

## ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN DJIBOUTI FOR THE 2011 DROUGHT EMERGENCY

<b>COUNTRY</b>	<b>DJIBOUTI</b>
<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>HODAN HAJI-MOHAMUD</b>

### I. SUMMARY OF FUNDING IN 2011 – US\$

In 2011, the Djibouti drought Appeal requested a total of US\$39,199,338 which was revised at the mid-year review to \$33,264,338. The overall funding received in 2011 was 58 per cent (\$19,370,114).

<b>Funding</b>	<b>1. Total amount required for the humanitarian response</b>		33,264,338 <sup>1</sup>	
	<b>2. Breakdown of total response funding received by source</b>	4.2 CERF		6,138,419
		2.3 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )		
		2.4 OTHER (Bilateral/Multilateral)		22,245,634
		<b>a) TOTAL</b>		28,384,053
	<b>3. Breakdown of funds received by window</b>	<input checked="" type="checkbox"/> <b>Underfunded</b>		<b>2,988,322</b>
		<b>4. First Round</b>		<b>2,998,322</b>
		<b>5. Second Round</b>		
		<input checked="" type="checkbox"/> <b>Rapid Response</b>		<b>3,140,097</b>
	<b>6. Please provide the breakdown of CERF funds by type of partner</b>	2.2 Direct UN agencies/IOM implementation		4,731,954
		4.3 Funds forwarded to NGOs for implementation		\$177,756
		4.4 Funds forwarded to government partners		1,247,968
		<b>4.1 TOTAL</b>		<b>6,157,678</b>

<sup>1</sup> Ref. updated requirements of the Djibouti Drought Appeal 2011.

## II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	136,000
Total number of individuals reached with CERF funding <sup>2</sup>	Female	89,648
	Male	65,724
	Total individuals (Female and male)	149,372
	Of total, children <u>under 5</u>	34,372

## III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

WFP targeted beneficiaries affected by the drought in rural communities of Dickil, Tadjoura, Ali Sabieh, Obock and Arta regions and refugees at Ali Addeh camp. Supplementary feeding was implemented in all health centres of Djibouti, including the capital.

UNICEF targeted beneficiaries of CERF funds due to the drought in rural communities in the five regions, Ali Addeh refugee camp and in the vulnerable peri-urban neighbourhoods of Djibouti city (Hayableh, warablelh and Boulougho).

UNFPA interventions targeted 33 rural sites in five regions (Arta, Ali Sabieh, Tadjourah, Dikhil, Obock).

WHO targeted beneficiaries in drought-affected areas as well as in the capital and Balbala, as needs increased. The beneficiaries targeted by FAO were food insecure rural pastoralist and agropastoralist communities whose vulnerability had increased as a result of the prolonged drought conditions. These communities correspond with the needs identified partially by Djibouti's first Integrated Phase Classification analysis conducted in December 2011.

## IV. PROCESS AND CONSULTATION SUMMARY

1. Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?  
YES  NO

*Remarks:* There has been a continuous exchange of information and discussions about input during the preparation of the report.

2. Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

The 2011 CERF report has been shared with the involved UN agencies and is being shared with partners.

<sup>2</sup> Please note that apparent discrepancies in numbers of people reached will refer to the fact that sometimes the same person is reached with more than one kind of intervention.

## V. ANALYSIS

### 1. The humanitarian context

The La Nina phenomenon impacted rainfall throughout the Horn of Africa, resulting in one of the driest years on record since 1995. Two successive rainy seasons failed, the Heys/Dada season (October to March) and the Diraac/Sougoum season (March to June). During the the March to April 2011 period, most of the country experienced 0-5 per cent of the level of rainfall compared to the average of rainfall experienced during this period.

The impact of the current drought on access to potable water sources has been severe. Many traditional surface and sub-surface water sources dried up (50 in 2011 alone) whilst the water table level of the aquifer in many deep boreholes was reduced. This greatly impacted not only the lengthening of already significant distances covered by the rural communities for access to safe water, but also impacted greatly on already weakened livestock suffering from greatly diminished pasture. In Djibouti city, there is a big difference in terms of water access between the urban areas and the peripheral neighbourhoods which host more than 50 per cent of the population of Djibouti city. Poor vulnerable households are forced to buy water from informal distribution sources which sell at 12.5 times the price of regular distribution.

During the 2011 Horn of Africa drought crisis, an estimated 120,000 people in rural areas of Djibouti were in need of humanitarian assistance, including 30,000 women of reproductive age and an estimated 6,000 pregnant women. The Maternal Mortality Rate in Djibouti is 546 deaths per 100,000 live births<sup>3</sup>. In addition to high rates of malnutrition and anemia, pregnant women faced difficult access to essential health services. The insufficient number of mobile clinics visits and weak capacity of health staff in the rural areas contributed to an increased risk of complications during delivery and to an increase in maternal and neonatal deaths. In addition, among populations displaced by drought that had settled in slums and villages on the outskirts of Djibouti city, many women are exposed to violence and sexual exploitation. Many cases of rape and unwanted pregnancies have been reported.

Food insecure households stated having difficulties in feeding their families during almost all months of the year. Most often they had no or only one source of income. Their consumption patterns were limited to cereal, vegetable oil and sugar. They owned the least number of assets and their total expenditure per person per day in is 80 DjF - or less than 50 cents per person per day.

Government reports stated that the impact on pastoralist livelihoods was severe, with 70 per cent to 80 per cent of cattle being lost to disease and starvation over the past few years. Milk production had consequently been greatly reduced and birth rates had decreased. The number of livestock in Djibouti in 2011 stood at a paltry 800,000 compared to an estimated normal level of 1.6 million head of livestock. Pastoralist households, which make up a large part of rural dwellers, were thus deprived of their principal source of revenue and food. This led to the migration of families from rural areas toward Djibouti city, putting a greater strain on resources and infrastructure. More than 70 per cent of the population lived in Djibouti city and its close environs. There was evidence that malnutrition rates rose in some specific areas, such as poorer neighbourhoods of the main urban areas.

The influx of refugees and migrants from neighbouring countries started to affect Djibouti more seriously than before. Increasing violence and instability in south-central Somalia resulted in increasing numbers of asylum-seekers entering Djibouti. As of 31 May 2011, there were 16,018 refugees in the Ali Addeh camp, compared to 12,111 at the end of 2009.

The number of new arrivals had doubled, from 3,436 in 2010 to 7,387 in 2011. The refugees were mainly of South/Centre Somali origin. In particular, during the peak of the Horn of Africa drought crisis in July and August 2011, the number of monthly new arrivals at the camp reached 1,000. According to the last nutrition survey at the camp in 2010, global acute malnutrition (GAM) was 16.9 per cent, while the prevalence of anaemia was 42.4 per cent for 6-59 month old children and 37.9 per cent for women of reproductive age.

There had been outbreaks of measles in the some regions, such as Obock, and a recurrent epidemic of Acute Watery diarrhoea in Djibouti city's suburban areas.

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<sup>3</sup>PAPFAM, (The Pan Arab Project for Family Health) 2002.

The International Organization for Migration (IOM) found that the hospital in Obock, the main point of departure from Djibouti to the Arabian Peninsula, was operating beyond its capacity to provide assistance to hundreds of dehydrated migrants. In fact, the lack of skilled personnel within the health sector was an additional, complicating factor hampering the ability to cope with the effects of the crisis. The Migration Registration Centre (MRC) outside of Obock registered 2,508 migrants from May to November 2011. It was estimated that this figure indicated that about 30 per cent of the total number of migrants were transiting through the region. The migrants placed further strain on the coping mechanisms in terms of WASH, food and safe water supply, though the exact consequences were very difficult to ascertain.

Djibouti's pastoral and agro pastoral communities were the most affected by the prolonged drought which had endured since 2007 the cumulative detrimental effects to rural livelihoods. Water was very scarce in most livelihood zones and pasture and grazing areas were extremely limited. Water supply, animal body conditions and milk production were below average, particularly in the north-west and the south-east border pastoral zones. Growing scarcity and competition for water stood as threats to food security. Increasing numbers of the rural poor were coming to see access to water for livestock, food production and domestic purposes as more critical than primary health care and education<sup>4</sup>.

