United Nations CERF Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS DJIBOUTI RAPID RESPONSE STORM (HURRICANE, CYCLONE, ETC.) 2018

RESIDENT/HUMANITARIAN COORDINATOR	Barbara Manzi

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The last review of the progress of the interventions took place on 11 March 2019 with the participation of all implementing partners, namely, UNICEF, SOS Sahel, CRD, NRC and the Djibouti city Council. Participants provided updates on the implementation of activities as well as bottlenecks and corrective actions were also discussed for consideration.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

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

YES ☒ NO ☐

PART I

Cyclone Sagar hit Djibouti on 20 May 2018, causing widespread flooding and destruction of infrastructure, homes and livelihoods. An estimated 110mm of rain (one-year average) was recorded in one day. The Government estimated that up to 10,000 families (50,000 people) were severely affected in Djibouti town alone, with 15,000 people in need of humanitarian assistance, including refugees, IDPs and migrants. The UN and its humanitarian partners immediately mobilized resources (USD 1.8 million, largely internal UN funds) in support of government's efforts. Humanitarian agencies prioritized immediate food and NFI response (vouchers) to vulnerable households, including those displaced by the heavy flooding, provision of emergency health services, and WASH interventions. CERF supported critical life-saving WASH and Health assistance to 760,000 vulnerable men, women, girls and boys affected by Cyclone Sagar. Interventions increased critical access to safe sanitation, water and hygiene for 15,000 men, women, girls and boys and enhanced disease surveillance activities to ensure prevention, rapid identification and response to water-borne and vector-borne disease outbreaks.

1. OVERVIEW

18-RR-DJI-30969 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**4,664,269**
FUNDING RECEIVED BY SOURCE	
CERF	1,196,791
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	1,800,000
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**2,996,791**

18-RR-DJI-30969 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Allocation 1 – date of official submission: 20/06/2018			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	18-RR-IOM-019	Health - Health	100,000
UNICEF	18-RR-CEF-062	Water Sanitation Hygiene - Water, Sanitation and Hygiene	916,791
WHO	18-RR-WHO-022	Health - Health	180,000
TOTAL			**1,196,791**

18-RR-DJI-30969 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	271,791.00
*- Funds transferred to Government partners**	N/A
*- Funds transferred to International NGOs partners**	319,000.00
*- Funds transferred to National NGOs partners**	N/A
*- Funds transferred to Red Cross/Red Crescent partners**	326,000.00
Total funds transferred to implementing partners (IP)*	645,000.00
TOTAL	**916,791.00**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

Cyclone Sagar hit Djibouti on 20 May 2018, causing widespread flooding and destruction of infrastructure, homes and livelihoods. An estimated 110mm of rain (one-year average) was recorded in one day. UNOSAT satellite imagery shows that fifty percent of Djibouti City was severely affected by flooding. In Damerjog IDP site located in Arta province, where an estimated 4,500 IDPs live, wind and heavy rains lead to extensive damages to infrastructure.

The Government estimated that 10,000 families (50,000 people) were severely affected in Djibouti town alone. At least 15,000 people needed humanitarian assistance in Djibouti City and in Damarjog. An additional caseload of 5,000 refugees and over 3,800 migrant families (approx. 15,000 people) living in Djibouti town was also reported as in need of humanitarian support in view of specific vulnerabilities of these groups. Of particular concern was the impact at household level, especially as, prior to the crisis, some 20.8 percent of the population in Djibouti was extremely poor and 35.3 percent in the global poverty category, making these households particularly vulnerable to the impacts of the storm. Further vulnerabilities were identified among the refugees and migrant caseloads who live in extremely precarious shelters throughout Djibouti town. Living conditions have significantly deteriorated following the cyclone in regard to sanitation, food security and shelter, especially for those whose houses were flooded for several days, and for 'people on the move' (e.g. refugees, migrants and IDPs). In Damerjog IDP site, people were living in precarious shelters, and had limited access to water and sanitation, which were also damaged by the rains and floods. A similar situation was observed in some areas of Balbala, a suburb of Djibouti town with a population of approximately 300,000 people, where some refugees, migrants and climate-related displaced live in poor shelter and sanitation conditions. In other areas of the country, heavy rains damaged infrastructure and some of the shelter and WASH facilities, particularly in refugee settlements.

Djibouti hosts over 27,000 refugees, of which 5,000 are in Djibouti City and were targeted by disease surveillance activities through the CERF funded projects. Many of the refugees from Hol-Hol and Ali-Addeh 'refugee villages' travel daily to Djibouti City seeking daily labour opportunities, where they live in overcrowded shelters. Another refugee settlement, Markazi, is located in Obock province and hosts some 1840 Yemenis. Many refugee households had reported damages to their homes and lost household items. The Government estimated that some 130,000 migrants reside in Djibouti, and, according to IOM DTM, an estimated amount of 8,000 irregular migrants transit, on a monthly basis, through the country heading towards the Arabian Peninsula, often on foot. Many of them are staying for longer periods of time in the country live in poor and overcrowded conditions, and have no access to health, sanitation and other basic services. An estimated 3,800 migrants were affected by Cyclone Sagar, those that lost homes are hosted by neighbors, with up to twenty people sheltered under the same, often precarious, roof.

An inter-agency multisector rapid assessment carried out by the government, UN and NGOs indicated that the shelter of at least 2,000 families (10,000 people) in Djibouti town were damaged or destroyed and 630 households (3,150 people) were still displaced one week after the cyclone passed. Many households lost belongings including food stocks and household items and are started prioritizing spending their limited household income for shelter repairs and/or replacing key items. Of particular concern were vulnerable people, including widows, elderly and the disabled, as well as children, and 'people on the move' (refugees, migrants and IDPs) which had limited ability to undertake repairs. An estimated 15 percent of affected households are female-headed.

