

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

Country	Djibouti
Resident/Humanitarian Coordinator	Hodan Haji-Mohamud
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$20.8 million		
	Total amount received for the humanitarian response:	\$6,233,540		
	Breakdown of total country funding received by source:	CERF	\$2,996,920	
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)	\$2,426,857	
	Total amount of CERF funding received from the Rapid Response window:			
	Total amount of CERF funding received from the Underfunded window:	\$2,996,920		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	\$2,996,920	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		
		c. Funds for Government implementation:		
d. TOTAL:		\$2,996,920		
Beneficiaries	Total number of individuals affected by the crisis:	141,000		
	Total number of individuals reached with CERF funding:	141,000		
		25 000 children under 5		
		20 000 females (pregnant and lactating)		
Geographical areas of implementation:	Rural Areas in the five regions: Arta, Ali Sabieh, Dikhil, Obock, Tadjourah. Particular emphasis on the North-West, where the effects of drought are the worst felt (in Dikhil and Tadjourah regions). Ali Addeh Refugee Camp (in Ali Sabieh region). Peri-urban Djibouti City			

II. Analysis

Humanitarian Situation

In 2009, below average rainfalls continued to aggravate the devastating effects of drought on the living conditions of the most vulnerable segments of the population, especially pastoralists and inhabitants of rural areas.

Insufficient rainfall had a direct and life threatening impact upon the most vulnerable, in terms of depletion of water reserves, deterioration of livestock health and milk production, death of livestock and the resulting destruction of livelihoods and sources of income, disease and health consequences including malnutrition. These consequences are interrelated and mutually reinforcing.

In addition two separate phenomena are worth mentioning. First, the increasing violence and instability in South-Central Somalia resulted in increasing numbers of asylum seekers entering into Djibouti. In the space of this one year the number of refugees in the Ali Addeh camp rose from 9000 to 12 000. Second, prices of food staples remained significantly higher than pre-2008 levels, though some decreases were recorded. It should be noted that the country's resistance to international food price fluctuations is weak due to the fact that practically all food products are imported.

Water: Field visits conducted by UNICEF in 2009 generated the following findings: (i) the water level was expected to further decrease, making it more difficult to extract with the already limited extraction capacity; (ii) nomadic pastoralists are forced to move with their animals to areas where water and grazing are available with ever shorter stays at each location due to the limited water supply in each area; (iii) the costs of ongoing water trucking operations are equal to or more than the cost of creating permanent sources; and (iv) in many locations, the physical-chemical quality of water is clearly not up to recommended WHO standards.

Nutrition: The most recent nutritional survey, conducted in October/November 2007 by the Ministry of Health with the support of UNICEF and WFP, showed an alarming level of malnutrition: a global acute malnutrition (GAM) rate (weight/height) for children under five at 16.8%, and the severe acute malnutrition (SAM) at 2.4%. In some regions such as the North West, the GAM prevalence rate was higher than the national average reaching 25%. Over 25,000 children under five required selective feeding, including 20,000 for supplementary feeding and 5000 for therapeutic feeding. Overall, climactic conditions have not radically altered since this survey and thus one cannot expect nutritional indicators to have fluctuated greatly either. This was confirmed by a recent nutritional survey conducted by MSF-Switzerland in Djibouti City in July 2009, according to which the global acute malnutrition prevalence rate is 20.8%, with 8.2% severe acute malnutrition.

Food: The Emergency Food Security Assessments (EFSA) finalized by WFP in May 2009 (rural areas) and in October 2009 (Djibouti City) showed that high food prices have in general impacted Djiboutian households' ability to access enough food to meet their needs by reducing the quantity of food that households can purchase from the market. The impact is more acutely felt by poor households who are no longer able to allocate enough income to purchase a standard food basket. Consequently, households have reduced the quantity and quality of meals and/or have substituted traditional staples (eg. rice) with cheaper alternatives (eg. bread).

