a humanitarian response coordinator has been recruited to support the coordination of the health sector response

Activity 1.1: Strengthen disease surveillance in all areas with new arrivals; Partner: MOH (SNIS, DRS, INSPD)

- WHO supplied SIM cards for the tablet based electronic surveillance. A number of health staff have been (two in each health facility) in the affected areas for disease surveillance and response, particularly for detecting new measles cases. This activity was due to be conducted through the MoH (Directorate for the National Health Information System, SNIS) and regional health authorities. This includes training, supportive supervision and independent monitoring of activities.

Activity 1.2: Implement measles outbreak response measures, including managing cases and contacts to limit spread, selective vaccination activities and reinforcing of routine vaccination

- WHO strengthened the capacity of the National Institute of Public Health of Djibouti (INSPD) and of the national Expanded Programme on Immunization (EPI) to investigate measles outbreaks and to conduct outbreak response activities, including targeted vaccination activities and the distribution of vitamin A.
- 21 suspected measles cases have been registered and some have been confirmed by laboratory results. The EPI and surveillance team investigated situation.
- A vaccination catch up session has been conducted for children aged from 0 to 59 months. They also received the vitamin A supplementation.

Activity 2.2.: Support for institutional deliveries and referrals

- All the kits ordered have been delivered to the MoH, to reinforce the capacity of the health facilities.
- The pantographs havenot been duplicated as the MoH is reviewing the documents used at maternity and delivery room level.

Activity 4.1: Management of adults with respiratory infections by mobile team

- Interagency Emergency Health Kit 2006, Basic antimalarial and Diarrhoeal Disease Kit (Inter Agency)
- Micronutrients have been supplied for treatment of malnourished children as component of the IMCI
- Interagency Emergency Health Kit 2006, Basic unit and Supplementary (treatments for infants and adults)

Activities 2.1, 3.2, 4.1: Integrated outreach services

- 10 Motorbikes for selected health centres have been supplied as part of mobile outreach activities.
- WHO strengthened the capacity of local health facilities to provide pregnancy and childbirth care and IMCI, including community-based case management of diarrhoea and pneumonia by supporting in-service.
- WHO supported the MoH with the logistics for outreach services, medicines and medical supplies. These activities were conducted through DSME, Direction Sanitaire Régionale and local health authorities.
- WHO supported the component regarding information, education and communication (IEC) activities to promote appropriate care seeking behaviour for pregnancy and childbirth care, childhood illness and respiratory infections in adults in the target communities. These activities were conducted through the MOH Directorate for Health Promotion (DPS) and local health authorities.

Since early June 2016, and due to some changes within the MoH after the elections, WHO is not accessing regularly data or information from the MoH. Based on the follow up carried out in the target beneficiaries by the WHO staff it is estimated that most of the targets were achieved.

Our main interventions were medicines and medical supplies, which MoH received in time to respond to the crisis.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

N/A

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-047	Nutrition	UNICEF	INGO	\$55,000
16-RR-CEF-048	Water, Sanitation and Hygiene	UNICEF	INGO	\$34,212
16-RR-CEF-048	Water, Sanitation and Hygiene	UNICEF	GOV	\$26,703
16-RR-WFP-025	Food Assistance	WFP	GOV	\$53,200
16-RR-FAO-013	Agriculture	FAO	NNGO	\$26,690
16-RR-FAO-013	Agriculture	FAO	NNGO	\$28,896
16-RR-FAO-013	Agriculture	FAO	NNGO	\$14,068
16-RR-FAO-013	Agriculture	FAO	NNGO	\$26,497

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AHA	African Humanitarian Action
CMAM	Community-Based Management of Acute Malnutrition
DPS	Directorate for Health Promotion
DRS	Direction des Regions Sanitaires
DRC	Danish Refugee Council
DSME	Direction de la Santé Mère et Enfant
EPI	Expanded Programme on Immunization
FIMCI	Facility-based Integrated management of childhood illness
FTS	Financial Tracking Service
FSOM	Food Security Outcome Monitoring
GAM	Global Acute Malnutrition
HRP	Humanitarian Response Plan
IEC	information, education and communication
INSPD	Direction Nationale de l'Information Sanitaire
IPC	Integrated Food Security Phase Classification
IYCF -E	Infant and Young Child Feeding in Emergency
MAEPE-RH	Ministère de l'Agriculture, de l'Eau, de la Pêche, de l'Elevage et des Ressources halieutique
MNP	Micronutrient Powders
MBA	Mothers Baby Areas
M&E	Monitoring and Evaluation
MoH	Ministry of Health
Mol	Ministry of Interior
NFIs	Non Food Items
NRC	Norwegian Refugee Council
ONARS	Office National d'Assistance aux Réfugiés et Sinistrés
ORS	Oral Rehydration Solution
PRRO	Programme des Réfugiés
RUTF	Ready-to-use therapeutic food
SAM	Severe Acute Malnutrition
SEGRC	Secrétariat Exécutif pour la Gestion et de Réponse aux Catastrophes
SNIS	Système National d'Information Sanitaire
TB	Tuberculosis
UNCT	United Nations Country Team
WASH	Water, Sanitation and Hygiene