Household food security was also affected. In most districts of Djibouti town and Balbala, families reported food stock loss and resorting to negative coping mechanisms, something that builds on the effects of recurrent droughts (2016-2017), which have undermined the food security and livelihoods of the most vulnerable and depleted their capacity to cope with additional shocks. Many households took in neighbours during the floods, increasing the strain on food security. Due to the shortage of food, women reported that they were prioritizing the nutritional needs of men and children in the household and diminish their quality and intake of food.

The impact to sanitation facilities was of urgent concern throughout all affected areas. In all districts of Djibouti town and in Damarjog, affected households reported significant damage to sanitation infrastructure, flooding and loss of

access to sanitation facilities. Evidence of faecal contamination is visible in most districts, posing a serious risk for water- and vector-borne disease outbreaks. Sewage systems in many districts were clogged and sewage water overflowed, posing a critical public health risk. Sanitation in Damerjog was also critical as the only block of latrines was damaged by the flooding, increasing the practice of open defecation, and significantly increasing the potential for contamination and disease outbreaks.

Risk of Cholera and Dengue has increased following the cyclone and there was an active malaria outbreak. Stagnant water was visible in areas across the city over a week and faecal contamination being reported post Cyclone needed close monitoring for potential water-borne diseases. An increase in diarrheal diseases was reported in Arhiba and Vietnam districts and Damerjog IDP site in the week following Cyclone Sagar. In Quarter 5, migrant communities reported increasing cases of malaria. Expansion of malaria endemicity was favoured by the floods, increasing the breading of mosquito, and population movement into Djibouti from neighbouring countries with higher malaria prevalence.

3. PRIORITIZATION PROCESS

The Government immediately initiated search and rescue operations through the firefighters and the army, with private sector support, as well as in-kind distributions, which however posed some security concerns, typical off similar operations in urban areas. An internal humanitarian appeal was initiated by UN and NGOs partners through the UN Crisis Cell, chaired by the Resident Coordinator. Food, shelter/NFIs, health and wash response were prioritized for emergency interventions. As of 6 June 2018, agencies mobilized 1.8 million USD, allocated toward the required food, NFI needs (voucher and in-kind) and provision of pumps to support water clearance of key infrastructure. A conditional voucher programme response for food and NFI was initiated targeting 2,000 most vulnerable households (10,000 people), piggy-bagging on existing WFP/government system targeting the most vulnerable with social protection interventions. Additional NFIs, hygiene kits and dignity kits items were provided to over 18,500 individuals and emergency medical supplies were pre-positioned to respond to possible outbreaks. Hygiene campaigns and distribution of water purification materials were also initiated to address immediate WASH needs. The Government and the World Bank, with UN support, initiated an infrastructure Rapid Needs Assessment covering mostly aspects related to the economic impact of the cyclone.

The CERF focused on support to some 55,000 people in the critical six-month time period following the cyclone, through WASH emergency sanitation interventions for 15,000 people, including water purification and hygiene promotion to mitigate against the risk of diseases, and health support to 40,000 people through enhanced health surveillance and proactive case finding and referrals among the most vulnerable, including migrants and refugees. The CERF proposed interventions were in line with Government priorities and the emergency strategy developed by the UN and partners crisis cell.

4. CERF RESULTS

The CERF USD 1,196,791 grant supported life-saving sanitation, water, hygiene promotion and disease surveillance for 3,000 vulnerable households (15,000 people) in Djibouti City and Damerjog IDP camp.
UNICEF targeted and served 3000 households with hygiene campaign and distribution of water purification materials, including 590 with emergency repairs or construction of new household latrines and 200 vulnerable households with limited mobility (elderly, disabled, female-headed households, widows), in Djibouti City to support the repair/rehabilitation of latrines. For Damerjog camp alone, 390 households were supported for construction of new latrines.
UNICEF provided 2,000 households (10,000 people) with aquatabs and PUR in Djibouti City. In Damerjog camp, UNICEF will support 1,000 households (5,000 people) to access safe water through additional water points through

piping connection to the existing water system. Hygiene promotion key messages will be disseminated to households and through media campaigns to cover the targeted 15,000 people. Hygiene kit distribution will target 1,000 households in Damerjog IDP site and 2,000 households in Djibouti City. In Djibouti City hygiene kits utilize an existing WFP/SEAS voucher programme, due to security concerns of distributing in urban settings.
The surveillance system is working well based on the updated standard tools and guidelines, trained health workers and suspected cases of epidemic-prone disease investigated using 10,000 Cholera Rapid Diagnostic Test (RDT), 20,000 Malaria RDTs and 10,000 Dengue RDTs. The response capacities are reinforced through the procurement and delivery of buckets and decontamination products, 150 Cholera-type beds, 5 tents of 43 m2 for triage of patients. The electronic-based surveillance which will be helpful for data collection, transmission and analysis is configured using Djibouti context and it is being tested.

5. PEOPLE REACHED

Overall, 55,000 people benefitted from at least one of the three interventions planned under the CERF allocation.