Livestock: Since 2004, the pastoral population has seen 40% to 70% of its livestock perish, due to the depletion of grazing pastures and water sources, and the ensuing spread of bacterial and parasitic diseases¹. The remaining animals are largely in poor health. Commerce and consumption of livestock has declined accordingly, with devastating consequences for pastoral groups who heavily depend on their livestock in both of these respects. The increasing hardships suffered by the inhabitants of rural areas have increased the flow of migrants to the peripheral areas of Djibouti City, in the hope of thereby gaining access government social services as well as alternative sources of income. These urban migrants do not necessarily gain access to either of these services, given the very limited availability of social service facilities in the city outskirts where newcomers tend to settle.

Health: Malnutrition and diminished water resources, combined with steadily increasing cross border movements, entailed a rise in communicable diseases, including measles, diarrhoeal diseases, and pulmonary infections. These factors also threaten to favour the increased incidence of epidemics, such as acute watery diarrhoea, which are brought to Djibouti by the large numbers of migrants from neighbouring countries. In August 2009, for example, the Ministry of Health confirmed a cholera outbreak in the localities of Es Eyla and Kutabouya, in the region of Dikhil. Children as well as pregnant and lactating women are particularly at risk. Due to the epidemiological context of Wild Polio virus in the sub region and the population immunity in regions neighbouring Djibouti (Somali region of Somalia and the Afar region of Ethiopia), Djibouti is at high risk of WPV importation.

Grant Justification and Prioritization

In July 2008, the UN System and the Government of Djibouti launched a Joint Appeal for 31.7 million USD to provide life saving assistance over a six month period to victims of similar drought related conditions. By the end of 2008, only 10.9 million USD had been raised, including a 3.2 million USD CERF Rapid Response grant. To resume, not only had the most vulnerable segments of the population not received the life saving relief assistance they required in 2008, but living conditions continued to worsen in 2009 due to ongoing drought.

It was on this basis that the CERF allocated two Underfunded Emergency grants to Djibouti in March and September 2009, totalling 2 million and 1 million USD respectively.

In order to ensure that these resources had a life saving impact, the Djibouti UNCT prioritized three critical sectors directly related to drought: food/nutrition, water and health. Due to the interrelated nature of these areas of concern in the context of drought, the UN Country Team considered them to have equal priority.

Concretely, the UN Country Team conducted its prioritization analysis in the following manner:

- a) In February 2009, United Nations agencies, key Ministries, NGOs including MSF-Switzerland, and the Red Crescent participated in a workshop focused on contingency planning and including a review of the progress made on the implementation of humanitarian relief projects launched in 2008. In all cases, projects had been unable to attain their objectives by the end of 2008, while in some cases the meagre funding that was received prevented specific projects from having

¹ ONARS, WFP and FEWSNET, *Joint assessment missions*, 27 October to 4 November 2004 and 21 to 25 March 2005. ONARS, *Assessment*, February 2006. WFP and UNICEF, *Assessment*, December 2007.

- a significant impact or from getting off of the ground at all. In its meeting on 26 February 2009, the UN Country Team decided upon the above mentioned food/nutrition, water and health priority areas. Funds were allocated to projects following this prioritization scheme.
- b) In July 2009, the Humanitarian Coordinator requested that agency humanitarian focal points determine the priority areas and activities for humanitarian action. The focal points proposed the following:
- i. The three priority areas (Water, Food/Nutrition, Health) were retained, without any particular order of priority;
 - ii. The funding shortfalls of the underfunded interventions in each of these three sectors were calculated. It turned out that the greatest needs presented themselves in the food/nutrition sector (50% of needs), and then in the water and health sectors (30% and 20% of needs respectively);
 - iii. In terms of geographic areas, the order of priority was judged not to have changed significantly over the course of 2009. Thus, it was considered that the greatest priority should continue to be given to rural areas across the country and particularly in the Dikhil and Tadjourah Regions, peri-urban areas of Djibouti Ville, as well as the Ali Addeh refugee camp;
 - iv. Taking into account these points, it was concluded that any newly mobilized resources should be allocated to the three priority sectors following the proportions of needs expressed per sector, approximately.

Outcomes

Overall, CERF UFE grants in 2009 strengthened the humanitarian response and ensured continuity of humanitarian projects. As mentioned above, projects initiated in 2008 had received insufficient funding to have the expected life saving impact. CERF grants in 2009 helped to fill these gaps in funding. In so doing, the United Nations and the Government were able to deploy more robust life saving assistance to vulnerable groups in targeted zones across the country, in all priority sectors (water, food/nutrition, and health). The allocation of UFE grants in both March and September 2009 allowed for essential activities to carry on over the course of the year and into 2010.

CERF UFE grants also had a snowball effect in terms of resource mobilization. By giving momentum to essential projects, other donors were motivated to come on board as well to reinforce them. Funding raised over the course of the year nearly equalled that of UFE grants, totalling 2 426 857 USD, and including contributions from the USA, Japan, and Greece.

Nutrition: As part of a package of interventions aiming at rapidly improving of the nutrition situation, CERF funding allowed UNICEF to support the Ministry of Health and other concerned sectors to strengthen and scale up the response to acute malnutrition. Community associations were strongly associated with this response at the community level. Emphasis was also put on the acceleration of the Baby Friendly Hospital Initiative (BFHI) and micronutrient deficiency control activities. Results include the following:

- Increase of coverage to at least 70% of severely malnourished children under five treated at health facility and community levels;
- Reduction of severe acute malnutrition case fatality rates to 3.28%;
- control of micronutrient deficiencies through micronutrient supplementation and promotion of consumption of fortified foods;

- provision of therapeutic milk, drugs and materials, monitoring and supervision;
- Improvement of infant and young child feeding through the promotion of early initiation and exclusive breastfeeding in the first 6 months of life and timely introduction of adequate complementary feeding;
- Implementation of BFHI activities in 10 health facilities and training of 950 health and community workers;
- Improvement of the micronutrient status for children and pregnant and lactating women: Vitamin A supplementation for children under five, 95% coverage; Iron and folic acid supplementation for pregnant women, 100% coverage.
- strengthening the capacities of community associations for the screening and management of moderate and severe acute malnutrition;
- enhancement of social mobilization and communication methods for nutrition education, focusing mainly on food and nutrition best practices for mothers.

Food: WFP received the CERF contribution in November 2009 and, considering the lead time needed for international purchase, the planned distribution of one month's worth of food assistance for 21,000 rural dwellers, including 2000 children under 5, could not take place before the end of the year. At present the food commodities (172 metric tons of fortified flour, 22 Mt of pulses, 23 Mt of Corn-Soya-Blend and 12 Mt of vegetable oil) have been purchased on international markets through a bidding process and will be delivered to Djibouti in March 2010. It should be noted that on average, once a grant is received by WFP, the purchasing, shipping and distribution of food commodities takes approximately four months.

At present, WFP will consider modifying and refining the target zones/groups for food aid, based on the results of a Rapid Assessment of the humanitarian situation, conducted by the Government with UN support in February 2010. Findings indicate a deterioration of the food security situation in the visited communities. This results from the combined effects of recurrent droughts, livestock losses, livestock-to-cereal terms of trade unfavorable to pastoralists, and high food prices.

Water: Activities were implemented in collaboration with Government line ministries. Beyond water trucking, which is the key to providing emergency access to water; emphasis was placed on integrating an element of sustainability into the framework life saving activities.

A large portion of the work was sub-contracted through a restricted competitive bidding process. UNICEF provided technical and logistical supports whenever required to partners, including equipment and other supplies.

Results include:

- Over 25,000 people in 35 locations provided regularly with safe water through water-trucking assistance (mainly fuel);
- Procurement of spare parts to rehabilitate a 200 cubic meter sea water reverse osmosis unit in Kor Angar village (Obock region) in order to secure safe water for more than 1000 people fleeing from insecurity at the Djibouti-Eritrea border.
- Construction of 3 underground cisterns in remote areas that have relatively low water coverage, to the benefit of 1500 people.
- Procurement and pre-positioning of essential supplies for emergency response, which were installed to support the rehabilitation and/or the resumption of water schemes that had ceased functioning during the drought period.
- Supply of fuel needed to run motorized water pumping stations;

- A water quality assessment conducted for approximately 80% of water points in the country;
- Distribution of water purification tablets, 800 ceramic filters;
- Provision of 25 hand pumps to ensure protection of traditional rural wells from human or animal pollution;
- Massive hygiene promotion campaigns using community based volunteers and the mass media;
- Approximately 16,000 persons in 52 villages are knowledgeable on the prevention of waterborne diseases and hygiene.

Health: The interventions of the mobile health units of five districts have been strengthened by providing logistical and operational support, ensuring rapid and life saving delivery of health and nutrition services to the target population. The response at the community level was reinforced by actively involving the National Union of Djiboutian Women (UNFD) in the implementation process, in terms of training community health workers (CHW), community leaders and local health staff in early case detection and referral. The supervision of the central Ministry of Health has been also strengthened leading to improved monitoring and evaluation of the mobile units and thereby improved quality of the delivered services.

The following results were obtained:

- Capacity, performance and functioning, as well as monitoring and evaluation of mobile units enhanced and improved. Basic health services brought to the most vulnerable groups of the population in remote areas (pastoralists, semi pastoralists, cross-border population). The number of visits increased from 15 to 26 per month².
- During this same period, a total of 678 malnourished cases were detected and treated of which 234 were cases of severe acute malnutrition³.
- Capacity and functioning of Health Centres and hospitals at regional level enhanced. Treatment of common diseases more readily available.
- The emergency health care was also strengthened in five regions by providing five Integrated Health Emergency Kits (IHEK).
- Capacity building for case detection and referral strengthened at community level through training of 100 CHW.
- Concomitant impact of communicable/epidemic diseases on the nutritional status and overall mortality and morbidity among pastoral, semi-pastoral and suburb population mitigated.
- Children under five within the target vulnerable population immunized for polio, measles, pentavalent (DTP with hepatitis B and Haemophilus influenza type b [Hib]), received vitamin A and dewormed. During the first round of vaccination, 97 377 children under five were immunized; 95,237 immunized with OPV during the second round. 80 992 children under five received vitamin A and 68,459 received Mebendazole.

Emergency reproductive health services were also made available to approximately 10 000 vulnerable women in remote areas, to reduce maternal mortality, particularly through the provision of birthing kits and medication to mobile health units in five regions.

- 1017 pregnant women received medical follow up.

² See Annex 3.

³ See Annex 3.

- 719 people received basic health services
- 3 monitoring/evaluation missions carried out
- 20 Management Committees created to run Community Mutual Health Insurance structures
- 2 training sessions on management of Community Mutual Health Insurance structures
- Community management committees created to strengthen community to provide emergency first aid, particularly in terms of reproductive health services for mothers and newborns. These Committees were linked with mobile health units, which were provided with birthing medical kits for emergency obstetric treatments. All pregnant women of target communities provided with “Dignity Kits” including hygienic articles and nutritional supplements.
- Community Management Committees also sensitized and raised awareness themselves against sexual/gender based violence (SGBV) and the prevention of unwanted pregnancies

Agriculture/Elevage: The activities deployed in this domain aimed specifically at rural pastoralist nomads, for whom the recent tremendous losses in livestock have had a disastrous effect. Measures were taken to bring emergency relief to this group, all while helping pastoralists to become more resilient to rounds of drought. Results include:

- Creation of 2 agro-pastoral perimeters (4 ha) in Kourtimaleh and in PK 45 (Arta region) including water pumps fueled by solar panels. 16 families benefited directly, of which 8 are headed by women.
- Reparation of 3 agro-pastoral perimeters of 1 ha each in Bondara, Abu youssouf and Dodaye (Dikhil region). 16 families benefited directly.
- 80 ha of market and fruit gardens rehabilitated, benefiting 70 families. Wells were repaired, tools and seeds provided, and locals trained in basic agricultural techniques. Grazing vegetation for livestock was introduced for the first time for cultivation in market gardens with excellent results.
- 3 plant nurseries created in Obock, Ali Sabieh and Dikhil each with a capacity of 8 000 plants, which will benefit some 12 000 families.
- 3 underground water cisterns built in Daress, Kodaya and Garoba, all in the isolated Dora zone (Tadjourah region). The retention of ground water is the sole means of collecting water for inhabitants of this zone. 900 families benefited directly.
- Rural communities empowered to treat ailing livestock through training of key community members in the use of basic veterinary products.

Coordination

In general, CERF funding brought the UN agencies, sectoral Ministries, and community authorities and associations closer together. In order to ensure that funds rapidly had a life saving impact on the ground, these partners had to closely coordinate their efforts in the planning, implementation and monitoring/evaluation stages of the projects. Having successfully worked together and achieved results in their response to the humanitarian crisis in 2009, CERF funded projects in 2009 will help to ensure ever closer future collaboration between these actors in the planning and execution of future projects, humanitarian and otherwise.

The UN Country Team met as required to monitor and evaluate project implementation in each sector. When new funds became available, the UNCT allocated them to priority sectors where funding was wanting.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Water and Sanitation	SB 130 Assistance to refugees in Ali Addeh	\$25,170	\$4,949,658	12 000 refugees Somali/Ethiopian and Eritreans	<ul style="list-style-type: none"> ■ Increase water per person per day from 7 litres to 20 litres ■ Rehabilitation and extension of water network in the camp 	<p>Twenty water kiosks built in the Ali Addeh refugee camp.</p> <p>The main borehole rehabilitated and fitted with a new submersible water pump.</p> <p>8 distributing water point with 12 taps were established in the camp.</p> <p>2 concrete 30m3 reservoirs built in the camp.</p>	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue.		
	WASH response in vulnerable areas (09-CEF-016-B)	\$350,000	\$4,253,348	<p>Water-trucking covering upwards of 25,000 people</p> <p>Secure water for 10,000 people</p> <p>16,000 persons in 52 villages are knowledgeable on the prevention of waterborne diseases and hygiene.</p>	20,000 people will be provided with safe water supply, adequate sanitation and hygiene education.	<p>Increase the water access by 10%</p> <p>Strengthening the sector through more focus on sanitation, water quality and hygiene at the household level to support transition from emergency response to development response</p>	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue.	<ul style="list-style-type: none"> ■ Monitoring of activities took place through supervision of the ongoing activities in vulnerable areas countrywide. This formative supervision has been jointly conducted by the national and regional teams. ■ The review of the community – based approach for acute malnutrition case management has been conducted in September 2009. 	Tacking into account that emergencies affect vulnerable persons especially women and children where women often lose the capacity to sustain their families' livelihoods due to loss of seeds, livestock and tool, great attention were given

Nutrition	SB 130 Assistance to refugees in Ali Addeh	\$70,538	\$4,949,658	12,000	<ul style="list-style-type: none"> ■ Providing the required micro-nutrition supplements ■ To improve infant and young children feeding programme and to strengthen child health 	<p>The Supplementary feeding Programme (SFP) was developed for children under five, pregnant and lactating women and for persons with severe medical problems.</p> <p>The outpatient Therapeutic Programme was established for treatment of severely malnourished children.</p> <p>A nutrition training was conducted by UNHCR Nutrition consultant for 11 community health workers, 1 nurse and 8 feeding center staffs on the new approach to the community base care therapeutic programme.</p>	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue.		
	Case management of malnutrition and improvement of the nutritional status of children and mothers	\$152,456	\$1,242,824	25,000 children under five years old and 20,000 pregnant and lactating women	<ul style="list-style-type: none"> ■ Increase of coverage to at least 70 per cent; ■ Reduce severe acute malnutrition case fatality rates to below 5 per cent; ■ Improve infant and young child feeding; ■ Improve the micronutrient status for children and pregnant and lactating women 	<p>Coverage 69%</p> <p>Case fatality rate for severely malnourished children : 3,28%</p> <p>Implementation of BFHI activities in 10 health facilities with training of 950 health and community workers</p> <p>Vitamin A supplementation for under fives ; 95%</p> <p>Iron and folic acid supplementation for pregnant women : 100%</p>	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue.	<ul style="list-style-type: none"> ■ Monitoring of activities took place through supervision of the ongoing activities in vulnerable areas countrywide. This formative supervision has been jointly conducted by the national and regional teams. ■ The review of the community – based approach for acute malnutrition case management has been conducted in September 2009. 	Taking into account that emergencies affect vulnerable persons especially women and children where women often lose the capacity to sustain their families' livelihoods due to loss of seeds, livestock and tool, great attention were given

Food	Food Assistance to Vulnerable Groups and Refugees - Protracted Relief and Recovery Operation	\$200,049	\$25.7 million	<p>21,000 vulnerable people in rural areas in Dikhil, Tadjourah, Ali Sabieh, Obock, and Arta regions.</p> <p>Includes 2,000 children under five</p>	<ul style="list-style-type: none"> ■ Maintain and improve nutritional status of vulnerable groups in rural areas, unable to satisfy their daily food requirements and prevent a further deterioration of the food security of the vulnerable group. ■ Reduce and/or stabilize acute malnutrition among vulnerable groups, especially under five children in rural and urban areas of the country, through timely provision of food in sufficient quantity for vulnerable people. 	<p>Food commodities (172 metric tons of fortified flour, 22 Mt of pulses, 23 Mt of CSB and 12 Mt of vegetable oil) have been purchased on the international market and will arrive at Djibouti on March 2010 for distribution.</p>	<p>Food commodities will be used as programmed but also considering modifying and refining the target zones/groups for food aid, based on the results of a Rapid Assessment of the humanitarian situation, conducted by the Government with UN support in February 2010. The CERF contribution will allow an initial response to the identified needs.</p>	<p>Distribution reports will be provided by cooperating partners and WFP food monitors based in the regions will play a key role in the data collection and verification process. Data will be entered in the country office database and used to prepare regular monitoring reports to track progress and reorient interventions and objectives as required.</p>	<p>WFP will ensure that 50 percent of food committee members are women and that gender dimensions are considered by WFP and partners' staff. Women will be encouraged to collect household rations.</p>
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Health	Emergency health response to the food security crisis in Djibouti (09-WHO-015)	\$493,000	\$1,330,000	50,000 rural and suburban areas of 5 regions: Tadjourah, Obock, Ali Sabieh, Dikhil, Arta	<ul style="list-style-type: none"> ■ Capacity, performance and functioning of mobile units enhanced ■ Capacity and functioning of the different health facilities (HFs) at district level enhanced: HFs are able to respond to outbreaks or severe malnourishment ■ Most remote areas of the country accessed and basic health services brought to the most vulnerable groups of the population (pastoralists, semi-pastoralists, cross-border population) by the mobile team and the community health workers who will provide essential care to the vulnerable population, detect and refer diarrhoea and child malnutrition cases ■ Management of acute malnutrition improved; Concomitant impact of communicable and epidemic-prone diseases on the nutritional status and overall mortality and morbidity among pastoral, semi-pastoral and suburb population mitigated 	<p>Number of visits of mobile health units to target communities (remote and vulnerable groups particularly pastoralists) increased from 15 to 26 per month</p> <p>Improved community level detection, referral and treatment of cases of malnutrition, eg. in Oct/Nov 2009, 678 malnourished cases detected and treated including 234 cases of severe acute malnutrition</p> <p>Community level health centers and facilities strengthened for treatment of common and epidemic diseases.</p> <p>Community level health response reinforced. 100 CHW trained in case detection and referral; national women's union (UNFD) actively involved in detection/referral.</p> <p>Children under five years within the target vulnerable population vaccinated for polio, measles, pentavalent (DTP with hepatitis B and Haemophilus influenza type b [Hib]), - 97 377 in first vaccination round, 95 237 in second round.</p> <p>Children under five received vitamin A (80 992) and dewormed (68 459 received Mebendazole).</p>	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue		National Union of Djiboutian Women (UNFD) actively involved with project implementation on community level.
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Health	Reproductive health services for affected women (09-FPA-008)	\$140,705	\$441,000	1017 women including pregnant women	<ul style="list-style-type: none"> ■ Build capacities of mobile health units ■ Strengthen community by creating Community management committees ■ Distribute maternity kits to mobile health units ■ Distribute « Dignity Kits » to pregnant women ■ Follow up with local areas through creation of community level contacts to increase reproductive health services in remote areas ■ Mobilize communities regarding questions related to SGBV and the consequences of undesired pregnancies and cases of rape 	<p>Maternity kits available in mobile health units</p> <p>Dignity kits given to pregnant women in target areas</p> <p>Mobile health units with government technicians ensure follow up in target communities</p> <p>Community contacts are operational at community mutual health insurance offices</p> <p>Increased number of women benefiting from reproductive services</p> <p>Target communities mobilized regarding questions related to reproductive health</p>	Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue.		
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<p style="text-align: center;">Agriculture</p>	<p>Emergency Assistance to agro-pastoral and peri-urban groups suffering from malnutrition and threatened with the destruction of their livelihoods as a result of successive seasons of drought and lacking means of adaptation</p>	<p>\$500,000</p>	<p>\$6,500,000</p>	<p>45,000 vulnerable nomadic pastoralists, including 23,310 men and 21,690 women, as well as 9,450 children under five</p>	<ul style="list-style-type: none"> ■ Improved access to water for livestock and pastoralists, and for agricultural perimeters and small market gardens ■ Food and nutritional security for 45,000 pastoralist nomads is reinforced and stabilized ■ Increased survival rates and productivity of livestock ■ Decreased risk of migration of pastoralists to peri-urban areas 	<p>Creation of 2 agro-pastoral perimeters (4 ha) in Kourtimaleh (Arta region) and in PK 45 (Arta region) including water pumped fueled by solar panels. 16 families benefited directly, of which 8 are headed by women.</p> <p>Reparation of 3 agro-pastoral perimeters of 1 ha each in Bondara, Abu youssouf and Dodaye (Dikhil region). 16 families benefited directly</p> <p>80 ha of market and fruit gardens rehabilitated, benefiting 70 families. Wells repaired, tools and seeds provided, and locals trained in basic agricultural techniques. Grazing vegetation for livestock was introduced for the first time for cultivation in market gardens with excellent results</p> <p>3 plant nurseries created in Obock, Ali Sabieh and Dikhil each with a capacity of 8 000 plants, which will benefit 12 000 families.</p> <p>3 underground water cisterns built in Daress, Kodaya and Garoba, all in the isolated Dora zone (Tadjourah region). The retention of ground water is the sole means of collecting water for inhabitants of this zone. 900 families benefited directly.</p> <p>Rural communities empowered to treat ailing livestock through training of key community members in the use of basic veterinary products.</p>	<p>Allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue.</p>		<p>Vulnerable households led by women targeted.</p>
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Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

No funds were allocated to NGOs.

Annex 2: Acronyms and Abbreviations

BFHI	Baby Friendly Hospital Initiative
GAM	Global acute malnutrition
SAM	Severe acute malnutrition
MSF	Médecins sans frontières
Mt	Metric ton
CHW	Community health worker
UNFD	Union Nationale des Femmes Djiboutiennes (National Union of Djiboutian Women)
IHEK	Integrated Health Emergency Kit
SGBV	Sexual Gender Based Violence
IDP	Internally Displaced Person

Annex 3: Tables and Figures

Number of consultations by mobile health units in October – November 2009					
Regions	Under 5s	Adults	Immunization	Pre/post natal	Total
Dikhil	483	653	492	145	1773
Ali Sabieh	358	807	291	81	1537
Arta	211	658	196	43	1108
Tadjourah	544	582	403	69	1598
Obock	342	278	166	37	823
S/Total	1938	2978	1548	375	6839

Distribution of Cases of Malnutrition per Region in October – November 2009			
	Severe & acute malnutrition	Moderate malnutrition	Total
Dikhil	51	110	161
Ali Sabieh	62	122	184
Arta	33	42	75
Tadjourah	52	102	154
Obock	36	68	104
S/Total	234	444	678

Progression of coverage of Pentavalent and Measles routine immunization:

