

**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	DJIBOUTI
Humanitarian / Resident Coordinator	Sunil SAIGAL
Reporting Period	17 May 2007 – 30 December 2007

I. Executive Summary

In November 2005, early warning systems indicated that erratic and insufficient rainfall trends were likely to lead to reduced water, pasture and food availability in a number of areas throughout the Horn of Africa. Pastoralist or agro-pastoralist communities, who are among the poorest and most vulnerable due to successive shocks and structural problems, were identified to be most at risk.

The World Food Programme’s (WFP) Emergency Food Security Assessment (EFSA) conducted in September 2006, during the peak of the lean season, estimated that 20 percent of the population was food insecure and highly vulnerable. In the northwest, almost half the households indicated that they had been forced to migrate to find pasture for their animals.

These figures were confirmed by the 2006 survey conducted by Djibouti’s Ministry of Health and the Department of Statistics and Demographic Studies with the support of partner United Nations agencies including: United Nations Children’s Fund (UNICEF); World Health Organization (WHO); United Nations Population Fund (UNFPA); United Nations Development Programme (UNDP); and the French Development Agency (AFD). The survey highlighted an urgent need to pursue action with regards to malnutrition programs. Indeed, the results indicated an overall acute malnutrition rate of up to 20.7 percent, with 7.5 percent of the population severely malnourished. This is an alarming level by any standard, and far exceeded the critical threshold of 15 percent as defined by WHO. Therefore, urgent action was needed in order to avoid any further loss of life.

The March 2007 Famine Early Warning System (funded by the United States Agency for International Development) food security update plan expected an increase from 47,500 to around 50,000 to 70,000 food insecure pastoralists in the need of particular assistance from June to August. Taking into account this additional caseload, over 150,000 people, 30,000 of whom were children under five, remained at high risk of hunger and malnutrition.

Without adequate response, food insecurity and malnutrition were likely to increase further due to poor seasonal rains and high food prices remaining 20 percent above average, limiting food access especially for poor rural and urban households. In other words, the households in these areas would have continued to face a looming food security crisis as they were already experiencing food deficits.

Some \$1.5 million in emergency funding from the Central Emergency Response Fund (CERF) allowed relevant United Nations agencies, Government counterparts as well as other partners to enhance their focus on interventions in the higher risk areas mainly in rural and sub-urban areas with higher acute malnutrition prevalence rates.

Total amount of humanitarian funding required and received (per reporting year)	Required: <u>\$7,383,539</u> Received: <u>\$1,575,570</u>			
Total amount of CERF funding received by funding window	Rapid Response: <u>\$1,575,570</u> Underfunded: <u>\$ 0</u> Grand Total: <u>\$1,575,570</u>			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	UNICEF: <u>\$278,200</u> WFP: <u>\$551,831</u> FAO: <u>\$445,629</u> WHO: <u>\$299,910</u>			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	150,000 WHO 106,000 WFP 42,750 FAO 30,000	UNICEF 30,000 WFP 7,527	WFP 24,335	WFP 18,415
Geographic areas of implementation	Djibouti City and 5 other districts (Ali Sabieh, Arta, Dikhil, Obock, Tadjourah)			

II. Coordination and Partnership-building

(a) Decision-making process:

Health

Decision-making process to identify priority areas/sectors for the Central Emergency Response Fund (CERF) funding:

1. The rapid assessment of the impact of the drought identified key areas needing emergency interventions and this helped to allocate funding at country level;
2. Discussions at regional level of the global funding amounts to be allocated to Djibouti based on the magnitude of drought impact, namely the number of population affected;
3. The ongoing acute watery diarrhea affecting the sub region and Djibouti in particular was an additional factor that was taken into consideration;
4. The high risk of the deterioration of the nutritional status of malnourished mothers and children due to the drought situation

Challenges faced when assessing the needs of the affected populations:

1. The limited expertise at country level to conduct a rapid assessment, has led to a request from the United Nations agencies to overcome these limitations;
2. Limited baseline data existed for the assessed sectors;
3. Some affected areas were very difficult to access;
4. The cholera outbreak in Djibouti was a result of the spread of the disease in the sub region (Djibouti, Somalia, Sudan and Ethiopia). The outbreak will most probably continue to affect Djibouti until it is controlled at sub regional level.

Nutrition

Government Ministry of Health (MoH) counterparts as well as nutrition partners focused interventions on the higher risk areas mainly in rural and sub-urban areas with higher acute malnutrition prevalence rates. There was a close collaboration with UN agencies especially the United Nations Children Fund (UNICEF), World Health Organization (WHO), WFP (WFP), Food and Agriculture Organization of the United Nations (FAO) and the United Nations High Commissioner for Refugees (UNHCR).

As part of a package of interventions aiming at rapid improvement of food and nutrition situation, the

CERF funding allowed UNICEF to support the Health Ministry to strengthen and scale up the management of acute malnutrition countrywide, and taking into account the peripheral health centres in the other districts.

The main challenge was to set up activities for the management of moderate and severe malnutrition throughout the whole country and at community level. The social mobilisation, the collaboration with the local authorities and the community participation were key elements for the success.

Emergency Food Assistance

The CERF funding allowed WFP in close collaboration with local authorities to procure and distribute the following commodities:

1. 600 MT of rice
2. 98 MT of pulses
3. 8 MT of salt
4. 41 MT of vegetable oil
5. 33 MT of sugar

The CERF allowed for one month food assistance to 42,750 pastoralists in the five districts of Arta, Ali Sabieh, Dikhil, Tadjoura and Obock. The Government is actively involved in addressing the needs of the drought affected populations.

The chronically high malnutrition levels in the country have been exacerbated by the recurrent droughts and this distribution prevented the worsening of the nutrition situation during the lean season.

Emergency Agriculture

In the field of emergency agriculture, following past successful projects and with a view to further improving the nomadic herdsman's coping strategies, the Ministry of Agriculture, Livestock and Sea, also responsible for Water Resources, in conjunction with the communities in the affected areas and with FAO in Djibouti submitted a request for CERF funding. The proposed activities (rehabilitating four natural water reserves and six underground water cisterns to stock raining water, provision of veterinary drugs, water point protection, sensitisation and training of stockbreeders on use of water) had been successfully established together with the population in the affected areas, communal groups and the traditional and administrative peers. This project improved food security of the targeted rural populations by ensuring the survival of the livestock and preserving its productivity by guaranteeing the availability of water for the populations and livestock. It also used sustainable techniques to save the underground water reserves whose quantity are uncertain, while ensuring environmental protection.

(b) Coordination amongst the humanitarian country team:

The general coordination of CERF projects was under the responsibility of United Nations Country Team (UNCT), in which each of the United Nations agencies recipients of CERF funding in close collaboration with the relevant ministries was specifically in charge of one aspect of the emergency intervention.

For example the Ministry of Health set up a National Coordination Team based at the National Programme of Nutrition at the national level, and at the District Hospital at District level. There is also a Task Force with representatives from technical department of the Ministry of Health and United Nations Agencies.

The main partners for the support to the Ministry of Health for the implementation of the National Programme of Nutrition are UNICEF, WFP, WHO, USAID and UNHCR. The ministry of agriculture, livestock and fishery in charge of hydraulic resources with FAO rehabilitated four natural water reserves and six underground water cisterns to stock raining water, provided veterinary drugs, water point protection, trained stockbreeders on use of water

The WFP free food distribution was done in close coordination with the local authorities in each of the five districts.

(c) Partnerships:

As in the past, UNICEF and WFP continued to complement their response for malnourished children. While WFP was providing food for wet and dry rations within the supplementary feeding centres for moderate malnourished children, UNICEF provided therapeutic milk, essential drugs and other materials and equipments for the management of moderate and severe malnutrition within supplementary and therapeutic centres.

In the meantime, WFP distributed free food to 42,750 nomadic and semi nomadic people in rural areas, thereby preventing a worsening of their nutritional situation during the lean season.

The added value of the partnerships and/or inter-agency collaboration on the implementation of the project was the complementarity for action. The major example was the complementarity of UNICEF and WFP throughout joint activities for the management of moderate acute malnutrition as above-mentioned. The collaboration between UNICEF and Ministry of Health for the case management of moderate and severe acute malnutrition enhanced the quality of interventions as the UNICEF provided a technical support for in-service training of health workers through formative supervision. Thus, the competencies of the health workers were also improved.

The main partner for the implementation of the current project was the National Nutrition Programme of Health Ministry which benefited from the support of UNICEF using all the Central Emergency Response Fund funding.

(d) Prioritization process:

The prioritization process for the allocation is conducted in close collaboration with the United Nations Country Team throughout the above-mentioned Task Force under the coordination of relevant ministries. The resources are allocated according to the achieved results through the food security and the nutrition surveys (especially Multiple Indicator Cluster Survey 2006), showing the nutrition situation as an emergency with the necessity of a humanitarian response. Rapid assessments complement surveys in term of food security and enable the targeting of the most vulnerable groups countrywide.

III. Implementation and Results

Rapid Response projects

Health

All budgeted items under CERF funding were purchased on due time and handled to national authorities, this concerns the following:

1. Two Toyota four WD, Land Cruiser Hard Top for Dikhil and Ali Sabieh;
2. Five Diarrhoeal Disease Kits, Complete - five Cholera and Enteric Diagnostic Kits - ten Water testing Kits, W98-021 - 20 Professional Midwife Kits With Aluminium Case, M98-013 - 300 Vehicle;
3. Six portable stadiometers - Seca model 214 ; six health O Meter 386-o/ mechanical pediatric scale (now Seca 725); six Seca 761 mechanical personal scale (now model 762); six Seca Infant meter Model 416; 15 Foetoscopes; 15 blood pressure aneroid (MDF instruments USA Inc.); 15 Sprauge Rapport stethoscope (MDF instruments USA Inc.);
4. General office equipment (procured locally).

Necessary steps were taken with national authorities in order to prepare the necessary ground for the implementation of CERF funded activities such as strengthening of mobile teams' activities through a better planning and enhancing supervision, preparing "meeting points" with communities and civil society and local non-governmental organizations, identifying locations for setting up medical tents known as "Health Toukoules"

Due to the low coverage of the health system in rural areas and inaccessibility challenges, the innovative approach of “health tokoules” is an important step that will offer timely delivery of health package to the population in need; a total of 15 health tokoules were set all over the country (three sites par district) taking into account the following main criteria:

- Inaccessibility to health infrastructures;
- Geographical inaccessibility;
- Population density.

The launch of setting the “health tokoules” was inaugurated by Dr Hussein El Gazaizy, director of WHO Eastern Mediterranean Regional Office (EMRO) and H.E the Minister of Health of Djibouti.

The diarrheal disease kits and the water testing kits provided were of a great use during the Ministry of Health response to the cholera outbreak that affected several locations of the country, the outbreak was controlled by December 2007.

The Mobile teams’ activities of the five districts were strengthened thanks to the CERF support, enabling delivery of health care to more than 13,891 people during the second semester of 2007 (in addition to the population covered by the different health facilities).

Nutrition

The CERF funding enabled prompt/early action to respond to life-saving needs and time critical requirements in helping for the rapid provision of therapeutic milk and essential drugs for the treatment of severe malnourished children. The CERF funding enabled UNICEF support the Ministry of Health to make available rooms and beds for severe acute malnourished children in therapeutic feeding centres, and shelters for supplementary feeding activities to cater for moderate acute malnourished children.

Food Distribution

The CERF funding enabled WFP to procure 780 MT of food on time to avoid pipeline break during the lean season. This food was distributed to 42,750 drought-affected populations as well as in the supplementary feeding centre. The food assistance programme has been implemented in close collaboration with community-based committees. At the district level, technical committees under general supervision of the district commissioner have established the lists of beneficiaries in targeted locations and for each affected livelihood. Food distributions have been supervised by WFP’s food monitors and conducted by the technical committees at the district level.

Emergency Agriculture

The CERF funding enabled:

- The increase in the availability of water through rehabilitation and additional development of four water reserves of 8,000 to 10,000 m3 each, as well as the installation of six underground water tanks of 100 m3 each;
- A contribution to sustain water points through the organization of water users in a management committee;
- Distribution of basic veterinary drugs and administering of basic health care for 250,000 livestock, mainly small ruminants;
- Training of 50 assistant stockbreeders;
- Awareness raising campaign on the rational, safe and hygienic use of water and in the maintenance of water points;
- Enhancing the logistical support by providing an adapted pick-up.

(a) Monitoring and evaluation

Nutrition

Monitoring of activities took place through weekly supervision in Djibouti City and monthly in the other districts. The supervision of nutrition activities were conducted by the team of National Nutrition Programme in collaboration with IMCI and Reproductive Health teams, and UNICEF throughout a process of integrated supervision of health activities.

The supervision enabled the Ministry of Health to monitor malnutrition case management activities, evaluate the performance of health workers and organize refreshment training for them.

Emergency Food distribution

WFP food distribution was monitored by the WFP field monitors in coordination with local authorities. Each month a monitoring report is produced on all WFP activities. This monitoring allows WFP to follow the situation of the population and fine tune the targeting when needed.

(b) Initiatives that complemented CERF-funded projects

CERF-funded projects were developed as part of the whole humanitarian response for the country. In this context, other projects are developed to mobilize funds to cover the balance of the total funding needed from other partners mainly throughout bilateral and multilateral cooperation. Also humanitarian response is planned as an integrated component of different programme interventions. The European Union funded UNICEF water sanitation interventions. Sweden and the Netherlands supported additional FAO agriculture and livestock interventions in the country, as well.

IV. Lessons learned

Nutrition

As in any nutritional emergency situation, the response should be quick in order to be life-saving among severely malnourished children; moreover, several complementary activities should be simultaneously implemented. Therefore, a daily follow up of interventions by the National Nutrition Programme was needed, but there were insufficient qualified Ministry of Health staffs. This shortage of qualified health workers was the main constraint encountered.

However, the organization and management as set up by Ministry of Health for the response with the cooperation of other partners was successful and enabled partners to provide the much needed support to malnourished children. The community-based approach for severe acute malnutrition management is found as the better way for a good coverage of malnourished children.

Food Security/ Emergency Agriculture

The community-based approach proved an efficient strategy to reach the beneficiaries, and will be reinforced in the future. Nevertheless, the targeting of beneficiaries must be further improved in order to reach the most food insecure people. Moreover capacity building of cooperating partners and local committees should be further enhanced to reach higher appropriation of the project in the future.

The most severe consequence of the drought is the lack of water for human and livestock consumption. Immediate interventions will be needed to focus on the emergency water supplies for people most affected by drought.

Health

Due to the regional epidemiological context of the acute watery diarrhea and the important cross border population movements and exchange, the cholera spread remains a risk for Djibouti therefore preparedness activities need to be sustained (e.g., strengthening of early warning system, strategic response supplies, etc.)

The role of the mobiles teams in responding to the cholera outbreak in rural and inaccessible areas is crucial and need to be sustained and extended to other health interventions such as malnutrition.

The active involvement of United Nations agencies in emergency preparedness and response shows that the United Nations country team remains a key partner to the country.

CERF funding remains one of the life-saving sources in Djibouti and needs to be maintained and reinforced. There is a need of community involvement in early detection and referral of affected population such as diarrhea and malnutrition cases.

V. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Nutrition	UNICEF (07-CEF-040)	278,200	30,000 children under five	Ministry of Health / National Program of Nutrition, WFP	<ul style="list-style-type: none"> The expected outcome was to improve the case management of moderate and severe acute malnutrition. 	<ul style="list-style-type: none"> According to available data, the recovery rate among severe malnourished children treated in the therapeutic feeding centres was 86 percent while the case fatality rate was 5.4 percent. (Compared to 20.2 percent at the end of 2005)
Emergency Food Assistance	WFP Food Assistance to Vulnerable Groups and Refugees (07-WFP-034)	551,831	42,750	WFP, Local authorities at district level, distribution committee.	<ul style="list-style-type: none"> Save live in crisis Reduce malnutrition among the pastoralists 	<ul style="list-style-type: none"> CERF funding prevented a pipeline break during the lean season, allowing WFP to keep the needed free food distribution to 42,750 drought-affected population; WFP procured and distributed 780 MT of food to the affected population preventing the worsening of the nutritional situation in rural Djibouti.
Health	WHO (07-WHO-024)	299,910	106,000	Ministry of Health	<ul style="list-style-type: none"> Improved delivery of health care services in the districts 	<ul style="list-style-type: none"> Health care offered to more than 13,891 people

<p>Agriculture (Water and animal health)</p>	<p>FAO (07-FAO-017) Emergency agricultural assistance to disaster stricken populations and specific vulnerable groups chronically affected by the drought and food insecurity in Dorra region.</p>	<p>445,629</p>	<p>30,000 Agro-pastoralists affected by the drought</p>	<p>FAO, MAEM-RH, Ministry of equipment and transports, UNFD, Private Small Scale Enterprises, etc.</p>	<ul style="list-style-type: none"> ▪ Improvement of the availability of water for the populations and livestock using sustainable techniques to save the underground water reserves whose quantity are uncertain, while ensuring environmental protection ▪ Provision of veterinary drugs (150,000 animals) ▪ Training of 600 agro pastoralists 	<ul style="list-style-type: none"> ▪ Rehabilitating four natural water reserves and six underground water cisterns to stock raining water. ▪ Provision of veterinary drugs, (150,000 animals) ▪ Sensitisation and training of stockbreeders (600 agro pastoralists) on use of water
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VI. CERF IN ACTION: Success stories

UNICEF

Hougouba village, in the district of Tadjoura in the Republic of Djibouti: When a Nutrition Centre saved the life of a 17 month old baby by giving care at home.

170 Km from Djibouti City, Hougouba village is located at 12 to 15 kms from Tadjourah City (the oldest city of the country). For many centuries Tadjourah was an important and rich port in the Horn of Africa. Nowadays, Tadjourah is a small town, in a remote area with few employment opportunities. The port activities collapsed at the beginning of the 20th century. Hence, the population in the district of Tadjourah is very poor, and malnutrition is highly prevalent, especially among children in rural areas.

58 year old Yacoub Sadick, who is married to Fatouma Ali, aged 33, remembers nostalgically the time when Tadjourah port was more dynamic and living conditions were far better: "I was a child and I was so happy because I could eat various kind of food: milk, fish, meat, fruits, etc...Today, I have seven children under the age of 16, and two cows, and six goats to nourish the whole family. It's very difficult, I have no job."



One day, the youngest son of the family was taken to Tadjourah Hospital: the Medical Doctor diagnosed kwashiorkor, a type of severe acute malnutrition killing several millions children all over the world.

Little Mohamed, who was only 17 months old, had spent only two days in hospital when the family decided to take him back to Hougouba village. The head of the Nutrition Centre which is supported by UNICEF said that he "could not keep the baby at the Centre, as I could not convince the family to prolong their stay in the hospital". When we talked to the family they said: "We could not stay in Tadjourah, because there is nobody in Hougouba village to take care of our children and our small livestock."

Eager to save Mohamed's life, my colleagues and I decided to provide the necessary care to the child at home – to a large extent helped by the financial leverage we had received through Central Emergency Response Fund funding. Two months later, at the time of writing, little Mohamed seems entirely cured. The nutrition centre team nevertheless continues to monitor his weight and provides weekly advice and assistance to further improve the nutrition and health condition of little Mohamed.

The nutritional training, combined with interpersonal communication on nutrition issues made a difference. Mothers have been sensitised and mobilized on the best nutrition practices aimed at improving the quality of infant and young child feeding.



FAO

In the field of emergency agriculture, following past successful projects and with a view to further improving the nomadic herdsman's coping strategies, the Ministry of Agriculture, Livestock and Sea, also responsible for Water Resources, in conjunction with the communities in the affected areas and with FAO in Djibouti had proposed a project in the framework of CERF. The proposed activities (rehabilitating four natural water reserves and 6 underground water cisterns to stock raining water, provision of veterinary drugs, water point protection, sensitisation and training of stockbreeders on use of water) had been successfully established together with the population in the affected areas, communal groups and the traditional and administrative peers. This project aims to improve food security of the targeted rural populations by ensuring the survival of the livestock and preserving its productivity by guaranteeing the availability of water for the populations and livestock using sustainable techniques to save the underground water reserves whose quantity are uncertain, while ensuring environmental protection.



Photo: Construction of a 10,000 m³ water reserve in Dorra, Djibouti



Photo: Construction of a 100 m³ underground water cistern in Dorra, Djibouti

WHO



Entry of the village of Chebelleh (Arta).



HE the RD of EMRO, HE the MoH with WR Djibouti at the Entry of Chebelleh.



Under the parasol: A mobile team doctor explaining his activities to the delegation. In the photo: HE the RD & the USAID Representative



In the toukoul: a midwife explaining her activities to the delegation.



HE the RD of EMRO, HE the MoH with WR Djibouti in the toukoul.



Health worker disinfecting a water reservoir in Chebelleh.



HE the RD of EMRO giving a speech to the population on the advantages of the "advanced health care delivery" via the implementation of the "Health toukoul"



At the MoH: Hand over of 5 New Emergency Health Kit, 2 vehicles & 100 SMI equipments



Hand over of 5 NEHK & 100 SMI equipments by HE the RD of EMRO and WR Djibouti to HE the MoH of Djibouti



Hand over of 2 vehicles for Ali Sabieh & Dikhil by HE the RD of EMRO and WR Djibouti to HE the MoH of Djibouti