Humanitarian needs prioritised during the crisis:

MSF Switzerland reported that moderate acute malnutrition (MAM) rose from 7 per cent in May 2010 to 22 per cent in May 2011, in Balbala, PK12, Arhiba, and Ambouli neighbourhoods of Djibouti city. Also, SAM stood at 6 per cent in these areas in May 2011.

A National Nutrition Survey<sup>5</sup> conducted from December 2010 to January 2011 found that global acute malnutrition (GAM) among children under five was 10.0 per cent (8.5 per cent in urban areas, and 11.4 per cent in rural areas), down from 16.8 per cent in 2007. Severe acute malnutrition stood at 1.2 per cent while moderate acute malnutrition was 8.8 per cent. The national rate of stunting, caused by chronic malnutrition, increased significantly by 9 per cent, from 21.8 per cent in 2007 to 30.8 per cent in 2010, enlarging the pool of potentially vulnerable people.

Prices for staple foods in 2011 were 68 per cent higher than the five-year average in Djibouti city. Kerosene prices were 47 per cent above the five year average, according FEWSNET. Purchasing power was severely reduced by these shocks, compounded by the high level of unemployment in the capital (60 per cent).

Amongst IDPs and refugees, children and women are the most vulnerable, especially in overcrowded camps with poor facilities. Both of these groups are potential targets for sexual violence. It was seen as important to improve knowledge of what to do in the event of reports of gender-based violence (GBV) or sexual violence. Staff were trained to assist those that had been mistreated and raped and also to assist pregnant women. Priority actions were also aimed at saving lives - especially as measles outbreaks and acute watery diarrhea were reported.

The drought in Djibouti was a slow onset, drawn-out crisis that encompassed many sectors. It was difficult to give priority to only one or two sectors when the interventions called for would cover more sectors than the ones prioritised. However, given the complexity of the situation, the humanitarian response had to look first to the immediate, life-saving aspects. They were the provision of water, providing basic sanitation and providing necessary health services. Other interventions helped stabilise these interventions and help sustain livelihoods.

As the drought worsened, it became clear that the impact on food security was severe, as indicated by worsening food consumption scores and GAM rates (through rapid assessments). While the CERF funding was effective, an argument could be made to say that funding was inadequate. Djibouti traditionally has fewer actors and donor support, and the very basis for working effectively in Djibouti was established almost exclusively by the CERF. Subsequently, major donors have

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<sup>4</sup> WFP, Emergency Food Security Assessment (EFSA), July 2011 (data collected in May 2011).

<sup>5</sup> Ministry of Health and UNICEF, Standardized Monitoring and Assessment of Relief and Transitions (SMART) Nutrition Survey, March 2011.

recognised this and have since increased their support to Djibouti, but this lag between the onset of the crisis and the donor response represents a missed opportunity for the CERF funding in general.

## **2. Provide brief overview of CERF's role in the country**

In 2011 Djibouti did not have a formal consolidated appeal (CAP). Instead, a drought Appeal was launched in October 2010, designed to run for fifteen months. It was based on three main strategic priorities identified by the United Nations Country Team (UNCT) in consultation with the Technical Committee, and the Government of Djibouti. These priorities were:

- ② To provide humanitarian assistance to the severely drought-affected population in Djibouti rural areas and to the population affected by the consequences of the drought in peri-urban areas, in support of measures undertaken by the Government of Djibouti.
- ② To provide assistance to the drought-affected population in helping ensure their socio-economic stability.
- ② To strengthen the resilience of the drought-affected communities and the preparedness and response capacity of communities and national authorities to future drought.

Results against these objectives have been reached through the different sector responses: Food security (Food assistance, Agriculture and Livestock), WASH, Nutrition and Health.

For Health, CERF provided the main funding, however as progress reports and data were difficult to obtain from MOH, advocacy and visibility suffered.

## **3. What was accomplished with CERF funding**

**Food Security:** CERF funds were instrumental during the Horn of Africa drought crisis response. In fact, CERF funds ensured food distribution to 77,000 people affected by the drought and refugees in Ali Addeh camp during two months of the lean season (August and September 2011). As a result, 53 per cent of households reported acceptable food consumption in September<sup>6</sup> compared to 43 per cent in May 2011<sup>7</sup>. With the second contribution from CERF, WFP provided food to 33,000 people affected by the drought in rural communities of Dickil, Tadjoura, Ali Sabieh, Obock and Arta regions as well as 7,000 malnourished children under 5 and pregnant and lactating women during November and December 2011.

Within the FAO project, CERF funding was used to target and directly benefit 11,380 individuals from the most vulnerable drought-affected communities depending on pastoralist and agro-pastoralist livelihoods.

Through CERF funding, FAO interventions focused on humanitarian/emergency issues:

- ② Rehabilitation and construction of 10 ground water catchment facilities and deepen wells for water provision for rural families and their livestock in Ali Sabieh, Dickil, Obock, Tadjourah regions.
- ② Six nurseries produced 1,000 fodder plants and distributed to 60 households in each region
- ② Veterinary supplies and nutritional blocks were provided and distributed to prevent further loss of cattle/ small ruminants.

### **HEALTH**

CERF helped ensure the availability of a minimum of supplies and response to diseases that often complicate drought situations and affect survival such as diarrhoea and measles. CERF funding through mobile clinics, helped increase health access to rural and drought-affected population. It might not have been enough for the urban population as many people migrated and increased the burden of care in the capital and Balbala. Without having CERF funds available to finance interventions, the outbreaks of diarrhea and measles in particular would have reached even greater levels and resulted in more deaths. Using funds for staff training helped improve the local response mechanisms, though there still much to be done.

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<sup>6</sup> WFP, Food Security Monitoring System (FSMS), September 2011.

<sup>7</sup> WFP, Emergency Food Security Assessment (EFSA), July 2011 (data collected in May 2011).

Through the CERF project, UNFPA supported the Ministry of Health in 33 rural sites to ensure that drought-affected women have access to life-saving medical assistance when delivering. UNFPA also supported the management of rape cases and prevention of unwanted pregnancies. In addition, UNFPA was able to ensure the provision of essential reproductive health medical equipment and drugs to five mobile clinics and five health facilities in regions, refresher training to health staff in health facilities on safe and clean delivery and on clinical management of rape and distribute dignity kits to the most deprived pregnant women in drought-affected areas to address their basic needs.

## **NUTRITION**

CERF funds allowed UNICEF to address pressing humanitarian needs related to nutrition and WASH sectors through a number of life-saving activities. Also, the Organization was able to structure a very strong and transparent working relationship with its partners and supported seven therapeutic feeding centres in Djibouti and 35 supplementary feeding centres in Djibouti through the training of 80 community workers and provision of Plumpynut. In addition to the therapeutic and supplementary feeding centres, a total of 22 community-based malnutrition management sites were supported both in the capital and the rural areas. Overall, the national nutrition programme treated 70,271 children suffering from Moderate Acute Malnutrition (MAM) and 29,889 children for Severe Acute Malnutrition (SAM).

Thanks to the support of WFP through CERF funds, the supplementary feeding recovery and death rates were within internationally accepted standards.

## **WASH**

CERF funding has allowed UNICEF to “rock the boat”, in terms of advocating with development partners as well as the Government of Djibouti to make access to rural water one of their key priorities. Water trucking assistance has reached 84,700 people in Djibouti and the five regions. The access to sanitation was also improved with the construction of 150 family latrines with the participation of the community and 120 emergency latrines to benefit 720 women in Djibouti in peri-urban areas. Although some activities were delayed due to operational constraints, hundreds of thousand of people were able to access safe water and hygiene facilities.

#### **4. An analysis of the added value of CERF to the humanitarian response**

##### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?**

YES  NO

As for food assistance, CERF funds were critical to timely respond to beneficiaries' needs during the Horn of Africa drought crisis which affected Djibouti. Some 1,214 metric tons of mixed food commodities were distributed to 77,000 drought-affected people and 16,000 refugees, most of whom were coming from drought and war-affected areas of Somalia. The second contribution from CERF (1,094 mt) was equally important to assist 33,000 chronically food insecure people affected by drought and 7,000 moderately malnourished children under 5 and pregnant and lactating women at the end of year 2011.

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

YES  NO

Through the establishment and operation of mobile clinics, as well as training of staff, it was possible to quickly help women who had been mistreated and raped. Some 75 per cent of rapes reported in camps were referred for medical treatment. Also, mobile clinics reached more than 1,000 women for consultations about their pregnancies and deliveries. These are just a few examples.

The allocation of CERF funds allowed underfunded projects essential to emergency response to drought to continue. In addition to healthcare, funds helped address critical needs such as food aid, nutrition care, and water access, primarily during the lean season between May and September. The challenge for every CAP and CERF cycle is to be able to quickly start the implementation of emergency activities before the lean season. CERF funds helped enable timely delivery.

**c) Did CERF funds result in other funds being mobilized?**

YES  NO

CERF funds were critical to respond to the Horn of Africa drought crisis which triggered a substantial donor support to Djibouti during that time. In 2011, apart from the CERF funds, other funds were mobilised both for projects in the Appeal and for projects not listed in the Appeal equivalent to about \$22 million of emergency funding.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  NO

CERF funds funnelled through the clusters were instrumental in improving dialogue and cooperation between UN organisations, INGOs, local organisations and government partners. Yet, a permanent presence of OCHA in the country for at least one full calendar year would better improve overall coordination system.

## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The establishment of Humanitarian Clusters (since August 2011) allowed for better coordination of emergency response.	Continued coordination, taking into consideration not only emergency related issues but also longer term approaches, and linkages between relief and rehabilitation/development.	UN, Government, Partners
Systems vulnerabilities, existing inequities and deficiencies magnify the impact of the drought.	Training of national counterparts especially health partners on key interventions in response to emergencies, especially drought, should be undertaken.	UN agencies heading clusters
The evaluation of clusters in a drought situation in a sovereign country that is dependent on aid, was challenging.	Weak capacities in national counterparts and lack of implementing partners suggest the need to revise objectives, approaches and mechanisms to implement a humanitarian agenda as well as monitor impact and performance.	OCHA and UNCT
Lack of baseline data, communication channels and proper data management, and poor cross-fertilization of cluster work impedes the impact of a coherent humanitarian plan.	Strengthen and fund cluster coordination and information management.	OCHA and cluster leads

## ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

UNHCR –MULTI-SECTOR							
CERF PROJECT NUMBER	11-HCR-036	Total Project Budget	\$ 18,000,000	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Protection and multi-sectoral assistance for refugees and asylum seekers with mix migrants in Djibouti	Total Funding Received for Project	\$ 7,500,000	Individuals	16,018	16,018	Over 10,000 women and children under age 5 benefited from the support provided by the CERF, especially through the nutrition programmes that the CERF supported.
				Female	8037	8037	
				Male	7981	7981	
				Total individuals (Female and male)	16.018	16.018	
				Of total, children under 5	2147	2147	
TOTAL	16.018	16018					
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 284,353				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>To improve the general nutritional status and reduce anaemia rates in the camp by improving the general food ration and by creating coping mechanisms for households in the camp of Ali Adeh - a very dependant environment where water quality is at risk.</p>		<ul style="list-style-type: none"> <li>② 85,000 tuna cans were purchased and distributed to 15,000 refugees through general distributions</li> <li>② 500 people (pregnant and lactating women , children under age 5 and chronically ill persons) per month received supplementary food under nutritional programmes</li> <li>② 1,500 water filters have been purchased and distributed</li> <li>② Equipment was purchased and training sessions organised for the creation of 400 multi-storey gardens (an on-going activity).</li> </ul>				<p>As per the nutritional surveys carry out by UNHCR in October 2011 in collaboration with WFP and IP AMDA<sup>8</sup> 2011 suggests a slight improvement. The prevalence of acute malnutrition in children aged 6-59 months remains at 15 per cent with a decreasing trend of in General Acute Malnutrition (1.9 per cent).</p> <p>Anaemia levels in children aged 6-59 months and non-pregnant women of reproductive age are lower than in 2011. Anaemia among children dropped from 42.4 per cent to 38.7 per cent in 2011, and among women from 37.9 per cent to 27.2 per cent.</p> <p>Seventy-seven per cent of households in Ali Adeh camp have received and use water filters and aqua taps to purify the water fetched from non-protected wells.</p> <p>A UNHCR technical team composed of a medical coordinator, a WASH engineer and a nutritionist are based in Ali Sabieh where they monitor daily activities in the camp.</p>	

<sup>8</sup> Association of Medical Doctors of Asia



**FAO - AGRICULTURE AND LIVESTOCK FOOD SECURITY**

CERF PROJECT NUMBER	11-FAO-005	Total Project Budget	\$ 6,540,918	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Drought emergency response to ensure livestock safety and water access in severely affected areas of rural Djibouti	Total Funding Received for Project	\$ 81,328	Individuals	80,000	58,260	Beneficiary groups comprise vulnerable agro pastoralists who are selected by communities based on set criteria, including a a minimum of 50 per cent women beneficiaries
				Female	38,560	36,058	
				Male	41,440	22,202	
				Total individuals (Female and male)	80,000	58,260	
				Of total, children under 5	16,800	12,235	
STATUS OF CERF GRANT	Project completed	Amount disbursed from CERF	\$ 749,596	TOTAL	80,000	58,260	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Improve access to drinking water (for both humans and animals) and grazing through the rehabilitation of ground water catchment facilities</p> <p>Improve small scale farmers' production and productivity through provision of agricultural inputs</p> <p>Reduce livestock mortality and morbidity through the provision of veterinary support as well as providing training to livestock breeders to</p>		<p>Access to drinking water and grazing for pastoralist households:</p> <ul style="list-style-type: none"> <li>Construction of four underground cisterns of 100 m<sup>3</sup> in Golodaaba, Moutrous, Silalmia, Maaguido. The project proposal notes that the budget allowed for the construction of five underground cisterns, yet due to budgeting constraints, the project built four. The beneficiaries of this activity include 680 people, 70 per cent of which were women and 30 per cent men, according to usage data held at the Direction d'eau for cistern use.</li> <li>The project constructed one water reserve for pasture in Mouloud, targeting a rural population of 1,500.</li> <li>The project constructed wells and water storage tanks for gardens situated in 100 small agro-pastoral areas (vegetable, fodder and fruit production) in Obock, Tadjourah, Arta, Ali-Sabieh and Dikhil regions. The beneficiaries from this activity include approximately 2,400 people.</li> </ul> <p>Improved availability of vegetables, fodder and livestock products</p> <ul style="list-style-type: none"> <li>Provision of appropriate forage and shrub seeds (tolerant to drought and relatively high salinity) and small agricultural tools for 1,000 small scale farmers and agro-pastorals households. The provision of forage seed and gardening helped to improve the food security of almost 12,000 people.</li> <li>Vegetables seeds distributed: Aubergine Violette de Barbentane, Betterave Detroit, Haricot Vert Contender, Melon Cantaloupe, Gombo Spinless, Oignon Red Creole, Piment de Cayenn, Mais Jubille/ Provence Epi d'ore / Silver Queen, Tomate Roma, Pasteque Chilean Black</li> <li>Fodder seeds distributed: Chloris Guyana Katambora, Luzerne Maopie, Panicum Maximum, Sudan Grass Sorgho Fourrager</li> <li>Basic agriculture production management training course delivered to the agro-pastoral populations targeted by the project;</li> <li>Distribution of drip irrigation systems to improve agricultural production. The beneficiaries from this activity are estimated to be 480 drought-affected agropastoralists.</li> </ul> <p>Livestock mortality and morbidity were reduced:</p> <ul style="list-style-type: none"> <li>Provision and distribution of veterinary products and nutritional additives for weak drought-affected animals.</li> </ul>				<p>A monitoring system is ensured by regular visits of a joint mission with national partners from the Directorate of Agriculture and Livestock and Directorate for Water.</p> <p>A monitoring mechanism has been established with an auxiliary veterinarian and focal point (Sub-director of livestock) in the field.</p>	



FAO - AGRICULTURE																												
<b>CERF PROJECT NUMBER</b>	11-FAO-028	Total Project Budget	\$ 6,540,918	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>18,000</td> <td>24,360</td> </tr> <tr> <td>Female</td> <td>3,300</td> <td>15,042</td> </tr> <tr> <td>Male</td> <td>3,400</td> <td>9,318</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>18,000</td> <td>24,360</td> </tr> <tr> <td>Of total, children under 5</td> <td>12,150</td> <td>5,115</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>18 000</b></td> <td><b>24,360</b></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	18,000	24,360	Female	3,300	15,042	Male	3,400	9,318	Total individuals (Female and male)	18,000	24,360	Of total, children under 5	12,150	5,115	<b>TOTAL</b>	<b>18 000</b>	<b>24,360</b>	<b>Gender Equity</b> Beneficiary groups comprise vulnerable agro pastoralists, who are selected by communities against set criteria. A 50 per cent of beneficiaries are women
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<b>PROJECT TITLE</b>	Drought emergency response to ensure livestock safety and water access in severely affected areas of rural Djibouti	Total Funding Received for Project <sup>3</sup>	\$ 2,355,131																									
<b>STATUS OF CERF GRANT</b>	Project completed	Amount disbursed from CERF	\$ 299,763																									
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>																						
<p>Saving rural livelihoods, through emergency activities, focused on veterinary assistance and vaccination, increased access to water points, rehabilitation of ground water catchment facilities and improvement of rural small scale irrigation for fodder production.</p> <p>Specific objectives: Reduce livestock mortality and morbidity through the provision of veterinary support and campaigns for curing and preventing the spreading of existing illnesses;</p> <p>Prevent further loss of cattle through the distribution of additive and nutritional food supply for small ruminants</p>		<p>Combating and preventing livestock mortality and morbidity through the provision of a veterinary support and campaigns for curing and preventing the spread of existing illnesses.</p> <ul style="list-style-type: none"> <li>■ Veterinary products were procured and distributed through the Ministry of Agriculture in all five regions. The products were selected to combat external and internal parasites which weaken animals especially during drought periods as well as multivitamins, antibiotics and accessories including: <ul style="list-style-type: none"> <li>⦿ 30 multi dose pistols</li> <li>⦿ 70 sprayers,</li> <li>⦿ 30 boxes of veterinarians gloves,</li> <li>⦿ 900 boxes of d'Albendazoles</li> <li>⦿ 50 flasks of bétadine,</li> <li>⦿ 20 flasks of calmagine,</li> <li>⦿ 50 flask of Durizone,</li> <li>⦿ 30 flasks of phenylarthrite.</li> <li>⦿ 900 flasks of antibiotics containing Oxytétracycline,</li> <li>⦿ 10 flasks of fenvalerate,</li> <li>⦿ 30 boxes of anti-tick medicine containing cypermectrine</li> <li>⦿ 270 packs of multivitamins.</li> </ul> </li> <li>■ The beneficiaries from this activity are estimated to 5,000 people, including 20 per cent of men and 80 per cent of women.</li> <li>■ An operational support team ensured the veterinary campaign for small ruminants. During an evaluation mission, the Directorate for livestock noted a high percentage of livestock morbidity that required a second sanitation campaign following the first one conducted under the project 11-FAO-005.</li> </ul> <p>Livestock input prevented for the loss of cattle</p> <ul style="list-style-type: none"> <li>■ Distribution of 150 tonnes of hay to drought-affected goat herders to ensure survival. 600 sacks were distributed in each of the five regions. (Tadjourah, Obock, Ali-sabieh, Dikhil and Arta).</li> </ul>				<p>A monitoring system is ensured by regular visits of a joint mission with national partners from the Directorate of Agriculture and livestock and Directorate of Water.</p> <p>A monitoring mechanism has been established with the veterinarian and the focal point (Sub-Director of Livestock) in the field.</p>																						

<p>Promote food for work and income generating activities of veterinary personnel in the field in partnership with WFP to ameliorate rural households' livelihoods;</p> <p>Improve availability of drinking water (for both human and animal consumption) and grazing through the rehabilitation of ground water catchment facilities</p> <p>Improve access to and local carrying capacity of water for human and animal consumption.</p>	<ul style="list-style-type: none"> <li>■ Production of 1,622 salt blocs targeting approximately 50,000 small ruminants.</li> <li>■ Fodder crops were produced in five separate nurseries and distributed to the most vulnerable agro-pastoral households targeting 3,000 beneficiaries. 80,000 seedling sacks were distributed for fodder tree production which enabled the nurseries to produce and continue multiplying the following trees: Lauriers, leucena, moringa olivera and neem.</li> <li>■ Distribution of a motor pump and agricultural tools to each nursery. The beneficiaries from this activity are estimated to be 6,840 people.</li> </ul> <p>The livelihoods of rural households were improved through the support of a veterinarian personnel network based in the field</p> <ul style="list-style-type: none"> <li>■ A network of 50 auxiliaries (community animal health workers) trained in close collaboration with the Ministry of Agriculture (activities done under the previous project), enable support to the veterinary campaign and the distribution of inputs, products and veterinary materials.</li> </ul> <p>Access to drinking water and grazing for pastoralist households improved</p> <ul style="list-style-type: none"> <li>■ Nine drinking water points were built/rehabilitated including : rehabilitation of three cemented wells at Ali-sabieh in the municipalities of Faradile, Sisbad et Galilé ; rehabilitation of a water spring at Oudguini in Dikhil ; construction of a traditional well at Ideyta and rehabilitation of a spring at Marai in Tadjourah District. Construction of three traditional wells in Obock at Alatyela, Téroyela and Gouro'o. The beneficiaries from this activity are estimated to 11,520 people, including 20 per cent men and 80 per cent women.</li> <li>■ Following the procurement process and the opening tender, FAO found the real unit cost for each well to be closer to 8,500. The project thus decided to target fewer water points with more technically effective work. This change was made primarily because: <ul style="list-style-type: none"> <li>⦿ The cost of rehabilitation has been under-estimated according to our previous technical exchange with the national partner.</li> <li>⦿ The rehabilitation undertaken by the project was much more technically sound and took into account the digging and the security of the site and a full rehabilitation of the structure.</li> <li>⦿ There was also a significant increase in the cost of construction materials and of transport during the period of implementation.</li> </ul> </li> </ul> <p>Improve access to and local carrying capacity of water for human and animal consumption</p> <ul style="list-style-type: none"> <li>■ The distribution of donkeys was cancelled by the government late during project implementation. The government requested that the donkeys be replaced by camels. Due to the high cost of the camels, the amount foreseen for this activity was substituted with the purchase of additional veterinary supplies.</li> </ul>	
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**WFP – FOOD SECURITY AND NUTRITION**

<b>CERF PROJECT NUMBER</b>	11-WFP-047	<b>Total Project Budget</b>	\$ 27,809,017	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b> 35,840 female, 28,160 and 13,000 children under age 5 (totalling 77,000 beneficiaries) benefited from the project. WFP ensured that 50 per cent of local food distribution committees were women. WFP promoted the active role of women in food distribution committees through regular community sensitisation by food aid monitors. Although the proportion of household food entitlements (on the distribution list) issued in women's name in general food distribution remains low, the actual proportion of women receiving food at distribution points is more than equal (52 per cent) to that of men.
				Individuals	77,000	77,000	
Female	35,840	35,840					
Male	28,160	28,160					
<b>Total individuals (Female and male)</b>	<b>64,000</b>	<b>64,000</b>					
<b>Of total, children under 5</b>	<b>13,000</b>	<b>13,000</b>					
<b>TOTAL</b>	<b>77,000</b>	<b>77,000</b>					
<b>PROJECT TITLE</b>	“Food Assistance to Vulnerable Groups and Refugees”—Protracted Relief and Recovery Operation ( PRRO 10544.1)	<b>Total Funding Received for Project</b>	\$ 23,575,311				
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 997,974				

<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>	<b>ACTUAL OUTCOMES</b>	<b>MONITORING AND EVALUATION MECHANISMS</b>
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The overall objective of the project was to save lives and improve the nutritional status of the most vulnerable groups of people living in rural areas of Djibouti, as well as the refugee population living in Ali Addeh camp.

Supply of food commodities for about 61,000 vulnerable groups in rural areas for two months and 16,000 refugees in Ali Addeh camp for two months.

- *Supply of a total of 1,214 mt of mixed food commodities ensured:*
  - 344 tons of fortified wheat flour
  - 450 tons of rice
  - 95 tons of vegetable oil
  - 65 tons of sugar
  - 230 tons of yellow split peas

Concerning the breakdown by districts, see attached table 1.

- According to the May 2011 EFSA, overall, the rural food security situation has remained very critical and similar to 2010. That being said, some improvements were reported such as a higher percentage of households with acceptable food consumption patterns and a reduced coping strategy index, indicating less stress experienced by households. Such results, which could be attributed to WFP's general food distributions, are also reflected in improved malnutrition rates.

- The percentage of households with acceptable Food Consumption (FCS>42) increased from 43 per cent in May 2011 (WFP, EFSA) to 53 per cent in September 2011 (WFP, FSMS). CERF funds to WFP contributed therefore to an improvement in food consumption for the vulnerable population during the period.

- A nutrition and food security survey was carried out in Ali Addeh refugee camp during the month of September 2011 by UNHCR, WFP and the Association of Medical Doctors of Asia (AMDA) to inform the nutrition situation, as well as the water, sanitation and hygiene situation, anaemia and malaria coverage. Results are under preparation and should be available soon.

- In refugee operations, WFP worked with UNHCR, who provided complementary goods and services, and with the Association of Medical Doctors of Asia (AMDA) and the *Office National d' Assistance pour les Réfugiés et les Sinistrés (ONARS)* for their support services in education, health and nutrition.

The monitoring and evaluation plan is based on a matrix prepared by the country office.

The monitoring and evaluation system includes both elements of results-based management and common M&E approach; products, results and indicators of food security are followed through various operational indicators including the number of beneficiaries and the stock situation.

Distribution reports are provided monthly by all partners who work in close collaboration with our food aid monitors.

WFP food aid monitors are present in the five districts of the country, they provide field visits with regular monitoring and play an important role in data collection and the verification process. Furthermore, for the general food distribution programme, local distribution committees are established in each site and they are associated throughout the distribution process.

Concerning the refugees programme, ONARS is the implementing partner for the food distribution.

All partners are co-signatories of food distribution reports with WFP monitors.

**WFP - FOOD SECURITY AND NUTRITION**

CERF PROJECT NUMBER	11-WFP-004	Total Project Budget	\$27,809,017	Beneficiaries	Targeted	Reached	Gender Equity
				Individuals	40,000	40,000	
PROJECT TITLE	Food Assistance to Vulnerable Groups and Refugees"- Protracted Relief and Recovery Operation (PRRO 10544.1)	Total Funding Received for Project	\$11,534,285	Female	18,592	18,592	18,592 female, 14,608 and 6,800 children under age 5 (totalling 40,000 beneficiaries) benefited from the project. WFP ensured that 50 per cent of local food distribution committees were women WFP promoted the active role of women in food management committees through regular community sensitisation by food aid monitors. Although the proportion of household food entitlements (on the distribution list) issued in the name of women in general food distribution remains low, the actual proportion of women receiving food at distribution points is more than equal (52 per cent) to that of men.
				Male	14,608	14,608	
				Total individuals (Female and male)	33,200	33,200	
				Of total, children under 5	6,800	6,800	
				TOTAL	40,000	40,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,100,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>The overall objective of the project was to save lives and improve the nutritional status of drought-affected people living in rural areas of Djibouti characterised by food deficits.</p>		<ul style="list-style-type: none"> <li>■ WFP provided supply of food commodities for about 33,000 people affected by the drought in rural communities of Dickil, Tadjoura, Ali Sabieh, Obock and Arta regions for two months.</li> <li>■ WFP worked in close coordination with the Ministry of Interior for general food distribution.</li> <li>■ Thanks to the CERF contribution, and other funds, WFP provided supplementary feeding for 7,000 malnourished children under 5 and pregnant and lactating women for two months in 38 health centres of the capital city and rural areas. Also, WFP supplementary feeding was implemented in collaboration with the Ministry of Health, ACF/MSF, the NGO Diwan al Zakat and UNICEF.</li> <li>■ According to the May 2011 EFSA, overall, the rural food security situation has remained very critical and similar to 2010. That being said, some improvements were reported such as a higher percentage of households with acceptable food consumption patterns and a reduced coping strategy index, indicating less stress experienced by households. Such results, which could be attributed to WFP's general food distributions, are also reflected in improved malnutrition rates. As for nutrition, the supplementary feeding recovery and death rates were within internationally accepted standards, while defaulter rates were higher due to the limited follow up capacity at health centres. In 2011, the supplementary feeding recovery rate was 74 per cent.</li> <li>■ The percentage of households with acceptable Food Consumption (FCS&gt;42) increased from 43 per cent in May 2011 (WFP, EFSA) to 53 per cent in September 2011 (WFP, FSMS). CERF funds to WFP contributed therefore to an improvement in food consumption for the vulnerable population during the period.</li> <li>■ <i>Supply of a total of 1,094 mt of mixed food commodities ensured:</i> <ul style="list-style-type: none"> <li>⊙ 329 tons of fortified wheat flour</li> <li>⊙ 325 tons of rice</li> <li>⊙ 74 tons of vegetal oil</li> <li>⊙ 184tons of wheat soya blend</li> <li>⊙ 86 tons of sugar</li> <li>⊙ 96 tons of yellow split peas</li> </ul> </li> </ul>				<p>The monitoring and evaluation plan is based on a matrix prepared by the country office.</p> <p>The monitoring and evaluation system includes both elements of a results-based management and common monitoring and evaluation approach. Results achieved, inputs and indicators of food security are followed through various operational indicators including the number of beneficiaries and the stock situation.</p> <p>Distribution reports are provided monthly by all partners who work in close collaboration with food aid monitors.</p> <p>WFP food aid monitors are present in the five districts of the country, they provide field visits with regular monitoring and play an important role in data collection and the verification process. Furthermore, for the general food distribution programme, local distribution committees are established in each site and they are associated throughout the distribution process.</p> <p>Concerning the health programme, the Medical Officers of the beneficiary health centres are the partners of food distribution</p> <p>All partners are co-signatories of food distribution reports, written with WFP monitors</p>	

**UNICEF - WASH CLUSTER**

CERF PROJECT NUMBER	10-CEF-039 -B	Total Project Budget	\$ 3,825,250	Beneficiaries		Targeted	Reached	Gender Equity	
				Individuals					
PROJECT TITLE	WASH response in vulnerable areas	Total Funding Received for Project 3	\$ 386,270	Female		28,800	N/A	Community-led efforts in more than 35 per cent of the affected localities centred on specific strategies to reach the poorest, to address gender equity and to provide information about safer hygiene practices	
				Male		31,200	N/A		
STATUS OF CERF GRANT	Completed: Project started on 19 July 2010 and end on 30 June 2011	Amount disbursed from CERF	\$358,844.23	Total individuals (Female and male)		N/A	N/A		
				Of total, children under 5		N/A	N/A		
				TOTAL		60,000	70,000		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES							MONITORING AND EVALUATION MECHANISMS
<ol style="list-style-type: none"> <li>Save lives and preserve health by making at least minimum quantities of clean water available for drinking and household use for 25,000 of the most affected people through water trucking to priority locations</li> <li>Undertake emergency rehabilitation of wells and repair and/or replacement of defunct pumps and generators.</li> <li>Prevent the spread of water and sanitation-related diseases through the establishment of a safe environment and through the promotion of a good personal and household hygiene practices.</li> </ol>		<ul style="list-style-type: none"> <li>Continue providing potable water through water trucking for 35 localities that are suffering from the lack of an adequate water table. This three month operation benefited 30,000 persons.</li> <li>Continuous emergency rehabilitation of wells and pumping stations benefiting for 40,000 persons in rural areas to have access to potable water. In addition, priority was given to community participation in order to ensure the sustainability of water infrastructures.                             <ul style="list-style-type: none"> <li>Support the rehabilitation of 200 meter cube Osmosis treatment plants, including purchase of equipment and training of operational and technical staff</li> <li>Rehabilitation of four wells in the insecure area of Mabla</li> <li>Procured 11 submersible pumps, a generator, 10 water tanks, 10 suppressors and five motor pumps to support the rehabilitation and/or the resumption of water schemes</li> </ul> </li> <li>Awareness-raising hygiene campaigns focused notably on handwashing, household water treatment and storage reaching 50 localities and benefiting some 70,000 people who mostly reside in the most populated slums of Djibouti city.</li> </ul>						<ul style="list-style-type: none"> <li>A monthly joint field visit conducted with implementing partners.</li> <li>Joint rapid assessment with government and other UN agencies with a view to further guide the detail of WASH emergency response.</li> <li>Creation of working groups on water, sanitation and hygiene including government institutions and civil society, as a first step towards creating a WASH cluster</li> </ul>	

UNICEF - WASH																												
<b>CERF PROJECT NUMBER</b>	11-CEF-004 -B	<b>Total Project Budget</b>	\$2,381,606	<table border="1"> <thead> <tr> <th>BENEFICIARIES</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>60,000</td> <td>90,000</td> </tr> <tr> <td>Female</td> <td>28,800</td> <td>N/A</td> </tr> <tr> <td>Male</td> <td>31,200</td> <td>N/A</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Of total, children under 5</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>60,000</b></td> <td><b>90,000</b></td> </tr> </tbody> </table>			BENEFICIARIES	Targeted	Reached	Individuals	60,000	90,000	Female	28,800	N/A	Male	31,200	N/A	Total individuals (Female and male)	N/A	N/A	Of total, children under 5	N/A	N/A	<b>TOTAL</b>	<b>60,000</b>	<b>90,000</b>	<b>Gender Equity</b>  Community-led efforts in more than 35 per cent of the affected localities centred on specific strategies to reach the poorest, in order to address gender equity and to provide information about safer hygiene practices
BENEFICIARIES	Targeted	Reached																										
Individuals	60,000	90,000																										
Female	28,800	N/A																										
Male	31,200	N/A																										
Total individuals (Female and male)	N/A	N/A																										
Of total, children under 5	N/A	N/A																										
<b>TOTAL</b>	<b>60,000</b>	<b>90,000</b>																										
<b>PROJECT TITLE</b>	WASH Response en Emergency Situation	<b>Total Funding Received for Project</b>	\$1,610,288																									
<b>STATUS OF CERF GRANT</b>	Completed : (22 February 2011 to 31 December 2011)	<b>Amount disbursed from CERF</b>	\$ 479,012																									
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>																						
<p>Save lives and preserve health by making at least minimum quantities of clean water available for drinking and household use for 25,000 of the most affected people through water trucking to priority locations</p> <p>Undertake emergency rehabilitation of wells and repair and/or replacement of defunct pumps and generators.</p> <p>Prevent the spread of water and sanitation-related diseases through the establishment of a safe environment and through the promotion of a good personal and domestic hygiene practises.</p>		<ul style="list-style-type: none"> <li>▪ Support provision of water trucking through the location of trucks and provision of fuels and spare parts. This operation benefited to : i) 66,700 people in rural areas ; ii) 17,000 refugees in Ali Adde Camp; and iii) 10,000 displaced persons in the Boulougho quarter of Balbala slums.</li> <li>▪ Regarding the rehabilitation 15 wells, implementation encountered significant delays due to operational constrains, therefore, this activity is still ongoing. (It was only possible to procure and deliver materials.) Since this project ended in December 2011, the activity was carried out until February 2012 through the project 11-CEF-041 - A. Nevertheless, the following activities have been implemented, including the repair of 10 motorised pumping stations.</li> <li>▪ A detailed assessment of solar pumping stations was undertaken to enhance water production capacity in pastoralist and other rural areas, in collaboration of stand by partners. This operation gave a clear idea of the immediate measures to be undertaken in order to repair the existing pumping stations with detailed specifications of needed equipment and materials.</li> <li>▪ To respond to the rapidly deteriorating peripheral areas of Djibouti city due to the spread of WASH- related diseases, the following actions were undertaken:</li> <li>▪ Support the construction of 150 latrines</li> <li>▪ Hygiene promotion targeting 30,000 people with a greater focus on household water treatment and storage, as well handwashing with soap</li> </ul>				<p>A monthly joint field visit with implementing partner was undertaken.</p> <p>Develop mapping of the interventions of all partners and regular discussions held during WASH cluster meetings.</p>																						



UNICEF - WASH																												
<b>CERF PROJECT NUMBER</b>	11-CEF-041 -A	<b>Total Project Budget</b>	\$ 2,381,606	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td>N/A</td> </tr> <tr> <td>Female</td> <td>41,000</td> <td>N/A</td> </tr> <tr> <td>Male</td> <td>39,000</td> <td>N/A</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>80,000</td> <td>N/A</td> </tr> <tr> <td>Of total, children under 5</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>80,000</b></td> <td><b>N/A</b></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals		N/A	Female	41,000	N/A	Male	39,000	N/A	Total individuals (Female and male)	80,000	N/A	Of total, children under 5	N/A	N/A	<b>TOTAL</b>	<b>80,000</b>	<b>N/A</b>	<b>Gender Equity</b> Community-led efforts in more than 35 per cent of the affected localities centred on specific strategies to reach the poorest, to address gender equity and to provide information about safer hygiene practices
Beneficiaries	Targeted	Reached																										
Individuals		N/A																										
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<b>PROJECT TITLE</b>	WASH response in vulnerable areas	<b>Total Funding Received for Project</b>	\$ 1,610,288																									
<b>STATUS OF CERF GRANT</b>	Project was not completed during the period under review. Further assessment will indicate the number of people reached.	<b>Amount disbursed from CERF</b>	\$ 708,741																									
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>				<b>ACTUAL OUTCOMES</b>			<b>MONITORING AND EVALUATION MECHANISMS</b>																					
<p>Save lives and preserve health by making at least minimum quantities of clean water available for drinking and household use for 80,000 of the most affected people through water trucking to priority locations</p> <p>Undertake emergency rehabilitation of wells and repair and/or replace defunct pumps and generators.</p> <p>Prevent the spread of water and sanitation-related diseases through the establishment of a safe environment and through the promotion of a good personal and domestic hygiene practices.</p>				<ul style="list-style-type: none"> <li>• Continue supporting provision of water trucking through location of trucks and provision of fuel and spare parts. This operation benefited: i) 50 localities that are suffering from the drought ; ii) 17,000 refugees in Ali Adde Camp; and iii) 10,000 displaced persons in Boulougho quarter of Balaba slum (new needs which were not include in the project)</li> <li>• 10 motorized wells are repaired and are now functional since March 2012 and 17 wells have been rehabilitated as per the 17 planned (replacement of the electro technical indept material by qualified technicians). However, the surface construction by the community is still on-going) and we continue to support it in collaboration of WFP.</li> <li>• Three months international technical support has been provided to implement life-saving WASH activities.</li> <li>• Provision of materiels to rehabilitate WASH facilities in 11 schools.</li> </ul> <p>Detailed assessment of the solar pumping stations to enhance water production capacity in pastoralist and other rural areas in collaboration with stand-by partners. This operation gave a clear idea of the immediate measures to be taken in order to repair the existing pumping stations with detailed specifications of needed equipment and materiels.</p> <ul style="list-style-type: none"> <li>• Continue support to the response to the rapidly deteriorating peripheral areas of Djibouti City due to the spread of WASH-related diseases, including the provision of an additional 320 latrines, coupled with hygiene promotion targeting 30,000 people. Interventions focused on household water treatment and storage, as well handwashing with soap.</li> </ul>			<p>Realisation of monthly joint field visits with implementing partners</p> <p>Update and share mapping interventions with WASH partners</p>																					

UNICEF - NUTRITION						
<b>CERF PROJECT NUMBER</b>	10-CEF-039- A	Total Project Budget	\$1,444,500	<b>BENEFICIARIES</b>	<b>Targeted</b>	<b>Reached</b>
<b>PROJECT TITLE</b>	Acute Malnutrition Management	Total Funding Received for Project	\$1,620,545	Female	30,500	N/A
				Male	10,500	N/A
				<b>Total individuals (Female and male)</b>	41,000	N/A
				<b>Of total, children under 5</b>	21,000	14,576
<b>STATUS OF CERF GRANT</b>	Completed : Project started on 19 July 2010 and end on 30 June 2011	Amount disbursed from CERF	\$839,180	<b>TOTAL</b>	41,000	30,576
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>GENDER EQUITY</b>
<p>Screen acute malnourished children within highly vulnerable areas, mainly at the community level</p> <p>Develop malnutrition screening among pregnant and lactating women;</p> <p>Manage severe and moderate acute malnourished children within health facilities and at the community level in collaboration with community associations and community health workers</p> <p>Promote nutritional best practices such as exclusive breastfeeding up to six months and timely and adequate complementary feeding.</p>		<p>Number of malnourished children screened countrywide: 14,576</p> <ul style="list-style-type: none"> <li>■ Coverage estimated: 70 per cent</li> <li>■ Number of mothers reached by the management of maternal undernutrition: 14,000</li> </ul> <p>Performance indicators (WHO) for the treatment of severely malnourished children under age 5</p> <ul style="list-style-type: none"> <li>● Cured: 68 per cent</li> <li>● Deaths:1.8 per cent</li> <li>● Defaulters:23 per cent</li> </ul> <ul style="list-style-type: none"> <li>■ Percentage of mothers reached by the messages regarding the promotion of the best practices in infant and young child feeding: 80 per cent</li> </ul>				<p>Malnourished children (girls and boys) benefited from the management of acute malnutrition in the same way.</p> <p>Mothers were targeted for the management of their nutrition and educated on best practices.</p>
<b>MONITORING AND EVALUATION MECHANISMS</b>		<p>Formative supervisions</p> <p>Statistical records from health facilities and community sites</p> <p>NHIS database</p> <p>National Nutrition Programme</p>				

UNICEF - NUTRITION							
<b>CERF PROJECT NUMBER</b>	11-CEF-004- A	<b>Total Project Budget</b>	\$ 2,407,500	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>  Malnourished children (girls and boys) benefited from the management of acute malnutrition in the same way.  Mothers were targeted for the management of their nutritional status and educated on the best practices.
<b>PROJECT TITLE</b>	Acute Malnutrition Management	<b>Total Funding Received for Project</b>	\$ 295,427	Individuals	46,000	35,225	
<b>STATUS OF CERF GRANT</b>	Completed : Project began on 19 February 2010 and ended on 31 December 2011	<b>Amount disbursed from CERF</b>	\$246,965.05	Female	32,818	N/A	
				Male	13,182	N/A	
				Total individuals (Female and male)	46,000	N/A	
				Of total, children under 5	26,000	19,225	
				<b>TOTAL</b>	<b>46,000</b>	<b>35,225</b>	
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>	
<p>Screen acute malnourished children within highly vulnerable areas, mainly at the community level;</p> <p>Develop the screening of malnutrition among pregnant and lactating women</p> <p>Manage severe and moderate acute malnourished children within health facilities and at the community level with collaboration of community associations and community health workers</p> <p>Promote nutritional best practices such as exclusive breastfeeding up to six months and timely and adequate complementary feeding.</p>		<p>Number of malnourished children screened countrywide: 19,225</p> <ul style="list-style-type: none"> <li>• Coverage estimated: 77 per cent</li> <li>• Number of mothers reached for the control of maternal undernutrition: 16,000</li> </ul> <p>Performance indicators (WHO) for the treatment of severely malnourished children under age 5</p> <ul style="list-style-type: none"> <li>• Cured: 73 per cent</li> <li>• Deaths:1.2 per cent</li> <li>• Defaulters: 9 per cent</li> <li>• Proportion of mothers reached by the messages for the promotion of the best practices on infant and young child feeding: 80 per cent</li> </ul>				<p>Formative supervisions</p> <p>Statistical records from health facilities and community sites</p> <p>NHIS database</p> <p>National Nutrition Programme</p>	

**UNICEF - NUTRITION**

CERF PROJECT NUMBER	11-CEF-041- B	Total Project Budget	\$2,407,500	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Response to Nutrition Crisis in a context of long lasting drought in Djibouti and the Horn of Africa	Total Funding Received for Project 3	\$543,753	Individuals	36,000	21,726	Malnourished children girls and boys benefited from the management of acute malnutrition in the same way. Mothers have been targeted for the management of their nutritional status and education on the best practices.
				Female	23,000	N/A	
				Male	13,000	N/A	
				Total individuals (Female and male)	36,000	21,726	
				Of total, children under 5	26,000	13,726	
STATUS OF CERF GRANT	Ongoing - Project started on 8 August 2011 and will end on 14 February 2012	Amount disbursed from CERF	\$543,753	TOTAL	36,000	21,726	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Screen acute malnourished children within highly vulnerable areas, mainly at the community level;</p> <p>Develop malnutrition screening among pregnant and lactating women;</p> <p>Manage severe and moderate acute malnourished children within health facilities and at the community level in collaboration of community associations and community health workers; and</p> <p>Promote nutritional best practices such as exclusive breastfeeding up to six months and timely and adequate complementary feeding.</p>		<ul style="list-style-type: none"> <li>■ Number of malnourished children screened countrywide: 13,726</li> <li>■ Coverage estimated: 77 per cent</li>   <li>■ Number of mothers reached for the management of maternal undernutrition: 8,000</li>   <li>■ Performance indicators(WHO) for the treatment of severely malnourished children under five years old                             <ul style="list-style-type: none"> <li>■ Cured: 73 per cent</li> <li>■ Deaths:1.2 per cent</li> <li>■ Defaulters: 9 per cent</li> </ul> </li>   <li>■ Proportion of mothers reached by messages for the promotion of best practices on infant and young child feeding: 80 per cent</li> </ul>				<p>Formative supervisions</p> <p>Statistical records from health facilities and community sites</p> <p>NHIS database</p> <p>National Nutrition Programme</p>	

**UNFPA - HEALTH**

CERF PROJECT NUMBER	11-FPA-003	Total Project Budget	\$200,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Reproductive Health interventions in drought affected areas	Total Funding Received for Project	\$ 99,997	Individuals	5,300	4,687	Pregnant women and postpartum women have benefited from this project. However, due to the movement of mobile teams in the identified sites, children of both sexes under age 5 have also benefited from the project for comprehensive care of childhood diseases.
				Female	5,300	3,128	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 99,997	Male	N/A	N/A	
				Total individuals (Female and male)	N/A	N/A	
				Of total, children under 5	N/A	1,559	
				<b>TOTAL</b>	<b>5,300</b>	<b>4,687</b>	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS		
<p>Referral mechanisms in place to refer pregnant women to health facilities and mobile clinics</p> <p>25 per cent increase in the number of women in labor referred to health facilities in identified sites</p> <p>Increase in the number of mobile clinic interventions</p> <p>30 per cent increase in consultations conducted by mobile clinics, compared with the pre-project period in the identified sites</p> <p>Family planning services (contraceptives) and rape treatment available in health facilities for victims of sexual violence.</p> <p>75 per cent of rape cases reported in the outskirts of Djibouti City referred for medical treatment</p>		<p>Referral mechanism in place to refer pregnant women to health facilities and mobile clinics</p> <ul style="list-style-type: none"> <li>▪ 319 pregnant women were referred to health facilities to benefit from a medical care during childbirth</li> <li>▪ 500 dignity kits distributed to pregnant women in 33 sites</li> </ul> <p>Increased number of mobile clinic interventions</p> <ul style="list-style-type: none"> <li>▪ Mobile teams capacity strengthened by purchasing reproductive health kits (female condom, individual clean delivery kits, contraceptives, STI kits, clinical delivery assistance kits, management of complications due to miscarriage kits, suture of cervical and vaginal tears kits, vacuum extraction)</li> <li>▪ Orientation and refresher training for for the medical doctors and midwives of five district health facilities and five mobile clinics</li> <li>▪ Mobiles clinics conducted two visits in each of the 33 sites</li> </ul> <p>Family planning services (contraceptives) and rape treatment available in health facilities for victims of sexual violence.</p> <ul style="list-style-type: none"> <li>▪ The central level was equipped with kits for rape treatment and to support survivors of sexual violence (PEP kit)</li> <li>▪ 30 providers (three doctors, 25 midwives and two nurses) were trained in the medical management of sexual violence</li> <li>▪ 1,786 women received instruction in family planning</li> </ul>			<p>During the project, the Ministry of Health conducted monitoring activities twice. The rate of increase of those affected could not be calculated.</p>		

**WHO - HEALTH**

CERF PROJECT NUMBER	11-WHO-006	Total Project Budget	\$5,000,000	Beneficiaries	Targeted	Reached	Gender Equity
				Individuals	120,000	96,808	
PROJECT TITLE	Mitigation of the effects of drought on the health of the vulnerable population in Djibouti	Total Funding Received for Project	\$ 569,000	Female		N/A	Men, women and children benefited from this project; Surveillance data was disaggregated by sex and found that diarrhea outbreaks had affected more men than women and children, suggesting exposure outside of homes.
				Male		N/A	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$264,135	Total individuals (Female and male)		N/A	Mobile clinics served more women and children.
				Of total, children under 5	2,500	N/A	
				TOTAL	120,000	N/A	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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<p><b>Objective:</b> The WHO CERF project aims at ensuring appropriate access to emergency health services in drought-affected areas,</p> <p>Providing the medicines and supplies as well as the kits for cholera response and medicines to treat waterborne outbreaks</p> <p>Facilitating the access to essential medicines and the delivery of a package of services through mobile clinics. The work of mobile clinics in the surveillance and response for mitigation of potential outbreaks, reporting on key health issues and needs is of the essence</p> <p>Establishing diarrhoeal treatment centre located in the most congested and poorest urban areas of Djibouti (PK-12) and the others 5 others districts.</p> <p>Ensuring availability of safe water and monitoring water quality in the concerned regions - especially with increasing shortages of available water, in cooperation with</p>	<p><sup>9</sup>Support to the collection of health-related information and epidemiological surveillance with several missions to support outbreak alert investigations and response. Djibouti faces threats from acute watery diarrhoea, dengue and measles outbreaks which are exacerbated during these months and following the impact of drought.</p> <ul style="list-style-type: none"> <li>▪ Measles : During these months the MOH, with support from WHO and UNICEF, responded to two measles outbreaks of measles in the same district but different locations</li> <li>▪ Diarrhoea : In Djibouti capital, the outbreak that had abated early September was followed by a new one early in October. Until end of December, more than 500 cases were hospitalised for IV hydration and antibiotic treatment. WHO with CERF funds and support from the WHO regional office provided the following :             <ul style="list-style-type: none"> <li>☉ Five diarrhoea treatment kits were procured, received and partially utilised to support the treatment of more than 500 severely dehydrated patients and 1,000 cases of mild diarrhoea.</li> <li>☉ 10,000 IV hydration bags procured locally and used within 2 weeks in hospitals in Djibouti for the treatment of severely dehydrated patients</li> <li>☉ 10,000 ORS sachets for treatment of mild dehydration</li> <li>☉ Rehabilitation of the diarrhoeal treatment centre PK12</li> <li>☉ development of guidance materials for water treatment and assessment of water quality for the hygiene department teams, surveillance forms and surveillance procedures, training of the HIS team on collection and analysis, presentation of data on surveillance</li> </ul> </li> <li>▪ Support to surveillance, and health information collection: WHO provided as per the CERF project, laptops and memory cards to enhance data collection and the training of health care staff on proper</li> </ul>	<p>Statistical reports of the MoH</p> <p>Reports of the mobile units</p> <p>Reports of the CHW</p> <p>Reports of supervision</p> <p>Monitoring and evaluation</p> <p>Monthly statistics from health services</p> <p>Annual Reports (MoH)</p>
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<sup>9</sup> N.B: Contrary to the comments of the Programme Unit, WHO Djibouti underlined the fact that the outcomes and indicators of the health proposal did not include the following:

1. Number of women provided with Emergency Obstetric and New-born Care (EmONC) services, prenatal care
2. Percentage of children under age 5 from the target population completely immunised
3. Percentage of malnutrition among children under age 5 from the target population<sup>9</sup>

The initial project was revised and adapted in June 2011. The indicators of the new projects correspond to those reported above. WHO is available for any further clarifications and is even available for a telecom if needed.

UNICEF, WFP and UNFPA.	reporting and case definitions. <ul style="list-style-type: none"><li>Water analysis kits were procured but not distributed as the role of the MOH and its responsibility for water quality was yet clear.</li></ul>	
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## ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
10-CEF-039-B	WASH	UNICEF	MoE	Government	254,046.8	08/08/2010	08/08/2010	
10-CEF-039-B	WASH	UNICEF	MoH	Government	3,418.08	08/08/2010	15/08/2010	
10-CEF-039-B	WASH	UNICEF	ADIM	NNGO	15,299.44	08/06/2011	15/06/2011	
11-CEF-004-B	WASH	UNICEF	MoW	Government	250,990.29	29/08/2011	05/09/2011	
11-CEF-004-B	WASH	UNICEF	MoH	Government	7,378.54	12/10/2011	07/12/2011	
11-CEF-004-B	WASH	UNICEF	MoE	Government	12,976.98	15/07/2011	30/07/2011	
11-CEF-004-B	WASH	UNICEF	Paix & Lait	NNGO	30,005.00	01/11/2011	12/11/2011	
11-CEF-004-B	WASH	UNICEF	CRD	NNGO	12,934.00	12/11/2011	12/11/2011	
11-CEF-041-A	WASH	UNICEF	MoW	Government	136,741.40	18/10/2011	25/10/2011	
11-CEF-041-A	WASH	UNICEF	MoH	Government	13,974.13	13/10/2011	15/10/2011	
11-CEF-041-A	WASH	UNICEF	ADDS	Government	45,997.91	20/12/2011	25/12/2011	
11-CEF-041-A	WASH	UNICEF	CRD	NNGO	61,615.61	12/10/2011	12/10/2011	
11-CEF-041-A	WASH	UNICEF	Paix & Lait	NNGO	19,441.75	15/12/2011	12/11/2011	Reimbursement of



								expenses for activities already implemented
11-CEF-041-A	WASH	UNICEF	ADIM	NNGO	38,459.95	15/12/2011	22/09/2011	Reimbursement of expenses for activities already implemented
10-CEF-039-A	Nutrition	UNICEF	MoH	Government	242,811.10	08/08/2010	15/08/2010	
11-CEF-004-A	Nutrition	UNICEF	MoH	Government	145,442.80	18/05/2011	25/05/2011	
11-CEF-041-B	nutrition	UNICEF	MoH	Government	11,902.37	13/12/2011	20/12/2011	The remainder disbursed for 2012 expenditures
11-WHO-006	Health	WHO	MOH	Government	122,288	31/10/2011	1/11/2011	

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADDS	Agence Djiboutienne de Development Social
ADMA	Association of Medical Doctors of Asia
ADIM	Association pour le développement de la région Tadjourra Mabla
AMDA	Association of Medical Doctors of Asia
CAP	Consolidated Appeal Process
CRD	Croissant Rouge de Djibouti
FAO	Food and Agriculture Organization
FEWSNET	Famine Early Warning Systems Network
GBV	Gender-based Violence
MAM	Moderate Acute Malnutrition
MoE	Ministry Of Education
MoH	Ministry of Health
MoW	Ministry of water
MRC	Migration Registry Centre
Paix et Lait	Association Paix et Paix Lait
PAPFAM	The Pan Arab Project for Family Health
SAM	Severe Acute Malnutrition
ONARS	Office National d' Assistance pour les Réfugiés et les Sinistrés
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Programme