WHO and IOM, under a joint project, in support of the Ministry of Health (MoH), have targeted 760,000 people in Djibouti City and Arta Region to enhance disease surveillance in these areas affected by Cyclone Sagar. In these two areas (Djibouti city and Arta Region), it was planned to reach 40,000 people with new potential cases of waterborne diseases and vector-borne diseases as direct beneficiaries with CERF funding. At the end of the health project implementation, WHO and IOM successfully supported strengthening the surveillance system and response capacities regarding potential epidemic-prone diseases linked to cyclone Sagar. In overall the surveillance system is active in Djibouti City and Arta Region based on the updated standard tools and guidelines, trained health workers and suspected cases of epidemic-prone disease investigated using 10,000 Cholera Rapid Diagnostic Test (RDT), 20,000 Malaria RDTs and 10,000 Dengue RDTs. Therefore, all of the 40,000 people with new potential cases of waterborne diseases and vector-borne diseases are under effective surveillance and have been reached by the project.

With respect to UNICEF implemented project during the implementation of this CERF allocation, all planned beneficiaries were reached. The achievements planned under this CERF response to the cyclone Sagar have been completed and even new unfunded emergency needs (mostly in the area of sanitation within the city slums) have been identified – linked to the practice of open-air defecation by numbers of refugees, migrants and IDPs squatting in the areas affected by the cyclone Sagar.

18-RR-DJI-30969 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	7,740	10,120	**17,860**	10,260	11,880	**22,140**	18,000	22,000	**40,000**
WASH - Water, Sanitation and Hygiene	3,000	4,500	**7,500**	3,000	4,500	**7,500**	6,000	9,000	**15,000**

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

18-RR-DJI-30969 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	10,740	14,620	**25,360**	13,260	16,380	**29,640**	24,000	31,000	**55,000**
Reached	10,740	14,620	**25,360**	13,260	16,380	**29,640**	24,000	31,000	**55,000**

[2] *Best estimates 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.*

18-RR-DJI-30969 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	**Number of people (Planned)**	**Number of people (Reached)**
Refugees	197	197
IDPs	3,678	3,678
Host population	35,625	35,625
Affected people (none of the above)	15,500	15,500
Total (same as in table 5)	**55,000**	**55,000**

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds were essential to deliver the WASH critical interventions to the cyclone Sagar affected population as fast as the working conditions in Djibouti allow. The voucher system whereas WASH critical kits were distributed to the 2,000 most affected HH in Djibouti was rather very fast – taking advantage from the existing "voucher system" managed by the SEAS and WFP. The rehabilitation of latrines and more importantly the hygiene promotion activities were immediately launched in the city to increase the awareness of the affected people on critical hygiene practices and avoid risk of diseases and epidemics.

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

The CERF allocation for WASH interventions in favour of the populations affected by the cyclone Sagar was very essential in maintaining a timely response to this emergency. The voucher system helped to rapidly provide the necessary WASH kits to the affected 3,000 HH both in the Djibouti city and also in the IDP camp in Damerjog. The issue of open-air defecation which immediately followed the occurrence of the cyclone Sagar in several areas of Djibouti city was rapidly addressed through the rehabilitation of damaged individual latrines, and also extended to the construction of public shared latrines for HH without individual latrines.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

First of all, the process for analysing the priorities was very participative with the key actors of the response coming together to review the available data and make decision. Then upon the allocation of the CERF funds, regular coordination and follow up meetings were carried up under the lead of the RCO. Besides, within the specific sectors (WASH in particular), the CERF allocation has brought together all the actors involved in the WASH interventions, including the Djibouti City Council as well as the national authorities in charge of refugees, IDPs and other displaced populations to sit together and work together towards reducing the WASH gaps of needs for all the population affected by the cyclone Sagar.

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

YES ☒ PARTIALLY ☐ NO ☐

From the CERF allocation, UNICEF was able to also gear additional resources to cover the persisting gap in WASH response – mainly through internal humanitarian funding sources.

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

The CERF allocation for the cyclone Sagar in Djibouti has been very useful in building and strengthening the humanitarian coordination within the UN agencies as well as escalating the links with the government on several components of the humanitarian preparedness and response system. Due to CERF

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Review of submissions and reporting processes are extremely lengthy and time-consuming	Simplification of these processes are most recommended. Technical support from OCHA/CERF is also required

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

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-IOM-019,18-RR-WHO-022 - IOM, WHO

1. Project information				
1. Agency:		IOM WHO	**2. Country:**	Djibouti
3. Cluster/Sector:		Health - Health	**4. Project code (CERF):**	18-RR-IOM-019 18-RR-WHO-022
5. Project title:		Strengthening disease surveillance and response of epidemic-prone diseases in the areas affected by cyclone Sagar.		
6.a Original Start date:		27/06/2018 (IOM) 27/06/2018 (WHO)	**6.b Original End date**	26/12/2018 (IOM) 26/12/2018 (WHO)
6.c. No-cost Extension		☒ No ☐ Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)			☒ No ☐ Yes (if not, please explain in section 3)	
7. Funding	**a. Total requirement for agency's sector response to current emergency:**			US$ 922,029
	b. Total funding received for agency's sector response to current emergency:			US$ 335,000
	c. Amount received from CERF:			US$ 280,000
	d. Total CERF funds forwarded to implementing partners			**US$ 0**

2. Project Results Summary/Overall Performance

IOM Djibouti recruited community health workers (CHWs) within the migrant community living in Djibouti city following cyclone Sagar to improve surveillance, preparedness and knowledge of potential epidemic diseases. The number of migrants affected by the heavy rains was difficult to quantify from the outset as these populations are largely undocumented and do not easily wish to access the social services offered to nationals. However, IOM's community mobilizers confirmed that migrants had been impacted by the rains and some had lost mainly their makeshift dwellings and meagre essential food items. With regards to the risks of potential water-borne diseases, the migrants were exposed to such risks given their level of structural, environmental and individual vulnerability.

To support the Ministry of Health's investigation and treatment of cholera/AWD with a strengthened ability to rapidly respond to emergency spikes in new cases in the critical period following the cyclone, IOM purchased and donated AWD-related items, cholera beds and tents to the Ministry of Health (MOH) in November 2018. In total, the following were donated: (i) 11 tents of 42m2; (ii) 165 cholera beds; and (iii) 150 mortuary bags.

Additionally, IOM established a mechanism to facilitate mobilizers' referral of migrants experiencing signs and symptoms of illness to IOM for support. The initial attempt of direct referral was challenging as the project could not cover transportation cost of the patients; nevertheless, 20 migrant cases were referred by the mobilizers, and consulted with the IOM doctor and, subsequently, public health institutions for testing. A second process was developed with the support of two main health institutions in Arhiba and PK12, where there is a significant migrant community. The mechanism, which has substantial support from the local medical actors, will be implemented once MoH approval – which is pending – is obtained.

Initially, IOM identified a different cohort of 30 community mobilizers among the group of migrant leaders that IOM has been interacting with under the Administrative Survey of Migrants in Djibouti City. These migrants represented specific locations within the city where there is a significant migrant community living and where the cyclone impacted the most strongly, such as Arhiba, Balbala and PK12. The mobilizers generally had low level communication, reporting and data collection skills. Therefore, IOM decided to select those with minimum required skills, such as ability to read and write in appropriate languages, and to train and deploy them to implement the planned activities. Some CHWs referred sick migrants to IOM and they were consulted by IOM doctors but they did not carry out health promotion activities.

In support of these activities in Arhiba and PK12, an additionally recruited number of 29 CHWs reached a total of 4,369 migrants and community members through health promotion and sensitization actions. Topics that were covered included HIV, malaria, dengue and acute watery diarrhoea (AWD), including symptoms and the importance of testing. A total of 3,750 migrants and nationals were approached during the health promotion activities in Arhiba over a period of a week with the support of 15 CHWs in Arhiba; In addition, 619 migrants were approached during the health promotion activities in PK 12 and 150 were referred for HIV testing with the support of 14 CHWs in PK12.

Two sets of initial briefings took place with the support of IOM interpreters and IOM Migration Health expert. The briefings in July and September 2018 with community mobilizers aimed at (i) presenting the project and carrying out an exchange on the mobilizers involvement in such activities; (ii) assessing their skills and competencies; (iii) understanding of the migrant communities in Djibouti city and their vulnerabilities; and (iv) use of phones under the CERF project. Technical trainings were to be carried out by an epidemiologist from WHO regarding the basics of disease surveillance and software tools used. An initial training of trainers (TOT) session was provided by the epidemiologist in December 2018.

In overall the disease surveillance and response of epidemic-prone, diseases are strengthened by WHO in the areas affected by cyclone Sagar (Djibouti city and Arta district). The surveillance system is working well based on the tools and guidelines updated and health workers trained. Therefore, all the 40,000 people with new potential cases of waterborne diseases and vector-borne diseases are under effective surveillance.

Specifically:

WHO conducted capacity building to provide the technical requirements to all health workers in charge of surveillance to implement surveillance activities appropriately. This is done through achievement of the following:

- An international WHO expert epidemiologist was identified, recruited and underwent an extensive induction about the WHO standards for the epidemiological surveillance in the region. The expert started his assignment in Djibouti from mid-September to end of December 2019 and worked closely with the Ministry of Health (MoH) team in charge of surveillance.
- An assessment was conducted to identify and map risk factors of epidemic-prone diseases, possible source of infection, response capacities, training needs and appropriate recommendation to overcome the challenges.
- The integrated surveillance and response guide was updated, including identification of reportable diseases, case definitions and thresholds, and forms. This was done within five days workshop with all stakeholders.
- The training modules and materials developed on surveillance of potential epidemic-prone diseases linked to the cyclone Sagar in collaboration with UNICEF, MOH and other partners.
- The training sessions have been conducted for health workers in health facilities on surveillance of epidemic-prone diseases.

The WHO's work on the strengthening of making surveillance data timely available is done through:

- The procurement is done for IT equipment (smartphones, SIM cards, 3G subscription for data transmission, computers) to support the establishment of the Early Warning and Alert Response System (EWARS). The EWARS is officially adopted/launched by the MOH. The configuration of the system is done and it is being testing before the installation in all health facilities and communities by the WHO regional Office IT team. The system will be synergized with other similar activities carried out by IOM and other health partners. The field visits, needs assessments, the guidelines and the curriculums are finalized.
- All tools of surveillance data collection, analysis and dissemination are developed.
- The training of health staff and community surveillance focal points on electronic-based surveillance is planned to be implemented in all health facilities as soon as the system testing is finalized.

WHO supported strengthening the specificity of detection, investigation and response capacity. This is done through achievement of the following:

- The systematic investigations of all suspected cases of epidemic-prone disease were conducted.

- The establishment and piloting of an integrated surveillance system supported by a network on laboratories and public health facilities according the norms are implemented.
- The procurement and delivery to the MOH of Cholera, Malaria and Dengue Rapid Diagnostic Tests is completed.
- The laboratory confirmation for all suspected cases of epidemic-prone disease is done.

WHO supported strengthening of surveillance coordination, monitoring and evaluation framework through the following achievements:

- The WHO team together with the Ministry of Health hosted a partners briefing meeting in early November. The meeting was an opportunity to brief the partners on the progress of the project and will serve as a peer review process.
- The WHO country office Programme Officer played the leadership role in all activities for strengthening surveillance framework to ensure an effective and efficient coordination, monitoring and evaluation to avoid duplication and strive to explore further synergy and complementarity in the different programmes.
- The coordination meetings with WHO, IOM, UNICEF and the Ministry of Health were done.
- The monthly reviews of the project activities implementation were conducted.
- The final evaluation of project impact on surveillance system is conducted.

3. Changes and Amendments

Delay was experienced in getting full buy-in from the Ministry of Health (MOH) for using an electronic system to collect and disseminate surveillance data. This had an impact on the project progress of implementation of Activity 2.1 (Implementation of an electronic-based surveillance). According to the initial WHO project budget, it was planned to recruit an international consultant/IT expert to install the electronic-based surveillance for 15 working days. However, this has been modified for more efficient budget implementation. Currently, all the process of EWARS configuration and installation is being implemented by the WHO Regional Office IT team since they are available to support the project. The number of smartphones and SIM cards procured is increased from 121 to 200 due to the decision of Ministry of Health to increase the number of surveillance focal points in the health facilities. The EWARS is at the stage of testing. The training of health workers and CHWs on the system is planned to be conducted in June 2019. Therefore, the electronic-based surveillance system will be functional by the end of June 2019.

4. People Reached

4a. Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	7,740	10,120	**17,860**	10,260	11,880	**22,140**	18,000	22,000	**40,000**
Reached	7,740	10,120	**17,860**	10,260	11,880	**22,140**	18,000	22,000	**40,000**

4b. Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	197	197
IDPs	178	178
Host population	34,125	34,125
Affected people (none of the above)	5,500	5,500
Total (same as in 4a)	**40,000**	**40,000**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Community health workers (CHWs) recruited under CERF grant in Arhiba and PK12 carried out several sensitization actions with 4,369 migrants in the community on HIV, malaria, dengue and AWD, including symptoms and importance to be tested. Regarding the purchase of AWD items (under output 3, indicator 3.6): Beds, tents, NFI/hygiene kits were donated by IOM to the Ministry of Health in November 2018. Potential beneficiaries of these items are not included in the figure above.

5. CERF Result Framework

Project objective	The objective of the project is to have a strong surveillance system in order to provide early and adequate response regarding epidemic-prone diseases in the areas affected by cyclone Sagar.

Output 1	All health workers and CHWs in charge of surveillance have the technical requirements to conduct surveillance appropriately			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of health workers trained on surveillance of epidemic-prone diseases and existing protocols	54 (100%)	54 (100%)	Training report
Indicator 1.2	Number of community-based health workers trained on surveillance of epidemic-prone diseases	124 (100%)	0 (0%)	Training report
Explanation of output and indicators variance:		CHWs are recruited but the training was planned and postponed due to unavailability of the trainers.		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct training sessions for health workers in health centers on surveillance of epidemic-prone diseases	Fully implemented by WHO
Activity 1.2	Identify migrant health advocates as CHWs within migrant communities	Fully implemented by IOM
Activity 1.3	Conduct training sessions for CHWs on surveillance and reporting to health workers within health facilities. CHWs will receive information on existing SGBV referral pathway networks.	Postponed and planned due to unavailability of the trainers identified by WHO

Output 2	Ensure availability of timely surveillance data.			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Health facilities with daily surveillance data available through deployment of two WHO health workers in each of the 27 health facilities	27 (100%)	27 (100%)	Report of National Institute of Public Health
Indicator 2.2	Availability of weekly surveillance bulletin	24	24	Report of National Institute of Public Health
Explanation of output and indicators variance:		No variance		

Activities	**Description**	**Implemented by**
Activity 2.1	Implementation of an electronic-based surveillance	Partially implemented by WHO
Activity 2.2	Development of tools of surveillance data collection, analysis and dissemination	Fully implemented by WHO

Output 3	The specificity of detection, investigation and response capacity are strengthened.			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Percentage of suspected cases of epidemic-prone disease investigated according the norms (all MOH facilities and PK12)	100%	IOM Djibouti – 619 cases referred for HIV testing, 20 cases referred for diarrhea	List of migrants referred and consultations records
Indicator 3.2	Percentage of suspected cases of epidemic-prone disease with laboratory confirmation (all MOH facilities and PK12)	100%	100%	Report of National Institute of Public Health
Indicator 3.3	Number Cholera Rapid diagnostic tests procured and distributed	10,000	10,000	Report of National Institute of Public Health
Indicator 3.4	Number of Malaria Rapid diagnostic tests procured and distributed	20,000	20,000	Report of National Institute of Public Health
Indicator 3.5	Number of Dengue Rapid diagnostic tests procured and distributed	10,000	10,000	Report of National Institute of Public Health
Indicator 3.6	Number of supplies for PK12 (150 cholera beds, personal protection equipment, 5 small tents) procured and distributed	155	11 tents of 42m2; (ii) 165 cholera beds; (iii)150 mortuary bags.	Deed of donations, procurement documents and receipt goods
Explanation of output and indicators variance:		No variance		
Activities	**Description**	**Implemented by**		
Activity 3.1	Conduct systematic investigation of all suspected cases of epidemic-prone disease according the norms.	Fully implemented by WHO		
Activity 3.2	Proceed with laboratory confirmation for all suspected cases of epidemic-prone disease.	Fully implemented by WHO		
Activity 3.3	Procurement of Cholera, Malaria and Dengue Rapid Diagnostic Tests	Fully implemented by WHO		
Activity 3.4	Distribution of Cholera, Malaria and Dengue Rapid Diagnostic Tests	Fully implemented by WHO		
Activity 3.5	Procurement of supplies for PK12 (150 cholera beds, personal protection equipment, 5 small tents)	Completed by IOM		
Activity 3.6	Distribution of supplies for PK12 (150 cholera beds, personal protection equipment, 5 small tents)	Completed by IOM		

Output 4	Strengthening of the monitoring and evaluation system			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Availability of monthly reports of project activities implementation review	6	6	Report of National Institute of Public Health
Indicator 4.2	Availability of final evaluation report of project impact on surveillance system.	1	1	Report of National Institute of Public Health
Explanation of output and indicators variance:		No variance		
Activities	**Description**	**Implemented by**		
Activity 4.1	Conduct a monthly review of project activities implementation.	Fully implemented by WHO		

Activity 4.2	Conduct final evaluation of project impact on surveillance system.	Fully implemented by WHO

6. Accountability to Affected People

A) Project design and planning phase:
WHO and IOM informed all communities targeted by the project and collected their feedback in the project designing.

B) Project implementation phase:
WHO and IOM established arrangements that permitted meaningful community participation at all stages of the project implementation including operational planning, monitoring and evaluation.

C) Project monitoring and evaluation:

WHO and IOM engaged communities in the implementation of the project and facilitated communication and transparency. Information was shared in languages and formats, and media, that are understandable to all communities targeted in the project.
WHO and IOM ensured that all formal and informal communication, both positive and negative, from communities informed the implementation of the project. Corrective action has been taken where appropriate.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)*?*

Planned	**Actual**
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	**Value of cash (US$)**	**a. Objective**	**b. Conditionality**	**c. Restriction**
	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)
N/A

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

The project undergone a mid-term evaluation exercise.	EVALUATION CARRIED OUT ☒
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

8.2. Project Report 18-RR-CEF-062 - UNICEF

1. Project information			
1. Agency:	UNICEF	**2. Country:**	Djibouti
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project code (CERF):**	18-RR-CEF-062
5. Project title:	Life-saving WASH response to Cyclone Sagar		
6.a Original Start date:	10/06/2018	**6.b Original End date**	09/12/2018
6.c. No-cost Extension	☐ No ☒ Yes	if yes, specify revised end date:	09.03.2019
6.d Were all activities concluded by the end date (including NCE date)		☒ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	US$ 916,791
	b. Total funding received for agency's sector response to current emergency:	US$ 916,971
	c. Amount received from CERF:	US$ 916,791
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 645,000**
	▪ *Government Partners*	N/A
	▪ *International NGOs*	US$ 319,000
	▪ *National NGOs*	N/A
	▪ *Red Cross/Crescent*	US$ 326,000

2. Project Results Summary/Overall Performance

Under this CERF funded project, the main purpose was to undertake and intensify WASH interventions including emergency latrine repairs and construction of new facilities, hygiene promotion, and distribution of hygiene kits, water drainage and safe drinking water (connecting affected population to the existing water network). Sanitation interventions were essentially focusing on emergency repair of latrines with the vulnerable households registered by SEAS (10,000 people) in Djibouti after the cyclone Sagar and 1,000 HH from the IDPs camp and host communities in Damerjog. The implementation of the CERF activities was carried up through implementing partners, mainly NGOs (Djibouti Red Crescent - CRD and SOS Sahel) and resources were channelled through the implementing partners. While progressively adjusting the scope of the sanitation project component to reach the real needs of the affected population in the Djibouti city project areas.

A total of 3,000 HH has benefited from this CERF funded project, with 1,000 HH (700 HH from IDP camp and 300HH from surrounding host community) in Damerjog (receiving hygiene kits during hygiene promotion visits), and 2,000 HH in Djibouti getting hygiene kits through the voucher system. Originally a gap of $50,000 was registered under UNICEF contribution to the voucher system, and the CERF funds were of great contribution to cover this gap.

Urban hygiene promotion approaches based on a combined communication channels (HH visits, mass animation, SMS Texting, newspapers) helped reach more than 15,000 population in Djibouti city and in Damerjog IDP camp.

200 damaged family latrines were rehabilitated in complementarity with the 400 others supported by NRC in Djibouti city. A rapid re-assessment of the situation in Djibouti city project area has helped to identified HH without family latrines (mostly practicing open-air defecation) and 40 publics latrines (4 blocks of 10 shared latrines each) are under construction to address the issue of open-air defecation within the 2,000 targeted HH in Djibouti.

The achievements planned under this CERF response to the cyclone Sagar have been completed and even new unfunded emergency needs (mostly in the area of sanitation within the city slums) have been identified – linked to the practice of open-air defecation by numbers of refugees, migrants and IDPs squatting in the areas affected by the cyclone Sagar.

3. Changes and Amendments

During the implementation of this CERF allocation, two major changes and amendments were made:

1. **A No-Cost Extension (NCE) was granted to UNICEF by the CERF Secretariat extending the expiry date of the CERF grant up to 9 March 2019.** The reasons for this NCE were as follow:
   - The process of identifying households requiring rehabilitation and/or emptying of the family latrines required an additional field assessment with the government (SEAS/ADDS) and the Djibouti City Council, which slowed down activities;
   - The process of signing PCAs between the implementing NGOs (CRD and SOS Sahel) and UNICEF took a long time considering that the "stand-by PCAs" system generally associated with the cluster system was not operational in Djibouti - the development of PCAs followed all stages of the process in effect at the level of the organizations concerned (UNICEF, CRD and SOS Sahel), but required significant time as both partner organisations are new to collaboration with UN agencies and thus required significant technical support to develop the required programmatic documents;
   - In Damerjog, the delay in the parcelling and attribution of plots for the construction of individual dwellings has contributed to delays in identifying sites for latrine construction. It required a tripartite coordination UNDP-ONARS-UNICEF (CRD and SOS Sahel) to address this bottleneck and also update the list of households settled in the camp. This step only took place in October 2018, creating a huge delay in the implementation of the CERF funded activities.
   - The poor coordination between the different actors in the two intervention sites was also a constraint to the implementation. It took a long time for UNICEF to bring together all the actors under the leadership of ONARS in Damerjog and the Mayor's Office in Djibouti to pursue the interventions on the ground.

2. **Re-directing part of funds for latrines rehabilitation/construction in Djibouti city in favour of the 2,000 affected households to build public latrines in the same project areas:**
   During the re-assessment of WASH needs performed jointly by the government, UNICEF and the Djibouti City Council prior to starting the implementation of the project, it appeared that several affected households within the 2,000 targeted HH did not have required conditions for individual latrines were practicing "open-air defecation". In coordination with the Djibouti city Council, and upon approval by the CERF Secretariat, the construction of four blocks of public shared latrines was approved in replacement of 300 individual latrines. This shift reduced the total number of individual latrines for rehabilitation through the CERF allocation to UNICEF in Djibouti city down to 200 instead of 500. At this point on time, the 200 latrines were all rehabilitated and the 4 blocks of public latrines are under construction (private companies hired by the implementing partners to build the public latrines).
   In Damerjog, despite the delays due to multiple factors, the construction of 60 family latrines were completed while the construction of 330 family latrines is on-going to total the initially planned 390 family latrines. Still in the IDPs camp in Damerjog, five water points were established and connected to the regular water supply network contributing to improve access to safe drinking water to 5,000 people in the camp and within the host communities

4. People Reached

4a. Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,000	4,500	**7,500**	3,000	4,500	**7,500**	6,000	9,000	**15,000**
Reached	3,000	4,500	**7,500**	3,000	4,500	**7,500**	6,000	9,000	**15,000**

4b. Number of people directly assisted with CERF funding by category

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees	N/A	N/A
IDPs	3,500	3,500
Host population	1,500	1,500
Affected people (none of the above)	10,000	10,000
Total (same as in 4a)	**15,000**	**15,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	It is important to note that the results above reflect the beneficiaries of output 2 and 3, essentially. Discrepancies have been registered in output 1, such as the number of households benefiting from improved latrines and number of households receiving WASH kits.	

5. CERF Result Framework	
Project objective	Provide life-saving emergency sanitation and water provision to 3,000 vulnerable households affected by Cyclone Sagar.

Output 1	890 Households / 4,450 people have access to emergency sanitation assistance through various approaches, including the voucher programme.			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of households benefitting from family latrines repairs and construction of new temporary facilities (500 within the 2,000 identified HH and 390 in IDP camp in Damerjog)	890 HHs (4,450 individuals)	- 200 family latrines rehabilitated - 4 blocks of public latrines (40 shared latrines) under construction - In Damerjog, 60 out of 390 family latrines achieved and 330 under construction	IP (CRD/SOS SAHEL) progress reports UNICEF staff field visit supervision report
Explanation of output and indicators variance:		In the Djibouti city, the rehabilitation of latrines damaged by the cyclone Sagar was delayed as it appeared essential to first update the status of latrines among the targeted 2,000 HH. This re-assessment was carried out jointly by UNICEF and all implementing partners, including the office of the Djibouti city council. The finding showed that several households were practicing open-air defecation due to lack of conditions for constructing individual latrines. This has ended up with part of the funds re-directed to cover the construction of blocks of public shared latrines (still under-construction). While in Damerjog project site, the delays in the land parcelling processes by the Direction of Land coupled with the delays from IDPs to move to their new allocated land space and the weak coordination between all actors on the ground at the first stage of the project have contributed to delay the construction of latrines in the Damerjog IDPs camp. However, the construction of latrines is now cruising and the planned number of latrines in Damerjog is to be reached very soon (within the next two months). The changes incurred in Djibouti city has impacted the number of latrines rehabilitation/construction initially targeted (200 instead of 500) but the funds therefore shifted were just enough to cover the construction of 4 blocks of public latrines (40 shared latrines and showers) in the project are.		

	In Damerjog project site, the delays have not brought any change on the budget neither on the project target. All the 390 family latrines initially planned are under construction with 60 already completed. All the 2,000 HH in Djibouti city and the 1,000 HH in Damerjog are reached by the project interventions, getting improved access to sanitation infrastructures (family latrines and/or public shared latrines).

Activities	**Description**	**Implemented by**
Activity 1.1	Undertake emergency repair / construct family latrines for the identified most vulnerable families	SOS SAHEL/CRD

Output 2	15,000 vulnerable men, women, girls and boys have access to safe water treatment.			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of affected population reached with distribution of Aquatabs and PUR for 2,000HH in Djibouti city.	10,000 people	10,000	Progress report
Indicator 2.2	Number of population accessing safe drinking water in Damerjog (IDPs camp and surrounding host communities)	5,000 people	5000	Progress report of implementing partner (DHR) Field visit Trip report (UNICEF)
Explanation of output and indicators variance:		Although the procurement of WASH kits was delayed, the NCE approved by the CERF Secretariat has enable the project implementing partners to reach all the households initially targeted with WASH kits.		

Activities	**Description**	**Implemented by**
Activity 2.1	Extending water connection pipes in Damerjog IDPs camp and surrounding host communities; increasing safe water access to IDP camp	Directorate of Rural Hydraulic with sub-contractor
Activity 2.2	Field monitoring and post-intervention monitoring	UNICEF WASH staff jointly with DHR Team

Output 3	15,000 men, women, girls and boys receive key messages about hygiene promotion and key inputs of hygiene materials.			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Amount of population reached with hygiene promotion messages	15,000	15,000	Progress report of Implementing partners and UNICEF programmatic field visit reports
Indicator 3.2	Number of households receiving hygiene kits through voucher system in Djibouti City	2,000 (10,000 individuals)	2000	IP report
Indicator 3.3	Number of households reached with hygiene kits in IDP camp and host community in Damerjog	1,000	1,000	IDP progress report
Explanation of output and indicators variance:		After the first batch of people reached with hygiene promotion messages at the earlier stage of the CERF project, the late distribution of WASH kits has again offered a second opportunity to spread the hygiene promotion message through households' visits and mass animation (occurring during the		

	distribution of WASH kits both in Damerjog IPDs camp as well as in Djibouti areas affected by the cyclone Sagar). The partnership with the Djibouti city Council has also helped to extend the hygiene promotion further in the field through the active networks of blocks counsellors put in place within city slums.

Activities	Description	Implemented by
Activity 3.1	Households visits to promote hygiene practices	CRD/SOS SAHEL
Activity 3.2	Dissemination of messages on hygiene through multiple medias channels	CRD/SOS SAHEL
Activity 3.3	Promotion of hygiene and distribution of hygiene kits (through voucher programme)	CRD/SOS SAHEL
Activity 3.4	Procurement of household hygiene kits for IDP camp and host community in Damerjog	UNICEF DJIBOUTI procurement service
Activity 3.5	Post-Distribution Monitoring	IP and UNICEF team

6. Accountability to Affected People

A) Project design and planning phase:

The affected populations were fully involved in the initial assessment of needs performed by the government (Secretariat of State for Social Affairs) and later confirmed by the UN – supported assessment. The identification of the most vulnerable households was derived from these preliminary assessments.

B) Project implementation phase:

During the project implementation phase, UNICEF and the implementing partners (CRD, SOS Sahel and NRC) all together linked up with the Djibouti City Council Office to update the sanitation needs among the targeted 2,000 HH ending up with finetuned list of sanitation needs, ranging from latrines rehabilitation to even the total absence of latrines – and therefore, together with the affected populations, decided on alternatives to cover all the needs identified. From there, the request to re-direct some funds to address the open-air defecation practice within the project areas in accordance with the sanitation needs of HH without latrines was submitted and approved by the CERF Secretariat – and later implemented. In the Damerjog project site, UNICEF paired up with UNDP and the government to accelerate the land parcelling process to allocate individual land space to each IDP family with the full involvement of the IDPs themselves. Ultimately, the accountability to the affected populations for this project was highly addressed during the implementation phase of the project.

C) Project monitoring and evaluation:

Affected population were regularly involved in the monitoring and evaluation of the project at the project sites (Djibouti city and Damerjog). Regular meetings with the affected populations were organized in the project sites to follow up the progress, identify bottlenecks and address them rapidly to pursue the project implementation.

7. **Cash-Based Interventions**	
7.a Did the project include one or more Cash Based Intervention(s) (CBI)*?*	
Planned	**Actual**
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
	US$ 50,000	Multi-purpose cash	Conditional	Restricted

Supplementary information (optional):

The CERF funds allocated to UNICEF for the WASH interventions have helped to reach 2,000 HH (10,000 people) affected by cyclone Sagar with hygiene kits through the voucher scheme in Djibouti city. In practice, the already existing voucher system put in place by the World Food program was used to reach 2,000 HH in need of foods and NFI items and UNICEF contribution was specifically focused in providing the necessary WASH kit to affected population through this voucher system.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation pending. However, discussions are on-going between the main partners involved in the voucher system which was applied with the aim of further exploring the possibilities of developing this approach for future emergency response, mostly in the urban and peri urban areas. A market study is also scheduled to provide insights on the capacities of local markets to satisfy a larger scale of voucher system in case needed.	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$
18-RR-CEF-062	Water, Sanitation and Hygiene	UNICEF	RedC	$326,000
18-RR-CEF-062	Water, Sanitation and Hygiene	UNICEF	INGO	$319,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADDS	Agence Djiboutienne pour le Développement Social
AWD	Acute Watery Disease
CHW	Community Health Workers
CRD	Croissant Rouge de Djibouti
DTM	Data Tracking Matrix
HH	Households
HRP	Humanitarian Response Plan
IDP	Internally Displaced Persons
IOM	International Office for Migration
IP	Implementing Partners
MOH	Ministry of Health
MOI	Ministry of Interior
NRC	Norway Refugee Council
NGO	Non Governmental Organizations
NFI	Non food Items
PCA	Programme Cooperation Agreement
ONARS	Office National pour l'Assistance aux Réfugiés et Siinistrés
ONEAD	Office National de l'Eau et l'Assainissement de Djibouti
RCO	Resident Coordination Office
SEAS	Secrétariat d'Etat aux Affaires Sociales
ToT	Training of Trainers
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Education Fund
WASH	Water Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization