RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

19-UF-DJI-35058

DJIBOUTI

UNDERFUNDED EMERGENCIES ROUND I

MULTIPLE EMERGENCIES

2019

RESIDENT/HUMANITARIAN COORDINATOR	**BARBARA MANZI**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
The AAR was not conducted due to the limited availability of United Nations staff in relation to the additional workload for numerous weeks caused by the response to the November 2019 flash floods, to support partners in implementing emergency programs such as food and NFI assistance, WASH and hygiene assistance, to affected people despite difficult constraints (damaged infrastructure and roads, insufficient emergency equipment, etc.). In addition, the COVID-19 pandemic increased the workload of United Nations staff and shifted the government's priority in managing this crisis. However, on 28 January 2020, the HCT Djibouti met, discussed the CERF funded projects and agreed on the lessons learned and on the reporting process. The recipient agencies (WHO, IOM, WFP, UNHCR, UNICEF,) were proactively involved in the reporting of the RC/HC Report. Due to the confinement caused by the covid-19 pandemic, the exchanges were carried out virtually. In addition, recipient agencies worked closely with their implementing partners in reporting on progress of activities. Therefore, the implementing partners, such as the Red Crescent, the UNFD and the sectoral ministries, have been involved and have knowledge of the data and information reported herein.	
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 ☐
The RC/HC Report has been shared with all CERF recipient agencies before being submitted to the CERF Secretariat.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
In 2019, Djibouti has faced multiple emergencies caused by natural and epidemiological crises that created significant additional humanitarian needs. Recurrent droughts, flash floods in November 2019, increasing cases of epidemics of malaria, dengue fever, and chikungunya have affected most of the already vulnerable people in the country. However, Djibouti does not have a Humanitarian Response Plan (HRP) and humanitarian funding is short compared to the requirements, placing CERF as the main donor. Despite the absence of the HRP, the RC submitted to donors a financing strategy to respond to emergencies. CERF has always responded positively, effectively, and in a timely manner to the requests for humanitarian funding in Djibouti. Thanks to CERF funding, more than half of the total population of Djibouti has been provided with much needed lifesaving humanitarian aid through the various allocations. The projects submitted to CERF were jointly implemented by the recipient agencies and their main national humanitarian partners.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**9,940,000**
FUNDING RECEIVED BY SOURCE	
CERF	4,003,125
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	1,248,468
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**5,251,593**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	19-UF-FAO-015	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	800,000
IOM	19-UF-IOM-011	Water Sanitation Hygiene - Water, Sanitation and Hygiene	503,158
UNHCR	19-UF-HCR-012	Protection - Sexual and/or Gender-Based Violence	150,000
UNICEF	19-UF-CEF-044	Health - Health	210,000
UNICEF	19-UF-CEF-045	Water Sanitation Hygiene - Water, Sanitation and Hygiene	849,999
WFP	19-UF-WFP-028	Nutrition - Nutrition	750,000
WHO	19-UF-WHO-025	Nutrition - Nutrition	130,000
WHO	19-UF-WHO-026	Health - Health	259,968
WHO	19-UF-WHO-027	Health - Health	350,000
TOTAL			**4,003,125**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**2,899,530**
Funds transferred to Government partners*	749,287
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	292,306
Funds transferred to Red Cross/Red Crescent partners*	62,003
Total funds transferred to implementing partners (IP)*	**1,103,595**
TOTAL	**4,003,125**

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

2. HUMANITARIAN CONTEXT AND NEEDS

Djibouti is confronted to natural and epidemiological disasters such as droughts, floods, epidemics (malaria, measles, AWD) which impact the lives and security of hundreds of thousands of people already highly vulnerable due to chronic poverty. The country is also located in a region with political and socio-economic instabilities that impact the development of the country. These instabilities bring thousands of people to move through Djibouti to reach the Arabian Peninsula and sometimes transit in the country for a long time.

Food Security - Agriculture: Recurrent droughts have had a critical impact on food security, livelihoods and affected access to safe water sources for the most vulnerable populations, including those living in rural areas as well as migrants and refugees. While limited rainfall, less than 200 mm per year, allows for some aquifers to be replenished in limited quantities, during the driest months, April to September, many shallow wells dry up. Over the past year rural families have struggled to cope. Loss of assets, including livestock and crops, has caused internal displacement of vulnerable rural households to peripheral urban areas, and deteriorated food security conditions. The most recent survey of 2,276 households in rural areas of five regions (Ali-Sabieh, Dikhil, Arta, Tadjourah and Obock) in November 2018 showed that food insecurity increased by 17.4% compared to November 2017 and remains high, affecting approximately 51.4 percent of rural households. Besides, a current outbreak of brucellosis in animal herds (affecting 45 percent respectively) has had a considerable impact and the risk of transmission of the disease from animals to humans is high. A survey of 2,276 rural households in five regions of Djibouti showed that the number of households keeping livestock decreased from 97.9% in November 2017 to 85.0% in November 2018. The CERF funding contributed to respond to the CERF life-saving criteria. Within a period of 9 months, thousands of rural households received a time-critical response to avoid further losses of assets. For those who have already lost assets, CERF-funded intervention enabled the restoration of their livestock-related food security and livelihoods endangered by animal epizootics, most of which are considered to be of transboundary origin, have been reduced so to limit possible infections affecting humans through milk consumption.

Health: According to the epidemiological analysis, Djibouti presented in 2018 and 2019, 2 outbreaks of measles with respectively 418 cases and 265 confirmed cases with foci located in the regions and in the city of Djibouti. The low measle coverage at the rural level and the weak surveillance system probably underreported the number of cases and the situation could be even worse. Out of 460 cases, some 80% of cases occurred among children aged 6 months to 5 years of age and 15% among children 5-15 years of age, including residents, refugees and migrants throughout the country.

At present, the risk for this disease to spread is still alarming and increased vaccination coverage for all children aged up to 15 years of age, including a second dose for those between 6 months to 5 years is urgently needed to stop the progression of the measles outbreak amongst vulnerable populations across Djibouti. With CERF funding, UNICEF and WHO collaborated to support the Ministry of Health in an emergency measles vaccination campaign for children between 6 months and 15 years of age, who are at risk of morbidity and mortality related to the ongoing measles outbreak. This emergency vaccination campaign

conducted firstly in the 5 regions (Arta, Ali Sabieh, Dikhil , Tadjourah and Obock) in the first week of March 2020 will ensure the protection for the children living in these regions and particularly those living in the rural settings and nomadic populations including refugees and migrants. This emergency measles campaign was scheduled until the last quarter of 2019, but due to the flash floods impact, the supplementary immunization activities (SIAs) were postponed to the first quarter of 2020. While the country was reviewing the microplan and decided to start the national measles campaign, the COVID 19 was declared as a pandemic in the world by WHO and the country focused on this high-level emergency prevention and response plans. Prior to the importation of the first case of COVID 19, the country decided to carry out the SIAs in two rounds, the first in the regions and the second one in the capital city.

The number of malaria cases increased exponentially in Djibouti from 2013 to 2019. In 2018, around 28,000 confirmed cases were reported. This alarming situation triggered the review of the malaria control program (MPR) in order to identify the main causes of this sharp increase of cases and to assess the intervention strategies and the program's shortcomings. This epidemic has been classified as a grade 1 emergency by the WHO. Grading of emergencies (Ungraded, Grade 1,2,3) is basically a purely WHO internal process related only to how WHO will need to organize the response : Grade 1 means, WHO country office has to reorganize staff and functions, with capacity to provide the support required by the event. CERF funding has helped 461,035 people in the health sector.

WASH: Djibouti is a major transit point for thousands of migrants and asylum seekers on their journey to the Arabian Peninsula. Based on data collected through the IOM Displacement Tracking Matrix (DTM), Djibouti has witnessed an increase of 18% of migrants crossing the country between November 2018 and December 2019. In November 2018, DTM recorded 19,415 migrants crossing the country, while the IOM Migrant Response Center (MRC) in Obock saw an increase of migrants seeking support from 263 in December 2018, to 613 in January 2019, to 715 in February. An estimated 96% of migrants transiting via Djibouti are from Ethiopia, of which 67% are men and 20% are women, 10% are boys and 3% are girls

Limited access to basic health services for migrants along the migratory route in Djibouti, combined with poor access to safe water and sanitation conditions, expose the migrants to severe dehydration and other health complications such as gastric diseases, diarrhea and acute watery diarrhea (AWD). WASH facilities in the Obock, Tadjourah, Dikhil and Lake Assal regions are still very limited (OIM / ECHO rapid assessments, 2018). Data collected in the IOM Migrant Response Center (MRC) in Obock in January 2019, indicate that 84% of migrants, of which 14% unaccompanied children, encountered severe lack of basic facilities during the journey. As long as access to essential basic systems remains very limited, migrants crossing Djibouti will continue to face the risk of contracting water-borne diseases.

Both migrants and host communities located along the migration routes have similar needs in terms of water and sanitation. WASH assistance therefore targeted both migrants and host communities in order to avoid tensions. Migrants will benefit from access to water from protected sources along the migration route, so will the host community, which will benefit from the wells for their daily water needs. Approximately 54,863 people living in the Arta, Dikhil and Obock regions have benefited from CERF-funded WASH projects, including people with disabilities. While all agencies mobilized internal funding for the response, WASH activities were identified as the most critical funding gap at the UNCT level, for which CERF funding has allowed immediate life-saving intervention while additional resource mobilization efforts are ongoing. This project made it possible to take immediate actions to increase the supply and access to drinking water along the migration corridor between Yoboki / Dikhil, in particular (Kousour in the Arta region on the same corridor) and Obock thus saving lives.

Protection: Throughout the reporting period, Djibouti has maintained an open-door policy and continues to offer a favorable protection environment to refugees and asylum-seekers. Women and children make up 72% of the total refugee and asylum-seeker population. Children make up 47% of the total population of concern. The majority of the population concerned, more than 81%, is registered in one of the three refugee villages (Ali Addeh, Holl Holl and Markazi) while 19% is registered in urban areas, most of which are Yemeni nationals. 1,833 people are registered for special needs, of which 1,077 are refugees with disabilities.

Persons of Yemeni and Somali nationality benefit from prima facie refugee status recognition while all other nationalities undergo individual refugee status determination. As of 31 Dec 2019, Djibouti hosts 19,641 refugees and 11,153 asylum-seekers; Yemeni

and Somali nationals represent the largest refugee groups in Djibouti (5,322 and 13,395 respectively). The largest group of asylum seekers are from Ethiopia and Eritrea. CERF funding has helped reinforce the capacity to respond to the effects of gender-based violence in the settlement of refugees in Markazi by strengthening community structures for refugees, by organizing information and awareness campaigns, prevention of gender-based violence and sexual abuse; and building community-based protection systems. The project provided psychosocial support and medical care to survivors of sexual and gender-based violence, providing trauma healing. During the reporting period, awareness campaigns reached a total of 1,179 people to prevent sexual and gender-based violence.

Nutrition: Djibouti is a country facing structural food and nutritional insecurity. According to the SMART nutritional surveys of 2013 and 2019, the prevalence of global acute malnutrition went down from 17.8% to 10.3% ranging from the emergency to the serious or alert situation. Due to the high rates of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) in Djibouti, WFP and WHO Djibouti have implemented programs for the treatment of acute malnutrition and the prevention of chronic and acute malnutrition, mainly in high-prevalence areas such as Obock. CERF funding helped the Ministry of Health obtain nutritional products to extend nutrition services against moderate acute malnutrition (MAM) to 2,950 children and 1,300 Pregnant Lactating Women (PLW) (out of 6,050 children and 3,650 pregnant and lactating women in need of MAM support), mainly in the regions of Tadjourah, Obock and Ali Sabieh.

3. CONSIDERATION OF FOUR PRIORITY AREAS[1]

Based on data from surveys and evaluations carried out jointly by the government and the United Nations, the four priorities were included in the projects under CERF funding.

a. Women and girls, including gender-based violence, reproductive health and empowerment

Through the CERF UFE grant, the projects reached out to 77,036 women and 189,416 girls, mainly through awareness-raising activities. The CERF UFE grant has allowed reinforcing the response capacity to the effects of GBV in Markazi refugee settlement by strengthening their community structures, organizing information and awareness-raising campaigns, prevention of sexual violence and abuse as well as community-based protection. The awareness campaigns reached 1,179 people to prevent SGBV. Sexual survivors have benefited of psycho-social support, medical attention and counselling to counteract the trauma they have experienced.

b. Programmes targeting persons with disabilities

People with disabilities were included in almost all sectors under CERF funding. The breakdown by sector is as follows:

- Food and agricultural security: 81 people;
- WASH: 373 people;
- Health: 5,322 people;
- Nutrition: 342 people.

For example, people with disabilities were included in the protection project trough awareness-raising session on improved hygiene practices.

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf

c. Education in protracted crises

None of the projects focus on education as per the joint strategy decided for the application development.

d. Other aspects of protection

Not applicable.

4. PRIORITIZATION PROCESS

Djibouti's CERF strategy is focused on achieving a protective environment for the most vulnerable and marginalized groups, including refugees, migrants and vulnerable host community populations through provision of multi-sectoral life-saving assistance, with due consideration to gender as well as the need of children and people with disabilities. CERF funded projects have helped (i) directly provide life-saving protection assistance and (ii) mainstream protection, mitigating risks to the most vulnerable, across WASH, Health and Nutrition, Food Security sectors.

The first objective was to increase access to life-saving protection interventions to the most vulnerable among the refugee and asylum seeker populations, particularly those originating from conflict-affected areas of Yemen. In response to the protection-related needs, UNHCR, has scaled-up information and awareness-raising campaigns on a wide variety of topics, including refugee rights, prevention of sexual violence and abuse, and community-based protection. UNHCR has carried out activities targeting 1,100 refugees and host population, to ensure provision of a comprehensive package of services including legal, medical, and psycho-socio support to SGBV survivors and promote peaceful co-existence between the refugees and host communities through emergency livelihoods programmes which will empower women and girls, through economic independence, to mitigate exposure to future abuse and combat discrimination. Awareness campaigns on refugee rights, prevention of sexual violence and abuse have supported the development of self- protection capacities and assisted affected populations to claim their rights.

The second objective of the CERF funding was to implement a multi-sectoral life-saving response to those affected by drought conditions and the most vulnerable migrant and refugee populations and their host communities with food security, Nutrition, Health, and WASH assistance in Tadjourah, Ali Sabieh, Obock, Dikhil regions and, for WASH and health activities, Arta and Djibouti town. These projects have created a protective environment to reduce vulnerabilities, promote empowerment and inclusion of the most vulnerable, including refugees, migrants, disabled and extremely vulnerable groups**.** To this end:

- **Food Security**, implemented by FAO, focused on the prevention of loss of livelihood assets through vaccination campaign to the current outbreak of Tuberculosis and Brucellosis in animal herds. Food Security (FAO) activities reached 8,150 food insecure drought-affected people, whose livelihood assets, including livestock, had been affected. Drought situation has caused the death of animals and resulted in poor dietary diversity for many families. Despite the farmers efforts to sustain production in harsh conditions, the fall armyworm (FAW) infestation registered in many agricultural farms in Tadjourah Region (Ambabo, Randa, etc.) led to huge damages on maize and many vegetables key to food diversification and in balancing diet. This triggered lifesaving specific agricultural interventions such as distribution of tools and seeds (vegetables, fodder, etc.) and support to agricultural production. In addition, limited access to veterinary inputs and services (drugs, vaccines, feeds, etc.) cause also the spreading of fatal livestock diseases, most of which are of transboundary origin.

  FAO CERF project has prevented the loss of livelihoods and ensured the safety and dignity of vulnerable populations receiving assistance. FAO has prioritized vulnerable households, including female-headed; child-headed; and households where there was a family member living with a disability, with assistance, boosting economic empowerment for vulnerable households. Lack of access to resources and unequal power relations between men and women result in women and girls being more susceptible to sexual and gender-based violence. Programmes targeted by CERF have ensured income-generation and economic options for women and girls, so they do not have to engage in unsafe practices or exposed to

GBV driven by economic dependency. Further, as food insecurity increases, households prioritize food and other items over education, preventing loss of livelihoods will reduce barriers to education.

- **Nutrition interventions** have targeted a full CMAM programme with WFP focusing on MAM (4,250 beneficiaries) and WHO on SAM with medical complications (1,200 individuals). Under CERF, WFP has supported the Ministry of Health in providing nutrition commodities to scale-up MAM nutrition services to 2,950 children and 1,300 PLW –– pregnant and lactating women –– (of the 6,050 children and 3,650 PLW in need of MAM support), in the regions of Tadjourah, Obock and Ali Sabieh, which face the highest levels of food insecurity and malnutrition and where there was a critical lack of water points. The target group included 400 children 6-23 months and 170 PLW in refugee settlements. 1,000 pregnant women, breastfeeding mothers and 1,200 children under 5 years were targeted among those enrolled in Antiretroviral Therapy (ART) and Tuberculosis / Directly Observed Treatment (TB/Dot) programmes. Other donor funding has been mobilized to provide MAM support to the remaining people in need (3,100 malnourished children under and 2,350 PLWs) and the 6,200 SAM cases supported by UNICEF programmes. WFP and UNICEF will continue to deliver direct nutrition assistance through treatment and prevention programmes, in close collaboration with the Agence Djiboutienne de Developpment Social (ADDS) and Ministry of Health. In addition, CERF funding has been used by WHO to address the needs of an estimated 1,200 SAM cases with complications and in need to be admitted to health facilities. WHO has boosted response in health facilities and provided necessary medical inputs to support the treatment of SAM cases presented with complications.

  CERF funded nutrition interventions have provided inclusive nutrition for children and PLW while targeting the extremely vulnerable groups, including women and children with disabilities. Programme design has ensured safe and equitable access, through consultation with beneficiaries, including women and girls, to understand their specific needs. As malnutrition hampers children's chances for learning and a better future, CERF funding ensured that critical life-saving nutrition assistance will promote growth and development of children.

- **WASH programming** focused on increasing water supply to a total of 36,000 people along critical human and animal migration routes as to vulnerable IDP, migrant and refugee populations. It was implemented by UNICEF and IOM, utilizing comparative advantage and geographical presence of each agency. Interventions had a direct impact not only on the sector itself but has also contributed to address the spreading of water-borne diseases and nutrition as well as food security concerns. UNICEF and IOM activities were coordinated closely with FAO which is active in the sector. UNICEF and IOM had complemented each other with interventions along migrant corridors providing increased access to safe water supply, sanitation and hygiene promotion activities.

- **UNICEF achieved its hygiene** promotion activities and distribution of WASH kits to affected populations in urban settings of Djibouti and Ali Sabieh as along the corridor between:
  - Lac Assal – Tadjourah (including Adali, Sangoulou, Kalaf and Tadjourah City)
  - Tadjourah and Obock (targeting Dalay Af) and
  - Galafi – Dikhil/Ali Sabieh (targeting Ali Sabieh),

  as well as to households and persons affected by floods in Djibouti, reaching more than 28,000 people with the interventions.

UNICEF and IOM's emergency WASH CERF funded project provided life-saving WASH support to vulnerable populations along migrant corridors, targeting migratory populations and host communities. IOM has provided WASH support in migrants' concentration points in and around Obock city and Fantahero, as well as Galafi (Dikhil) a migration entry point on the border with Ethiopia, targeting 22,000 migrants and hosting communities. Activities focused on increasing safe water supply, construction of latrines, provision of water treatment and of hygiene promotion. Under UNICEF's leadership for the WASH sector, IOM and FAO and other partners operating in the sector worked together to ensure that standards are promoted and applied for water provision, latrine construction and hygiene promotion, including joint elaboration of materials and identification of beneficiaries. To facilitate coordination and ensure a more refined targeting, UNICEF, in collaboration with IOM and FAO, led an effort to review data, assess existing needs and elaborate a cartography bringing together information around water

availability, migration and transhumance. WASH partners have provided safe and equitable access to their services, targeting vulnerable groups to improve health outcomes and the protection of people, including people with disabilities.

Health interventions, implemented by WHO and UNICEF, focused on the emergency vaccination in response to the measles outbreak as well as emergency measures to curb a major malaria outbreak. In late 2018, a measles outbreak recorded in Djibouti 460 cases (80% among children 6 months to 5 years of age and 15% among children 5-15 years of age). While a door-to-door nationwide emergency measles campaign targeting children between 6 months to 5 years of age (including migrants and refugees) was conducted in December 2018, lack of funding prevented the coverage to reach the rest of the at-risk group between 6 and 15 years. The risk for this disease to spread was still alarming and increased vaccination coverage urgently required to immunize all vulnerable populations across Djibouti. Such intervention was particularly important also in view of outbreaks recorded across the region, and the high numbers of 'people on the move', migrants and refugees passing through Djibouti, their vaccination status being unknown. Unfortunately, due to the lack of a comprehensive measles control strategy – which is under preparation – Global Alliance for Vaccines and Immunizations (GAVI) funding is unavailable. Therefore, CERF resources were essential to enable WHO and UNICEF to support the Ministry of Health in its complementary emergency measles vaccination with a second dose for children between 6 months and 5 years, and a first dose for those 6-15 years of age, at risk of morbidity and mortality related to the ongoing measles outbreak. This emergency vaccination campaign was carried out in all regions of the country (Ali Sabieh, Arta, Dikhil, Tadjourah and Obock regions) in a first phase, targeting 152, 735 children. The second campaign will focus on Djibouti-ville and will take place at the end of the COVID-19 related lockdown.

A January 2019 external review of the Malaria Programme showed an alarming increase of cases: from 24 in 2012, to 14,000 in 2017, and 22,000 in 2018. The malaria season peak is to last till May, and numbers for 2019 are yet to be made available. But heavy torrential rains of more than 100 mm fell on April 21, 2020, causing floods and material damage. Rainwater stagnated in the streets and in the poorest neighborhoods for several days, which facilitates the reproduction of mosquitoes. WHO is considering this a serious health threat/emergency which requires rapid life-saving interventions, for which CERF funding has been critical to lower morbidity and mortality.

CERF funding was used to ensure critical, lifesaving interventions to prevent loss of life, including through providing insecticide treated mosquitos' nets, enhancing and scaling up detection and treatment of malaria cases through procurement and distribution of rapid test kits and drugs (Malaria Module of the Inter Agency Health Kits – IEHK – see contents in the table below). and scaling-up risk communication activities for increasing mosquito net coverage amongst those most at risk. WHO and UNICEF's CERF Health project focused on reducing the negative impact of measles and malaria, that affect the most vulnerable, including disabled and 'people on the move'. The CERF targeted programmes have contributed to save lives of the most vulnerable by boosting immunity through measles vaccination and malaria prevention, which will have direct benefits for reproductive health and access to education. Emergency vaccination campaigns were carried out door-to-door to ensure that people with disabilities and other extremely vulnerable individuals are included in the campaigns to ensure universal access to relieve households of diseases threats.

5. CERF RESULTS

CERF allocated $ 4 million to Djibouti from its window for underfunded emergencies to support multiple emergencies in 2019. This funding enabled United Nations agencies and partners to provide assistance to livelihoods benefiting 8,150 people affected by drought; providing vaccination campaigns and aid to prevent and reduce malaria and measles, benefiting 306,773 adults and children. Nutrition projects saved the lives of 8,562 children, mothers, and PLW affected from severe and moderate acute malnutrition. Also, 1,179 people benefited from emergency SGBV protection; 54,863 people benefited from WASH assistance.

FAO: Through this CERF UFE grant, $ 800,000 were allocated to the Food Security -– Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods) sector. These funds enabled direct emergency assistance to 8,150 individuals living in the rural areas in Djibouti whose food security was negatively impacted by severe drought, widespread of brucellosis, and fall armyworm infestation. Namely, 2,400 rural herders who lost their livestock due to the drought or the brucellosis culling activity,

received new livestock assets and animal feed allowing to sustain the transition period and the new harvests available; supporting the fodder and vegetables production season for 3,840 rural dwellers through fodder and vegetables seeds, and agricultural tools distribution; restoring access to water for agriculture and livestock activities for 1,910 rural dwellers and herders.

UNICEF: The UF CERF USD 210,000 grant supported the lifesaving of the children under 15 through the organisation of the measles mass campaign in the five regions with 152,735 (98.7% reach) vaccinated. Most of the children targeted in this campaign were especially those living in remote settings with no access to health services and affected by high malnutrition rates which is an enabled factor leading to death. In addition, the monitoring team used this opportunity to monitor the regular essentials services continuity as well as the use of health services, the availability of medicines and functionality of the cold chain. The recommendations of this monitoring exercise will be translated into rapid action plan specially in this context of COVID 19. In addition, the campaign was an opportunity to improve the immunization skills of health professionals (on job training on immunization skills, refresh training …). UNICEF together with its implementing partners, implemented the hygiene promotion activities and distribution of WASH kits to affected populations along the migration routes as well as to households and persons affected by floods in Djibouti, reaching more than 28,000 people with the interventions. More specifically, 3,910 households were reached with the critical WASH kits within the required timeframe both in the migrants' corridor as well within the populations affected by floods in Djibouti-. Besides, 5 water points have been rehabilitated within the migrants' corridor and the hygiene promotion campaign was launched in 5 localities along the migration routes (Dikhil, Abaytou, Mouloud) where community workers and village hygiene committees have been trained and WASH kits distributed.

IOM – The main purpose of the IOM CERF "Emergency WASH along migration and transhumance routes" project was to increase access to life-saving WASH interventions to the most vulnerable populations migrants and host communities. IOM implemented the project in a key area prone to irregular migration (Obock), aiming at the increase of safe water supply including construction of latrines and access to water-points, which are key in order to limit transmission of life-threatening water-borne diseases.

- Total beneficiaries reached with access to safe water and sanitation, and hygiene promotion activities: 26,400
- Beneficiaries benefitting with provision of hygiene kits: 5,469
- Number of people (migrants and host community) sensitized on improved hygiene practices: 236/day
- Number of WASH committees initiated: 2
- Number of latrines constructed: 52
- Number of water points installed: 5

UNHCR: Through CERF UFE grant, UNHCR and its partners reinforced the response capacity to the effects of SGBV in Markazi refugee settlement by strengthening refugee community structures, organizing information and awareness-raising campaigns, prevention of sexual violence and abuse as well as community-based protection. The project provided psycho-social support and medical attention to SGBV survivors, providing needed counselling to counteract the trauma they have experienced while fleeing their homeland. During the reporting period, the awareness campaigns reached a total of 1,179 people to prevent SGBV which exceeded the 2019 planning figures of 1,100; 3 community-based committees; provided a comprehensive package of services including legal and medical and psycho-social support to 9 SGBV survivors.

WFP: Thanks to the CERF funding, WFP implemented its nutritional supplementation programme to treat acute malnutrition and prevent chronic and acute malnutrition, mainly in high-prevalence areas such as Obock. WFP supported the Ministry of Health in providing nutrition commodities to scale-up Moderate Acute Malnutrition (MAM) nutrition services to 2,950 children and 1,300 Pregnant Lactating Women (PLW) (of the 6,050 children and 3,650 pregnant and lactating women in need of MAM support), primarily in the regions of Tadjourah, Obock and Ali Sabieh. In the three refugee villages, the target group included 400 children aged 6 to 59 months and 170 pregnant or lactating women for the treatment of MAM, as well as 1,000 women, breastfeeding mothers and 1,200 children aged 6 to 23 months for the prevention of chronic malnutrition. For this audience, WFP provided nutrition services, including provision of nutrient rich food and nutrition education and counselling to refugees and asylum seekers living in refugee villages.

WHO: Under the CERF fund, WHO has undertaken the following main actions:

1. Strengthen the capacity to manage severe acute malnutrition in the four most affected regions (Obock, Tadjourah, Dikhil and Alisabieh) having presented the indicators of highest prevalence according to the SMART survey of 2013;
2. A consultant expert was recruited during this period to assess the situation in therapeutic treatment centers in the country, identify GAPs and contribute to their restructuring and functionality as well as capacity building for health personnel. A total of 4 nutritional treatment centres have been rehabilitated and made operational in Obock, Tadjourah, Dikhil and Alisabieh. The regions of Obock and Alisabieh include refugee villages and migrant retention centers;
3. A training workshop for 18 CMH managers was conducted in the management of acute malnutrition, preceded by the managerial capacity-building of 4 executives from the Directorate of Maternal and Child Health and Nutrition program;
4. Each of the 4 regional medical centers were equipped with hospital infrastructure (brachial perimeter bed, glucometer, computers etc.), resuscitation equipment (ventilators, aspirators, nasogastric tube, etc.); Inputs for screening and treatment through SAM kits with complications, MUAC, etc.);
5. The protocol for treating SAM cases was reviewed and updated.
6. A platform for reflection and coordination was set up between WHO, UNICEF, WFP, UNHCR and IOM to better coordinate actions and interventions for the comprehensive management of acute malnutrition in Djibouti.

The health authorities decided to organise measle campaign in 2 phases: The first phase of the campaign focused on 5 health regions (Obock, Tadjourah, Dikhil, Alisabieh and Arta), covering 150,754 children (coverage rate reached: 98.7%) The majority of refugees have been vaccinated in the Alisabieh and Obock regions. In addition to measles contain vaccine, doses of vitamin A were distributed to children 6 to 59 months. The targeted 12 to 59 months of age were dewormed with mebendazole. The second phase of the campaign planned in the city of Djibouti was unfortunately postponed due to the COVID19 pandemic restrictions and international recommendations concerning the suspension of vaccination campaigns. An assessment to restore essential services in health facilities is underway and could also encourage the authorities to promote some deconfinement and decide to resume the second phase of the campaign. The second activity funded by the same CERF was to strengthen the epidemiological and biological surveillance of measles. The reagents were purchased and made available to the national reference laboratory technicians at INSPD.

The number of malaria cases has increased exponentially in Djibouti from 2013 till 2019. CERF funds have therefore been requested to meet the main recommendations of the malaria programme review (MPR). Through these CERF funds, 4 international and 1 national experts were recruited to support the country to better respond to this epidemic. The main actions were oriented towards:

1. Case management activities: The malaria guideline was completely revised, including new algorithms and the new therapeutic protocol depending on the epidemiological profile. WHO acquired 10 Glucose-6-Phosphate Dehydrogenase (G6PD) analyser device at point of care in order to better treat cases of malaria due to Plasmodium vivax , and trained 20 laboratory technicians in its use. 24 laboratory technicians were trained in microscopic diagnosis as well as in the evaluation of laboratory quality assurance. The procurement of 50 IHEK basic and supplementary malaria kits was handed over to the Ministry of Health.
2. Several vector control actions were carried out, such as Indoor residual spray (IRS) carried out on a pilot basis to cover 6,000 households in hot spots and hyperendemic areas of the capital Djibouti. Insecticides were acquired to intensify the destruction of the previously mapped breeding sites for mosquito's larva. 50,000 mosquito nets were bought and distributed as a priority to vulnerable people living in the malaria hot spots of the capital. Vector surveillance was reinforced within the INSPD, by the presence of an entomologist expert, and the supply of vector traps.
3. The epidemiological surveillance and the reinforcement of the information system was concretised by the elaboration of a template to support the production and quality of the epidemiological bulletins, the integration of malaria in the electronic surveillance by the Early Warning, Alert and Response Network (EWARN.) To date, the capacities of the INSPD have been strengthened to independently carry out insecticide resistance tests.

6. PEOPLE REACHED

The target of refugees, returnees, internally displaced persons and other affected persons was reached under the CERF funds, and even exceeded, as the number of affected people increased with the new emergencies, such as the chikungunya epidemic and the November 2019 floods. However, the planned numbers of people have not been fully reached for the host communities. This is largely explained by the pandemic Covid-19 constraints and the measures put in place by the national authorities, such as the lockdown of the country. Planned activities in the city or in regions and international procurement activities have been suspended due to the limitation of air and sea transport caused by the lockdown. In addition, due to these other emergencies, the government suspended and postponed some health sector activities such as measles vaccination campaign, which will happen when the lockdown is lifted.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	492,633	264,749
Refugees	27,710	29,838
Returnees	0	25,000
Internally displaced persons	1,200	1,200
Other affected persons	27,500	54,230
Total	**549,043**	**375,017**

[1] *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	92,835	75,799	188,145	192,264	**549,043**
Reached	87,896	76,914	101,413	108,794	**375,017**

[2] *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) [3]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	928	758	1,881	1,922	**5,489**
Reached (Out of the total reached)	361	122	2,019	2,089	**4,591**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	1,780	1,940	3,540	2,940	**10,200**
Health - Health	55,364	57,311	175,127	182,276	**470,078**
Nutrition - Nutrition	0	2,470	2,792	2,962	**8,224**
Protection - Sexual and/or Gender-Based Violence	375	374	985	530	**2,264**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	35,316	13,704	5,701	3,560	**58,281**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	1,583	1,710	2,469	2,469	**8,231**
Health - Health	55,419	57,368	92,636	101,350	**306,773**
Nutrition - Nutrition	0	2,470	2,966	3,126	**8,562**
Protection - Sexual and/or Gender-Based Violence	500	300	201	178	**1,179**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	30,755	15,188	5,160	3,760	**54,863**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

7. CERF'S ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

All CERF funded projects led to a fast delivery of assistance to the targeted people of all other projects. It allowed the provision of assistance to beneficiaries before other funds were available. Some examples: IOM-led project allowed the provision of immediate assistance to migrants in a life-threatening situation. The fast delivery of assistance in Food Security from FAO and WFP slowed down the pace of rural exodus and provided an opportunity to avoid the adoption of life-endangering coping mechanisms and to re-build livelihoods.

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

YES ☒ PARTIALLY ☐ NO ☐

The UF CERF funds allowed to carry out the measles national campaign at the time when Djibouti experienced 2 epidemics of measles in 2018 and 2019 with respectively 418 cases and 265 confirmed cases with foci located in health regions and in city of Djibouti. This vaccination campaign activity made it possible to strengthen the immunity of casualty, vulnerable children, living in promiscuous conditions, homeless, resettled, or internally displaced, and for the most part in food insecurity after the observed floods. The CERF fund has contributed widening the target of vaccination coverage from 6 months to 15 years, never done before in Djibouti, because the vaccination calendar fixes the first dose of measles vaccine at 9 months. Indeed, 98.7% of the children targeted in the regions have been vaccinated against this serious disease and therefore protected.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

An inclusive, well-coordinated measles task team was put in place with the CERF funds, comprising WHO, UNICEF and MoH team (including direction of planning, direction of regional health, direction of health promotion as well the EPI team). This task team under the leadership of the EPI worked closely to the beginning of the process' first round.

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

YES ☒ PARTIALLY ☐ NO ☐

The UF CERF project was essential to conduct this critical measles campaign and put the measles in the agenda of many donors such as GAVI and World Bank. Djibouti is one of the countries eligible for the GAVI fund, which supports the routine activities recorded on an annual plan resulting from a joint appraisal (WHO, UNICEF and MOH) , and therefore the areas of funding are done through the health system strengthening , A partner engagement framework (PEF) for the technical and financial support , among others. The World Bank has supported performance -based financing and other projects directly related to the prevention of vaccine-preventable diseases, including measles.

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

N/A

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Review of submissions and reporting processes are extremely lengthy and time-consuming	Lighter submissions and reporting processes

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Emergency intervention and delays of intervention due sometimes to different priorities between UN specialised agencies and national authorities	During the preparation and the analysis of the situation, take into consideration external factors. The government has its own priorities which do not always meet the emergency situation (beyond agenda).	UNCT
Need of better coordinated needs' analyses and early monitoring of the response activities for a better funding strategy.	Develop an accurate analysis of the needs and mobilize additional funding	UNCT/ Focal point agency

PART II

9. PROJECT REPORTS

9.1. Project Report 19-UF-FAO-015 – FAO

1. Project Information			
1. Agency:	FAO	**2. Country:**	Djibouti
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	**4. Project Code (CERF):**	19-UF-FAO-015
5. Project Title:	Critical food security interventions for drought-affected, food insecure population		
6.a Original Start Date:	18/04/2019	**6.b Original End Date:**	31/12/2019
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$ 1,700,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 911,120**
	c. Amount received from CERF:	**US$ 800,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO provided direct emergency assistance to 8,150 individuals living in the rural areas in Djibouti whose food security was negatively impacted by severe drought, widespread of brucellosis, and fall armyworm infestation. The project allowed FAO, in cooperation with the Ministry of Agriculture, to support the affected population by: controlling the brucellosis spread; introducing compensatory measures for 2,400 rural herders who lost their livestock due to the drought or the brucellosis culling activity, and ensuring animal feed to sustain the transition period; supporting the fodder and vegetables production season for 3,840 rural dwellers; restoring access to water for agriculture and livestock activities for 1,910 rural dwellers and herders.

Among the actions, 4,000 livestock heads have been distributed to beneficiaries who lost their livestock because of the drought; 238 metric tonnes of animal feed (150 MT of Alfa-Alfa and 90MT of wheat bran) have been distributed to herders to save their asset; 16 water points have been deepened and rehabilitated; and technical packages distributed to farmers to support the new calendar season.

During the period between March and December 2019 the project assisted a total of 30,150 people, including those indirectly targeted, supporting livelihoods assets recovery and safe access to food, including goat milk, in the regions of Tadjoura, Obock, Ali Sabieh, Dikhi, and coastal zones of Arta.

3. Changes and Amendments

No major changes from the original plan to be reported.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security -– Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,567	1,693	2,445	2,445	**8,150**
Total	**1,567**	**1,693**	**2,445**	**2,445**	**8,150**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of people planned)	16	17	24	24	**81**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security -– Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,567	1,693	2,445	2,445	**8,150**
Total	**1,567**	**1,693**	**2,445**	**2,445**	**8,150**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of people reached)	16	17	24	24	**81**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	No major changes from the original plan to be reported.

4.c Persons Indirectly Targeted by the Project

About 22,000 individuals are estimated being indirectly targeted by the project. The projection of indirect targeted persons is as follow:

- About 10,000 individuals other than the directly targeted people have been reached by the communication about the brucellosis containment strategy (2,000 direct beneficiaries, estimated that each will transfer the message to at least 5 additional persons, including family members) which included notions of correct domestic food processing, especially related to goat milk consumption.
- Food safety and food security for about 10,000 individuals is increased because of the culling and restocking activities combined. The culling activities reduced people's exposure to contaminated milk, while restocking will bring goat milk access to pre-crisis level within the next 9 months.
- - Additionally, about 2,000 persons will also indirectly benefit from the rehabilitation of water access structures, previously lost.

5. CERF Result Framework	
Project Objective	Urgent recovery support to safe milk and meat production, and fodder and vegetables production, for rural food insecure and drought hit households, including refugees, in Djibouti

Output 1	The brucellosis, and other epizootics diseases are controlled in targeted zones			
Sector	Food Security– Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of animals that are tested against brucellosis and tuberculosis in targeted areas	1,000	904	Field Mission reports
Indicator 1.2	Number of animals that are culled to control epizootic diseases	500	500	Field mission reports Reception signatures by compensated beneficiaries PO for the procurement of animals
Indicator 1.3	Number of animals that are treated against epizootic diseases, other than tuberculosis and brucellosis	5,000	4,000	Field Mission report
Indicator 1.4	Number of households made aware of culling campaigns and good food processing practices	2,000	2,000	Field Mission report
Explanation of output and indicators variance:		Out of 1,000 heads planned for screening for brucellosis and tuberculosis 904 were tested. This variation is due to the mobility of pastoralists practicing emergency transhumance during the operation. This is the same reason for the treatment against other epizootics of which 4,000 animal heads were treated out of 5,000 animal heads planned		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct initial screening of infected animals in target areas	Carried out by FAO team, in close collaboration with technicians of the Directorate of Livestock and Veterinary Services (DESV), livestock auxiliaries and breeders. The same applied to treatment against epizootics.
Activity 1.2	Carry out animal culling in target areas	Conducted by FAO team with livestock keepers, local and traditional authorities, technicians of decentralized DESV services and livestock auxiliaries.
Activity 1.3	Perform animal treatments in target areas	Performed by FAO team, in close collaboration with DESV technicians and livestock auxiliaries.
Activity 1.4	Conduct communication and awareness campaigns to anticipate animal culling and sensitize on food safety good practices	Conducted by FAO team in collaboration with DESV technicians, livestock auxiliaries and the heads of sectors

Output 2	Livestock asset rapidly restored, based on sensible zones and household composition			
Sector	Food Security –– Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 2.1	Number of livestock heads distributed to beneficiary households	3,500	4,000	Procurement contracts; Receipts signed by beneficiaries
Indicator 2.2	Metric tons of complementary animal feed distributed to beneficiary households.	230	238	Procurement and transport contracts; Distribution lists validated by local authorities]
Indicator 2.3	Number of livestock water source structures rehabilitated	15	16	Rehabilitation contracts; Field reports
Explanation of output and indicators variance:		For the restocking, out of 3,500 animal heads planned, 4,000 heads were eventually distributed to livestock keepers who lost their livelihoods, including also those who were affected by epizootics (brucellosis and tuberculosis) in order to compensate them.		

Activities	**Description**	**Implemented by**
Activity 2.1	Livestock restocking including provision, health control period (quarantine), transport and distribution of livestock heads.	Conducted by FAO them with local suppliers, decentralized services of the DESV, livestock auxiliaries, administrative authorities and traditional chiefs of the beneficiary localities.
Activity 2.2	Procure and distribute concentrate animal feeds.	Conducted by FAO them with local suppliers, Ministry of Agriculture (MoA), DESV and administrative authorities.
Activity 2.3	Rehabilitation of livestock structure to access water.	FAO conducted the field assessment and tendering process. FAO and MoA (department of hydraulics in rural areas) run the conformity and quality control missions.

Output 3	Fodder and vegetable production conditions are rapidly restored, in drought-hit areas and refugee camps			
Sector	Food Security – Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Kg of short cycle fodder seeds distributed to Beneficiary households.	2,550	1,100	Procurement and distribution contracts, Reception documents from the Ministry of Agriculture
Indicator 3.2	Number of Technical packages for vegetable production distributed to rural households.	400	640	Procurement and distribution contracts, Reception documents from the Ministry of Agriculture
Explanation of output and indicators variance:		Based on field mission results, and discussion with the authorities, an increased need of technical packages was identified instead fodder seeds, which is reflected in the final amounts procured and distributed.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procure and distribute short cycle fodder seeds to beneficiary households	FAO, in collaboration with MoA
Activity 3.2	Procure and distribute vegetable production technical packages.	FAO, in collaboration with MoA

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Following the occurrence of the crises, field missions were conducted by FAO team, in collaboration with the MoA staff, to assess the magnitude of impacts of the crises on the ground and identified the areas and populations affected. Discussions held with local administrative authorities and traditional chiefs of the beneficiary localities enable to identify crisis-affected populations, damages incurred, and areas concerned. All the information, collected through participatory and inclusive approaches, was used in the design, implementation and monitoring of the project. With reference to brucellosis diagnosis and animal culling activity, the sensibility of the issue has been required special protocols, which lead to ad-hoc FAO and MoA missions to the field for an extensive amount of time, in order to spend several days face to face with the beneficiaries of the project and understand the less disturbing way to proceed. Eventually the objective approach based on evidences (positive tests) contributed to the identification of beneficiaries, among other (i.e. vulnerability, women led households, etc.).

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Efforts were made to extensively consult, through local administrative and traditional community authorities (called 'okals') and made sure that all social strata of the affected people, i.e. women, girls, disabled, marginalised groups, were adequately identified as beneficiaries of the interventions. Lengthy and thorough discussions and interactions were required to come up with agreed-upon decisions on targeting crisis-affected people and areas to be covered.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

During the impact assessment missions and discussions with representatives of the beneficiary localities, background information about the organisation, its mandate, vision and principles it adheres to, was shared. During the missions to screen animals for brucellosis and tuberculosis and distributions of agriculture inputs, and rehabilitation of water points, awareness sessions were conducted to inform local populations about how the organisation expects its staff to behave and what programme is expected to be delivered for their benefits.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

In Djibouti, FAO has a network of field agents in contact with the communities of beneficiaries. In general needs and complaints are conveyed directly to FAO through community leaders, who have direct and easy access to FAO office and managers. However, often requests or complains are also passed through the FAO network of field agents.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

The likelihood of any SEA-related complaint in this project is considered negligible because (i) the beneficiaries groups are members of traditionally structured and gender-segregated communities (and FAO respects this system in Djibouti), and (ii) there were very limited interactions between the staff distributing the livelihood assets and beneficiary groups. No SEA complaint was received.

Any other comments (optional):

No further comments.

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
In compliance with FAO policy on evaluation and in consideration of budget size, no separate evaluation of the project is anticipated. However, the project will contribute to the Office of Evaluation (OED)-managed Evaluation Trust Fund and will potentially be evaluated through a cluster approach, along with other projects that share one or more of the following characteristics: theme and/or approach, geographical area of intervention, resource partner. If during project implementation the parties deem a separate evaluation necessary, this will be organised under OED's responsibility and fully funded through the project budget.	EVALUATION CARRIED OUT ☒
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

9.2. Project Report 19-UF-IOM-011 – IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Djibouti
3. Cluster/Sector:	Water Sanitation Hygiene -– Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-UF-IOM-011
5. Project Title:	Emergency WASH along migration and transhumance routes		
6.a Original Start Date:	30/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	30/03/2020
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$ 620,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 623,158**
	c. Amount received from CERF:	**US$ 503,158**
	d. Total CERF funds forwarded to implementing partners	**US$ 124,122**
	of which to:	
	Government–	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 62,119
	Red Cross/Crescent	US$ 62,003

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners reached 26,400 migrants and host communities along the migratory route with access to emergency WASH facilities; created two WASH committees for the operation and maintenance of the facilities in Arta and in Obock; trained 60 hygiene promoters in the locations of Obock, Arta and Dikhil; and reached 236 migrants per day during the implementation of the awareness campaigns, that focused on improved hygiene practices, in particular appropriate use of the latrines and regular and proper hand hygiene.

The construction works concerned the procurement and installation of 5 elevated water tanks (with a capacity of 4,800 L each) in the Obock region (Tagareh, Alat Ela, Fantahero, Deley-Ef), and one in Arta region (Koussour Koussour), and the installation of 52 gender-segregated, with lockable doors, pit latrines in Obock region (Alat Ela, Fantahero, Deley-Ef and the Migration Response Center).

Lastly, 219 hygiene kits, 1750 Menstrual Hygiene Management (MHM) items, 100 handwashing stations with holding structure and soap, 100 cleaning kits (bucket, cleaning gloves, garbage bags and household bleach), and 3500 loose WASH NFIs (hygiene kits top-up) have been distributed in Arta, and in Obock.

The project was implemented between April 2019 and March 2020 and contributed in improving the access to safe water and sanitation facilities along the migratory route, in particular in the Arta and Obock regions.

3. Changes and Amendments

During the project implementation, it was not possible to initiate the construction of the 10 latrines and the installation of the planned water point in Dikhil due to challenges in reaching an agreement with the Regional Council for the site location. Several meetings have been organized and held between IOM and the relevant authorities in the region. The Regional Council, in particular, requested the additional construction of a transit area next to the WASH facilities. After several unsuccessful consultations, and the evaluated impossibility in constructing the requested transit center (for budget constraints, project design and available timeframe), the authorization to proceed

was refused and the construction works have been transferred to the locality of Deley-Ef, after site and need assessments conducted by IOM.

This particular construction has stopped due to the confinement measures put in place by the government in mid-March, and it was not possible to finalize the latrines by March 30ht. The budget was reallocated to procure and distribute additional WASH NFIs, such as handwashing stations, body and laundry soap, buckets, cleaning supplies, masks and gloves, for the migrants and the Operation and Maintenance (O&M) activities of the built latrines in Obock and Arta regions. Due to the restriction of movements and confinement implemented under the national COVID-19 response, the procurement and distribution of WASH NFIs, in particular for what concern the internationally procured items not available in the country, the awareness raising campaigns and the finalization of training tools also experienced a delay. Lastly, the awareness raising campaigns didn't achieved the desired target especially due to the interruption of the trainings in Dikhil, caused by a change in the implementing partner, from GDS to UNFD, and Dadal Affito to Croissant Rouge, as GDS and Dadal Affito couldn't meet IOM standards for implementation and reporting, and moreover Council's influence in interrupting the activities.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Water Sanitation Hygiene -– Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	3,000	1,000	500	500	**5,000**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	19,000	6,000	2,000	1,000	**28,000**
Total	**22,000**	**7,000**	**2,500**	**1,500**	**33,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people planned"")")	220	7	3	3	**233**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Water Sanitation Hygiene -– Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	2,400	800	400	400	**4,000**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	15,200	4,800	1,600	800	**22,400**
Total	**17,600**	**5,600**	**2,000**	**1,200**	**26,400**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people reached"")")	220	7	3	3	**233**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	It has been estimated a 20% difference in the number of beneficiaries reached, due to the non-completion of the latrines and water point infrastructure in Deley-Ef.

4.c Persons Indirectly Targeted by the Project

NA

5. CERF Result Framework

Project Objective	Increase safe water supply and improve hygiene practices and adequate sanitation to affected populations on the human migration routes to prevent water and sanitation diseases

Output 1	Hygiene promoters among host community and migrants have acquired the technical skills to promote good hygiene practices through awareness sessions			
Sector	Water Sanitation Hygiene --- Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of persons trained in Dikhil, Obock	20 per region with a total of 40	60	Reports from NGOs
Indicator 1.2	Number of training tools developed and distributed	3	1	Tool/Reports from NGOs
Explanation of output and indicators variance:		Target for Indicator 1.1 was overachieved, thanks to the effective presence of the implementing partners in the regions of Obock and Arta. Target for Indicator 1.2 has been under-achieved due to the confinement measures implemented under the national COVID-19 response. The budget was reallocated to procure and distribute additional WASH NFIs, such as handwashing stations, body and laundry soap, buckets, cleaning supplies, masks and gloves, for the migrants and the O&M activities of the built latrines in Obock and Arta regions		

Activities	**Description**	**Implemented by**
Activity 1.1	Identify hygiene promoters to conduct awareness raising in specific areas within Dikhil, and Obock regions	Croissant Rouge de Djibouti (CRD) Union Nationale des Femmes Djiboutiennes (UNFD)
Activity 1.2	Develop training tools	Union Nationale des Femmes Djiboutiennes (UNFD)
Activity 1.3	Develop context specific outreach campaigns on health and hygiene promotion including Information, Education and Communication (IEC) materials in several languages and for illiterate beneficiaries	Croissant Rouge de Djibouti (CRD) Union Nationale des Femmes Djiboutiennes (UNFD)

Output 2	Access to basic WASH facilities amongst migrants and affected local communities within the migratory route is strengthened			
Sector	Water Sanitation Hygiene --- Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of latrines constructed	54	52	Construction reports

Indicator 2.2	Number of migrants and host communities reached daily with awareness raising sessions	200 migrants and 18 host communities per day	236 daily	KOBO reports
Indicator 2.3	Number of water-points/wells constructed	5	5	Construction reports
Indicator 2.4	Number of WASH committees initiated to ensure sustainability	2, one per region	2	Reports from NGOs
Indicator 2.5	Number of migrants and host population reached with hygiene kits per month	1,428 per month	5,469 in total	Distribution reports
Explanation of output and indicators variance:		Target for Indicator 2.1 was underachieved due to the incomplete construction of the latrines in Deley-Ef, and the consequent confinement measures implemented under the national COVID-19 response. Target 2.2. was overachieved, thanks to the effective presence of the implementing partners in the regions of Obock and Arta. Target 2.5 was underachieved, due to the containment measures and the impossibility in purchasing and distributing the planned items.		

Activities	**Description**	**Implemented by**
Activity 2.1	Finalize agreement with Governmental partners, NGOs and exact location for setting up of latrines	Kayad constructions
Activity 2.2	Organization of awareness raising campaigns sessions following prior participatory assessments	Croissant Rouge de Djibouti (CRD) Union Nationale des Femmes Djiboutiennes (UNFD)
Activity 2.3	distribution of hygiene kits following prior participatory assessments	Croissant Rouge de Djibouti (CRD) Union Nationale des Femmes Djiboutiennes (UNFD)
Activity 2.4	Finalize agreement with Governmental partners, NGOs for setting up the 05 waterpoints/water wells	IOM
Activity 2.5	Construction of water wells	Kayad constructions
Activity 2.6	Set up of WASH Committees led by male and female beneficiaries	Croissant Rouge de Djibouti (CRD) Union Nationale des Femmes Djiboutiennes (UNFD)

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Before project start, IOM conducted site and needs assessments to establish the optimal solution for host communities and migrants.
IOM conducted consultations at the local and regional level, with community members, and the Regional Councils of the different location of intervention, to introduce the project activities, (construction of WASH facilities and hygiene promotion sessions) and ensure the project addressed the needs of migrants and at the same time respected the concerns of the host population. Local leaders were consulted as well.

During project implementation, as IOM started the construction works, on-going discussions were held regularly with local communities and authorities to ensure that communities were engaged and sensitized. These meetings were also opportunities to receive feedback and complaints. As a final result, was the impossibility of continuing the activities in Dikhil region and opting for Deley-Ef.
Lastly, IOM conducted monitoring visits to project sites, involving the local NGOs responsible for the operation and maintenance (O&M), consulted as part of the monitoring visits, with the aim of collecting feedbacks and take the appropriate measures.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

IOM engaged with the relevant local authorities (Regional Council of Dikhil and Obock regions) prior to the start of the project and in all phases of implementation. The engagement was conducted through meeting involving all concerned parties, the local governor, IOM WASH staff and consultants, and the local NGOs.
IOM trained women and men as hygiene promoters, on improved hygiene practices and the operation and maintenance activities necessary for the WASH facilities (latrines and water tank). IOM trained women, with the purpose of reaching other women in the community on the key moments to handwashing, and the risk contaminated water for prevention of Acute Watery Diarrhea (AWD).

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

IOM beneficiaries were provided information on the organisation's principles through discussions with community leaders and focus group discussions. Community leaders were provided with the contact details of IOM focal points in each targeted location so they could report any incidents involving an IOM staff.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Due to the nature of the project, typical complaint mechanisms could not be implemented. Therefore, IOM opted for collecting feedbacks through the WASH committees, and in particular the members of the NGOs involved in the O&M of the latrines. These regular consultations allowed to track the satisfaction in the use of the WASH facilities and take appropriate corrective measures.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

Any other comments (optional):
IOM ensures regular monitoring and technical supervision to all sites. During the visits IOM conducts joint assessments, involving members of the host community and migrants, to ensure the correct use and understanding of the facilities.

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

Due to the current situation in-country, the prolong confinement and the restriction of movements, which is now been extended, it would be difficult to contract a third-party for a post-evaluation, as it is the usual procedure. It has therefore been decided for this project to do not carry out an evaluation.

EVALUATION CARRIED OUT ☐
EVALUATION PENDING ☐
NO EVALUATION PLANNED ☒

9.3. Project Report 19-UF-HCR-012 -– UNHCR

1. Project Information			
1. Agency:	UNHCR	**2. Country:**	Djibouti
3. Cluster/Sector:	Protection -– Sexual and/or Gender-Based Violence	**4. Project Code (CERF):**	19-UF-HCR-012
5. Project Title:	Emergency protection for conflict affected refugees		
6.a Original Start Date:	18/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	NA
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$ 725,308**
	b. Total funding received for agency's sector response to current emergency:	**US$ 325,000**
	c. Amount received from CERF:	**US$ 150,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 140,187**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ **140,187**
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through CERF UFE grant, UNHCR and its partners reinforced the response capacity to the effects of GBV in Markazi refugees settlement by strengthening refugee community structures, organizing information and awareness-raising campaigns, prevention of sexual violence and abuse as well as community-based protection. The project provided psycho-social support and medical attention to SGBV survivors, providing needed counselling to counteract the trauma they have experienced while fleeing their homeland.
During the reporting period, the awareness campaigns reached a total of 1,179 people to prevent SGBV which exceeded the 2019 planning figures of 1,100; 3 community-based committee; provided Comprehensive package of services including legal and medical and Psycho-social support to 9 SGBV survivors. The project implementation covered the period from 21 April 2019 to 31 December 2019 where interventions were focused on Markazi refugees settlement located in Obock district.

3. Changes and Amendments

N/A

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection -– Sexual and/or Gender-Based Violence				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	461	265	188	186	**1,100**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**461**	**265**	**188**	**186**	**1,100**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people planned"")")	0	0	0	0	**0**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection -– Sexual and/or Gender-Based Violence				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities					
Refugees	500	300	201	178	**1,179**
Returnees					
Internally displaced persons					
Other affected persons					
Total	500	300	201	178	**1,179**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people reached"")")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	UNHCR reached 1,179 persons which exceed by 79 initial planning figures. This discrepancy is 79 Yemen refugees arrived during the implementation period (April to December 2019).

4.c Persons Indirectly Targeted by the Project

The persons indirectly targeted by this project were the host communities and local leaders as well as authorities.

5. CERF Result Framework	
Project Objective	Risk of SGBV is reduced and quality of response improved

Output 1	Participation of community in SGBV prevention and response enabled and sustained Protection – Sexual and/or Gender-Based Violence			
Sector	Protection – Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of community-based committees/ groups working on SGBV prevention and response	3	3	partner final report
Indicator 1.2	Develop IEC tools for prevention on SGBV.	Union National des Femmes Djiboutiennes (UNFD)	1,179	partner final report
Indicator 1.3	Awareness campaign including refugee rights, prevention of sexual violence and abuse and community-based protection.	UNFD	1,179	partner final report
Indicator 1.4	Stress management and recreational activities for refugees and host community (promote peaceful co-existence)	UNFD	1,179	partner final report
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	3 community-based committees working on SGBV prevention and response have been put in place in Ali Addeh, Holl Holl and Markazi settlement. All of these committees benefited from visibility articles, namely vests and badges. These committee members were used during major events.	UNFD
Activity 1.2	The refugee community actively participates in awareness raising activities such as mass awareness raising, information campaigns organized during the celebration of International Women's Day and the 16 days of activism related to the prevention of Sexual and gender-based violence. These two important days were the framework required to pay tribute to women in all their physical, legal, moral, economic, social dimensions and to demand respect for their fundamental rights. These mass activities were approved by the refugees who participated in large numbers. The refugee community also participated in group discussions initiated regarding the construction of a Women and Girls' Safe Space (WGSS) in Markazi. An FGD (Focus Group Discussion) was conducted with the women and girls at Markazi who were introduced the concept and which they showed and expressed a great need for, especially that girls are not usually allowed out of the containers due to tradition and custom. As such, this space may prove the only space where the parents would allow the girls to go and give UNHCR/UNFD access to them. In the FGD, the women and girls noted the importance of the center to be just for women and girls and to be surrounded by a fence to ensure no men and boys can come in. They also	UNFD

	expressed the time of day they would be free to take part in regular activities and the kind of activities they would like to take part in and indicated the location they would like the center to be built in. This was approved by the men, but also by the women for whom this project has been developed. It is on this community that UNHCR and UNFD staff relied to guide the activities which should govern the functioning of this center.	
Activity 1.3	The Women and Girls' Safe Space (WGSS) plan and technical guidance note was shared and approved by the partner to build in Markazi. The structure is meant to be viewed as a women and girls only space where they can come to take part in curriculums, psychosocial activities (i.e. support groups, sports, etc), and skills building activities (literacy and numeracy classes, English classes, and any other skills they identify as relevant to them), and empowerment curriculums for women and girls. Finally, the Space is meant to have a confidential consult room for case management. Information and awareness raising sessions on GBV will also take place in the center. This will help bring together beneficiaries from all walks of life and thereby reduce the stress observed among them since they are generally confined because of socio-cultural constraints.	UNFD

Output 2	Psychosocial counselling provided			
Sector	Protection –– Sexual and/or Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of reported SGBV incidents for which survivors receive psychosocial counselling	50	9	partner final report
Indicator 2.2	Comprehensive package of services including legal and medical and Psycho-socio support to SGBV survivors	UNFD	9	partner final report
Indicator 2.3	Strengthen referral mechanism and individual case management	UNFD	9	partner final report
Indicator 2.4	Empower women and girls, through economic independence to mitigate exposure to future abuse.	UNFD	9	partner final report
Explanation of output and indicators variance:		**Indicator 2.1** While the target was 50, only 9 cases were recorded during the period and 100% of them received the required assistance.		

Activities	**Description**	**Implemented by**
Activity 2.1	The SGBV program developed during 2019 focused on activities to identify SGBV cases, prevent and respond to reported cases. **9** SGBV cases / incidents involving 8 women and 1 girl were identified in Markazi. We have also noted the dominance of domestic violence documented by SGBV case workers intervening at the listening centers. The survivors affected all received basic psychosocial support in these listening centers which enabled them to cope with the violence suffered and to request other response services to	UNFD

	promote their full recovery. This support helped survivors become aware of their resilience. The police / gendarmerie services received 1 case of a sexual nature with the aim of supporting the criminal proceedings and helping the survivor in his quest for justice. Medical services were contacted for care of physical injury / trauma. At the legal level, UNFD supports survivors in providing legal advice and facilitates survivors (complainants / applicants), obtaining certain legal acts required by the Court of 1st Instance of Djibouti or mobile courts in the context of the constitution of the survivor's complaint file or when the said file is submitted. The objective of these legal acts is either to establish the parentage of the survivor with the author (marriage certificate), or to ratify court decisions relating to the dissolution of the marriage bonds (divorce act) or the payment of maintenance payments by the author / spouse or ex-spouse. The UNFD covers the costs of these legal acts. Survivors had access to legal advice with referrals from Obock-based ""ma'adoums" or Cadi. These traditional courts intervened to facilitate mediation between the parties, to celebrate marriages and to dissolve marriage bonds (divorce). The mapping of services made it possible to assess the availability of services and know where to refer the survivors. All this assistance was provided by national and international humanitarian organizations with the support of state structures. Also, the participation and involvement of the refugee community in the response chain is essential given the community support required to help the survivor recover psychologically and socially. The services of ""ma'adoums"" are generally appreciated by the communities and demanded on the spot in Markazi.	
Activity 2.2	A GBV core concepts and safe referral training was provided to partner field staff in Obock. It included a member of the Gendarmerie at Markazi, a midwife from Markazi, a nurse from the hospital in Obock, DRC, LWF, Education (1 day), WFP (1 day), and UNHCR field assistant (intermittently as had other tasks at the same time). The training covered the core concepts of GBV, and included informed consent, survivor centered approach, confidentiality, and how to make a safe referral including all the above concepts. The participation was commendable, especially from the side of the gendarmerie representative who seemed to have a genuine interest in understanding GBV better and how to properly respond. In addition, in terms of coordination, two coordination meetings with partners involved in the response chain took place in Obock / Markazi. The roles and responsibilities of each agency in its area of intervention were reminded in one of the two meeting held at the UNHCR Obock office. Standard operating procedures for managing SGBV cases have been updated for better prevention and intervention against SGBV.	UNFD
Activity 2.3	The Women and Girls' Safe Space (WGSS) meant to be viewed as a women and girls only space where they can come to take part in different activities like curriculums, psychosocial activities skills building activities (literacy and numeracy	UNFD

	classes, English classes, and any other skills they identify as relevant to them), and empowerment curriculums for women and girls. However, partners involved in socio-economic support are likely to receive references and provide answers in this area.	

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Refugees (or Crisis affected people) were consulted using the age, gender, diversity mainstreaming (AGDM) methodology and interviews were carried out based on prepared questionnaires by a multifunctional team including refugees, partners and UNHCR staff throughout the all planning cycle (Need assessments; Planning; implementation; Monitoring and Evaluation). The consultations included visits to refugees and particular attention was given to persons with specific needs including women, children heading families, elderly persons, as well as the resilience of people of concern to cope with potential disasters and adversities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In order to build a Women and Girls' Safe Space (WGSS) in one of refugee villages for example, we initiated the focus group approach (group discussions) with women and girls. We presented the project to them and they showed their interest and expressed a great need for the realization of this project. They also expressed the time of day they would be free to take part in regular activities and the kind of activities they would like to take part in and indicated the location they would like the center to be built in.
This approach was approved by men, but also by women for whom this project has been developed. It is on this community that UNHCR and implementing partner relied to guide the activities which should govern the functioning of this center.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Awareness posters on PSEA already exist in refugee villages; Leaflets are being produced to strengthen PoCs'' knowledge of UNHCR values and principles. Committees exist in refugee villages. It is through them that information is transmitted. There are regular meetings with the community that also serve as a conduit for information. As part of the fight against SGBV, there is a listening center which also receives refugees with whom information needed is shared directly.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Two hotlines (one belonging to the HCR and the other to the WFP) allow the PoCs to communicate their complaints while awaiting for the establishment of an interagency CFM; moreover, in the current context of COVID-19, 2 WhatsApp groups (one group for the incentive workers of the partners and another for the focal points of the partners) in the refugee villages make it possible to stay in touch with PoCs

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

Interagency complaints and feedback mechanisms are underway for the management of possible SEA cases. Additionally, an interagency workplan is being developed to strengthen Protection of PoCs. This workplan will rely on the Hotlines provided by UNHCR and WFP, community leaders and incentive workers of partners to monitor the situation.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
MFT evaluation mission planned to be conducted during April 2020 but due to COVID19 evaluation exercise postponed for June 2020.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

9.4. Project Report 19-UF-CEF-044 -– UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Djibouti
3. Cluster/Sector:	Health -– Health	**4. Project Code (CERF):**	19-UF-CEF-044
5. Project Title:	Emergency Measles vaccination campaign		
6.a Original Start Date:	24/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	
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$ 250,000**
	b. Total funding received for agency's sector response to current emergency:	**US$210,000**
	c. Amount received from CERF:	**US$ 210,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 59,819**
	of which to:	
	Government Partners	US$ 59,819
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The UF CERF USD 210,000 grant supported the lifesaving of the children under 15 in the region through the organisation of the measles mass campaign in the five regions with 150,734 (98.7%) vaccinated. Most of the children targeted in this campaign were reached specially those living in remote setting with no access to health services and affected by high malnutrition which is an enabled factor leading to death. In addition, the monitoring team used this opportunity to monitor the regular essential services continuity as well as the use of health services, the availability and functionality of the cold chain and medicines. The recommendations of this monitoring will be translated into rapid action plan specially in this context of COVID 19. In addition, the campaign was an opportunity to improve the immunization skills of health professionals (on job training on immunization skills, refresh training …) and definitely helped to reach a total of 150,734 children of age 6 months to 15 years in the 5 regions with the required measles vaccination. These results could have been better without the constraints imposed by the floods in November 2019. The first phase of the campaign was conducted from 1 to 8 March 2020 in the 5 regions of the country (Arta, Tadjourah, Obock, Dikhil, Ali Sabieh) reaching 150,734 children under-15 years of age (98.7% of the target). The whole project was implemented from 24 April to 31 December 2019.

3. Changes and Amendments

The national measles campaign was planned in the last quarter of 2019 and a multiple phases campaign was adopted due to the limited health HR to perform the injections. The consecutive occurrence of floods (November 2019) and the on-going COVID-19 pandemic have both contributed to delay the campaign implementation. The first phase of the campaign was conducted from 1 to 8 March 2020 in the 5 regions of the country. The second phase of the campaign in Djibouti city and peri-urban areas is presently postponed due to the COVID-19 lockdown in the country and will be implemented upon the end of the COVID-19 lockdown.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health --- Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	166,793	175,690	**342,483**
Refugees	0	0	6,334	6,086	**12,420**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	2,000	500	**2,500**
Total	**0**	**0**	**175,127**	**182,276**	**357,403**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people planned"")")	0	0	1,750	1,820	**3,570**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health --- Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	62,690	66,034	**128,724**
Refugees	0	0	6,334	6,086	**12,420**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	5,500	4,090	**9,590**
Total	**0**	**0**	**74,524**	**76,210**	**150,734**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people reached"")")	0	0	1,786	1,858	**3,644**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The results presented in the table 4.b reflect only the number of children reached in the 5 regions of the country during the first phase of the campaign. The 2nd phase of the campaign in Djibouti city and peri-urban areas is not yet implemented due to the on-going COVID-19 lockdown.

4.c Persons Indirectly Targeted by the Project
N/A

5. CERF Result Framework

Project Objective	Support a nationwide emergency measles vaccination campaign

Output 1	357,403 children aged 6 months to 15 years are vaccinated against measles, countrywide			
Sector	Health –– Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of children of age 6 months to 15 years vaccinated against measles	342,483	150,734	EPI/MoH campaign report
Indicator 1.2	Number of refugees' children 6m-15 y vaccinated against measles	12,420	12,420	EPI/MoH campaign report
Indicator 1.3	Number of other affected children 6m-15 y vaccinated against measles	2,500	0	EPI/MoH campaign report
Explanation of output and indicators variance:		Only one phase of the campaign in the 5 regions of the country has been conducted. The 2nd phase in Djibouti city and peri-urban areas of Djibouti has been delayed due to the on-going COVID-19 lockdown.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure measles vaccines	UNICEF
Activity 1.2	Support development of social mobilization plan and budget at the decentralized level (regions)	Ministry of health
Activity 1.3	Support the implementation of social mobilization activities nationwide before and during the campaign	Ministry of Health

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The development of the vaccination campaign micro plans at the most decentralized level involved the leaders of the targeted communities affected by emergencies (refugees, host communities within the migrants' corridors).

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

At all levels, the preparation and implementation of the campaign involves active women groups as well as community-based mobilizers groups.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The post-campaign evaluation mechanism systematically built into all measles campaign vaccination offered the opportunity to gather the feedback from the beneficiaries on the activity.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐
The awareness campaign includes a strong component of managing side-effects of the vaccination and provide a great opportunity for families and households to address their concern about the vaccination (if any) to the nearest health facility and get it solved appropriately. Besides, the community-based mobilizers groups are also involved into gathering the complaint from families and reporting it to nearest health facilities as well as to campaign supervisors and coordinators for immediate response.	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
UNICEF has kept improving the awareness of implementing partners on Prevention on Sexual Exploitation and Abuse (PSEA) measures.	
Any other comments (optional):	
N/A	

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

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

The first phase of the measles vaccination campaign in the 5 regions was evaluated through the immediate post-campaign assessment applied systematically to assess the effective coverage of the campaign. However, the second phase still not yet implemented and therefore keeping the evaluation pending.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

9.5. Project Report 19-UF-CEF-045 –– UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Djibouti
3. Cluster/Sector:	Water Sanitation Hygiene –– Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-UF-CEF-045
5. Project Title:	Emergency WASH along migration and transhumance routes		
6.a Original Start Date:	18/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	31 March 2020
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$ 2,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 849,999**
	c. Amount received from CERF:	**US$ 849,999**
	d. Total CERF funds forwarded to implementing partners	**US$ 566,000**
	of which to:	
	Government Partners	US$ 476,000
	International NGOs	US$ 0
	National NGOs	US$ 90,000
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF UFE funds, UNICEF together with its implementing partners, has achieved the hygiene promotion activities and distribution of WASH kits to affected populations along the migration routes (between the Lac Assal and Tadjourah and Dikhil) as well as to households and persons affected by floods in Djibouti, reaching more than 28,000 people with the interventions. More specifically, 3,910 households have been reached with the critical WASH kits within the required timeframe both in the migrants' corridor as well within the populations affected by floods in Djibouti. Besides, 5 water points have been rehabilitated within the migrants' corridor and the hygiene promotion campaign was launched in 5 localities along the migration routes (Dikhil, Abaytou, Mouloud) where community workers and village hygiene committees have been trained and WASH kits distributed. The major challenge encountered during the implementation is related to the surge of new emergencies (floods, COVID-19) contributing to delay the implementation. The original time frame of this project was 18 April 2019 to 31 December 2019. Then an NCE was granted to extend the duration up to 31 March 2020. Upon the sudden occurrence of floods in November 2019, a redeployment of funds was granted to UNICEF to provide the assistance to persons and households affected by the floods in Djibouti city.

3. Changes and Amendments

This project has experienced an NCE enabling to continue the implementation up to 31 March 2020 as also a funds redeployment helping to address the immediate and urgent needs of persons affected by floods in November 2019 in Djibouti. Both the NCE and the redeployment were approved by the CERF Secretariat and have been very helpful in achieving the project results and even beyond. This shift helped to reach the floods affected population in Djibouti city within the 72 hours with the essential WASH services. The granted NCE and de redeployment of funds were definitely essential for completing greater results within the revised timeframe (18 April 2019 – March 2020).

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Water Sanitation Hygiene --- Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	1,980	1,860	489	456	**4,785**
Refugees	4,596	1,763	1,058	598	**8,015**
Returnees	0	0	0	0	**0**
Internally displaced persons	459	441	153	147	**1,200**
Other affected persons	5,830	5,476	1,440	1,344	**14,090**
Total (revised after redeployment)	**12,865**	**9,540**	**3,140**	**2,545**	**28,090**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people planned"")")	70	41	17	12	**140**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Water Sanitation Hygiene --- Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	1,980	1,860	489	456	**4,785**
Refugees	4,596	1,763	1,058	598	**8,015**
Returnees	0	0	0	0	**0**
Internally displaced persons	459	441	153	147	**1,200**
Other affected persons	5,830	5,476	1,440	1,344	**14,090**
Total	**12,865**	**9,540**	**3,140**	**2,545**	**28,090**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people reached"")")	70	41	17	12	**140**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Upon the floods registered in Djibouti in November 2019, a redeployment of partial CERF funds ($281,000) was requested by UNICEF and approved by the CERF Secretariat to rather focus on 14,090 persons (2,818 households) affected by the floods in the Djibouti city. This redeployment has contributed to increase the total number of persons targeted and reached by the CERF allocation from 14,000 to 28,090 persons.

4.c Persons Indirectly Targeted by the Project
General population residing in the project sites also received messages on hygiene promotion aired through community-based channels.

5. CERF Result Framework	
Project Objective	Provide improved access to WASH services for affected populations living and those moving along migration routes and to persons affected by the November 2019 floods in Djibouti city.

Output 1	Around 28,090 people gain access to drinking water, basic sanitation and have increased awareness of good hygiene practices			
Sector	Water Sanitation Hygiene – Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of persons provided with improved access to drinking water	28,090	19,550	Implementing partners reports
Indicator 1.2	Number of persons gained improved access to basic sanitation facilities	28,090	28,090	Implementing partners reports
Indicator 1.3	Number of persons exposed to hygiene promotion message	28,090	28,090	Implementing partners reports
Indicator 1.4	Number of WASH kits including Handwashing and domestic water treatment distributed (including 2,810 WASH vouchers)	3,910	3,910	WASH kits & vouchers distribution reports
Explanation of output and indicators variance:		Redeployment of part of the CERF funds to target persons affected by floods in Djibouti city has helped to increase the reach of the project.		

Activities	**Description**	**Implemented by**
Activity 1.1	Emergency rehabilitation of 4 solar powered water system	DHR
Activity 1.2	Construction of 200 latrines for rural households	Ministry of Social Affairs – MASS (Funds redeployed to support the WASH vouchers system)
Activity 1.3	Construction 2 public toilets	Ministry of Social Affairs – MASS (Funds redeployed to support the WASH vouchers system)
Activity 1.4	Conducting of hygiene promotion activities	National NGOs (ADIM, ASDEG & CRD)
Activity 1.5	Procurement and distribution of 3,910 WASH kits	UNICEF direct procurement but for the WASH vouchers, an agreement was made with WFP and the Ministry of Social Affairs.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The planning of activities at the field level involved the beneficiary communities and the sites of water infrastructures is defined together with the beneficiary's leaders. Besides, the hygiene promotion and the distribution of WASH kits again involved the beneficiary households (vouchers systems).

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Water management committees are common mechanisms at the community level to get a better participation from the beneficiaries from the needs' assessment up to the implementation levels. Specifically, in the migrants' corridor, a field mission to reassess the communities WASH needs was again conducted by the government involving the local leaders and the water management committees.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

National NGOs have reactivated their community-based networks to ensure a timely awareness of the populations on the project as well as ensuring the hygiene promotion at the households' level.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

The existing local mechanisms for complaint (local government structures) were active and during the project, several complaints were received through these mechanism and processed – for example with regard to the sit for building a water reservoir in some localities.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

UNICEF Djibouti covered the issues related to PSEA through it regular awareness mechanisms on PSEA put in place in favour of the implementing partners.

Any other comments (optional):
This CERF allocation was very successful as it was possible to re-gear part of the allocated funds (redeployment0 to address an immediate and urgent emergency (floods in November 2019). This flexibility of the CERF funds has been very contributively to reaching the persons affected by floods with the lifesaving services within the required 74 hours.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CVA is a component of the CERF project Upon approval of the redeployment request submitted by UNICEF after the occurrence of floods in November 2019.	Yes, CVA is a component of the CERF project

7.b Please specify below the parameters of the CVA 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).

CVA Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Voucher	US$ 281,000	Sector-specific	Water Sanitation Hygiene - Water, Sanitation and Hygiene	Unconditional	Restricted

Supplementary information (optional):

In response to the floods occurred in November 2019 in Djibouti, the government through the Ministry of Social Affairs has identified several numbers of household needing immediate support in terms of foods and NFI (basically WASH items). Based on the existing mechanisms put in place by the MASS and WFP, it was possible to rapidly reach the persons and households affected by floods with the voucher system. Therefore, UNICEF simply teamed up with MASS and WFP to reach additional households with the NFI component of the Voucher System. An agreement was signed between UNICEF and WFP to successfully operate this scheme and a total of 3,910 WASH kits were distributed to needed households.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The evaluation of the project was constrained by the surge of the COVID-19 pandemic and the following lockdown strategy in the country. Upon the end of the COVID-19 lockdown, UNICEF plans to carry up the evaluation of the project as well.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

9.6. Project Report 19-UF-WFP-028 -– WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Djibouti
3. Cluster/Sector:	Nutrition -– Nutrition	**4. Project Code (CERF):**	19-UF-WFP-028
5. Project Title:	Provision of nutritional assistance (prevention and treatment of Moderate Acute Malnutrition)		
6.a Original Start Date:	26/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	31/03/2020
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$ 3,061,873**
	b. Total funding received for agency's sector response to current emergency:	**US$ 890,070**
	c. Amount received from CERF:	**US$ 750,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Thanks to the CERF UFE funding, WFP implemented its nutritional supplementation programme to treat acute malnutrition and prevent chronic and acute malnutrition, mainly in high-prevalence areas such as Obock. WFP supported the Ministry of Health in providing nutrition commodities to scale-up Moderate Acute Malnutrition (MAM) nutrition services to 2,950 children and 1,300 Pregnant Lactating Women (PLW) (of the 6,050 children and 3,650 pregnant and lactating women in need of MAM support), primarily in the regions of Tadjourah, Obock and Ali Sabieh. In the three refugee villages, the target group included 400 children aged 6 to 59 months and 170 pregnant or lactating women for the treatment of MAM, as well as 1,000 women, breastfeeding mothers and 1,200 children aged 6 to 23 months for the prevention of chronic malnutrition. For this audience, WFP provided nutrition services, including provision of nutrient rich food and nutrition education and counselling to refugees and asylum seekers living in refugee villages.

All activities of the project : Activity 1 (treatment of Moderate Acute Malnutrition (MAM) for refugees), Activity 2 (prevention of MAM for refugees), Activity 3 (treatment and prevention of MAM for Djiboutian children (6-59 months) and Activity 4 (sensitisation for behavioural change for good nutritional practices, were supposed to be implemented every months of the project starting on 31 /12/2019 for a period of 9 months.

3. Changes and Amendments

Due to high levels of moderate malnutrition rates in Djibouti, WFP Djibouti implemented a nutritional supplementation programme to treat acute malnutrition and prevent chronic and acute malnutrition, mainly in high-prevalence area. WFP Djibouti used nutritional products that had been procured using WFP internal funds to implement the activity in June 2019. In June, WFP initiated the procurement of nutritional products to replenish the stocks with UNCERF funds as planned.WFP Headquarters contracted the company "SAS IMPORTAZIONE ED ESPORTAZIONE CEREALI FARINE DI TRAVANI DOMENICO&C" in September. Unfortunately, a strike at the manufacturer's facility halted the production of food from 3 October until 28 October 2019, therefore the food could not be delivered as planned and invoice payment cannot be processed on time. An alternative supplier was not an option as WFP has only two suppliers and

had booked the entire capacity of both already. Therefore, WFP Djibouti requested a no cost extension of the grant for a period of three more months, until 31 March 2020, in order to receive the nutritional products and pay the invoice. The planned activities and targets did not change and were not affected by this change.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition — Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	1,300	1,416	1,534	**4,250**
Refugees	0	1,170	768	832	**2,770**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**2,470**	**2,184**	**2,366**	**7,020**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people planned"")")	0	0	0	0	**0**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition — Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	1,300	1,416	1,534	**4,250**
Refugees	0	1,170	768	832	**2,770**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**2,470**	**2,184**	**2,366**	**7,020**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of ""people reached"")")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of people assisted fits the planned action

4.c Persons Indirectly Targeted by the Project

N/A

5. CERF Result Framework	
Project Objective	Refugees, asylum seekers living in refugee villages and the vulnerable Djiboutian population (children 6-59 months, PLW) suffering from malnutrition improved their nutritional status in the target areas in the Republic of Djibouti throughout the year

Output 1	All targeted refugee and asylum-seeking children aged 6 to 59 months and pregnant and lactating women with moderate acute malnutrition have access to treatment services, including nutritional counselling, to support their nutritional recovery			
Sector	Nutrition --- Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Nutritional recovery rate	>75%	>75%	Comet (WFP beneficiaries' platform)
Indicator 1.2	Dropout rate	<15%	<15%	Comet (WFP beneficiaries' platform)
Indicator 1.3	Non-response rate	<15%	<15%	Comet (WFP beneficiaries' platform)
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of nutritious food to refugees and asylum seekers living in refugee villages.	WFP
Activity 1.2	Sensitize target groups living in refugee villages through nutrition education programmes.	WFP

Output 2	All targeted refugee and asylum-seeking children aged 6 to 23 months and pregnant and lactating women have access to preventive services, including specialized nutritious foods and nutrition education to meet their basic nutritional needs			
Sector	Nutrition --- Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Proportion of eligible children participating in the programme	>70%	>70%	COMET
Indicator 2.2	Proportion of the target population that participated in an adequate number of distributions	>66%	>66%	COMET
Indicator 2.3	Proportion of children aged 6 to 23 months who received a minimum acceptable diet	>70%	>70%	COMET
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Awareness for behavioral change through the promotion of good nutritional status to reduce anemia during pregnancy and breastfeeding, ensure the birth of healthy babies and good birth weight	WFP Djibouti
Activity 2.2	Monitor and promote child growth through promotion of optimal infant feeding practices and promotion of adequate growth for all children under 5 and early identification of malnutrition	WFP Djibouti
Activity 2.3	Provide nutritional inputs to support this programme	WFP Djibouti

Output 3	All targeted Djiboutian children aged 6 to 59 months with moderate acute malnutrition have access to treatment, including specialized micronutrients and nutritional counselling, to promote nutritional recovery			
Sector	Nutrition --- Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Nutritional recovery rate	>75%	>75%	Comet
Indicator 3.2	Dropout rate	<15%	<15%	Comet
Indicator 3.3	Non-response rate	<15%	<15%	Comet
Explanation of output and indicators variance:		NA		
Activities	**Description**		**Implemented by**	
Activity 3.1	Provision of specialized nutritious foods and nutrition education for the prevention of chronic malnutrition to children 6-23 months and pregnant and lactating women (PLW)		WFP Djibouti	
Activity 3.2	Provision of nutritious foods for the treatment of moderate acute malnutrition to children 6-59 months and PLW;		WFP Djibouti	
Activity 3.3	Provision of food for the prevention of acute malnutrition among children 24 to 59 months, with MAM levels above 15%.		WFP Djibouti	

Output 4	Targeted Djiboutian children aged 6-59 months and PLWs in areas where GAM is above 15% and acute and chronic malnutrition rates are very high, have access to specialized nutritious food and their carers receive nutrition education in the aim of ensuring that basic needs are covered in order to prevent acute malnutrition			
Sector	Nutrition --- Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Proportion of eligible children participating in the programme	>70%	>70%	COMET
Indicator 4.2	Proportion of the target population that participated in an adequate number of distributions	>66%	>66%	COMET
Indicator 4.3	Proportion of children 6 to 23 months who received a minimum acceptable diet	>70%	>70%	COMET
Explanation of output and indicators variance:		N/A		
Activities	**Description**		**Implemented by**	
Activity 4.1	Sensitization for behavioral change through the promotion of good nutritional practices to reduce anemia during pregnancy and breastfeeding, ensure the birth of healthy babies and good birth weight		Ministry of Health (collaboration) and WFP Djibouti	
Activity 4.2	Monitor and promote child growth through promotion of optimal infant feeding practices and promotion of adequate growth for all children under 5 and early identification of malnutrition		WFP Djibouti	
Activity 4.3	Provide nutritional inputs to support this programme		WFP Djibouti	

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WFP implemented this project in coordination with the Ministry of Health for the provision of nutritional products and counselling and more specifically with its department called *mothers and children* which manages nutrition programmes at health centers level. In order to launch the nutrition programmes funded by CERF, this department collected affected populations needs and specificities to design, implement and monitor nutrition Programmes.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

See above. In Djibouti nutritional national mechanisms used to engage with beneficiaries are managed by the Ministry of Health with whom WFP coordinates its nutritional support to affected populations.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The health centers managed by the Ministry of Health inform beneficiaries of Acute Moderate Malnutrition (MAM) treatment programs. The ministry's staff enroll mothers and children in the malnutrition treatment program who face MAM. During their visits to the centers, the awareness and information sessions on the use of products and monitoring of treatment are delivered to the beneficiaries.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

WFP Djibouti did not implement a complaint and feedback mechanism system as nutritional commodities are provided to health centers managed by the Ministry of Health. The staff of the Ministry provide nutritional products to beneficiaries in the frame of the nutrition programme. However, WFP has sub-offices in the regions which conduct Post Distribution Monitoring activities including focus group with beneficiaries to discuss about possible challenges met during the provision of nutritional products and solutions to solve it in case of a possible issue.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

In refugees settlement, the Government of Djibouti established a mechanism for reporting and handling SEA related complaints and handled by the association called *Union Nationale des Femmes Djiboutiennes* (UNFD). WFP, UNHCR and UNFD are working on a harmonization of the complaints platforms and systems for SEA and food or nutrition related complaints as well.

Any other comments (optional):

Nothing to report

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
As the project finalised in March due to the funding period extension, Ministry of Health needs to send to WFP the defined project indicators for the first quarter of 2020. At this stage, due to the COVID-19 crisis context, WFP hasn't received yet these data from the Ministry which is dealing with the COVID response.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

9.7. Project Report 19-UF-WHO-025 -– WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Djibouti
3. Cluster/Sector:	Nutrition -– Nutrition	**4. Project Code (CERF):**	19-UF-WHO-025
5. Project Title:	Emergency Nutrition interventions / SAM		
6.a Original Start Date:	30/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	
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$ 460,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 130,000**
	c. Amount received from CERF:	**US$ 130,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US0

2. Project Results Summary/Overall Performance

Djibouti is a country facing food and nutritional insecurity. According to the results obtained from the SMART nutritional surveys of 2013 and 2019, the prevalence of global acute malnutrition went down from 17.8% to 10.3% ranging from the emergency to the serious or alert situation: Furthermore , the prevalence of severe acute malnutrition remained above 2% during the 2 surveys, i.e. from 5.7 (2013) to 2.6% (2019), describing, according to WHO 2006 references, consistency in the situation of emergency of acute malnutrition with complication. According to WHO reports in 2013, the infant mortality rate for children under 5 remains very high at 67.8 per 1,000 live births, of which 43% of the causes of death are linked to severe acute malnutrition with complications.
Under the CERF UFE fund, WHO has undertaken the following main actions from 28 October to 18 December 2019:

1. Strengthen the capacity to manage severe acute malnutrition in the 4 most affected regions (Obock, Tadjourah, Dikhil and Alisabieh) having presented the indicators of highest prevalence according to the SMART survey of 2013:
2. A consultant expert was recruited during this period to assess the situation in therapeutic treatment centers in the country, identify GAPs and contribute to their restructuring and functionality as well as capacity building for health personnel. A total of 4 nutritional treatment centres have been rehabilitated and made operational in OBOCK, Tadjourah, Dikhil and Alisabieh. The regions of OBOCK and Alisabieh include refugee villages and migrant retention centers.
3. A training workshop for 18 CMH managers was conducted in the management of acute malnutrition, preceded by the managerial capacity-building of 4 executives from the Directorate of Maternal and Child Health and Nutrition program.
4. Each of the 4 centers in the country were equipped with hospital infrastructure (brachial perimeter, bed, glucometer, computers etc.), resuscitation equipment (ventilators, aspirators, nasogastric tube, etc.); Inputs for screening and treatment through SAM kits with complications, MUAC, etc.)
5. the protocol and guidelines for treating SAM cases have been reviewed and updated.
6. A platform for reflection and coordination has been set up between WHO, UNICEF, WFP, UNHCR and IOM to better coordinate actions and interventions for the comprehensive management of acute malnutrition in Djibouti. The framework for health sector coordination and UNCT meetings allows a monthly based review for potential reprogramming, assessing progress, analysing strengths, weaknesses, threats and opportunities for coordination, monitoring and evaluation of interventions in the field for each UN involved agency.

3. Changes and Amendments

N/A

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Nutrition – Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	502	488	**990**
Refugees	0	0	107	103	**210**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**609**	**591**	**1,200**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	173	169	**342**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Nutrition – Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	502	488	**990**
Refugees	0	0	107	103	**210**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**609**	**591**	**1,200**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	173	169	**342**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

4.c Persons Indirectly Targeted by the Project

All parents (67,997 mothers and 76,320) in the geographical areas will benefit from this project since they will have easy access to quality nutrition care. They will no longer lose time and money to seek nutrition care for their children in case of SAM with medical complications. This will not only save lives, but also prevent them from falling into poverty or worsening their poverty situation

5. CERF Result Framework	
Project Objective	Strengthening saving lives of children under-five years of age through increasing management of Severe Acute Malnutrition

Output 1	Management capacities of Severe Acute Malnutrition are strengthened			
Sector	Nutrition – Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of Kits (SAM/MC), Equipment and Supplies for Four Therapeutic Feeding Centers	100% / 1,200	>100% (1,500/1,200)	Handover signed upon reception by the MOH
Indicator 1.2	Percentage / Number of health workers (Nurse and Auxiliary Nurse) trained on SAM management	100% / 50	44% (22/50)	Final report expert consultant
Indicator 1.3	Percentage / Number of under-five children suffering with SAM successfully treated.	100% / 1,200	>100% (1,500/1,200)	Quarterly report of National Nutrition programme
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of kits and equipment and supplies for four Therapeutic Feeding Centers (TFC)	WHO
Activity 1.2	Training of health workers (Nurse and Auxiliary Nurse) trained on SAM management	WHO
Activity 1.3	Provision of remuneration of health workers to ensure 24/7 functionality of the TFCs	WHO
Activity 1.4	Conduct monthly supervision to ensure quality management of SAM	WHO

Output 2	Established health facilities equipped to serve as sentinel site for malnutrition surveillance			
Sector	Nutrition – Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of completed monthly report timely produced	100% / 6	100%/ (6/6)	Quarterly report of National Nutrition programme
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of IT equipment for each established TFC	WHO
Activity 2.2	Recruitment of data manager for each of TFC	WHO
Activity 2.3	Recruitment of an international technical officer to coordinate and oversee the implementation of the Malnutrition project	WHO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

1. Design and planning:

WHO informed all communities targeted by the project to receive their feedback in the project designing. This is done during community activities: distribution of ready-to-use food, community detection of malnutrition cases, awareness meeting and advocacy with community leaders, traditional and religious, before the implementation of activities. mass vaccination campaign combined with vitamin A supplementation, SMART survey to determine prevalence of SAM and MAM

2. Implementation:

WHO established arrangements that permit meaningful communities' participation at all stages of the project implementation including operational planning, monitoring and evaluation. Activities benefited all groups in communities. the project still has a community component with locally identified focal points for follow-up and referral of cases in nutritional treatment centers, as well as participation in monthly data validation exercises in health facilities, with recommendations and resolutions to be taken addressed to each stakeholder.

3. Monitoring and evaluation:

WHO continuously engaged communities in the implementation of the project and facilitated communication and transparency. Information was shared in languages and formats, and media (Television and radio), that are understandable to all communities targeted in the project.

WHO ensured that all formal and informal communications from persons of concern, both positive and negative, informed protection.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Through community advocacy and risk communication via social media and social networks, several messages to raise awareness of the use of services have been disseminated to all sections of the population.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Through community advocacy and risk communication via social media and social networks, several messages to raise awareness of the use of services have been disseminated to all sections of the population.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

N/A

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
All activities having been duly executed in accordance with regular monitoring, the use of funds was carried out as planned and the technical report was submitted in due time. However, an internal evaluation will be made as soon as the continuity of services due to the COVID19 pandemic is restored. In addition, a general evaluation will be made within the framework of meetings of the health sector and of the UNCT.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

9.8. Project Report 19-UF-WHO-026 -– WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Djibouti
3. Cluster/Sector:	Health -– Health	**4. Project Code (CERF):**	19-UF-WHO-026
5. Project Title:	Emergency Measles vaccination campaign		
6.a Original Start Date:	30/04/2019	**6.b Original End Date:**	31/12/2019
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$ 560,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 259,968**
	c. Amount received from CERF:	**US$ 259,968**
	d. Total CERF funds forwarded to implementing partners	**US$ 213,468**
	of which to:	
	Government Partners	US$ 213,468
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

According to the epidemiological analysis, Djibouti presented in 2018 and 2019, 2 epidemics of measles with respectively 418 cases and 265 confirmed cases with foci located in the health regions and in the city of Djibouti.
Preparatory activities for the campaign began in June 2019 with the development of microplans, the identification of actors and the estimation of needs and procurement. The first launch of the campaign took place in December 2019, and due to several constraints related to floods, the response to new epidemics (Chikungunya, Dengue, ...) and the advent of the COVID19 pandemic, it is finally from March 1 to 8, 2020 that the first phase of the campaign took place in the health regions.

Specifically, under this CERF UFE funds, 3 main activities have been planned in order to reduce morbidity and mortality linked to measles:

1. The first planned activity was the vaccination campaign against measles throughout the territory of Djibouti targeting the age groups of 6 months to 15 years representative during the last measles epidemics. The total target was 364,493, of which 58% (211,758) were located in Djibouti city. The preparatory activities were completed in due time with the production of microplans, the training of health personnel and communication focal points, as well as social mobilizers and the timeline finalized at all levels. The launch phase was delayed due to the numerous outbreak of chikungunya, dengue and malaria that the country experienced during the third and fourth quarters of 2019: due to the requirement of the campaign of vaccinating child through injections , and the national shortage of health personnel mostly involved to respond to other epidemics of vector-borne diseases, the health authorities after the launch of the campaign decided to conduct it in 2 phases . The first part of the campaign in 5 health regions (Obock, Tadjourah, Dikhil, Alisabieh and Arta) where conducted, therefore targeted 152,735 and covered 150,734children, representing a coverage rate of 98.7%. The majority of refugees have been vaccinated in the Alisabieh and Obock regions. In addition to measles contain vaccine, doses of vitamin A were distributed to children 6 months to 59 months. The target 12 months to 59 months of age were dewormed with mebendazole. The second phase of the campaign planned in the city of Djibouti was postponed due to the COVID19 pandemic and international recommendations concerning the suspension of vaccination campaigns. An assessment to restore essential services in health facilities is underway and could also encourage the authorities for the deconfinement and decide carefully in due course on the second phase of the campaign.

2. The second activity funded by the same CERF was the strengthening of epidemiological and biological surveillance of measles. The reagents were purchased and made available to the national reference laboratory technicians at INSPD.
3. The third activity relating to independent monitoring after the campaign did not take place, the allocated funds were reallocated to the multiplication of campaign supports including vaccination cards and other cold chain equipment insufficient for a quality campaign
4. The total budget for carrying out a quality vaccination campaign was exclusively financed by CERF funds. No additional funding has been received from other regular donors, including GAVI. This motivated the amendment of the initial budget, by returning the line dedicated to independent monitoring, to reinforce the production gaps in terms of vaccination support and other vaccination cards deemed insufficient to cover the whole country.

3. Changes and Amendments

The measles vaccination campaign was scheduled to take place between October and November 2019. Due to the unprecedented epidemics of chikungunya and dengue fever that occurred during these periods, followed by heavy rains and floods in November 2019, activity was rescheduled in December 2019. The first part of the campaign took place in the 5 health regions of Djibouti. The second part, which was to cover the capital Djibouti, was delayed due to the occurrence of the COVID19 pandemic. All operational costs have been transferred to the implementing partner ministry of health under WHO technical supervision.

The budget planned to carry out the independent post-campaign monitoring activity has been reallocated to the preparatory phase of the vaccination campaign to reinforce the multiplication of data collection supports, campaign vaccination cards and part of the equipment of the cold chain. We were late in submitting the project review request when the funds were already made available to the implementing partner here the Ministry of Health. And the constraints linked to the shortage of health personnel, to the restriction of travel due to COVID19, and to the WHO recommendations to suspend vaccination campaigns to avoid dissemination, led to an adjustment of the campaign calendar. organized in 2 stages. One in the 5 health regions and another in the capital Djibouti city in preparation.
We consider this delay in submitting a project revision request as a lesson learned to avoid for future projects funded by CERF

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health – Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	166,793	175,690	**342,483**
Refugees	0	0	6,334	6,086	**12,420**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	2,000	500	**2,500**
Total	**0**	**0**	**175,127**	**182,276**	**357,403**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	1,750	1,820	**3,570**

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health – Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	62,690	66,034	**128,724**
Refugees	0	0	6,334	6,086	**12,420**

Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	5,500	4,090	**9,590**
Total	**0**	**0**	**74,524**	**76,210**	**150,734**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	1,786	1,858	**3,644**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The authorities of the Ministry of Health have decided to organize the campaign in 2 phases. The first phase of the campaign took place in the 5 health regions and targeted 152,735 children aged 6 months to 15 years and covered 150,734 giving a vaccination coverage rate in the regions of 98.7%. - However, the second part of the campaign planned for Djibouti was postponed several times due to the numerous epidemics of chikungunya, dengue, malaria which occurred in the country at the end of 2019, then COVID 19 at the start of 2020. It targeted 58% of the population aged 6 months to 15 years (211,758). - In total, the country's partial coverage rate is 41.35% (150,734/ 364,493).

4.c Persons Indirectly Targeted by the Project

The entire population of Djibouti by increasing herd immunity among the most vulnerable and by decreasing the susceptible population likely to develop measles.

5. CERF Result Framework

Project Objective	Reduce mortality, morbidity and disability due to measles in children aged 6 months to 15 year in Djibouti

Output 1	Organize the mass campaign for the targeted population aged 6 months to 15 years			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Percentage of children 6 months to 15 years vaccinated against measles	>95% (>339 532 children targeted)	- 98.7% in the subnational area (150,734/152,735) - 41,35% (150,734/ 364,493) all over the country: pending the implementation of phase 2 of campaign in Djibouti city	interim report on vaccination in the 5 health regions (EPI)
Explanation of output and indicators variance:	The constraints linked to the shortage of health personnel, flood, restriction of travel due to COVID19, and to the WHO recommendations to suspend vaccination campaigns to avoid dissemination of COVID19, led to an adjustment of the campaign calendar, organized in 2 stages. One in the 5 health regions and another in the capital Djibouti city. The interim result mentioned above are those of the first phase carried out in the 5 health regions. The second phase, which covers 2/3 of the target			

	population, will be carried out in the capital Djibouti as soon as the health conditions linked to COVID 19 allow it.	
Activities	**Description**	**Implemented by**
Activity 1.1	Develop micro-plans for vaccination campaign	Ministry of health/EPI team with the technical support of WHO
Activity 1.2	Training of vaccinators and vaccination supervisors	Ministry of health/EPI team with the technical support of WHO
Activity 1.3	Procurement of cold chain Supplies for vaccine conservation and transportation	Ministry of health /EPI
Activity 1.4	Support the operational cost of vaccination activities throughout the health facilities.	Ministry of health /EPI

Output 2	Improving of measles specific surveillance and integrated disease surveillance and response			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Proportion of Health district reporting at least 2 cases of suspected measles	>80% (> 5 Health district out of 6)	100%	INSPD epidemiological bulletin
Indicator 2.2	Proportion of suspected measles cases that are investigated	>80% (Will depend on the overall reported measles from health district as denominator)	100%	INSPD epidemiological bulletin
Explanation of output and indicators variance:		N/A		
Activities	**Description**		**Implemented by**	
Activity 2.1	Contribute to the procurement of lab reagent for measles confirmation		WHO	
Activity 2.2	Strengthening the capacity of lab technician		WHO	
Activity 2.3	Strengthen measles surveillance through updating specific tool		WHO	

Output 3	Independent monitoring post campaign			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Percentage of immunized children amongst the surveyed population	>95% (3,800 households surveyed including 2300 Djibouti city and 300 for each of the 5 regions)	N/A	N/A
Explanation of output and indicators variance:		The funds provided for this activity (independent monitoring post campaign) have been reallocated to operational cost taking into account the specific constraints observed during the preparatory phase of the campaign. There was a delay in transmitting the request to the CERF office for the revision of the project, due to several constraints observed in the field by the implementing partner.		
Activities	**Description**		**Implemented by**	
Activity 3.1	Training of independent monitors		N/A	

Activity 3.2	Hiring and deployment of independents monitors	N/A
Activity 3.3	Result dissemination workshop	N/A

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The micro-planning process is done from the bottom up, from health services to the central level. Representatives of the local community, as well as the focal points of marginalized populations (refugees, nomads, migrants, people living in peri-urban areas, people with disabilities ...), are involved at all stages. A first advocacy is addressed to community leaders, religious leaders, traditional leaders and heads of marginalized communities. they appoint representatives from their respective communities to participate in all the micro-planning, implementation and monitoring and evaluation processes. The implementation plan is finalized with these communities, and during the campaign implementation phase, these focal points will mobilize parents and children. They will also direct vaccination teams to homes with unreached targets and help locate missing children when vaccination teams pass during the vaccination campaign. during the implementation of the campaign, they are also invited to daily follow-up meetings. At the end of the activity, they participate in the final evaluation during which an analysis is carried out to identify the strengths, weaknesses and the recommendations and resolutions to be taken to correct future campaigns and better involve the community in the routine immunization activities as well as surveillance of vaccine preventable disease such as measles ;

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The success of this campaign results from communication and awareness-raising activities organized before the beginning of the campaign. Thus, a joint communication plan was developed by the immunization program and the department of health promotion within the Ministry of Health. 3 main strategies have been developed: advocacy with authorities and traditional rulers and religious leaders, social mobilization through female NGOs, national media, and the social media platform, outreach activities carried out door to door by women from the community recruited and trained. In addition, the official launch of the activity by the Minister of Health and the Minister of National Education increased awareness for reaching all vulnerable sections of the population.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

An implementation program indicating the chronogram in the districts and villages of the vaccination teams was disseminated in the media (television, radio, social networks) as well as the essential messages on the importance of vaccination. These activities have helped strengthen community support for the immunization activity.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

N/A

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
An evaluation could be made once the second part of the campaign has ended in the capital, It is worth mentioning that the delay was due to the occurrence of COVID19.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

9.9. Project Report 19-UF-WHO-027 – WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Djibouti
3. Cluster/Sector:	Health – Health	**4. Project Code (CERF):**	19-UF-WHO-027
5. Project Title:	Emergency Response to Malaria Outbreak in Djibouti		
6.a Original Start Date:	30/04/2019	**6.b Original End Date:**	31/12/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	
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$ 2,500,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,052,278**
	c. Amount received from CERF:	**US$ 350,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The number of malaria cases has been increased exponentially in Djibouti from 2013 till 2019. In 2018, around 28,000 confirmed cases were reported. The alarming situation made it possible to trigger a malaria programme review (MPR) of in order to identify the main causes and assess intervention strategies and program gaps. This epidemic has been classified as grade 1 emergency by the WHO. CERF funds have therefore been requested to meet the main recommendations of the MPR.

Through these CERF UFE funds, 4 international and 1 national expert were recruited to support the country to better respond to this epidemic. The main actions were oriented towards 1) the case management activities: The malaria guideline has been completely revised, including new algorithms and the new therapeutic protocol depending on the epidemiological profile. WHO has acquired 10 G6PD devices, in order to better treat cases of malaria due to P. Vivax, and at the same time train 20 laboratory technicians in its use. 24 laboratory technicians were trained in microscopic diagnosis as well as the evaluation of laboratory quality assurance. The lab guideline has also been updated. The procurement of 50 IHEK basic and supplementary malaria kits, handed over to the Ministry of Health. 2) Several vector control actions were carried out, such as Indoor residual spray (IRS) carried out on a pilot basis to cover 6,000 households in hot spot and hyperendemic area of the capital Djibouti, with use of an innovative non-resistant 3rd generation insecticide (SUMISHIELD purchased by CERF funds). Insecticides have been acquired to intensify the destruction of the previously mapped breeding sites for mosquito's larva. 50,000 mosquito nets were acquired and distributed as a priority to vulnerable people living in the malaria hot spot of the capital. Vector surveillance has been reinforced within the INSPD, by the presence of an entomologist expert, and the supply of vector traps. 3) The epidemiological surveillance and the reinforcement of the information system was made by the elaboration of a template tp easy production of the epidemiological bulletins, the integration of malaria in the electronic surveillance by the Early Warning, Alert and Response Network (EWARN.) To date, the capacities of the INSPD have been strengthened to independently carry out insecticide resistance tests.

3. Changes and Amendments

N/A

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Health – Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	45,000	48,000	12,000	17,000	**122,000**
Refugees	1,364	1,311	1,310	1,259	**5,244**
Returnees	9,000	8,000	3,000	5,000	**25,000**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**55,364**	**57,311**	**16,310**	**23,259**	**152,244**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	55	57	16	23	**151**

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Health – Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	45,000	48,000	12,000	17,000	**122,000**
Refugees	1,364	1,311	1,310	1,259	**5,244**
Returnees	9,000	8,000	3,000	5,000	**25,000**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**55,364**	**57,311**	**16,310**	**23,259**	**152,244**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	55	57	16	23	**151**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

4.c Persons Indirectly Targeted by the Project
All the population of Djibouti will benefit from the interruption of Malaria transmission whether they are living in hotspots and most endemic areas or they are living in the rest of the country as the incidence to Malaria will be lowered in the country and the mortality and morbidity will be reduced both for the exposed population and the ones living in low transmission areas.

5. CERF Result Framework	
Project Objective	Decrease morbidity and mortality due to Malaria below emergency thresholds

Output 1	Interrupt the Transmission of Malaria in the most endemic areas and hotspots			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Percentage of people sleeping under Long Lasting Insecticide treated bednets among the target populations	100% / 152,244	100%/152,244	Rapid assessment by Malaria Programme and INSPD
Indicator 1.2	Number of populations reached with the risk communication Campaign	100% / 152,244	100%/152,244	Communication activities Report
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and distribution of 50,000 Long Lasting Insecticide treated bednets (LLINs) (enough to cover the needs of 100,000 people) to high incidence areas and hotspots and increase correct utilization through an effective risk communication strategy	WHO
Activity 1.2	Recruitment of an International consultant for risk communication strategy development and implementation	WHO

Output 2	Reducing the morbidity and mortality due to Malaria through improved case management			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	New malaria treatment guideline developed, edited and disseminated	300	300	National Malaria programme
Indicator 2.2	Health workers trained/ refresher trained according to the new malaria treatment guidelines	100% / 40	>100% / 40	Training Activity report
Indicator 2.3	Number of health facilities reporting malaria commodities stock-outs	0% / 26	0% / 0	National Malaria programme report
Indicator 2.4	Number of trained Malaria Rapid Response Teams	100% / 10	100% / 10	Consultant report
Indicator 2.5	Number of trained Lab Technologists	100% / 26	100% / 26	Consultant report
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Recruitment of an international consultant for the revision of National Guidelines for Malaria Diagnostic and Case management	WHO
Activity 2.2	Trainers/Refresher Training for Healthcare works at all levels of healthcare system	WHO/ in collaboration with MOH

Activity 2.3	Procurement and distribution of IEHK malaria kits, G6PD deficiency tests, Primaquine	WHO
Activity 2.4	Training of Malaria Rapid Response teams	WHO consultant
Activity 2.5	Diagnostic Microscopy and G6PD training	WHO Expert
Activity 2.6	Therapeutic Efficacy study and early failure detection	WHO
Activity 2.7	Polymerase chain reaction platform to start	WHO/ in collaboration with MOH

Output 3	Reducing the risk of spatial spread of malaria through adequate Vector Control			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of Household benefiting from Indoor Residual Spraying	100% / 2,000	100% / 2,000	Activity report National Malaria Programme
Indicator 3.2	Number of breeding sites neutralized by larviciding methods	100% / 346	100% / 346	Activity report National Malaria Programme and INSPD
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 3.1	Recruitment of International Consultant on Vector Control. Training and starting the Intra Residual Spraying (IRS) – Pilot program	WHO
Activity 3.2	Regular larviciding and Breeding sites destruction with adequate documentation and mapping	Joint collaboration with Institut National de Santé Publique /National Malaria Control Programme (INSPD/NMC)

Output 4	Improving timely detection, investigation and reporting of malaria cases as per the surveillance protocol			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Timely and completeness of the malaria specific surveillance monthly report	100% / 9	100% / 9	Activity report National Malaria Programme (NMP) and INSPD
Indicator 4.2	Number of RDT positive cases confirmed by microscopy	25% / monthly	<20%	Activity report National Malaria Programme and INSPD
Explanation of output and indicators variance:		The training of trainers in laboratory diagnosis has been done and pending cascading training to scale up the activity country wide . -Reported shortage of reagent		

Activities	**Description**	**Implemented by**
Activity 4.1	Training on epidemiologic tools and systems	WHO
Activity 4.2	Installation of a numeric intersectoral System of Disease surveillance, latest management update and declarations	WHO/MOH
Activity 4.3	Monthly monitoring of Diagnostic quality	WHO/MOH

Output 5	Establishment of an Inter-sectorial Coordination Mechanism to oversee the implementation of the Emergency Response to malaria in Djibouti			
Sector	Health – Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 5.1	Frequency and regularity of the bi-weekly Inter-sectorial involving other line ministries i.e. Agriculture-Défense-Interior affairs technical team Coordination meeting	bi-weekly meeting for 9 months (18 reports or minutes)	100% / (18 reports and or minutes)	Activity report MOH
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 5.1	Bi-Weekly meeting of the coordination mechanism	MOH

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Through the external and internal review of the malaria control program, field visits were organized targeting all areas where vulnerable populations live. The recommendations of this review made it possible to take into account all the marginalized or special target populations that was included in the project.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

A communication plan has been developed taking into account all the recommendations of the external evaluation of the malaria control program. This plan was integrated into the general response plan against the malaria epidemic in Djibouti. Its purpose was to be able to educate all local communities, refugees, migrants , girls , Women NGO, and other nomads, to change their behavior, and to observe vector control activities and the use of insecticide-treated mosquito nets, to ensure environmental hygiene and to cover all the water tanks, which act as mosquitoes breeding sites.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

A communication plan has been developed and integrated into the national malaria response plan. This plan took into account the specificities of the local population and marginalized populations (refugees, displaced migrants, floating population.
This plan is articulated in the strategy of advocacy, social mobilization and education of the community for use in physical protection by the use of mosquito nets and good environmental hygiene to avoid the multiplication of larvae of sheep. The main communication channels (Television, Radio, Round table, talk show, SMS over the phone…. have been identified to convey key messages

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. N/A	Yes ☐ No ☒
Any other comments (optional): N/A	

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
All activities having been duly executed in accordance with regular monitoring, the use of funds was carried out as planned and the technical report was submitted in due time, no further evaluation was therefore necessary in the context of COVID 19 pandemic. However, a general evaluation could take place within the UNCT during the year 2020.	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$
19-UF-CEF-044	Health	UNICEF	GOV	$59,819
19-UF-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	$195,000
19-UF-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	$281,000
19-UF-CEF-045	Water, Sanitation and Hygiene	UNICEF	NNGO	$60,000
19-UF-CEF-045	Water, Sanitation and Hygiene	UNICEF	NNGO	$30,000
19-UF-IOM-011	Water, Sanitation and Hygiene	IOM	RedC	62,003
19-UF-IOM-011	Water, Sanitation and Hygiene	IOM	NNGO	62,119
19-UF-WHO-026	Health	WHO	GOV	$213,468
19-UF-HCR-012	Protection	UNHCR	NNGO	$140,187

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ART	Antiretroviral therapy
AWD	Acute Watery Diarrhea
DESV	Directorate of Livestock and Veterinary Services
DRC	Danish Refugee Council
EPI	Expanded Programme on Immunization
EWARN	Early Warning, Alert and Response Network
GAVI	Global Alliance for Vaccines and Immunizations
G6PD	Glucose-6-Phosphate Déshydrogénase
IEHK	Inter Agency Health Kits
INSPD	Institut National de Santé Publique
IRS	Indoor residual spray
LLINs	Long Lasting Insecticide treated bednets
MAM	Moderate Acute Malnutrition
MASS	Ministère des Affaires Sociales et des Solidarités
MoA	Ministry of Agriculture
MOH	Ministry of Health
MPR	Malaria Programme Review
MRC	Migrant Response Center
NMC/NMP	National Malaria Control Programme
OED	Office of Evaluation
O&M	Operation and Maintenance
POC	Persons of Concern
PLW	Pregnant Lactating Women
PSEA	PSEA: Prevention on Sexual Exploitation and Abuse
UNFD	Union Nationale des Femmes Djiboutiennes
SIA	Supplementary Immunization Activities
TB /DOT	Tuberculosis / Directly observed treatment
WGSS	Women and Girls' Safe Space